Understanding the Issue:

EARLY CARE AND EDUCATION

Early care and education are major determinants of a child's health and quality of life. A large percentage of a child's development happens before the age of five.[1] Access to quality early care and education create opportunities for physical and motor development, language and literacy, social and emotional development, and cognitive development.[1] Quality early care and educational resources, with standards around physical activity, nutrition and screen time, have the potential to impact a child well into adulthood.

The early care and education system is complex and made up of three distinct sub-systems: childcare, federally-funded Early Head Start/Head Start, and state-funded pre-kindergarten. Childcare is a primarily market-based system that includes childcare centers and family childcare homes. The distinction between these sub-systems is important, as they operate within very different funding, regulatory, and administrative structures.[2] It is also important to note that many children are cared for outside of the formalized state- or federally-overseen care system.

The Early Care and Education Toolkit seeks to support communities as they develop strategies and pass policies that improve childcare programs by increasing opportunities for physical activity, reducing or eliminating junk food, and promoting healthy media habits.

In addition to advocating for healthier standards in early care and education programs, we must also increase access to high-quality programs for every child. Access is a complex issue that encompasses the affordability, proximity, convenience, and quality of childcare options. For many low-income and under-resourced families, licensed or regulated child care programs, particularly those that are resourced enough to participate in Quality Rating and Improvement Systems, are simply out of reach. Access to any licensed care setting is particularly challenging for families with low incomes, infants, children with disabilities, and parents working non-traditional hours.

Simply ensuring that every child has access to safe, affordable care is a daunting challenge that advocates and policymakers have yet to overcome. As such, much of early care and education advocacy focuses on access and affordability rather than on changing or increasing the quality standards that providers must meet. To effectively engage families, communities, childcare providers, and other stakeholders in pursuing seemingly non-traditional health and wellness campaigns, we must make the case that ensuring a baseline of healthy childcare standards is a critical piece of the access and affordability issue.

Why Health Equity Matters

Early care and education policies that incorporate a strong health equity lens will ensure that all children have opportunities to thrive and succeed. When we talk about health equity, we are referring to policies that help to create a society in which all people can live a healthy life regardless of race, ethnicity, identity, immigration or socioeconomic status.[3]

To help apply a strong health equity lens into community efforts to improve health, Voices for Healthy Kids integrates a targeted universalism approach. This aims to increase the reach and impact of programming and activities on underserved populations by building, passing, and evaluating nuanced public policies that include specific strategies for reaching populations that exhibit chronic health disparities due to historical racism and other structural oppressions.

Equality versus Equity

We know that access to quality early care and education environments correlates with income, and in low-income communities, children enter school an average of one year later than children from higher-income communities.[4] By integrating community members' voices and perspectives into the process of creating high-quality early care and education environments, advocates and organizers will organically incorporate the community's relevant context and history into proposed solutions.

For many historically marginalized communities, the reality is that the structural problems that have allowed for long-term disinvestment in their neighborhoods can overshadow issues such as nutrition and physical activity in early care settings. Major barriers that residents in underserved communities raise when discussing access to quality early care and education are:

- Poverty;
- Access to publicly funded preschools or early care programs of any kind;
- Expensive early care programs and ineligibility;
- A lack of high-quality, trained early care professionals;
- The 'cradle-to-prison' pipeline;
- Cultural, identity, and linguistically affirming settings, materials, programming, music and food;
- Safety plans for mixed-status immigrant families.

It is also important to note that for some families, even low-income families where parents need care to work, the existing options are not the preferred care options. Creating access to childcare programs that meet the needs of communities will be a critical aspect of the affordability and access conversation.

Roots of Today's Challenge

History of Early Care and Education

America's earliest childcare programs, which started in the 1930s, evolved not around supporting learning and education, but rather focused on supporting widows and orphans, enabling mothers to continue to work.[5] As the concept of early care developed and privatized, focusing on nurseries in the late 19th and early 20th centuries, the primary recipients of early care shifted, with an emphasis on enriching the lives of children from upper-income and affluent parents. This emphasis on enriching upper-class children while merely providing space for lower-class children has largely continued, impacting the access and options available to disadvantaged children today.

Since the original nursery concept, early care and education continued to evolve. From 1962 to 1965, the Perry Preschool Program in the Ypsilanti, Michigan School District targeted low-income, African-American children to determine how early education impacted development. This landmark study established and emphasized the advantages of participating in an early care and education program.[6] Soon after, President Johnson launched the Head Start program in 1965 as part of the War on Poverty.[7] The original Head Start program was a half-day preschool program for low-income children, whereas today, Head Start includes education, nutrition and health screenings for children and support services for families. Early Head Start now provide support for infants and toddlers. Head Start is also associated with dramatic gains in language and literacy among children who enroll compared to their unenrolled peers.[8]

Heart Start, while helpful, only met the needs of a small percentage of low-income children due to very specific income requirements. As a result, some states created their own pre-k programs to meet the needs of children who are not living under the poverty line, but whose parents would otherwise not be able to afford early care programs. In most cases, state-funded pre-k also falls far short of meeting low-income families' childcare needs.[9]

In 1971, the United States came as close as it ever has to creating a system of universal childcare. With bipartisan support, Congress passed the Comprehensive Child Development Act and designated significant funding to create a network of locally-administrated sliding scale childcare centers. Supported by federal funding, these centers would have provided high-quality education, nutrition and health services similar to Head Start but available to all families. Ultimately President Nixon vetoed the Act, citing the program's projected costs and framing it as "anti-family" government overreach that would take children out of the care of their mothers and force women to work.

As more and more women entered the workforce in the 1970s and 1980s, the need for childcare grew as well. Families who had no experience with non-parental care needed information about how to find childcare and how to identify the type of program that would meet their needs. Childcare resource and referral agencies formed in cities and counties across the country to help parents find childcare. The California Childcare Resource and Referral Network, the first statewide network of childcare resource and referral agencies, was founded in 1980.[10] Resource and referral agencies quickly carved out a central role within the early care and education field by helping parents understand what quality is and helping them find it, as well as supporting childcare providers and state systems in building capacity through data collection and training.

The Childcare and Development Block Grant Act, originally passed in 1990, was the first major federal effort to support low-income families' access to childcare since Head Start was established 25 years earlier. The block grant, which was amended and reauthorized in 1996 and again in 2014, provides funding with which states can subsidize childcare for eligible families. The 2014 reauthorization made dramatic changes to the health, safety, and quality standards for subsidized care, ensuring that families receiving childcare fee assistance have greater access to safe, quality care.[11] Both iterations identify Childcare Resource and Referral Agencies as key partners for educating families, collecting data, and improving provider quality.

The current quality landscape in early care and education has also been heavily influenced by the U.S. Armed Forces. With the passage of the Military Childcare Act in 1989, the Military Childcare Program was transformed from a system that failed to meet children's most basic health and safety needs into the gold standard for early care program quality. The Act, which aimed to improve the quality, affordability, and availability of childcare for military families, set high standards for program oversight, teacher training and compensation. Instead of passing the additional costs on to parents, it instituted a sliding scale fee structure

to help even low-ranking, low-income service members afford high-quality care. Finally, the military extended access to care beyond on-base childcare centers and into community childcare providers. Now community-based centers and family childcare homes can receive funding and assistance to meet the military's high standard in exchange for caring for children from military families.[12]

Access to Early Care and Education

The majority of parents today work outside of the home; given the lack of long-term maternity and paternity leave in the U.S., many young children are in need of non-parental care. While great strides have been made to improve the early care environment overall since the 1960s, many parents still struggle to access early care and education programs that can provide opportunities for cognitive, physical, emotional, and social development. Access is particularly challenging for families with low incomes, who face numerous barriers to finding care that is affordable, convenient, and high-quality.

Childcare costs are one of the largest expenses for families. While the cost of care differs by setting and a child's age, the average cost of care for one child is over $8,600 per year. This means that, on average, married couples spend 10 percent and single parents spend 36 percent of their income just to enroll one child in childcare. In all regions of the country, parents spend more on center-based care for one infant than they do on food and transportation combined.[13]

A variety of structural barriers impact access to quality early care and education. One in five children, primarily children of color, live in poverty, for example.[4] While some low-income families have access to Head Start and state-funded pre-K, those programs are far from universal. Even when state funding for pre-K is available, enrollment may be low due to an inequitable distribution of pre-K programs geographically.[5] Families who cannot afford early care or have limited access to local programs are forced to rely on alternatives, such as care by friends or relatives, or less expensive (and sometimes unlicensed) facilities. The new health and safety requirements in the Childcare and Development Block Grant are helping to ensure that even those alternative forms of care are meeting a minimum level of quality, however.

Additional factors that can impact the accessibility of early care and education centers include strict eligibility requirements, parental employment status, work schedules that limit involvement in pre-schools, location, access to transportation, and particular needs of the child or family preferences, including language or ability-related needs.[4]

Quality of Early Care and Education

Access alone is not enough to ensure positive outcomes for children—quality matters, too. Early care and education program quality varies significantly and evaluating program quality can be a challenge. While some quality indicators are easy to observe and assess, like a program's physical space, equipment, and teacher credentials, other factors are harder to quantify. The quality of relationships, role models, and culturally-relevant care are far more difficult to quantify. These factors are among the most important for children of color.[14]

Center-based programs tend to be formally run and generally abide by more specific regulations around day structure and education levels for providers. However, even with regulation, center-based programs vary immensely in quality.[15] Several states also exempt some center-based childcare programs from licensure, particularly those operated by religious institutions and school districts, holding them to different standards than those of licensed centers.

Family childcare homes, sometimes known as home-based care, is defined and regulated differently in every state. "Most states regulate at least some structural and caregiver components of center and family childcare home settings, based on the assumption that features

such as ratios and caregiver training affect the daily experiences of children in the setting."[16] Family childcare programs also have the capacity to provide some of the harder to quantify quality indicators, such as shared culture and language between caregivers and families.

The Childcare and Development Block Grant, which provides subsidies in centers, homes, and informal care settings, requires states to set a minimum level of health, safety, and training for all subsidized providers in specific areas. It also funds initiatives and technical support to help providers improve their program quality. These quality improvement initiatives are often targeted toward center-based programs, however, training and technical assistance may not be available during times or in locations that enable family childcare providers to participate. Quality rating and improvement systems, which ostensibly give an objective measure of program quality, are often built on center-based models of care. Without services, supports, and quality indicators that meet their unique needs and acknowledge their unique assets, fewer family childcare providers meet their state's definition of "high-quality programs."

Regardless of the setting, childcare programs that serve children of color are found to provide lower quality care. Those that serve predominantly Latino or African-American children provide lower quality care than those attended mainly by white children.[17] While children in high-income communities have access to highly trained teachers and professionals who are able to provide appropriate education and learning opportunities for a diverse set of children, children in low-income communities often do not have such access. In low-income programs that are not state-funded, there is less quality control and standardization, particularly for children of color. African Americans, for example, experienced the lowest quality care in both Head Start and non-Head Start centers when compared to other racial groups.[17]

For more information: Children's Defense Fund's **Cradle to Prison Pipeline**

That said, research studies that look at disparities in program quality fall into some of the same systemic traps described above, prioritizing easily observable attributes above those that are important, yet difficult to quantify.

Early Care and Education and Uneven Punishment

Not only are children of color less likely to have access to an early care education program, they are also disproportionately targeted within the system for suspensions and expulsions, even under the age of five. The term 'cradle-to-prison pipeline' has been coined to highlight the unfair and inappropriate targeting of children of color that happens before they are even in the K-12 system.[18] Black children, for example, comprise only 18 percent of the pre-school population, yet they represent 42 percent of children suspended from pre-school.[19] Even more alarmingly, children with disabilities make up just 12 percent of the early childhood program population, but they account for 75 percent of suspensions and expulsions.[20] Rates of consistent absence, including absence due to suspension, correlate with poor academic performances and school disciplinary histories that extend to primary and secondary grade levels.[21] Students who experience suspension are more likely to drop out of school and are eight times more likely to be incarcerated later in life.[21]

Early Care and Education and Immigration

Early care and education programs must also consider the ever-growing immigrant population in the U.S. Twenty percent of children in the U.S. have immigrant parents, yet the early care programs in place are largely designed without these children and families in mind.[22] Programs are designed with certain, largely Western, education methods and standards in place, leaving little room for other types of learning and cultural expression.[23] Additionally, many early care instructors lack the language skills or multi-cultural experience needed to interact effectively with diverse parents.[23] Family childcare programs are often well-positioned to culturally align with the families they

serve, as many family childcare providers serve families from the geographic and cultural community to which they belong.

In addition to the limited nature of many early care programs, in terms of their ability to support diverse families, is the broader issue of immigration and deportation. Most young children of immigrants are part of mixed-status families (i.e. families where some family members are documented immigrants and some are undocumented), which can impact not only a family's ability to enroll in an early care program, but also their feelings of safety and comfort accessing state or federal benefits in an immigrant-unfriendly environment where deportation threats are high.[22]

Disparities in Outcomes and Opportunities: Gaps at 1st Grade and Beyond

The negative outcomes for children who are limited in their ability to learn from an early age are long-lasting. By the time a child reaches first grade, there is a disproportionate gap in cognitive, emotional, and motor skills. Children from upper-class families are exposed to 45 million words by the age of four, while children from working-class families only hear about 22 million.[24] Furthermore, more than two-thirds of poverty-stricken households do not possess a single book that is appropriate for a child under five.[4]

Children from poor families with limited access to early education are twice as likely to repeat a grade and they are about 10 times as likely to drop out of high school.[4] The stark differences in access to basic education programs impact children beyond school. As they get older, children who attended high-quality childcare programs go farther in school, have higher incomes, and are less likely to use drugs or be involved in the criminal justice system.[25] These are some of the "social determinants of health"—the opportunities, resources, and living conditions that affect whether people are as healthy as they can be.

Early Care and Education Impact on Quality of Life

There is a positive association between early care and education programs and quality of life. Early care and education interventions have the potential to improve cognitive development, emotional development, self-regulation, and academic achievement.[26] Many high-quality programs offer regular developmental assessments to make sure that kids are growing properly and parents know where to get help if a problem emerges. The healthy habits that children learn in early care and education programs—washing hands, eating good foods, getting their hearts pumping—are habits that can last a lifetime. Other positive impacts of early care and education are:

- Management of healthy weight;[27]
- Lower risk of child maltreatment;[28]
- Decrease in teen birth rates;[29]
- Reduction in crimes rates.[29]

Community-Driven Policies Can Break Cycles of Inequity

The issues that arise from unhealthy food environments today have a ripple effect, impacting generations of children to come. Studies highlight the hereditary nature of obesity, finding that children with obese parents are 50 percent more likely to suffer from the condition as adults.[4] By improving community conditions and empowering communities to take the lead on promoting early childhood wellness, we can help to break the cycle of poor health and disparity that we see in communities across the country.

When considering how best to promote health and wellness in childcare, advocates should consider the following to advance policies that effectively improve equity and reduce disparities:

- **Find out what the community wants and needs.** Partnerships with the community members, childcare providers and families most impacted by disparities in access to high-quality early care and education will ensure that any steps taken toward a policy have buy-in and support.

- **Find out what is already in place.** If there are people and entities doing the work, find ways to partner and support each other. Granted, it may take time to build these relationships, but acknowledging and showing deference to the existing work and leadership and serving as a resource is another way to advance policy goals.
- **Consider the broader environmental conditions and histories that have allowed communities to land where they are today.** In communities burdened by racism and poverty, early care and education concerns related only to physical activity, screen time or healthy food in those settings may not be the number one priority. Working with community members and families to understand the bigger picture when it comes to children's health creates more comprehensive, and ultimately stronger policies.

Conclusion

Early care and education are fundamental for children's appropriate development and the impacts last well into adulthood. Structural and societal inequities have created environments where low-income and underrepresented groups experience great difficulty obtaining basic necessities that promote good health. Implementing policies that address the inequitable environmental factors that limit access to high-quality and affordable early care and education, and increasing awareness of these societal issues, can lead to improved health for all children.

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