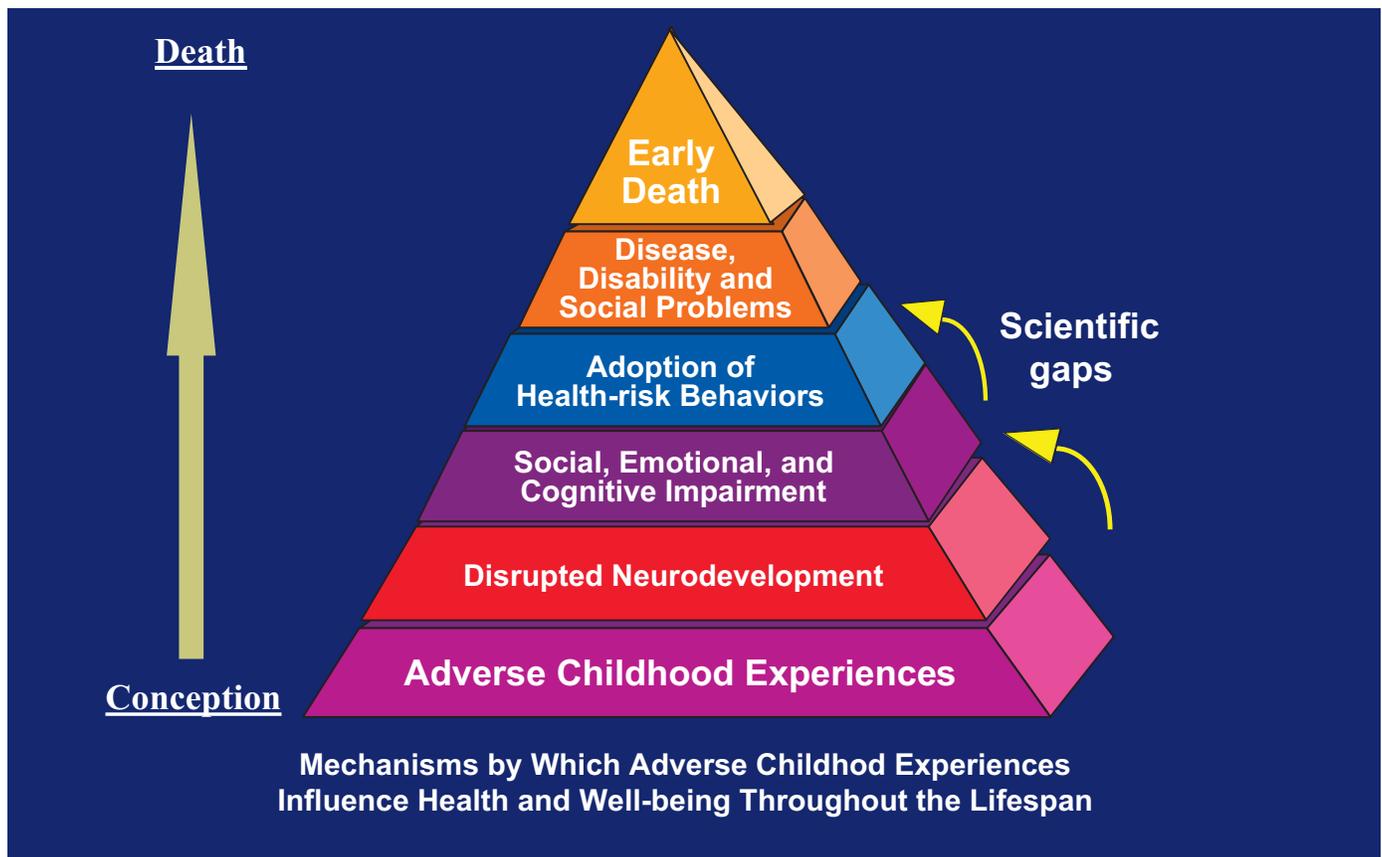


## A Healthy Early Childhood



SOURCE: Centers for Disease Control and Prevention<sup>503</sup>

More than half of U.S. children — across the economic spectrum — experience an adverse event during their childhood, such as physical or sexual abuse or substance abuse in the household.<sup>504, 505, 506</sup> In addition, 21 percent of children live below the poverty line and 44 percent live in low-income families — which can increase their risk for living in unhealthy conditions or experiencing severe or prolonged periods of stress, often called “toxic stress.”<sup>507, 508</sup>

When young children, whose bodies and brains are rapidly developing, experience adverse childhood experiences (ACEs) and toxic stress, they are at increased risk for cognitive and developmental delays, depression, anxiety, aggression and other mental and behavioral health problems — along with higher risk for hypertension, diabetes, heart disease, stroke and many other

forms of chronic diseases as they age.<sup>509, 510, 511</sup>

Nurturing, stable caretakers and relationships; positive learning experiences; and safe homes, neighborhood and environments can mitigate against these factors.

Investing in good health and well-being for young children can yield lifelong benefits. For instance:

- Quality early childhood education can provide a 7 percent to 10 percent per year return on investment based on increased school and career achievement and reduced costs in remedial education, health and criminal justice system expenditures; and nurse family home visits for high-risk families with young children has shown a return of \$5.70 for every \$1 invested.<sup>512, 513, 514, 515, 516</sup>



- Every \$1 spent to support good nutrition and early health for infants in the two months after birth through the Supplemental Nutrition Program for Women, Infants, and Children has been shown to lead to a reduction in healthcare costs of \$1.77 to \$3.13 in the two months after birth (a 2:1 to 3:1 ROI).<sup>517</sup>
- Babies born into food-insecure families who had been receiving rental assistance during pregnancy were 43 percent less likely to be hospitalized after birth compared to infants in families of similar status not receiving rental assistance.<sup>518</sup>

These types of investments in early childhood health and well-being have been shown to reduce the risk for: chronic illnesses, shorter and less healthy

lives, obesity and eating disorders, difficulty in maintaining healthy relationships, poor school performance, behavioral problems in school, dropping out of high school, the need for special education and child welfare services, mental and behavioral health problems like depression and anxiety, alcohol and drug abuse, exposure to harmful environmental hazards, suicidal thoughts and attempts, teen pregnancy, sexually transmitted diseases (STDs), aggression and violence, domestic abuse and rape, not acquiring key parenting skills or support for when they have children themselves and difficulty in securing and maintaining a job.<sup>519, 520, 521, 522</sup>

However, currently few of these proven strategies are sufficiently supported at the level needed to deliver them broadly.

## RECOMMENDATIONS

- **Ensure required routine screenings — and follow up services — are delivered for health problems and other risks.** Even though most public and private insurers require all covered children to receive regular screenings, many children do not receive them. Increased incentives and penalties for improving screenings and referrals to follow up care and services; along with building regular, coordinated care and case worker systems can help ensure children and their families access and receive the care and services they need. Pediatricians should screen children for poverty and related risk factors as well as for adverse childhood experiences, as recommended by the American Academy of Pediatrics.
- **Increase support for families with young children through expansion of home visiting programs.** Evidence-based home visiting programs have demonstrated strong results in improving health and broader support for low-income families with young children — to ensure their needs are identified and they are connected with healthcare, mental health and social services, including financial, employment and food assistance services.
- **Support health and social-emotional learning in child care and early education programs.** Federal, state and local policies should focus on promoting good health in safe and healthy environments in all child care, daycare and early childhood education programs. This should include an emphasis on good nutrition, opportunities to be physically active, positive cognitive experiences and the implementation of evidence-based social-emotional programs, which

can all help build protective factors, reduce the future risk of substance misuse and other risky behaviors, and improve educational achievement outcomes, particularly among low-income children. For instance, states can strengthen licensing requirements for child care settings and utilize new opportunities available through the Every Student Succeeds Act of 2015 to use a portion of Title I funds for early childhood education and the transition from pre-kindergarten to elementary school. In 2016, the Aspen Institute launched the National Commission on Social, Emotional and Academic Development with support from the Robert Wood Johnson Foundation to outline and widely promote an evidenced-based action plan to accelerate efforts to integrate the social and emotional development of children into educational settings and facilitate alignment and coordination of education stakeholders toward a shared vision of change in policy and practice.

- **Improve services and care coordination for children and youth with special healthcare needs.** There should be extra emphasis on addressing the challenge of navigating the range of healthcare, social services, mental health, education and other systems for families with children with special needs (approximately 15.1 percent of U.S. children).<sup>523, 524, 525, 526</sup>
- **Expand a trauma-informed approach across federal, state and locally supported services for children and families.** Policies should promote the use of trauma-focused screening, functional assessments and evidence-based practices to improve social-emotional-behavioral health among

children. In addition, Medicaid can be used to support services that meet children's trauma-related behavioral health needs, including cognitive behavior therapy, crisis management services, alternative benefit plans, home and community-based services, health homes, managed care, integrated care models and research and demonstration projects.<sup>527, 528</sup>

- **Reduce infant mortality, preterm births and low-birthweight babies by expanding and improving prenatal and preconception care.** Preconception care can help address the stagnant rate of infant death (about 23,440 infant deaths per year or 5.96 per 1,000 live births) and troubling premature birth rate (one in ten children in the United States).<sup>529, 530, 531, 532</sup> Potential policy levers include expanding Medicaid coverage to more women of childbearing age, supporting community-based programs to support better health and increasing public education outreach, particularly in underserved communities.
- **Support financial, food and housing assistance and family and medical leave.** Research supports that increased financial, food and housing assistance can help many families move out of poverty and help lower the risk and impact of toxic stress. In addition, policies to increase access to family and medical leave can positively impact the early childhood environment by promoting nurturing caregiver relationships that improve a child's social, emotional and cognitive development and reducing toxic stress produced from economic hardships (e.g., unpaid leave or unpaid sick days).<sup>533</sup>

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