Prepared Statement of Helene Stebbins, Project Coordinator, National Center on Children in Poverty

Good morning Chairman Miller and members of the Committee. Thank you for the invitation to testify today. I am the project coordinator of Improving the Odds for Young Children, a project of the National Center for Children in Poverty at Columbia University. I also work with the Birth to Five Policy Alliance, a pooled fund from seven private investors to improve state policies for vulnerable children in the earliest years.

I am here today to talk to you about the state of state early childhood policies, and to urge you to think comprehensively about the range of policy options that support early learning. To thrive, young children need regular visits to the doctor even when they are healthy; they need stimulating early learning opportunities; and they need stable, nurturing families who have enough resources and parenting skill to meet their basic needs. These are the ingredients that put young children on a pathway to success.

Early childhood policy that is informed by research improves the odds that young children will in fact have good health, positive early learning experiences, and strong, nurturing families to get them off to the right start. State policy choices are especially important to low-income families whose young children lack access to the kinds of supports and opportunities that their more affluent peers receive. In a nutshell, focusing on state policy choices that support early childhood development matters because:

1. Compelling research supports the lifelong importance of early childhood development. Both brain science and developmental research show that the quality of the earliest relationships and experiences set the stage for school success, health, and future workforce productivity. These experiences shape the hard wiring of the brain, which in turn sets the stage for how children approach life, how they learn, how they manage emotions, and how they relate to others. Once brain circuits are built, it is hard to change behavior. Thus, these early experiences set the stage for future development.[1]

2. There is hard economic evidence that smart investments in early childhood yield long-term gains. More than 20 years of data on small and large-scale early intervention programs show that low-income young children attending high-quality programs are more likely to stay in school, more likely to go to college, and more likely to become successful, independent adults. They are less likely to need remedi-

ation, be arrested, or commit violent crimes. The return on investment of ensuring that young children and their caregivers have access not only to health care, but to mental health care when needed, also shows reduced health care costs when the children become adults.[2]

3. Without support, low-income families cannot provide the basic necessities that their young children need to thrive. The official poverty level in 2009 is $18,310 for a family of three,[3] but research shows that it takes twice this amount to provide basic necessities, and in many places it costs even more.[4] To earn twice the poverty level ($36, 620), a single parent with two children working 35 hours per week would have to earn almost $20.00 an hour, which is more than three times the federal minimum wage. Nationally, 10 million children under the age of 6 (43 percent) live in families earning twice the poverty level or less. The younger the children, the more likely they are to be in poverty, and poverty is directly related to poor health and education outcomes.

• Health. Poor and low-income children are less likely than their more affluent peers to have visited a doctor or a dentist in the last year. The number of risk factors they experience as children are directly related to early morbidity, cardiac conditions, substance abuse, smoking, and other behaviors that have high-cost implications for health care when they become adults.[5]

• Education. The achievement gap begins long before school starts, and continues, absent intentional interventions. At age 4, poor children are 18 months behind their more affluent peers (on average), and the gap is still present at age 10.[6] By third grade, children from middle-class families know about 12,000 words; children in low-income families only about 4,000 words.[7]

Increasingly, policymakers understand the research showing that the foundation for learning and healthy development is established between birth and age five. But too often the policy response to this knowledge is narrow, focusing on only one program or funding stream. Improving the Odds for Young Children seeks to raise the level of the debate by offering a menu of policy options, organized by a framework that promotes three dimensions of development: health, education, and family economic security.

Think about these three dimensions as three legs of a stool. Strong public policies in each of these areas are essential to balance the stool and provide a stable foundation for healthy development and learning. If we look at the policy profiles collectively, we see a lot of wobbly stools for young children.

[State specific profiles showing each state's policy choices are available on the NCCP web site at: *http://www.nccp.org/profiles/early—childhood.html.* A complete list of data sources appear on pages 5-6 of the profiles.]

Health and Nutrition

Healthy development begins long before a baby is born with the health of the mother before and during pregnancy. After birth, children's developmental needs change as they grow. Early identification of risks and delays happens more often when children have regular access to a primary care medical home. Hunger, a vision or hearing impairment, or maternal depression can inhibit early childhood development, but most of these threats can be resolved with early identification and access to appropriate services. The American Academy of Pediatrics recommends healthy children visit the doctor 10 times before their second birthday, and most children will require additional visits as their immune systems develop.

Improving the Odds for Young Children finds that:

• 86 percent of states provide access to public health insurance for young children in low-income families. It takes at least twice the poverty level for a family to ensure that young children have access to even basic necessities, and 44 states meet the 200 percent of poverty threshold for access to Medicaid or the State Children's Health Insurance Program (SCHIP).

• Many children who are eligible for Medicaid are not receiving the dental and health screenings that are consistent with pediatric practice and can prevent or reduce future problems. To encourage outreach to children who are eligible for Medicaid, the federal government sets a benchmark of 80 percent of enrolled children receiving at least one health screen each year. Seven states—Connecticut, Delaware, District of Columbia, Iowa, Maine, Massachusetts, and Rhode Island—report that more than 80 percent of 1- and 2-year-olds receive at least one screening. Arkansas has the lowest screening rate for infants and toddlers: 36 percent. For children ages 3-5, only Delaware, District of Columbia, Iowa, and Massachusetts meet the 80 percent benchmark, and Nevada has the lowest rate: 32 percent.

• Few states allow children who are at-risk for developmental delays to receive early intervention services. States define who is eligible to receive early intervention services that are funded, in part, through the federal Individuals with Disabilities

Education Act—IDEA (Part C). Only six states choose to include children who are at-risk for developmental delays in their eligibility definition.

• Few states allow Medicaid reimbursement for the use of an age-appropriate tool to diagnosis mental health problems. The Diagnostic Classification of Mental Health and Other Developmental Disorders in Infancy and Early Childhood (DC:0-3) allows for developmentally appropriate screening and assessments of mental health disorders in children from birth to age 3. Only four states, Florida, Maine, Minnesota, and Nevada permit the use of DC:0-3 when seeking Medicaid reimbursement.

Early Care and Education

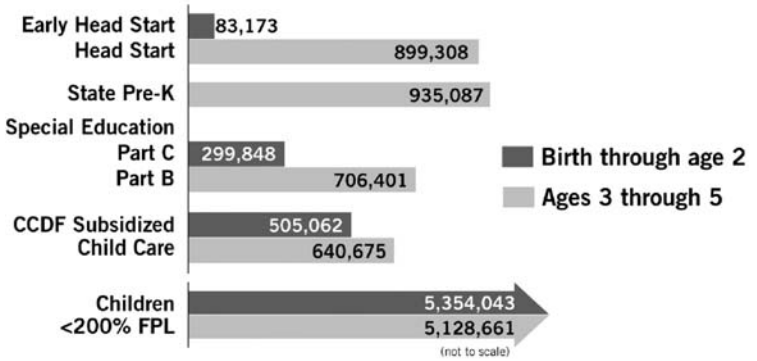
State policies to promote early care and education include those that promote access to quality child care and/or state prekindergarten programs. Researchers and economists agree that high-quality early care and education programs can improve the odds of success for low-income children. But to benefit, young children have to be in high-quality early education settings that meet the needs of working parents. Quality early education programs are expensive and out of reach for many families. Full-day child care for one child can cost $10,000 or more per year,[8] which is a substantial cost when half of all families with children under age 6 earn below $45,500.[9]

Improving the Odds for Young Children finds that:

• 43 states (including the District of Columbia) recognize that learning starts before kindergarten by funding a state prekindergarten program (pre-k) or Head Start. But there is significant variation in state investments. In 2007, New Jersey invested $477 million to serve 20 percent of 3- and 4-year-olds at $10,494 per child enrolled. Nevada invested 3 million to serve 1.5 percent of 3- and 4-year olds at $3,322 per child enrolled.

• Access to child care is still inadequate, especially for low-income children. Only 21 states provide access to child care subsidies for all families earning 200 percent of the federal poverty level, and income eligibility limits for a family of three range from 117 percent of poverty in Nebraska to 232 percent in Maine. Access to a child care subsidy does not guarantee a subsidy, and ten of these 21 states keep a waiting list because funds are insufficient to serve eligible families. Only Rhode Island makes child care subsidy an entitlement for eligible families.

• Access to services that support the healthy development of infants and toddlers is very limited. From birth through age 2, children are less likely to have access to early childhood programs than children ages 3 through 5. (See graphic.) While it is currently impossible to aggregate the number of children enrolled in early childhood development programs (children are enrolled in multiple programs so the aggregate overstates the number of actual children), it is still obvious that most low-income children are not enrolled in any of the major early childhood programs.



Eligibility criteria vary by program. Children enrolled in multiple programs are counted in each program, so numbers cannot be added together. The numbers of low-income children are included to give a sense of scale and provide a context for access information. Head Start numbers reflect actual enrollment, and child care subsidies funded from sources other than the Child Care and Development Fund are not included in this total.

For data sources, see <www.nccp.org/projects/improvingtheodds_stateprofiles.html>.

• State child care licensing requirements are not promoting nurturing, high-quality care. Although almost half the states (23) have child care licensing standards that require infants and toddlers to be assigned a consistent primary care provider,

only eight states meet recommended standards* for staff/child ratios and maximum class sizes so that child care providers can provide the nurturing care that infants and toddlers need. In Arkansas, Mississippi, and Texas, state child care licensing laws allow one person to take care of as many as nine children who are 18 months old. Licensing standards for older children are not much better. Just over a quarter (15) of the states meet the recommended licensing standards for 4-year-old children in child care. Florida allows one adult for every 20 4-year-olds, and there is no limit on the maximum class size.

Parenting and Economic Supports

Helping parents helps young children. To the extent that policies protect the health of parents, ensure that parents have adequate material resources, and promote healthy parent-child relationships starting at birth, they increase the odds of healthy development and early school success for young children. There are three types of policies that can be especially helpful:

1. Policies that reduce economic hardship. A combination of minimum wage increases, tax policies, and adequate access to benefits that allow parents to work will increase family resources.

2. Policies that provide treatment for health and mental health conditions. Low-income adults are disproportionately in poor health, and disproportionately experience conditions like depression that impair their ability to parent effectively. These are treatable conditions, but too many low-income parents have no health insurance.

3. Policies that protect time for parents to bond with their babies. The quality of an infant's early relationships lays the foundation for future growth and development. State policies can strengthen this foundation by making it economically possible for parents to take time off from work.

Improving the Odds for Young Children finds that:

• Almost half the states (24) are reducing economic hardship by setting the minimum wage above the federal minimum of $6.55 per hour, and 5 states exceed $8.00 per hour.

• State efforts to implement tax policies that can promote family economic security are uneven. In 15 of the 42 states that taxed family income in 2006, a family of three is not exempt from personal income tax when family income is below the poverty level. California exempts a single-parent family earning up to $42,400, or 255 percent of the poverty level, while Alabama taxes the same family earning as little as $4,600, or 28 percent of poverty. Twenty states reduce the tax burden on low-income working families through a state earned income tax credit (EITC), but only 15 make it refundable when families have no tax burden. The credit ranges from 5 percent of the federal EITC in three states, to more than 40 percent in two states: Minnesota and Wisconsin.

• In most states, low-income children and pregnant women have access to public health insurance but parents do not. 86 percent of states (44) set income eligibility at or above 200 percent of poverty for pregnant women and young children, but only 12 states cover parents at 200 percent of poverty. More than half of states set income eligibility below 100 percent of poverty for working parents.

• Few parents, and even fewer low-income parents, can afford to stay home with their newborn and establish a strong relationship. Only six states provide paid medical/maternity leave, and most states only provide it to mothers who give birth through a temporary disability insurance policy. Only California and New Jersey offers it to all working parents after a birth or adoption. Just over half of the states (27) exempt single parents receiving public assistance (Temporary Assistance for Needy Families—TANF) from work requirements until the youngest child reaches age 1, while just under one-half of the states (24) reduce the TANF work requirements for single parents with children under age 6.

There are many choices that can help balance the three-legged stool of early childhood policy. Improving the Odds for Young Children focuses on state policy choices, but federal resource allocations and regulations shape many of these choices. Improving the Odds shows the tremendous variation in the policy choices that states make, and federal policies can help level the playing field so children have access to quality supports and services regardless of where they are born.

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*American Academy of Pediatrics, American Public Health Association, National Research Center for Health and Safety in Child Care, National Research Council, and National Association for the Education of Young Children make different recommendations on ratios and class size, but they generally do not exceed one adult for every four 18-month-olds and a maximum class size of eight, and a ratio of one adult for every 10 4-year-olds and a maximum class size of 20.

We have a window of opportunity for federal leadership to stabilize and strengthen the three-legged stool with the reauthorization of SCHIP, the additional funding for early childhood programs in the Recovery Act, and the potential for early learning challenge grants. As you consider the federal role, please remember that learning begins and birth, that one year of pre-kindergarten is not enough, and that vulnerable children have the most to gain from public policies that support their early development.

It is time to stop debating the importance of the early childhood years.

• Neuroscience research shows the brain develops at an unprecedented pace during the first year of life.

• Social science research shows children who experience high-quality, nurturing environments, starting a birth, are better prepared to succeed when they enter school.

• And economic analyses show positive returns on investments from early intervention programs, especially those that target the most vulnerable children.

The research is solid. Let us stop debating this and start debating the policy response.

ADDITIONAL RESOURCES

PowerPoint Presentation on the Research Case for Investing in Early Childhood Policies: *http://www.nccp.org/downloads/ResearchCaseSept08.pdf*

User Guide to the NCCP State Early Childhood Profiles: *http://www.nccp.org/profiles/pdf/EC—user—guide.pdf*

Birth to Five Policy Alliance: *http://www.birthtofivepolicy.org*

ENDNOTES

[1] For more information on the neuroscience of early childhood development, go to *www.developingchild.net.*

[2] For more information on the economic benefits of early childhood development, see the Bibliography on Human Capital, Economic Growth, and Fiscal Sustainability from the Invest in Kids Working Group at *www.ced.org/projects/kids.php.*

[3] These numbers are from the federal poverty guidelines issued annually by the U.S. Department of Health and Human Services. For more information, see aspe.hhs.gov/poverty/07poverty.shtml.

[4] National Center for Children in Poverty Family Resource Simulator; and Berstein, J.; Brocht, C.; & Spade-Aguilar, M. (2000). How much is enough? Basic family budgets for working families. Washington, DC: Economic Policy Institute.

[5] Fellitti, V. J.; Anda, R. F.; Nordenberg, D.; et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. American Journal of Preventive Medicine, 14(4), 245-258.

[6] Layzer, J. (in press). Project Upgrade in Miami-Dade County, Florida. Cambridge, MA: Abt Associates.

[7] Snow, C. (2005). From literacy to learning: An interview with Catherine Snow. Harvard Education Letter, July/August, *www.edletter.org/past/issues/2005-ja/snow.shtml.*

[8] Kinch, A. F. & Schweinhart, L. J. (2004). Achieving high-quality child care: How ten programs deliver excellence parents can afford. Washington, DC: National Association for the Education of Young Children (NAEYC).

[9] American Community Survey, 2004.