Improving the Health of All Americans by Focusing on the Early Years of Life

Deficits in brain, cognitive and behavioral development early in life are strongly linked to important health outcomes later in life, including cardiovascular disease and stroke, hypertension, diabetes, obesity, smoking, drug use and depression.

Early Childhood: Health Reform and Beyond

America is in the midst of a national discussion on how to reform its health care system. And while health reform is essential, improving the health of all Americans requires broadening our view beyond medical care. There is much more to health than health care. Our chances of becoming sick and dying early are greatly influenced by powerful social factors including income and education.

Commission Recommendation on Early Childhood Policy

Recognizing that health is shaped by much more than health care – by where and how we live, learn, work and play, the Robert Wood Johnson Foundation Commission to Build a Healthier America, issued 10 recommendations for improving the health of all Americans. Investing in improving child care and development at the beginning of life is probably the most effective strategy for realizing the health potential of all Americans. This is the single recommendation that calls for significantly increased federal resources:

**RECOMMENDATION: EARLY CHILDHOOD POLICY**

Ensure that all children have high-quality early developmental support (child care, education and other services). This will require committing substantial additional resources to meet the early developmental needs particularly in low-income families.

- Children who do not receive high-quality care, services and education begin life with a distinct disadvantage and a higher risk of becoming less healthy adults, and evidence is overwhelming that too many children are facing a lifetime of poorer health as a result.
- Helping every child reach full health potential requires strong support from parents and communities, and must be a top priority for the nation.
- New resources must be directed to this goal, even at the expense of other national priorities, and must be tied to greater measurement and accountability for impact of new and existing early childhood programs.

Policy Environment

Congress has an important opportunity through the reauthorization of the Child Care and Development Block Grant (CCDBG) to improve the quality and availability of federally-funded child care services. The federal government invests more than $12 billion annually in child care and allocates funds to states through CCDBG. Each month, more than 1 million families and nearly 2 million children are served through CCDBG.

The American Recovery and Reinvestment Act of 2009 included an additional $2 billion for the CCDBG. Of this total, $255 million was targeted for quality improvement, including $93.6 million specifically designated to improve the quality of care for infants and toddlers. Additional resources were allocated for Head Start and Early Head Start ($1 billion and $1.1 billion, respectively).
Facts and Figures

Eleven million American children under age 5 spend time in a child-care setting, home- or center-based, each week. Only one of every nine low-income children under age 3 receives federally-supported developmental and care services, with unmet needs for 4.8 million infants and toddlers in economically disadvantaged families.

Child care services are costly for families:

- In every region of the United States, the average infant care costs exceed average family food costs.
- In every state, the cost of child care for two children is comparable to the average monthly mortgage payment.
- In 2008, the annual cost for center-based infant care ranged from $4,500 to $14,600 across the United States; the annual cost of center-based care for a 4-year-old ranged from $3,400 to $10,800.
- Low-income families devote 15% of their income to child care services, while higher-income families spend 7% of their income.

Oversight and quality standards for child-care centers and providers are insufficient for ensuring the safety, health and well-being of children in care:

- Twenty-four states do not regulate family child-care providers who care for three or fewer children.
- Only thirty-two states explicitly forbid smoking within child-care facilities.

Child-care workers and early childhood educators are often inadequately trained and poorly compensated:

- Eleven states lack a minimum education requirement—not even a high-school diploma—for teachers in centers, and 15 states require less than two years of training for child-care center directors.
- In 2006, the median annual earnings of child-care workers were $17,630, and very few receive employment benefits.

Children who participate in high-quality early childhood development (ECD) programs experience a range of immediate and long term health gains—in addition to cognitive gains and better academic achievement.

The impact is particularly great for economically disadvantaged children, for whom early child care, education and family support programs can act as buffers, providing stability and stimulation for these children and strengthening parents’ abilities to meet their children’s developmental needs at home.

Costs and Cost Savings

Children who participate in early childhood development programs are more likely to be healthy adults, more likely to have higher earnings and less likely to commit crime and receive public assistance. One dollar spent on early childhood services yields returns estimated to range from $1.80 to $17.07.

More Resources

Visit commissiononhealth.org for more information, including Beyond Health Care: New Directions to a Healthier America—the Commission’s full report, an annotated version of this fact sheet (with citations), model programs, key organizations, charts and figures, websites, issue briefs and reports.