

State Policies to Improve the Odds for the Healthy Development and School Readiness of Infants and Toddlers

by Helene Stebbins, HMS Policy Research

Early childhood is a time of great opportunity. For young children, it is a time when they will learn to walk, talk and build the foundations for future development. For policymakers, it is a time to improve the odds that young children receive the basic supports and opportunities that will promote their healthy development and school readiness. How state policymakers and agency administrators choose to allocate funds, promote quality, and establish eligibility criteria influence who has access to essential supports and who does not. Policy choices made at the state level can determine whether or not an infant can get treatment for an ear infection, whether or not a child care provider understands how to promote early language development, and whether or not parents have access to a local family resource center.

Federal policies often shape state policy choices, but many decisions about who gets what services happen at the state level. Federal funding streams set parameters, but state decision makers have flexibility in how to implement programs. The National Center for Children in Poverty's (NCCP) *Improving the Odds for Young Children* project profiles each state's early childhood policy choices, and recognizes choices that go above and beyond the minimum requirements dictated at the federal level.

The policy choices include:

- state eligibility policies, such as income eligibility for public health insurance and child care subsidies;
- state supplements to federal programs, like Head Start and WIC, because federal funding is insufficient; and,
- state policies that preempt federal policies, such as medical leave and minimum wage policies.

About *Improving the Odds for Young Children*

For more than 10 years, the National Center for Children in Poverty (NCCP) has reported on state-level policy efforts to promote the well-being of young children and their families. NCCP continues this tradition with *Improving the Odds for Young Children*, a multi-faceted project that provides a unique picture of the policy choices states make to promote healthy development and school readiness. The project can inform policy decisions with:

- state and national profiles of early childhood policy choices and demographic information; and,
- data tables that allow for comparisons across states on each policy choice.

For more information, go to

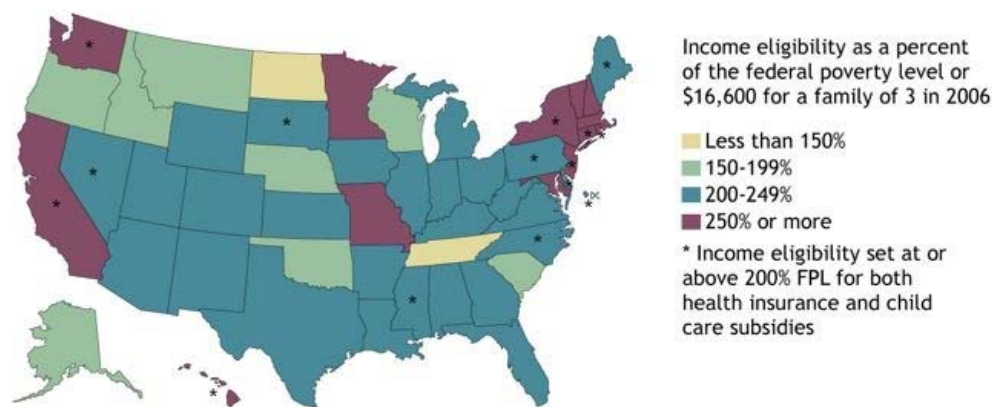
www.nccp.org/improvingtheodds.html.

This article describes a slice of these policies, those that focus on the infant and toddler years. Individually, they promote good health, positive early learning experiences, or strong families. Collectively, they begin to build a supportive base that improves the odds for healthy growth and development.

Health and Nutrition

Healthy child development begins 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 and parents have regular access to a primary care medical home. Hunger, a vision or hearing impairment, or maternal depression can inhibit early childhood development, but each of these crises can be resolved with early identification and access to appropriate services.

Medicaid/SCHIP Income Eligibility, Ages 1-5



Note: Illinois, Massachusetts, and Pennsylvania provide state-funded coverage to children that exceed this income level.

Source: Donna Cohen Ross, Laura Cox and Caryn Marks, *Resuming the Path to Health Coverage for Children and Parents: A 50-State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost-Sharing Practices in Medicaid and SCHIP in 2006*, Kaiser Commission on Medicaid and the Uninsured, January 2007.

- *41 states offer health insurance (Medicaid or SCHIP) for infants in low income families (at or above 200% of poverty)ⁱ*

Medicaid provides health coverage, primarily for low-income pregnant women, children, parents of dependent children, persons with disabilities, and the elderly. Federal Medicaid law requires states to provide coverage for pregnant women and children under age six when household income is at or below 133 percent of the poverty level, but only one state sets eligibility at this minimum level. Eighty percent of states set eligibility at or above 200 percent of poverty, and the federal government pays between 50 and 76 percent of the cost based on the relative wealth of the state. State policymakers also determine the eligibility criteria for the State Children's Health Insurance Program (SCHIP). SCHIP extends coverage to low-income uninsured children, typically when their family income exceeds the Medicaid eligibility level and private coverage is not available. The federal government also pays a portion of these costs, between 65 and 86 percent of the total.

▪ *6 states include at-risk children in the definition of eligibility for IDEA Part C*

Part C of the Individuals with Disabilities Education Act (IDEA) requires states and jurisdictions to provide early intervention services to eligible children from birth to age three who are experiencing developmental delays. States define who is eligible for early intervention services, screen children in order to identify those who meet the eligibility criteria, and provide appropriate services to those who are eligible. Each state defines eligibility with unique criteria (e.g., based on categories or degrees of impairment), and children who meet these criteria are entitled to services. While all states have the option to include children "at risk" for a developmental delay in their Part C eligibility definition, most do not because it will increase number of children entitled to services, which will lead to increased state costs.

For details on the choices your state is making, download your state profile at:
http://www.nccp.org/projects/improvingtheodds_stateprofiles.html.

- *30 states require a newborn hearing screening*
- *18 states require newborn screening for 28 metabolic deficiencies recommended by the March of Dimes*

Screening newborn babies for inherited disorders and conditions can lead to early intervention and reduce or eliminate more severe health problems. State public health programs have offered “universal” newborn screening – testing every baby – for one or more conditions for more than 30 years. Currently, each state determines the array of conditions in their newborn screening program, ranging from 4 to 40 or more. No federal standards exist. The March of Dimes is dedicated to improving the health of babies by preventing birth defects, premature birth, and infant mortality. It recommends states require that all newborns be screened for hearing deficiencies and 28 specific metabolic deficiencies and/or disorders. For more information on the 28 screens, go to www.marchofdimes.com.

- *5 states use DC:0-3 as a diagnostic tool for Medicaid patients*

Infants can show signs of depression as young as 4 months old; however, the symptoms of depression or other developmental problems are often different in very young children. As a result, diagnostic tools developed for adults will not always identify a problem. The *Diagnostic Classification of Mental Health and Other Developmental Disorders in Infancy and Early Childhood (DC: 0-3)* is a tool that allows for developmentally appropriate screening and assessments of mental health disorders for children from birth to age three. Some states have given health care providers clear guidance on how to claim Medicaid reimbursement when using *DC: 0-3* to encourage the use of this tool.

Early Care and Education

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 are culturally responsive, developmentally appropriate, and meet the needs of working parents. The following examples are some of the policy choices state policymakers and program administrators

can make to ensure young children have access to the kind of early care and educational experiences that yield such promising results.

- *8 states meet recommended standards for staff/child ratios and maximum class sizes for infants and toddlers in child care.*

Two important standards of quality are the size of a group and the ratio of adults to children in a child care setting. Small classes with low adult-child ratios offer children more opportunity to interact with their teachers, receive individualized attention, be emotionally secure with their teachers, be socially competent with their peers, and utilize extensive and complex language.ⁱⁱ The 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.ⁱⁱⁱ States that adopt these standards in their licensing or regulating of child care settings can raise the level of their quality.

- *19 states allocate state or federal funds for a network of infant/toddler specialists that provide assistance to child care providers.*

States that fund infant/toddler specialist networks improve the quality of infant and toddler care by connecting child care providers to the professionals who can support them in their work. Infant/toddler specialists are professionals from the health care, mental health, family support, and child development fields who specialize in infant and toddler care. Their responsibilities typically include offering professional development events, providing technical assistance, coordinating resources, and providing community education and support.^{iv}

- *22 states have infant-toddler early learning guidelines/standards for infants and toddlers.*

Clear expectations about what young children should know and be able to do can guide early childhood programs in developing their curricula. They can also highlight the importance of relationships in early learning and help caregivers understand their role in providing the proper stimulation.^v While almost every state has adopted standards for children ages 3 to 5, the development of infant and toddler standards is more recent.

- *16 states offer an infant-toddler credential^{vi}*

States can improve the quality of the early care and education workforce by supporting efforts within institutions of higher education to develop credentials that reflect the needs of the workforce. Caring for infants and toddlers requires different skills and knowledge than prekindergarten children, just as teaching fourth grade is different than teaching first grade.

Parenting and Family Economic Security

Young children depend on their parents and caregivers for everything, and state policies can either add support or increase the burden that parents and caregivers face. Policies that protect the health of parents, ensure parents have adequate material resources, and

promote healthy parent-child relationships (starting at birth) improve the odds of healthy development and early school success.

- *6 states offer paid maternity leave*

The initial months after the birth of a child are an important time for parents and caregivers to bond and establish a nurturing relationship. Unfortunately, many parents cannot afford to stay home with their children during this time. The United States is the only industrialized country without a paid family leave policy. The federal Family and Medical Leave Act (FMLA) only entitles eligible employees to take up to 12 weeks of unpaid, job-protected family or medical leave; but six states now offer partial wage replacement for medical or family leave through state-administered temporary disability insurance systems. With the exception of California, these benefits only apply to mothers who are temporarily "disabled" after child birth. California extends benefits to parents who adopt a child.

- *25 states have a Medicaid family planning waiver to increase birth intervals*

Women who have access to birth control and other family planning services can increase the interval between pregnancies. Research shows this is a health benefit for the mother, and reduces the risk premature or low-birthweight babies in subsequent births. States can extend eligibility for Medicaid coverage of family planning services by securing approval (officially known as a "waiver" of federal policy) from the Centers for Medicare and Medicaid Services. Such waivers can be used to extend Medicaid coverage for family planning and related services to women who would otherwise lose Medicaid coverage after the postpartum period, and/or to any low-income woman.

- *18 states have a TANF work exemption for single parents with a child less than age 1*

The Temporary Assistance for Needy Families (TANF) program provides cash benefits to eligible low-income families. TANF programs seek to transition recipients to paid employment and self-sufficiency by establishing minimum work requirements and time-limited cash benefits. States have some flexibility in establishing the hours of work required and who is exempt from these requirements. Reducing or eliminating the work requirement for single parents with young children improves the odds for a stable, nurturing relationships between parent and child. Research shows that early nurturing relationships promote the brain development that builds a strong foundation for future learning, behavior, and health.^{vii}

Recommendations

It takes high-quality health care, *and* early learning opportunities, *and* nurturing parents who are economically secure to put children on the pathway to early school success. While some state policy choices recognize the multiple needs of young children, others do well in only one set of policies. In too many states, a young child may have health insurance, but her family is unlikely to be able to afford the type of child care that will meet her other developmental needs. The state policies support a part of the child, but not the whole child. Across the states, there is a markedly uneven pattern in access to both health care and early care and education programs, two of the most basic supports that

families need.

The following four recommendations can guide policymakers, advocates, and researchers in future efforts to improve the odds of success for our youngest citizens.

1. **Make policy choices that focus on the whole child.** Good health, positive early learning experiences, and nurturing families are the three essential elements of healthy early childhood development. Over the past five years, almost every state has sustained or increased access to health care, but half of the states have decreased eligibility for child care subsidies. Families with young children need multiple supports, and strong policies in one area (for example, health care) can be undermined by weak policies in another (such as child care).

2. **Combine early childhood investments with investments in family economic security.** More than 10 million children, 42 percent of all children under age 6, live in low-income families and are especially vulnerable for poor school outcomes and poor health. “Low income” is defined as family income below twice the official federal poverty level or \$34,340 for a family of three in 2007. Research shows that families need at least this much to meet their basic needs.^{viii} Public policies that promote family economic security can help parents help their children.

3. **Increase access to critical supports and services.** In some states, income eligibility for health insurance or child care subsidies is half of what it is in other states. A young child in New Jersey has access to public health insurance while a child from North Dakota in a family with half the income does not. Federal and state policies can help level the playing field so children have access to basic supports and services regardless of where they are born.

4. **Invest in infants and toddlers.** Early relationships and experiences shape children’s brain development, which in turn affects their ability to succeed in school and in life. State policies can help infants and toddlers get the start they need when these policies both promote stable, nurturing relationships (with parents and child care providers) and are intensive enough to help parents address their own health and mental health challenges.

States can improve the odds that young children receive the health, education, and parenting supports they need by making policy choices that promote early childhood development, and by taking a coordinated approach to policymaking that considers how policy choices complement one another to support individual children and families. For the overall health and productivity of the next generation, states and federal policymakers have a vested interest in partnering with low-income families to improve the odds that their children will succeed.

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ⁱ The policies choices of each state change rapidly, and will be updated when the primary sources update their data. For complete data sources, download the national profile at:

http://www.nccp.org/projects/improvingtheodds_stateprofiles.html.

ⁱⁱ P. Blatchford, V. Moriarty, S. Edmonds, and C. Martin, "Relationship Between Class Size and Teaching: A Multimethod Analysis of English Infant Schools," *American Educational Research Journal* 39 (2002): 101-32. Also, National Research Council. *Eager to Learn: Educating our Preschoolers*, Eds. B.T. Bowman, M.S. Donovan, and M.S. Burns (Washington, D.C.: National Academy Press, 2001). Also, C. Howes, "Children's Experiences in Center-Based Child Care as a Function of Teacher Background and Adult: Child Ratio," *Merrill-Palmer Quarterly* 43 (1997): 404-25. Also, C. Howes, D.A. Phillips, and M. Whitebrook, "Thresholds of Quality: Implications for Social Development of Children in Center-Based Child Care," *Child Development* 63 (1992): 449-60. Also, S. Kontos, and A. Wilcox-Herzog, "Teachers' Interactions with Children: Why Are They So Important?" *Young Children* 52 (1997), vol. 2: 4-12.

ⁱⁱⁱ For more detail on the NAEYC recommendations, see:

www.naeyc.org/academy/criteria/teacher_child_ratios.html.

^{iv} ZERO TO THREE Policy Center, *Infant/Toddler Specialist Networks: Assuring Quality in Child Care for Babies & Toddlers*, posted on The Baby Monitor, February 5, 2007.

^v National Infant and Toddler Child Care Initiative, *Keys to High Quality Child Care for Babies and Toddlers*, updated April 2006.

^{vi} This number is valid as of the publishing date of this article. Credentials offered vary between states and changes are made within states periodically. More in-depth and updated information about states offering infant-toddler credentials will be available online by the end of 2007 at:

<http://www.nccic.org/itcc/publications/index.htm>.

^{vii} Jack P. Shonkoff, M.D., *The Science of Early Childhood Development: Closing the Gap Between What We Know and What We Do*, presented to the Early Childhood Comprehensive Systems grantees on 1/19/07. Available at: www.nccp.org/media/thrive/shonkoff.pdf.

^{viii} 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.

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