

# Candidate Guide to *Think Babies*



**Want to build a better future? It begins with babies.**

The science is clear. Our brains grow faster between the ages of 0-3 than any later point in life. When babies have nurturing relationships with parents and caregivers, enriching early learning experiences, and strong physical health and nutrition, they have a crucial foundation for healthy development. But when babies do not get what their growing brains need to thrive, they face life-long developmental, educational, social, and health challenges.

Even before the COVID-19 pandemic, public policy did not keep up with the reality of parenting and the challenges that families with young children face. The impacts of the current crisis are hitting families with young children particularly hard, deepening racial and socioeconomic gaps that impact babies even before they are born. And for the nearly 1 in 6 children who are born into poverty, we must do more to ensure our policies build a stronger future for them and our country.

[ZERO TO THREE](#) created *Think Babies* to make the potential of every baby our national priority. When we *Think Babies*, we create stronger families, vibrant communities, and a prosperous country. *Think Babies* is a call to action for policymakers to prioritize the needs of infants, toddlers, and their families and invest in our future.

In this candidate guide you will find the research, statistics, and policy solutions you need to *Think Babies* – and most importantly, stories of how these issues impact families across the country.

Three key areas that are critical to families with infants and toddlers are:

- Affordable, quality child care
- Paid family and medical leave
- Access to health coverage

The greatest opportunity to influence a child's life outcomes—academic, social and emotional, and physical—is during their first three years. Invest in giving all babies the best chance to succeed in life and build a better future for all of us.

Meet some of our *Think Babies* advocates and read their stories below.



## Babies Need Comprehensive Paid Family and Medical Leave

The time after the birth or adoption of a baby is an essential time of development for babies and families.

Because early relationships nurture early brain connections that form the foundation for all learning and relationships that follow, parents and caregivers are on the front line of preparing our future workers, parents, and leaders.

The COVID-19 crisis has shown us that our nation heavily depends on the work of the front-line staff at grocery stores, child care centers, health care facilities – many of whom lack access to comprehensive policies that would protect them in times of illness or crisis. Only 21 percent of civilian workers in the United States have access to paid leave through their employers ([U.S. Bureau of Labor Statistics](https://www.bls.gov/news.release/archives/leaves_09012019.pdf)). And as few as 8 states plus DC offer paid leave.

This means that too many parents must make the impossible choice between taking the time they need to bond with and care for their babies and losing their jobs or economic security. Additionally, parents also need paid and medical leave to take care of themselves and for situations that require family caregiving beyond welcoming a child to the family. In the pandemic, families also needed time to care for children when schools, work, and child care shut down.

Babies and their families need a comprehensive paid family and medical leave program that gives them crucial time to foster nurturing relationships that build strong early brain connections and bond with their babies, as well as care for themselves or for children with serious illnesses.

**Working families need comprehensive paid family and medical leave. Strong policy solutions will:**

- Be inclusive of all working people, no matter where they live or the nature of their job;
- Provide all workers with comprehensive coverage of personal medical and family caregiving needs as reflected in the Family and Medical Leave Act (FMLA);
- Allow sufficient time—at least 12 weeks—away from work to meet their care and health needs;
- Offer adequate wage replacement rates and benefit levels that make taking leave financially possible for everyone; and
- Protect workers from retaliation or adverse employment consequences for requesting or taking leave.

For more information, visit [thinkbabies.org/policy-priorities-paid-leave](https://thinkbabies.org/policy-priorities-paid-leave) or contact [policycenter@zerotothree.org](mailto:policycenter@zerotothree.org).

### The Akins Family (Louisiana):

After exhausting her unpaid leave, Anna returned to work, rather than risk losing a job she needed and loved. But her son, Gareth, had severe allergies and asthma that led to multiple hospitalizations in his first year. Had Anna had access to comprehensive paid family and medical leave, she would have had the protected paid leave that she needed to address his needs without worry of losing her income and career. Not only would she have been able to spend more time bonding with Gareth, she would have been able to devote her full attention to what was causing his illness earlier, leading to an earlier diagnosis. Instead, she had to walk away from a job she loved to care for her sick child.

### The Weiss Family (Virginia)

Cate used up all her paid time off during a difficult pregnancy, so when her son Jack was born, she had to take unpaid maternity leave for three months. During this time, while her husband was waiting to commission in the military, her family faced significant financial hardship. Not only did they miss her salary, but because she carried her family's health insurance, she owed significant backpay for their coverage when she returned to work. While she values the early bonding time she had with Jack, Cate's family still has not recovered from this financial strain.

### The Buckner Family (Texas)

Shawnnita's son, Kaden, was born with severe gastritis and low lactase and palatinase levels. Before and after diagnosis, the family rushed Kaden to the emergency room countless times, where he was frequently admitted for care, because his symptoms could not be controlled at home. Shawnnita and her husband spent many days and nights with Kaden in the hospital. Even as their child was receiving emergency care, Shawnnita and her husband were compelled to pull out their laptops as he slept in the hospital bed next to them. They struggled with the expense of the special formula Kaden needed, and they could not afford to miss work.

## Babies Need Quality, Affordable Child Care

**Quality child care prepares babies for future learning and success.**

Access to quality child care offers families a critical support for employment and education and lays the groundwork for babies' future success, including strong cognitive skills, higher scores on math and language measures, and the social and emotional skills critical to all learning. But quality child care is tough to access and afford, especially for those who need it most. Most infants are in low- or medium-quality care settings that can be detrimental to their development.

Prior to COVID, infant-toddler care had long been prohibitively expensive, yet little help was available to pay for it. The Child Care and Development Block Grant (CCDBG) supports child care subsidies in every state, but families with incomes above 200 percent of the federal poverty level can only access subsidies in only 14 states. And eligibility does not guarantee access to a subsidy. Only 1 in 6 federally eligible children are served by CCDBG and only 4.2 percent of infants and toddlers in families with low- or moderate-incomes overall receives help to pay for child care ([State of Babies Yearbook: 2020](#)).

These challenges of affordability and access have been exacerbated by the current crisis. The pandemic has hit the child care sector incredibly hard, exposing the need for a systemic approach to an essential service still struggling months after the pandemic's initial impact. Surveys of providers show that the vast majority are facing substantial increased costs, even though enrollment has declined significantly due to a combination of economic forces and the need to limit group sizes to protect child care staff and the families they serve from the virus. Many providers have already closed their doors and many more expect to do so permanently if Congress fails to provide additional aid. As parents navigate work, care and learning for the children, the child care system needs increased public investment to ensure essential care now and its long-term viability.

We must ensure access to quality, affordable care for all babies and their families, starting with the most overburdened and under-resourced.

**Working families need quality, affordable child care options now.**

**Strong child care policy solutions will:**

- Be properly funded and ensure that every eligible family can enroll their child in a high-quality program;
- Ensure that quality and safety standards are maintained in every child care program;
- Provide enhanced federal, financial support for services for infants and toddlers to focus on improving quality and access; and
- Guarantee that child care providers can be paid a living wage.

### The Simon Family (Georgia)

Jasmine was a cocktail waitress in a casino in Las Vegas, Nevada when her daughter Jaelyn was born. While her union membership and the exceptional support of her family afforded her the opportunity to take a year of unpaid leave to bond with her daughter, when she returned to work, to a position without regular hours, Jasmine could not find the reliable and affordable child care she needed for her daughter. Instead, she relied on her family to provide care when she was on the job. Jasmine worried that she or one of her parents would lose their jobs because of the prioritized care for Jaelyn.

### The Thompson Family (Wyoming)

Jamie is a child care provider, and she and her partner were excited to welcome a baby of their own. Kaisen was born energetic and funny but was quickly diagnosed with a sensory processing disorder. On a child care provider's limited budget, Jamie was disappointed as she looked for places in their community where Kaisen could have the quality of care he needed. Even the place where she worked could not make his care affordable for her. Eventually, she decided to stay home with him.

For more information, visit [thinkbabies.org/policy-priorities-child-care](https://thinkbabies.org/policy-priorities-child-care) or contact [policycenter@zerotothree.org](mailto:policycenter@zerotothree.org).



## Babies & Parents Need Access to Health Coverage

**For the almost 4 million babies born each year in the U.S., health care can mean the difference between a strong beginning and a fragile start.**

Over 5 percent of children under age 3 living in families with low income lack health insurance ([State of Babies Yearbook: 2020](#)). Now during the COVID-19 pandemic, we are seeing a significant drop in vaccine rates and pediatric visits amongst families who already had lower rates of access to health coverage and preventative health visits. If states' mounting fiscal woes or other pressures to limit its reach lead to proposals to change the structure of Medicaid, such a move could undo decades of progress on young children's health and prove devastating to the more than 5 million infants and toddlers covered by Medicaid and the Children's Health Insurance Program (CHIP).

On average, 6 in 1,000 babies born in the U.S. will not survive to see their first birthday. Children's and mothers' access to health insurance during pregnancy and in the first months of life can be the difference between life and death since coverage is linked to significant reductions in infant mortality, childhood deaths, and the incidence of low birthweight. The Affordable Care Act (ACA) helped many parents get covered through private insurance and Medicaid, while ensuring prenatal coverage and pediatric care with high standards.

States that have expanded Medicaid coverage for adults have seen significant increases in the number of babies that now also receive that benefit. Together, Medicaid and CHIP cover more than two in four infants and toddlers ([Georgetown University Center for Children Families](#)), as well as cover more than half of all Black and Latinx children ([Kaiser Family Foundation](#)).

**Medicaid expansion, robust Medicaid, and CHIP are critical to the health of babies and families because:**

- Affordable health care means parents and babies can receive the services and treatment they need to build a strong foundation for their futures, making preserving and strengthening the ACA critical.
- Low-income and uninsured children are more likely than children from other income groups to have poor health and special health care needs. Yet these children are less likely to receive developmental screening.
- Access to regular health care and mental health treatment, especially for women, has been associated with healthier pregnancies and babies. Extending Medicaid for pregnant women to 12 months post-partum, raising the eligibility levels, and including doula care would help meet the health needs of families.
- Medicaid expansion provides a strategy for states to provide health coverage and improve access for parents.

**For more information, visit [zerotothree.org/policy-and-advocacy/physical-health-or-contact](https://zerotothree.org/policy-and-advocacy/physical-health-or-contact) or contact [policycenter@zerotothree.org](mailto:policycenter@zerotothree.org).**

### The Hibbens Family (New Mexico)

Jessica's husband is a veteran and she enrolled in Medicaid when she was pregnant with their son, Rafe. Rafe was born with multiple disabilities and health issues. He is legally blind due to a neurologic condition, has mild hypotonia (low muscle tone), and is also nearly globally developmentally delayed. In trying to find the best care for her son, Jessica has engaged multiple medical professionals in their community and has traveled across states for providers not available in New Mexico. Without specialized medical care and early intervention services, Jessica would face even greater challenges finding and affording care for Rafe.

### The Cox Family (Wisconsin)

Samuel's daughter, Maya, was exposed to continuous trauma and stress when she was a baby, and has continued to suffer emotionally and socially, especially in child care settings. Samuel has struggled to find the early childhood programs and child care centers with licensed special education and infant mental health-trained staff to support Maya's needs. Before he became eligible for health care coverage through his employer, Samuel paid out of pocket for the mental health support the family needed.

### The Flores Family (Kentucky)

When he was born, Charlene's son, Avron, sustained a traumatic brain injury and ended up spending the next 3 weeks in the NICU. He has severe brain damage which has resulted in a seizure disorder, developmental delays, hypertonia, hypotonia, microcephaly, and visual impairment. While Avron got some services through early intervention, due to visit limits and other stipulations of the system, they are not able to get all the therapy he needs. They pay out of pocket for additional treatment for his developmental needs. The family has made four unsuccessful attempts to obtain Medicaid for Avron.