

Think Babies

Key Messages and Talking Points



Use the sample language below for materials, presentations, and any conversation you may have about *Think Babies™*.

Core Message

America needs to invest to grow. Invest in our economy. Invest in our infrastructure. Invest in the health of our communities. But there's one investment that's more foundational than any of those: Investing in our babies. It's our best opportunity to make the biggest difference. Policies that support babies and families are proven to deliver a return far greater than their cost. When babies and toddlers have good health, strong families and positive early learning experiences, it will lead to an America that is stronger, smarter, healthier, and fairer. Their growth is America's growth. And the time to make an impact is now. It's time to *Think Babies* and boldly invest in our future, today.

The Science

- An investment in strong, healthy development for babies, is an investment in America's future – because babies build America.
- The science is clear. Our brains grow faster between the ages of 0 and 3 than any later point in life, forming more than 1 million new neural connections every second.ⁱ
- Our brains are built. The experiences we have in our earliest years lay the groundwork for the rest of our lives. Foundational skills are developed first, such as language, sensory, and motor skills. These form a strong base onto which other skills, like problem solving, self-regulation, and complex social skills are built.
- A baby's beginning lays the foundation for all to come. When babies have nurturing relationships, positive early learning experiences, and good health and nutrition, those neural connections are stimulated and strengthened, laying a strong foundation for the rest of their lives.ⁱⁱ
- When babies don't get what their growing brains need to thrive, they don't develop as they should. This leads to life-long developmental, educational, social, and health challenges.ⁱⁱⁱ

The Need

- There are 12 million infants and toddlers in the United States^{iv} and each one of them is born with unlimited potential.
- Babies are America's future. They are the next generation of engineers, teachers, farmers, small business owners, and policymakers. *Think Babies* and invest in our future today, because babies build America.

- Babies are our nation’s infrastructure. When we invest in babies and their families, we invest in our future workers, innovators, leaders, and our success as a nation. And only when we ensure equitable opportunity for every baby to reach their full potential will we be able build a strong foundation for our country.
- The [State of Babies Yearbook](#)^v shows that the profile of America’s babies and families is more diverse than at any point in our history, with more than half (51 percent) of babies being children of color^{vi}.
- But opportunities to grow and flourish are not shared equally by all infants, toddlers, and families, reflecting past and present systemic racism and barriers to critical resources.
- Even before the COVID-19 pandemic, 42 percent of babies lived in families without enough income to make ends meet. By nearly every measure, children living in poverty and Black and brown families face the biggest obstacles—low birthweight, unstable housing, and limited access to quality early learning experiences. The life-altering impact of these disparities begin even before they are born.^{vii}
- Every parent wants to give their child a strong start in life. But the experience of the pandemic has laid bare what families already knew: Our systems for supporting the health and well-being of young children and families are threadbare.
- We must rebuild our nation’s infrastructure to pave the way into the future. Policies meant to support babies and families are riddled with potholes, further compounded by the pandemic and economic devastation. Patchwork solutions will not fill our gaping holes. Sound policies that invest in the potential of every baby will strengthen our communities and our nation.
- As our nation recovers and rebuilds, we need to lay a strong foundation for the future. Policies that support babies and families are proven to deliver a return far greater than their cost – and every dollar we put toward infant and early childhood programs is not only an investment in today’s children and families, but the infrastructure necessary for our communities and country to thrive in the future.
- Every dollar we invest in infant and early childhood programs will return great benefits for our children and our country. Research shows that high quality care, starting at birth, can yield a 13 percent return every year through better outcomes in education, earnings, and health.
- We cannot simply try to get back to the old normal if our nation is to thrive. We must build for the future and ensure that every baby has what they need to reach their full potential.

About *Think Babies*

- ZERO TO THREE created *Think Babies* to bring attention to what babies and their families need to thrive. *Think Babies* is a call to action for policymakers to prioritize the needs of infants, toddlers, and their families and invest in our nation’s future.
- Babies are our nation’s infrastructure. When we invest in babies and their families, we invest in our future workers, innovators, leaders, and our success as a nation. Yet opportunities to grow and flourish are not shared equally by all infants, toddlers, and families, reflecting past and present systemic racism and barriers to critical resources. Only when we ensure equal opportunity for **every** baby to reach their full potential will we be able build a strong foundation for our country.

- We're advocating for the issues that ensure all babies have good health, strong families, and positive early learning experiences. At the federal level, our priorities are:
 - Child Care;
 - Paid Leave;
 - Early Head Start;
 - Infant and Early Childhood Mental Health;
 - Family Support; and
 - Economic Security.
- Core elements of *Think Babies* include:
 - **Strolling Thunder™**: *Strolling Thunder* brings constituent families to meet with their elected officials – from state capitals to Capitol Hill – and share their experiences about what it's like to raise young children today and what they need to support their baby's healthy development.
 - **State Partners**: *Think Babies* supports state partners with advocacy resources and technical assistance to advance their infant-toddler policy priorities. A growing number of states across the country are leveraging *Think Babies* to build the political will necessary to make babies our national priority.
 - **National Partnerships**: *Think Babies* is powered by a growing network of advocates and partners across the country urging policymakers to invest in our future. We're working together to educate policymakers and ensure that all babies and their families get the support they need to thrive.
 - **Digital Organizing**: *Think Babies* partners and advocates engage in a drumbeat of highly visible digital organizing activities to raise awareness among policymakers about the issues facing families with young children and translate that awareness into action.
 - **State of Babies Yearbook**: The *State of Babies Yearbook* provides national and state-by-state data on the well-being of America's babies. Policymakers and advocates can use the data to identify and act on the challenges facing the youngest members of society.

Think Babies “Elevator Pitch”

The science is clear. Our brains grow faster in the first few years than any later point in life, forming more than 1 million new neural connections every second. When babies have nurturing relationships, positive early learning experiences, and good health and nutrition, those neural connections are stimulated and strengthened, laying a strong foundation for the rest of their lives. When babies don't get what their growing brains need to thrive, they don't develop as they should. This leads to life-long developmental, educational, social, and health challenges.

Opportunities to grow and flourish are not shared equally by all infants, toddlers, and families, reflecting past and present systemic racism and barriers to critical resources. Even before the COVID-19 pandemic, 42 percent of babies lived in families without enough income to make ends meet. If our nation is to thrive, we must build for the future and ensure that every baby has what they need to reach their full potential.

That's why ZERO TO THREE created *Think Babies*, a call to action for federal and state policymakers to prioritize the needs of infants, toddlers and their families and invest in our future. We advocate for policies that ensure all babies and their families have good health, strong families, and positive early learning experiences. Sign up to join the team that's fighting for our future at www.thinkbabies.org.

State of Babies Yearbook "Elevator Pitch"

The [State of Babies Yearbook](#) is a resource that seeks to bridge the gap between science and policy with national and state-by-state data on the well-being of America's babies. The *Yearbook* provides a snapshot of how babies are faring nationally and by state across nearly 60 indicators and policy domains in areas essential for a good start in life: Good Health, Strong Families, and Positive Early Learning Experiences. States are ranked into 1 of 4 tiers based on how they fare on selected indicators and policy domains that represent their progress towards assuring babies' access to health care, paid leave, quality early learning and more. The *Yearbook* shows us that, even before the pandemic, the littlest among us face big challenges, and the policies and programs in their state can make a difference in their ability to reach their full potential. Most alarming, significant disparities across key indicators of well-being emphasize the big barriers babies of color face.

The data are clear: the state where a baby is born makes a big difference in their chance for a strong start in life. All states need to do better for babies. Even among states with high averages, significant disparities exist in the opportunities available to babies and families of color to thrive, often driven by historical and structural inequalities. By nearly every measure, children living in poverty and children of color face the biggest obstacles, such as low birthweight, unstable housing, and limited access to quality child care. The current crisis has further exposed and exacerbated these disparities and structural barriers, which have harmful and life-altering effects that begin even before birth and can last a lifetime.

Policy Solutions to Advance *Think Babies* Priorities

Brain science supports the need for policy solutions that ensure all babies and families have good health, strong families, and positive early learning experiences. The priorities included below represent the span of policy solutions included in *Think Babies* federal advocacy, as well as those being advanced across the country by state partners based upon their local context. These talking points will help you communicate the needs of babies, toddlers, and their families related to the solutions you are pursuing.

Quality, Affordable Child Care

- Quality child care feeds a baby's growing brain, building the foundation for the development necessary for them to thrive as adults.^{viii}
- Access to quality child care can set low-income children on a path to:
 - Higher reading and math achievement;
 - Complete elementary and high school on time;
 - Attend and complete college;
 - Increased earnings;
 - Greater employment; and
 - Better health as adults.^{ix}
- Even before the COVID-19 pandemic, child care and other early learning opportunities for infants and toddlers fell far short of what children and families need. In particular, research indicates that children of color are likely to lack equitable access to high-quality formal early care and learning experiences.
- High quality child care that supports babies' healthy development includes nurturing relationships with caregivers, continuity of care, and a competent and well compensated workforce. Families with low-incomes face a variety of obstacles to accessing quality care including cost, availability by location, and for non-standard hours care.^{x xi}
- Infant-toddler care, especially high-quality care, is prohibitively expensive. With infant-toddler care costing more than college in 30 states and the District of Columbia, we know families feel the pinch of the high cost of care.^{xii}
- Despite the high cost of infant care, few families receive financial assistance for it. Only 4.2 percent of infants and toddlers in families with low-or moderate-incomes are served by the Child Care and Development Fund.^{xiii}
- Individual states set eligibility levels for child care subsidies. Currently only 13 states allow child care subsidies for families with incomes above 200 percent of the federal poverty level which was \$3,620 per month for a family of 3 in 2020.^{xiv}
- COVID-19 has stressed the already fragile economics on which child care operates and radically changed the child care landscape in our country. Many providers have been forced to close, are coping with under-enrollment and slow growth due to smaller classes, and fewer children returning because of continued high unemployment or parents' concerns about putting their children back in group settings.

- As the child care system rebuilds following the COVID-19 crisis, it cannot go back to what it was. Robust public funding is imperative for a system of high-quality programs and providers that is accessible to all families. Any policy solution must be built on principles that will ensure it serves the needs of the current and future workforce:
 - **Quality:** All children receive high-quality child care;
 - **Access:** Families can access the high-quality child care setting that best meets their needs;
 - **Affordability:** Families get the financial support they need to afford high-quality child care; and
 - **Workforce:** Early childhood professionals in all settings can receive the support, resources, and compensation they need to provide high-quality care and support their own families.^{xv}

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^{xvi}, parents and caregivers are on the front line of preparing our future workers, parents, and leaders.
- A baby's beginning lays the foundation for all to come. For babies, every minute and every interaction is a lesson in how the world works, how they are valued, and how people relate to one another. Caring, consistent relationships experienced by young children help establish a child's ability to learn, to form positive relationships, to exercise self-control, and to mitigate stress.^{xvii}
- 85 percent of working people in the United States do not have access to paid leave through their employers.^{xviii} That means that 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.
- Paid leave is essential for allowing families to take time off if their children have a serious health need or a family member gets sick.
- When babies have serious health needs, having their parents there can improve their recovery. Having that time can also help parents learn how to best care for their sick children.^{xix}
- The lack of a permanent national paid family and medical leave policy disproportionately impacts Black and Latinx families, due to historical barriers created by discriminatory policies that prevent many families of color from building the wealth needed to cope with family events requiring time off from work. Disparities are compounded by the fact that families who depend upon part-time work or the gig economy are often excluded from existing paid and unpaid leave policies.
- The COVID-19 pandemic brought our country's caregiving crisis to the forefront. In the absence of a national paid family and medical leave policy, many families were left without means of financial support. Some had to make difficult choices for their children's care because they simply could not do without a paycheck and were unable to take the time off to meet those family needs.
- While emergency paid family and medical leave was created through the Families First Coronavirus Response Act, it is only a temporary solution. Despite robust (84 percent) support from voters^{xx}, the U.S. does not have a permanent paid family and medical leave program.
- As of January 2021, only 9 states and DC have passed paid leave laws or ballot initiatives.^{xxi}

- Policymakers must invest in a comprehensive national paid family and medical leave insurance program that embodies the following core principles:
 - Accessibility for all working people;
 - A meaningful length of leave — at least 12 weeks;
 - Coverage for the full range of medical and family caregiving needs established in the Family and Medical Leave Act;
 - Affordability and cost-effectiveness for workers, employers and the government;
 - Inclusivity in its definition of “family”; and
 - Protections against employer retaliation when workers utilize their right to take leave.^{xxii}

Early Head Start

- Early Head Start is an evidence-based and community-driven program that supports the healthy development of babies, toddlers, and pregnant people living in poverty to ensure that all children have the same opportunities to succeed.
- Early Head Start is the only federal program specifically focused on the early development and learning experiences of babies and toddlers living in families with incomes below the poverty line. Currently, it reaches only 11 percent of eligible children and families.^{xxiii}
- As a two-generation program, Early Head Start creates opportunities for both parents and children, helping parents improve their prospects for economic security while simultaneously ensuring their children are on a solid path from the earliest age to engage in lifelong learning.
- Early Head Start programs:
 - Provide child development services through early childhood education settings (high-quality centers or family child care homes meeting Early Head Start requirements) or weekly home visits with program staff. Local agencies determine the program options that will best serve eligible children and families in their communities;
 - Address the multiple risks of poverty through a full range of individualized services for young children and their families, including child development, health and mental health, nutrition, and family support services; and
 - Conduct annual community assessments to ensure the programs offer the most meaningful program options to address local family needs, identify resources and gaps in services, and reach the families that are most in need.
- Early Head Start research shows success for children and parents:
 - Children in Early Head Start showed positive impacts at ages 2 and 3, including enhanced cognitive and language skills, decreased aggressive behaviors, increased engagement with parent during play, and increased rates of immunization.^{xxiv}
 - Early Head Start provides parents with the resources they want and need to support their children's development and their families' economic wellbeing. Research has shown that parents in Early Head Start were more emotionally supportive, provided more support for children's language development and learning, and were less likely to use harsh discipline

strategies such as spanking. Enrollment in Early Head Start also promoted parents' participation in education and training as well as their employment.^{xxv}

- Positive impacts on children's development were still evident two years later upon entry into kindergarten. In particular, children who followed Early Head Start with formal pre-K programs between the ages of 3 and 5 fared the best.^{xxvi}
- Throughout COVID-19, stable federal funding allowed Head Start and Early Head Start programs to maintain their staff and remain in touch with families to provide some services. As our country continues to weather the pandemic, Early Head Start services could be critical to helping families living in poverty to recover.
- Policymakers should increase investment in Early Head Start, both through increased federal investment and the direction of more state resources to comprehensive infant-toddler programs meeting Early Head Start standards, to reach more pregnant people, serve all income-eligible infants and toddlers, and expand services for children at greatest need of developmental services.^{xxvii}

Infant and Early Childhood Mental Health Services

- Infant and early childhood mental health (IECMH) refers to how well a child develops socially and emotionally from birth to age 5.
- IECMH is defined as the capacity of a child from birth to age 5 to:
 - Experience, express and regulate emotions;
 - Form close, secure interpersonal relationships; and
 - Explore his/her environment and learn, within the context of family and cultural expectations.
- Parents and caregivers influence babies' social and emotional development from the start. As early as 3 months—well before a baby utters his or her first words—babies experience a whole range of emotions like joy, sadness, anger, interest, and excitement. Children who feel loved, comforted, and have the freedom to play form more brain connections, which increases their ability to trust, relate, communicate, and learn.^{xxviii}
- Positive early childhood experience promotes resilience (the ability to “bounce back” from adversity) and healthy emotional development.^{xxix}
- Young children experience mental health issues at roughly the same rate as older children, ranging from 10-16 percent.^{xxx}
- Young children who live in families dealing with parental loss, substance abuse, mental illness, or exposure to trauma are at heightened risk of developing IECMH disorders and the stressors of poverty can multiply these risks.^{xxxi}
- More than 8 percent of infants and toddlers have already had two or more adverse experiences.^{xxxii}
- If untreated, IECMH disorders can have detrimental effects on every aspect of a child's development (i.e., physical, cognitive, communication, sensory, emotional, social, and motor skills) and the child's ability to succeed in school and in life.^{xxxiii}
- Early prevention and treatment are more beneficial and cost-effective than attempting to treat emotional difficulties and their effects on learning later on.^{xxxiv}

- National surveys of families with young children found stress and anxiety levels rising in families with young children throughout the COVID-19 pandemic, creating risk of trauma and social-emotional problems.
- The increased stress resulting from the lack of adequate support for families has contributed to adverse mental health outcomes for parents and caregivers, which has a direct correlation to poorer mental health and development for infants and toddlers^{xxxv}.
- Our country lacks the national structure to provide foundational mental health services to the youngest children. Policymakers can strengthen the foundation being built for infants and toddlers by investing in the continuum of services that support the prevention of infant and early childhood mental health problems, as well as the provision of developmentally appropriate treatment services for infants and young children suffering from mental health disorders, including the development of a highly skilled and adequately funded clinical workforce.^{xxxvi}

Economic Security

- Young children grow and learn in the context of their families and communities. Ensuring family and community level economic security is fundamental to creating the environment in which young children thrive, laying the groundwork for our next generation of workers and leaders.
- Research indicates that adequate income in the early years can boost positive development, with long term impacts on adult earnings.^{xxxvii}
- Work alone may not be enough to lift a family out of poverty or help them reach economic security. The federal minimum wage yields only \$15,080 in annual income. That is not enough to lift even a 2-person family out of poverty.
- Even before the COVID-19 pandemic, 40 percent of babies lived in families without enough income to make ends meet, often as the result of historic and structural inequities.
 - 1 in 5 babies lived in poverty, but Black infants and toddlers are more than 3 times more likely to live in poverty as white infants and toddlers.
 - Hispanic infants and toddlers are more than twice as likely to live in poverty as white infants and toddlers.^{xxxviii}
- Families of color, in particular Black and Latinx families, particularly experience not just an income gap but a “wealth gap” or a difference in families’ assets such as savings accounts or home equity. For example, the median Black family has about one-tenth the wealth of the median white family (\$17,600 compared with \$171,000), the cumulative effect of structural racism that has led to lower earnings, fewer opportunities to accumulate assets through home ownership and savings, and less access to tax benefits.^{xxxix}
- Cash enables families to provide for basic needs, such as diapers to keep a baby dry and healthy, gas or bus fare to get to a job, and household supplies for daily life. The only federal program providing direct assistance to families, the Temporary Assistance for Needy Families (TANF), reaches a little more than one in five families with an infant or toddler living in poverty.^{xl}

- Policymakers can help build an economic system that would ensure families have enough income to make ends meet and nurture their children by:
 - Ensuring a minimum wage of \$15/hour;
 - Increasing the federal and state Earned Income Tax Credit;
 - Creating a child allowance by enhancing the federal Child Tax Credit for young children; and
 - Helping close the wealth gap with “Baby Bonds”.^{xli}

Child Welfare

- Every year in the United States, nearly 200,000 infants and toddlers experience abuse or neglect. Infants and toddlers have the highest rates of abuse and neglect of any age group, at 16 per 1,000 children ages 0 to 2.^{xlii}
- A third of children entering foster care each year are under age 3.^{xliii}
- Racial disparities are glaringly apparent, as Black and American Indian children are placed in foster care at rates disproportionate to their share of the population. Black infants and toddlers stay in foster care longer: 1 in 5 infants and toddlers remains in foster care for more than a year but 23.4 percent of Black infants and toddlers do so, compared with 18.7 percent of white infants and toddlers.^{xliv}
- Young children who experience maltreatment—and too often the instability of life in foster care—have a high likelihood of significant and detrimental impacts on their emotional and cognitive development, with lasting effects.
- A survey of state child welfare practices for infants and toddlers found that most states do not have policies in place that promote the positive, healthy development of the young children in their care.^{xlv}
- Approaches grounded in prevention and support for family resilience are necessary to meet the developmental needs of babies and toddlers.
- The current structure of the child welfare system provides limited resources to address early childhood development and multi-generational trauma. In addition, an emphasis on crisis removal of children makes the system ill-suited to provide babies and toddlers with the stability and nurturing relationships they need for a strong start in life.
- Policymakers can transform child welfare policy and practice through:
 - Promoting state policies and local approaches, such as Safe Babies Court Team™, that we know affect better outcomes for babies and families;
 - Enhancing court oversight and collaborative problem-solving;
 - Ensuring health equity through expedited screening and assessment; and
 - Strengthening and supporting families and embedding early childhood development principles in child welfare systems and practices.^{xlvi}

Voluntary, Evidence-Based Home Visiting

- Parents play the most active and significant role in their babies’ healthy development. Voluntary, evidence-based home visiting is a proven strategy to support parents in nurturing their children.

- Research shows that parents want support to nurture their young children’s healthy development. They want resources that can teach them about the importance of early brain development and how they can nurture their babies to set them up for a healthy life.^{xlvi}
- Quality, voluntary home visiting leads to fewer children in social welfare, mental health, and juvenile corrections systems, with considerable cost savings for states. Research shows home visiting can be an effective method of delivering family support and child development services.^{xlvi}
- Voluntary home visiting programs tailor services to meet the needs of individual families and offer information, guidance, and support directly in the home environment. While home visiting programs vary in goals and content of services, in general, they combine parenting and health care education, child abuse prevention, and early intervention and education services for young children and their families.
- Trained home visitors partner with families to help them meet their own goals to promote their young children’s healthy development.
- High-quality home visiting programs can:
 - Increase children’s school readiness;^{xlix}
 - Enhance parents’ abilities to support their children’s overall development;ⁱ
 - Improve child health and development;^{li}
 - Improve family economic self-sufficiency;^{lii} and
 - Produce a substantial return on investment.^{liii}
- Parenting is difficult under the best of circumstances. Families facing obstacles that impact their ability to fully support their baby’s development, such as those caused by poverty, their own adverse childhood experiences, or social or geographic isolation, can benefit from the supports provided through voluntary home visiting programs.
- Even before COVID, less than 2 percent of families with infants and toddlers who could benefit from evidence-based home visiting are receiving those services.^{liv} Unemployment resulting from the pandemic means that the number of eligible families who could benefit, particularly, in this time of high stress, is increasing.
- Throughout COVID-19, home visitors have worked to adapt to social distancing from the families they usually support in the home, moving to virtual “telehealth” type visits, working with state and federal regulators to facilitate this adaptation.

Affordable, Quality Health Care

- Access to affordable health care means infants and toddlers can receive the critical services and treatment they need to build a strong foundation for their futures.
- Medicaid covers almost half of births in this country, and Medicaid and the Children’s Health Insurance Program insure about 1 in 3 children, but the rate of uninsured children is on the rise after years of decline. Young children more than anyone need access to preventive care.

- Babies in families with low income and babies of color are less likely to receive preventive health services. Overall, 91.1 percent of infants and toddlers had a preventive medical care visit within the past year.
 - Babies in families with low income (87.7 percent) had significantly lower rates than babies in families above low income (93.4 percent).
 - Babies of color are much less likely to have well-child visits than white infants and toddlers, who had a rate of 94.9 percent, compared with 87 percent for Black infants and toddlers, and 83.7 percent of Latinx infants and toddlers.^{lv}
- On average, 6 in 1,000 babies born in the U.S. will not survive to see their first birthday. Mortality is more than twice as high for Black infants (11.1 per 1,000 births) as it is for white infants (4.8) and is slightly higher for Hispanic infants (5) than for white infants.^{lvi}
- 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.^{lvii}
- Children with Medicaid coverage are more likely than uninsured children to regularly see a doctor and receive preventive health care^{lviii}. Routine checkups and preventive care, such as vaccinations, help prevent more costly health issues as children get older.
- Medicaid coverage for parents supports strong families by allowing them to access health care services that they would not be able to afford otherwise, including services related to substance use and mental health services.^{lix}
- Research shows that children enrolled in Medicaid in early childhood have better long-term health, educational, and employment outcomes than those who are uninsured.^{lx}
- Medicaid expansion has been associated with lower rates of infant mortality in states that adopted that policy.^{lxi}
- As a result of COVID-19, fewer families with young children were seeing their primary care practitioners, and vaccination rates and well-child visits dropped.^{lxii} This preventive care lag could leave young children at risk for other serious diseases.

Child and Family Screenings and Supports

- Parents have the greatest impact on their child’s development. The better able we are to connect and provide parents with support, resources, and guidance, the greater the positive impact on children.
- Early identification of developmental issues, partnered with a system of supports to intervene, can help children access the services they need to reach their full potential. Early intervention can make the difference between a strong start and a fragile beginning for children who have or are at risk for developmental delays.
- Approximately 1 in 4 children under age 5 are at moderate or high risk for developmental or behavioral delays.^{lxiii}

- Yet only 30 percent of infants and toddlers, ages 9 to 35 months, received a developmental screening in the past year.^{lxiv} And fewer than 50 percent of children facing a developmental disability or disabling behavioral problem are identified before they start school.^{lxv}
- Poverty is a strong predictor of poor developmental outcomes in children. Low-income children are more likely than children from other income groups to have poor health and special health care needs that place them at risk of developmental delays.^{lxvi} Yet these children are less likely to receive developmental screening.^{lxvii}
- Uninsured children are less likely to receive developmental screenings and preventive health care than children enrolled in public insurance programs such as Medicaid or the Children's Health Insurance Program (CHIP).^{lxviii}
- The Centers for Disease Control and Prevention estimates that the cost of providing special education services to a child with significant hearing loss is \$11,006 per year. Early detection and treatment could greatly reduce this expense. Children whose hearing loss is detected in infancy and who receive treatment services have better language outcomes at 8 years of age.^{lxix}
- Maternal depression and anxiety disorders affect approximately 10 percent of mothers with young children.^{lxx} Left untreated, these disorders have been associated with adverse birth outcomes and poor mother-child bonding.^{lxxi} Early screening and identification of maternal depression offers long-term health care cost savings and helps support healthy child development and maternal health.^{lxxii}

Nutrition Services

- Access to nutrition support programs is essential for infants, toddlers, and pregnant people to receive nutritious food, which is particularly important during this time period of rapid growth and development.^{lxxiii}
- Research over 4 decades has demonstrated that nutrition assistance directly targeted at young children and pregnant women is effective in reducing the likelihood of low birth weight, infant mortality, and childhood anemia, as well as improving diet quality and nutrient intake, initiation and duration of breastfeeding, cognitive development and learning, immunization rates, and use of health services.^{lxxiv}
 - Research on the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) has found statistically significant declines in the prevalence of obesity among 2- to 4-year-olds.^{lxxv}
- Children under 3-years-old who are overweight are no more likely to be overweight in adulthood than children who are not overweight, but 3-year-olds who are overweight are likely to be overweight in adulthood.^{lxxvi}
- Before COVID, 16 percent of households with infants and toddlers experienced low or very low food security. Food insecurity is associated with a variety of adverse health and development outcomes.^{lxxvii}
- As many as one in 12 babies (8.2 percent) is born at low birthweight, which can jeopardize their development.^{lxxviii} The rate of Black women at risk for having low weight births (14.1 percent) is more

than twice that for white women (6.9 percent); the rate for Hispanic women (7.5 percent) is 9 percent higher than the rate for white women.^{lxxix}

- Data from early in the COVID-19 pandemic showed that more than 2 in 5 households with children under age 12 were food insecure.^{lxxx}

System Building and Collaboration

- Well-designed state early childhood systems are essential for delivering the services to infants, toddlers, and their families that are high-quality, coordinated, and targeted to meet families' needs.
- Unfortunately, the patchwork array of early childhood programs currently operating in states are typically housed across various state agencies with multiple funding sources which hinders the effectiveness of supports for infant and toddler development and may make it challenging for policymakers to use funds efficiently and to track outcomes over time.
- Inadequate system infrastructure and mechanisms for collaboration may result in uneven quality and inconsistent eligibility requirements across programs; difficulty for families in learning about and accessing services; and professionals facing uneven access to professional development resources.
- In addition to improving families' access to comprehensive, high-quality programs, a well-designed and implemented early childhood system increases the ability of states to work cross-sector to promote important goals, such as better supporting young children with special needs and English language learners, engaging parents, and promoting children's health and mental health.
- Key components of state early childhood systems include:
 - **Governance:** Consolidated management of programs serving young children in the same agency or office to better coordinate program management and service delivery;
 - **Data Systems:** Coordinated data systems that link data both across various infant-toddler programs, and with longitudinal education data;
 - **Screening and Referral Systems:** A cross-sector system of screening and referrals for young children to detect children's needs early on through common screening tools and ensure that families are referred to needed services;
 - **Early Learning Guidelines:** Early learning guidelines serve as a foundation to inform programming for young children across systems, describing what children may know and do across multiple domains of learning during specific age ranges.
 - **Quality Rating and Improvement Systems:** A systemic approach to assessing and improving the quality of early care and education programs;
 - **Workforce Development:** A coordinated state approach to workforce development to help to professionalize and support the infant-toddler workforce across sectors; and
 - **Financing:** a systemic approach to financing services for infants and toddlers.

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