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

**Core Message**

Every child deserves a strong start in life. The foundation we provide for them shapes their future and the future of our communities. Babies’ brains develop faster from birth to age three than at any other time of life. Their early experiences – both positive and negative – build the foundation for brain architecture and physical and mental health that will support their ability to learn, grow and thrive. When babies and toddlers have resources and opportunities that support good health, strong families and positive early learning experiences, it will lead to communities that are stronger, smarter, healthier, and fairer.

Public policy can help ensure babies get the best possible start, but policies have not kept up to meet the needs of today’s parents and caregivers. And opportunities for young children 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. We must make the potential of every baby our national priority through policies that promote good health, strong families and positive early learning experiences because when families succeed, we all succeed. Our future depends on it.

## The Science

* 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.[[1]](#endnote-2)
* A baby’s beginning lays the foundation for all to come. When babies have consistent 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 Relationship-building, language, sensory, and motor skills develop first and form a base onto which other skills like problem solving, self-regulation, and complex social skills are built.
* Parents and primary caregivers play the most important role in supporting their children’s healthy development. When families have the supports and resources that they need and want, outcomes for babies improve.
* 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.

**The Need**

* There are 11.4 million infants and toddlers in the United States[[2]](#endnote-3) and each one of them is born with unlimited potential.
* Babies learn and grow in the context of their families. Every parent wants to give their child a strong start in life but decades of underinvestment in systems for supporting the health and well-being of young children and families and the insidious impacts of systemic racism stand in their way.
* Even before the COVID-19 pandemic, 2 in 5 (40.3 percent) of babies lived in families without enough income to make ends meet[[3]](#endnote-4) and surveys demonstrate that economic hardship has increased for families with young children as a result of the pandemic. The data make clear that access to opportunity is not shared equally. Disparities in outcomes across the measures in the State of Babies Yearbook associated with race and with family income demonstrate the harmful effects of historic and current systemic racism and income inequality for babies and families.
* Families and communities are struggling because the United States is failing to deliver the strong policies that set families up to be able to support the healthy development of their babies.
* Investments in babies are an investment in our present and our future. They will immediately improve the lives of infants, toddlers, and their families by addressing the barriers families are facing right now. Babies are also the next generation of leaders, engineers, teachers, farmers, small business owners, community members and policymakers. *Think Babies* and invest in our future today.
* Every dollar we invest in infant and early childhood programs will return great benefits for our children and our communities. 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.
* Now is the time to lay a strong foundation for the future with sound policies to support infants and toddlers that reflect the needs and priorities identified by families.
* When babies succeed, we all succeed. Only when we ensure equitable opportunity for every baby to reach their full potential will we reach the potential of our communities and our country.

## 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.
* Supporting babies’ and parents’ physical and mental health provides the foundation for infants’ lifelong physical, cognitive, emotional, and social well-being. Young children develop in the context of their families, where stability, safety, and supportive relationships nurture their growth. Infants and toddlers learn through interactions with the significant adults in their lives and active exploration of enriching environments. That's why we're advocating for the issues that ensure all babies have resources and opportunities that support 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, including primary care and community-based approaches; and
  + Economic Security.
* We engage families directly in our advocacy. Strategies that center the voices of families are essential to addressing bias and advancing equity in federal and state policy. Families are the experts in their experiences and the services they use or need. Too often, the policymaking process fails to authentically include those who are most directly impacted by policies designed to serve infants, toddlers, and their families.
* Core elements of *Think Babies* include:
  + ***Strolling ThunderTM***: *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. **Family Partners:** Through the family-led *Strolling Thunder* Family Advocacy Network, *Think Babies* continues to elevate the voices of a diverse array families in the policy process, providing tools, trainings, and opportunities for advocacy.
  + **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. Babies’ brains develop faster from birth to age three than at any other time of life. Their early experiences – both positive and negative – build the foundation for brain architecture and physical and mental health that will support their ability to learn, grow and thrive. When babies and toddlers have resources and opportunities that support good health, strong families and positive early learning experiences, it will lead to communities that are stronger, smarter, healthier, and fairer.

Every child deserves a strong start life 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. Public policy has not kept up to meet the needs of today’s parents and caregivers. Even before the COVID-19 pandemic, just over 40 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 resources and opportunities that support 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](http://www.thinkbabies.org).

## *State of Babies Yearbook “Elevator Pitch”*

The [*State of Babies Yearbook*](https://stateofbabies.org/) 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 more than60 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 faced 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 and even in states in high-ranking tiers, outcomes reflecting current and past systemic racism persist . By nearly every measure, children living in poverty, who are disproportionately children of color face the biggest obstacles, such as low birthweight, unstable housing, and limited access to quality child care. Regardless of income, racism still impacts outcomes for children of color, and we know that children living in poverty are disproportionately children of color. The COVID-19 pandemic 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. All states must do better for babies by dismantling inequitable systems so that all infants and toddlers have the **freedom, self-determination, and support**to reach their full potential

# Policy Solutions to Advance *Think Babies* Priorities

# The science of early development 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

* Parents and primary caregivers play the most immediate role in shaping their children’s early foundation. When parents go to work, they want and need access to high-quality, affordable child care that supports their infants’ and toddlers’ healthy development.
* Quality child care feeds a baby’s growing brain, building the foundation for the development necessary for them to thrive as adults.[[4]](#endnote-5)
* High-quality child care can set 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. [[5]](#endnote-6)

Unfortunately, high-quality child care can be hard to access, especially for families with low incomes.

* Families should have access to high-quality, affordable child care that best suit their needs, across a variety of settings whether a child care center, family child care home, or family, friend, and neighbor care. High-quality child care that supports babies' healthy development includes nurturing relationships with caregivers, continuity and stability of care, and an environment that is safe for young children to explore and learn.
* Child care and other early learning opportunities for infants and toddlers have fallen far short of what children and families need for decades and the loss of child care capacity as well as ongoing service disruptions resulting from the pandemic have left children and families facing a crisis in access to care.
* Families with low income face a variety of obstacles to accessing quality care including cost, availability by location, and for non-standard hours care.[[6]](#endnote-7)
* High-quality child care depends on a well-supported workforce. Average wages for infant and toddler care at the bottom of the occupational ladder at approximately $12 an hour,[[7]](#endnote-8) with more than half relying on public assistance. Low wages disproportionately impact women of color. 45% of early childhood educators are Black, Asian or Latinx, and half of child care businesses are minority owned. [[8]](#endnote-9) The pandemic has exasperated these conditions prompting many child care workers to leave the field and creating widespread staffing shortages.
* Infant-toddler care, especially high-quality care, is prohibitively expensive with costs ranging from 29.3% of a family’s income to 93.8% depending on where the family lives[[9]](#endnote-10)[[10]](#endnote-11) . Infant-toddler care costs more than college in 35 states and the District of Columbia[[11]](#endnote-12) and surpasses the cost of housing in 3 out of 4 regions[[12]](#endnote-13).
* Despite the high cost of infant care, few families receive financial assistance for it. Only 4.6 percent of infants and toddlers in families with low-or moderate-incomes are served by the Child Care and Development Fund.[[13]](#endnote-14)
* Individual states set eligibility levels for child care subsidies. Currently only 16 states allow child care subsidies for families with incomes above 200 percent of the federal poverty level which was $3,838 per month for a family of 3 in 2022.[[14]](#endnote-15)
* High-quality infant-toddlers care isn’t only expensive, it is hard to find. Even before COVID-19, most families lived in areas defined as child care deserts for infant-toddler care, areas which licensed child care supply is far short of the population[[15]](#endnote-16). Moreover, families struggle to find child care options that meet their cultural and linguistic needs.
* The child care system in the United States was broken before COVID-19 and the effects of the pandemic have strained it even further. Inadequate public investment has led to a system where parents and caregivers are paying more than they can afford, when they can find infant-toddler child care at all, with many being forced to leave the workforce all together to become full-time caregivers. Child care providers, many of them women of color, earn too little, threatening the ability of child care businesses to operate and individual staff to provide for their own families. The result for children is that too often they do not receive the stable, nurturing care that they need to thrive.
* Families have faced a lack of access to reliable child care throughout the COVID-19 pandemic, from widespread closures early on to ongoing intermittent closures following outbreaks and the necessity of keeping children home following an exposure. This lack of access has directly impacted the participation of parents, particularly mothers, in the workforce, threatening family economic security[[16]](#endnote-17).
* Our child care system is failing babies, families, providers, and our economy. 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 and economy:
  + **Quality**: All children receive high-quality child care which includes responsive, consistent caregivers and a safe environment in which to explore and learn;
  + **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 and age groups can receive the support, resources, and compensation they need to provide high-quality care and support their own families.[[17]](#endnote-18)

## 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[[18]](#endnote-19), parents and primary caregivers play the most important role in supporting their children’s healthy development. When families have the supports and resources that they need and want, outcomes for babies improve.
* 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.[[19]](#endnote-20)
* When parents and caregivers have dedicated time at home with their young children, they have time to attend to well-child medical visits and ensure that their children receive all necessary immunizations. These practices lower infant mortality and reduce the occurrence and length of childhood illnesses.
* Paid leave is also associated with health benefits for new mothers, including declines in depressive symptoms and improvement in overall health.[[20]](#endnote-21)
* 85 percent of working people in the United States do not have access to paid leave through their employers.[[21]](#endnote-22) 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.[[22]](#endnote-23)
* 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 has brought our country’s caregiving crisis to the forefront. Paid family and medical leave is essential for supporting family economic stability in the face of unforeseen circumstances. Families’ experiences of the public health crisis demonstrated just how dangerous and harmful the lack of a national paid family and medical leave program is. Families left without means of financial support have been forced to make impossible choices between the need for a paycheck and their children’s care or to care for themselves.
* Paid family and medical leave has robust (84 percent) support from voters[[23]](#endnote-24). The emergency family and medical leave created through the Families First Coronavirus Response Act was a temporary solution that demonstrated the potential of a national paid family and medical leave program to address the needs of both families and businesses. Unfortunately, our failure to enact a permanent policy means that families are once again left without solutions.
* As of Spring 2022, only 10 states and DC have passed paid leave laws or ballot initiatives.[[24]](#endnote-25)
* 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.[[25]](#endnote-26)

​

## 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.[[26]](#endnote-27)
* 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 Health Start leverages both federal investments and community resources to best meet the needs of families they serve. 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, including chronic stress, adverse experiences, and poor health 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.
* For over 25 years, Early Head Start has been a proven model to positively affect the development, health, and well-being of young children and their families. 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, healthier social development, increased engagement with parents during play, and increased rates of immunization.[[27]](#endnote-28)
  + 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.[[28]](#endnote-29)
  + 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.[[29]](#endnote-30)
* Throughout COVID-19, stable federal funding has 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 navigate the Covid era, Early Head Start services are critical to supporting the recovery and resilience of families living in poverty.
* 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.[[30]](#endnote-31)

## 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 their 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 their first words—babies experience a whole range of emotions like joy, sadness, anger, interest, and excitement. Children who consistently feel loved, comforted, and have the freedom to play form more brain connections, which increases their ability to trust, relate, communicate, and learn.[[31]](#endnote-32)
* Positive early childhood experience promotes resilience (the ability to “bounce back” from adversity) and healthy emotional development.[[32]](#endnote-33)
* Young children experience mental health issues at roughly the same rate as older children, ranging from 10-16 percent.[[33]](#endnote-34).
* Young children who live in families dealing with high levels of stress such as parental loss, substance use, mental illness, or exposure to trauma are at heightened risk of interruption of healthy attachment and development, which if untreated can cause IECMH disorders. .[[34]](#endnote-35) Experiences of having psychological, emotional and physical needs met consistently by nurturing caregivers helps to mitigate these risks.
* More than 7 percent of infants and toddlers have already had two or more adverse experiences.[[35]](#endnote-36)
* 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.[[36]](#endnote-37)
* Early prevention and treatment are more beneficial and cost-effective than attempting to treat emotional difficulties and their effects on learning later on.[[37]](#endnote-38)
* National surveys of families with young children have found heighted levels of parental emotional distress, encompassing increased stress, loneliness, anxiety, and depression, as parents continue to navigate the Covid era. In addition to material hardship, survey results indicate that causes of parental emotional distress include concerns about they or someone they care about getting sick with COVID-19, the spread of variants and worries about unvaccinated people, including children, and fear of losing child care due to COVID-19 and impacts on parents’ ability to work[[38]](#endnote-39).
* 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[[39]](#endnote-40).
* Our country lacks the national structure to provide foundational mental health services to the youngest children. Policymakers can strengthen the mental health of our nation’s infants, toddlers, and families by investing in the continuum of services that support the prevention of infant and early childhood mental health issues, 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, adequately funded, and diverse clinical workforce.[[40]](#endnote-41)

**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.
* Poverty literally gets under the skin, undermining strong brain development and other physiological systems.
* We can ensure that families have the resources to provide safe housing, nutritious foods, adequate clothing and diapers, and regular access to medical care so their young children have the stability they need during this critical time of rapid growth and development.
* More than 80% of children in families with low incomes live in a household where at least one person is employed[[41]](#endnote-42) but work alone may not be enough to lift a family out of poverty or help them reach economic security. A parent or caregiver working full time at the federal minimum wage will have 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, 40.3 percent of babies lived in families without enough income to make ends meet and nearly 1 in 5 babies lived in poverty.

* Poverty among American Indian/Alaska Native and Black infants and toddlers is nearly twice the national average, affecting more than 1 in 3 babies. Hispanic infants and toddlers are more likely to live in poverty than seen nationally, with 1 in 4 babies in poverty.[[42]](#endnote-43) These disparities are rooted in structural racism and discriminatory policies that have historically blocked opportunity for these communities. The chronic, unrelenting stress and instability associated with poverty is compounded by difficulty accessing services such as preventative health care, quality housing, treatment for physical and mental health challenges, and quality child care or finding employment that provides paid family and medical leave.
* Black and Latinx families, 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.[[43]](#endnote-44)
* 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 less than one in five families with an infant or toddler living in poverty.[[44]](#endnote-45)
* The enhanced federal Child Tax Credit supported families with young children meet basic needs on a monthly basis (e.g., food, housing, utilities, and telecommunications). This was particularly true from families with low incomes of which 73% of families surveyed used the Child Tax Credit for these purposes. Families who were receiving Child Tax Credit payments were less likely during that time to report experiencing material hardship than households that had not received the payments[[45]](#endnote-46). Unfortunately, this vital support for families has been allowed to lapse, increasing the risks for families of economic security.
* 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 federal minimum wage of $15/hour;
  + Increasing the federal and state Earned Income Tax Credit;
  + Making permanent the enhanced, fully refundable federal Child Tax Credit for young children which expired at the end of 2021; and
  + Helping close the wealth gap with “Baby Bonds”.[[46]](#endnote-47)

**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 15.9 per 1,000 children ages 0 to 2.[[47]](#endnote-48)
* 29% of children who are maltreated are under age 3[[48]](#endnote-49)
* A third of children entering foster care each year are under age 3.[[49]](#endnote-50)
* Research shows children of color—including Native American and non-white Hispanic children—are disproportionately represented at all levels of the child welfare system and once involved, experience disparate treatment and outcomes. This over-representation is particularly true for young children of color.[[50]](#endnote-51)
* Current and past systemic racism contribute to alarming disparities in how families experience the child welfare system. Black and American Indian children placed in foster care at rates disproportionate to their share of the population. .[[51]](#endnote-52)
* Numerous studies have shown that racial bias and racial inequities occur at various decision points in the child welfare continuum (Association for Maternal and Child Health Programs Innovation Hub, n.d.). Although race and ethnicity do not strongly correlate with rates at which maltreatment is substantiated, systemic racism drives reports of maltreatment of African American children being investigated at higher rates than those for White children.i
* 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 health 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.[[52]](#endnote-53)
* 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;
  + Applying a racial equity lens to identify and address racial disparities;
  + Enhancing court oversight and collaborative problem-solving;
  + Ensuring health equity through expedited screening and assessment;
  + Working collaboratively to build strong support networks for families within communities; and
  + Strengthening and supporting families and embedding early childhood development principles in child welfare systems and practices.[[53]](#endnote-54)

## Voluntary, Evidence-Based Home Visiting

* Parents and primary caregivers 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.[[54]](#endnote-55)
* Home visiting is most effective when it is part of a broader system that supports families with young children. Voluntary universal home visiting programs are a mechanism for providing light touch support to all new parents with the opportunity to identify other desired services, and offer a warm hand off to those services, such as to intensive home visiting models that meet the individual needs of that family.
* Voluntary home visiting is a service delivery strategy that connects expectant parents and parents of young children with a designated support person, like a trained nurse, social worker, or early childhood specialist. Services are tailored to meet the needs of individual families and offer information, guidance, and support directly in the home environment or other environments where families feel most comfortable receiving services.
* While home visiting programs vary in goals and content of services, in general, they combine parenting and health care education, support for family well-being, 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;[[55]](#endnote-56)
  + Enhance parents’ abilities to support their children’s overall development;[[56]](#endnote-57)
  + Improve child health and development;[[57]](#endnote-58)
  + Improve family economic self-sufficiency;[[58]](#endnote-59) and
  + Produce a substantial return on investment.[[59]](#endnote-60)
* 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, structural racism, their own adverse childhood experiences, or social or geographic isolation, can benefit from the supports provided through voluntary home visiting programs.
* Just over 2 percent of families with infants and toddlers who could benefit from evidence-based home visiting are receiving those services.[[60]](#endnote-61)
* The federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) is currently set to expire on September 30, 2022, it must be reauthorized. To improve outcomes for families, reauthorization should expand the program to reach more families and better support the workforce over the next 5 years, increase the tribal set aside, and continue to

allow virtual home visiting with model fidelity as an approved option for service delivery.

## 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 (87.8 percent) had significantly lower rates than babies in families above low income (93.4 percent).
* On average, 5.6 in 1,000 babies born in the U.S. will not survive to see their first birthday. Mortality is nearly twice as high for Black infants (10.8 per 1,000 births) as the national average and the rate for American Indian/Alaska Native babies (8.2) is also markedly higher.[[61]](#endnote-62)
* 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.[[62]](#endnote-63) States have the opportunity to expand access by extending Medicaid coverage to 12 months postpartum.
* Children with Medicaid coverage are more likely than uninsured children to regularly see a doctor and receive preventive health care[[63]](#endnote-64)￼ 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.[[64]](#endnote-65)
* Research shows that children enrolled in Medicaid in early childhood have better long-term health, educational, and employment outcomes than those who are uninsured.[[65]](#endnote-66)
* Medicaid expansion has been associated with lower rates of infant mortality in states that adopted that policy.[[66]](#endnote-67)

## Child and Family Screenings and Supports

* Parents and primary caregivers have the greatest impact on their child’s development. The better able we are to connect and provide parents and caregivers 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.[[67]](#endnote-68)
* Yet only 33.8 percent of infants and toddlers, ages 9 to 35 months, received a developmental screening in the past year.[[68]](#endnote-69) And fewer than 50 percent of children facing a developmental disability or disabling behavioral problem are identified before they start school.[[69]](#endnote-70)
* Poverty is a strong predictor of poor developmental outcomes in children including having poor health and special health care needs which places children in families with low incomes at increased risk of developing developmental delays.[[70]](#endnote-71) Disparities are compounded by the fact that children in families in families with low incomes are less likely than their more affluent peers to receive developmental screenings.[[71]](#endnote-72)
* 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).[[72]](#endnote-73)
* 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.[[73]](#endnote-74)
* According to a study conducted by the CDC, approximately 1 in 8 parents reported perinatal depression.[[74]](#endnote-75) Left untreated, these disorders have been associated with adverse birth outcomes and poor parent-child bonding.[[75]](#endnote-76) Early screening and identification of parental depression offers long-term health care cost savings and helps support healthy child development and maternal health.[[76]](#endnote-77)

## 

**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.[[77]](#endnote-78)
* 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.[[78]](#endnote-79)
  + 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.[[79]](#endnote-80)

* Food insecurity is associated with a variety of adverse health and development outcomes.[[80]](#endnote-81) Before COVID, 14.9 percent of households with infants and toddlers experienced low or very low food security. Black and Latinx families experienced rates of food insecurity above the national average at 26.2 percent and 20.1 percent respectively. Survey data indicates that rates of food security increased significantly during the pandemic.[[81]](#endnote-82)
* As many as one in 12 babies (8.3 percent) is born at low birthweight, which can jeopardize their development.[[82]](#endnote-83) As a result of current and historic systemic racism significant disparities in birthweight exists. The rate of Black women at risk for having low weight births is 14.2 percent. [[83]](#endnote-84)

**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 to for policymakers to use funds efficiently and to track outcomes over time.
* Inadequate system infrastructure and mechanisms for collaboration may result in 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 disabilities and families that speak languages other than English engaging parents, and promoting children’s health, including mental health.

1. Thompson, R. A. (2001). Development in the first years of life. The Future of Children, 11(1), 20–33. [↑](#endnote-ref-2)
2. U.S. Census Bureau, Population Division. (2018). Annual state resident population estimates for 6 race groups (5 race alone groups and two or more races) by age, sex, and Hispanic origin: April 1, 2010 to July 1, 2017. Retrieved from <https://www.census.gov/programs-surveys/popest/data/tables.html>. [↑](#endnote-ref-3)
3. Keating, K., Cole, P., & Schaffner, M. (2022). State of babies yearbook: 2022. Washington, DC: ZERO TO THREE. [↑](#endnote-ref-4)
4. Phillips, D. A., & Shonkoff, J. P. (2000). From Neurons to Neighborhoods: The Science of Early Childhood Development. Washington, DC: National Academy Press. Retrieved from <https://www.nap.edu/catalog/9824/from-neurons-to-neighborhoods-the-science-of-early-childhood-development> [↑](#endnote-ref-5)
5. The Carolina Abecedarian Project. (1999). Early Learning Later Success: The Abecedarian Study executive summary. Frank Porter Graham Child Development Center: University of North Carolina at Chapel Hill. Retrieved from <https://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/EarlyLearningLaterSuccess_1999.pdf> [↑](#endnote-ref-6)
6. Halle, T., Forry, N., Hair, E., Perper, K., Wandner, L., Wessel, J., & Vick, J. (2009). Disparities in early learning and development: Lessons from the Early Childhood Longitudinal Study–Birth Cohort (ECLS-B). Washington, DC: Child Trends. Retrieved from www.childtrends.org/wp-content/uploads/2013/05/2009-52DisparitiesELExecSumm.pdf [↑](#endnote-ref-7)
7. Whitebook, M., Austin, L., Amanta, F. (2015). The Center for the Study of Child Care Employment. Addressing Infant Toddler Compensation. Retrieved from [Addressing Infant Toddler Teacher Compensation - Center for the Study of Child Care Employment (berkeley.edu)](https://cscce.berkeley.edu/addressing-infant-toddler-compensation/). [↑](#endnote-ref-8)
8. U.S. Bureau of Labor Statistics. (2020). Retrieved from <https://www.bls.gov/ooh/personal-care-and-service/childcare-workers.htm>. [↑](#endnote-ref-9)
9. Keating, K., Cole, P., & Schaffner, M. (2022). State of babies yearbook: 2022. Washington, DC: ZERO TO THREE. [↑](#endnote-ref-10)
10. Child Care Aware of America. (2019). The U.S. and the High Cost of Child Care. Retrieved from [The US and the High Price of Child Care: 2019 - Child Care Aware® of America](https://www.childcareaware.org/our-issues/research/the-us-and-the-high-price-of-child-care-2019/). [↑](#endnote-ref-11)
11. Economic Policy Institute (2020). Child Care Costs in the United States. Retrieved from [Child care costs in the United States | Economic Policy Institute (epi.org)](https://www.epi.org/child-care-costs-in-the-united-states/) [↑](#endnote-ref-12)
12. Child Care Aware of America. (2021). Demanding Change. Retrieved from <https://www.childcareawre.org/demanding-change-repairing-our-child-care-system/>. [↑](#endnote-ref-13)
13. Keating, K., Cole, P., & Schaffner, M. (2022). State of babies yearbook: 2022. Washington, DC: ZERO TO THREE. [↑](#endnote-ref-14)
14. Schulman, K., & Blank, H. (2017). Persistent Gaps: State Child Care Assistance Policies 2017. National Women’s Law Center. Retrieved from <https://nwlc.org/wp-content/uploads/2017/10/NWLC-State-Child-Care-Assistance-Policies-2017.pdf> [↑](#endnote-ref-15)
15. Falgot, MK., Jessen-Howard, S.,Malik, R. (2020). Costly and Unavailable: America Lacks Sufficient Child Care Supply for Infants and Toddlers. Retrieved from [Costly and Unavailable: America Lacks Sufficient Child Care Supply for Infants and Toddlers - Center for American Progress](https://www.americanprogress.org/article/costly-unavailable-america-lacks-sufficient-child-care-supply-infants-toddlers/). [↑](#endnote-ref-16)
16. University of Oregon (2021). Rapid Assessment of Pandemic Impact on Development Early Childhood Household Survey: Mothers of Young Children Speak on Work During the Pandemic. Retrieved from [Mothers of Young Children Speak on Work During the Pandemic — RAPID-EC (uorapidresponse.com)](https://www.uorapidresponse.com/our-research/mothers-of-young-children-speak-on-work-during-the-pandemic). [↑](#endnote-ref-17)
17. Cole, P, Schaffner, M. (2020). Building for the Future: Strong Policies for Babies and Families After COVID-19. Washington, DC. ZERO TO THREE. Retrieved from <https://www.zerotothree.org/resources/3728-building-for-the-future-strong-policies-for-babies-and-families-after-covid-19>. [↑](#endnote-ref-18)
18. Phillips, D. A., & Shonkoff, J. P. (2000). From Neurons to Neighborhoods: The Science of Early Childhood Development. Washington, DC: National Academy Press. Retrieved from <https://www.nap.edu/catalog/9824/from-neurons-to-neighborhoods-the-science-of-early-childhood-development> [↑](#endnote-ref-19)
19. Ibid. [↑](#endnote-ref-20)
20. Chatterji, P., Markowitz, S. (2008). National Bureau of Economic Research. Family Leave after childbirth and the health of new mothers. Retrieved from [Family Leave after Childbirth and the Health of New Mothers | NBER](https://www.nber.org/papers/w14156). [↑](#endnote-ref-21)
21. U.S. Bureau of Labor Statistics. (2018). Employee benefits in the United States National Compensation Survey: Employee benefits in the United States, March 2018 (Table 32). Retrieved from <https://www.bls.gov/ncs/ebs/benefits/2018/ownership/civilian/table32a.pdf> [↑](#endnote-ref-22)
22. Heymann, S. J., Toomey, S., & Furstenberg, F. (1999). Working Parents, What Factors Are Involved in Their Ability to Take Time Off From Work When Their Children Are Sick? *Archives of Pediatrics & Adolescent Medicine* 153, no. 8: 870. doi:10.1001/archpedi.153.8.870 [↑](#endnote-ref-23)
23. National Partnership for Women and Families, PerryUndem, Bellwether Research & Consulting (2018). Voters’ Views on Paid Family and Medical Leave. Retrieved from https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/voters-views-on-paid-family-medical-leave-survey-findings-august-2018.pdf. [↑](#endnote-ref-24)
24. National Partnership for Women and Families. (2019). Retrieved from [state-paid-family-leave-laws.pdf (nationalpartnership.org)](https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/state-paid-family-leave-laws.pdf) Ballotpedia. (2020). Retrieved from [Colorado Proposition 118, Paid Medical and Family Leave Initiative (2020) - Ballotpedia](https://ballotpedia.org/Colorado_Proposition_118,_Paid_Medical_and_Family_Leave_Initiative_(2020)) [↑](#endnote-ref-25)
25. Cole, P, Schaffner, M. (2020). Building for the Future: Strong Policies for Babies and Families After COVID-19. Washington, DC. ZERO TO THREE. Retrieved from <https://www.zerotothree.org/resources/3728-building-for-the-future-strong-policies-for-babies-and-families-after-covid-19>. [↑](#endnote-ref-26)
26. National Head Start Association. (2016-2017). Access to Head Start in the United States of America. Retrieved from <https://www.nhsa.org/facts>. [↑](#endnote-ref-27)
27. U.S. Department of Health and Human Services, Administration for Children and Families. (2002). Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impact of Early Head Start Volume I: Final Technical Report. Retrieved from <https://www.acf.hhs.gov/opre/resource/making-a-difference-in-the-lives-of-infants-and-toddlers-and-their-families-0> [↑](#endnote-ref-28)
28. Ibid. [↑](#endnote-ref-29)
29. U.S. Department of Health and Human Services, Administration for Children and Families. (2006). Research to practice: Preliminary findings from the Early Head Start prekindergarten followup. Retrieved from <https://www.acf.hhs.gov/opre/resource/research-to-practice-preliminary-findings-from-the-early-head-start> [↑](#endnote-ref-30)
30. Cole, P, Schaffner, M. (2020). Building for the Future: Strong Policies for Babies and Families After COVID-19. Washington, DC. ZERO TO THREE. Retrieved from <https://www.zerotothree.org/resources/3728-building-for-the-future-strong-policies-for-babies-and-families-after-covid-19>. [↑](#endnote-ref-31)
31. Thompson, R. (2016). How Emotional Development Unfolds Starting at Birth. ZERO TO THREE. Retrieved from: <https://www.zerotothree.org/resources/276-how-emotional-development-unfolds-starting-at-birth> [↑](#endnote-ref-32)
32. Center on the Developing Child (2015). The Science of Resilience (InBrief). Retrieved from <https://developingchild.harvard.edu/resources/inbrief-the-science-of-resilience/> [↑](#endnote-ref-33)
33. Egger, H.L., Erkanli, A., Keeler, G., Potts, E., Walter, B.K., & Angold, A. (2006). Test-retest reliability of the Preschool Age Psychiatric Assessment (PAPA). Journal of the American Academy of Child and Adolescent Psychiatry, 45, 538-549.•Angold, A., & Egger, H.L. (2007). Preschool psychopathology: Lessons for the lifespan. Journal of Child Psychology and Psychiatry and Allied Disciplines. 48, 961-966.•Costello, E.J., Mustillo, S., Erkanli, A., Keeler, G., &Angold, A. (2003). Prevalence and development of psychiatric disorders in childhood and adolescence. Archives of General Psychiatry, 60, 837-844 [↑](#endnote-ref-34)
34. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 14(4), 245–258 [↑](#endnote-ref-35)
35. Keating, K., Cole, P., & Schaffner, M. (2022). State of babies yearbook: 2022. Washington, DC: ZERO TO THREE. [↑](#endnote-ref-36)
36. ZERO TO THREE. (2016). Planting Seeds in Fertile Ground: Steps Every Policymaker Should Take To Advance Infant and Early Childhood Mental Health. Retrieved from [www.zerotothree.org/resources/1221-planting-seeds-in-fertile-ground-steps-every-policymaker-should-take-to-advance-infant-and-early-childhood-mental-health](http://www.zerotothree.org/resources/1221-planting-seeds-in-fertile-ground-steps-every-policymaker-should-take-to-advance-infant-and-early-childhood-mental-health) [↑](#endnote-ref-37)
37. National Scientific Council on the Developing Child. (2010). Persistent Fear and Anxiety Can Affect Young Children’s Learning and Development. Working Paper No. 9. Retrieved from <http://developingchild.harvard.edu/resources/persistent-fear-and-anxiety-can-affect-young-childrens-learning-and-development> [↑](#endnote-ref-38)
38. University of Oregon (2021). Rapid Assessment of Pandemic Impact on Development Early Childhood Household Survey: Emotional Distress on the Rise for Parents…Again. Retrieved from [emotional-distress-factsheet-nov2021.pdf (squarespace.com)](https://static1.squarespace.com/static/5e7cf2f62c45da32f3c6065e/t/6182a1827f87ab67ea7d06fa/1635950978619/emotional-distress-factsheet-nov2021.pdf) [↑](#endnote-ref-39)
39. University of Oregon. (2020). Rapid Assessment of Pandemic Impact on Development Early Childhood Household Survey: A Hardship Chain Reaction. Retrieved from <https://medium.com/rapid-ec-project/a-hardship-chain-reaction-3c3f3577b30> [↑](#endnote-ref-40)
40. ZERO TO THREE. (2016). Planting Seeds in Fertile Ground: Steps Every Policymaker Should Take To Advance Infant and Early Childhood Mental Health. Retrieved from [www.zerotothree.org/resources/1221-planting-seeds-in-fertile-ground-steps-every-policymaker-should-take-to-advance-infant-and-early-childhood-mental-health](http://www.zerotothree.org/resources/1221-planting-seeds-in-fertile-ground-steps-every-policymaker-should-take-to-advance-infant-and-early-childhood-mental-health) [↑](#endnote-ref-41)
41. CLASP. (2016). Maintaining the Momentum to Reduce Child and Family Pverty. Retrieved from [2016-Maintaining-the-Momentum.pdf (clasp.org)](https://www.clasp.org/sites/default/files/public/resources-and-publications/publication-1/2016-Maintaining-the-Momentum.pdf). [↑](#endnote-ref-42)
42. Keating, K., Cole, P., & Schaffner, M. (2022). State of babies yearbook: 2022. Washington, DC: ZERO TO THREE. [↑](#endnote-ref-43)
43. Hanks, A., Solomon, D., & Weller, C. (2018, February 21) Systematic Inequality: How America’s Structural Racism Helped Create the Black-White Wealth Gap. Center for American Progress. Retrieved from https://www.americanprogress.org/issues/race/ reports/2018/02/21/447051/systematic-inequality/. [↑](#endnote-ref-44)
44. Keating, K., Cole, P., & Schaffner, M. (2022). State of babies yearbook: 2022. Washington, DC: ZERO TO THREE. [↑](#endnote-ref-45)
45. University of Oregon (2021). Rapid Assessment of Pandemic Impact on Development Early Childhood Household Survey: The Child Tax Credit is Buffering Families from Financial Hardship. Retrieved from [The Child Tax Credit Is Buffering Families from Financial Hardship — RAPID-EC (rapidsurveyproject.com)](https://rapidsurveyproject.com/our-research/child-tax-credit-is-buffering-families-from-hardship). [↑](#endnote-ref-46)
46. Cole, P, Schaffner, M. (2020). Building for the Future: Strong Policies for Babies and Families After COVID-19. Washington, DC. ZERO TO THREE. Retrieved from <https://www.zerotothree.org/resources/3728-building-for-the-future-strong-policies-for-babies-and-families-after-covid-19>. [↑](#endnote-ref-47)
47. Keating, K., Cole, P., & Schaffner, M. (2022). State of babies yearbook: 2022. Washington, DC: ZERO TO THREE. [↑](#endnote-ref-48)
48. HHS Child Maltreatment 2020 report, published in January 2022 [↑](#endnote-ref-49)
49. U.S. Department of Health and Human Services. AFCARS Report FY2020. Washington, DC: 2021. [↑](#endnote-ref-50)
50. https://www.zerotothree.org/document/1680 [↑](#endnote-ref-51)
51. Ibid. [↑](#endnote-ref-52)
52. Fischer, M., Rosinsky, K., Jordan, E., Haas, M., & Seok, D. (2020). States can improve supports for infants and toddlers who are in or at risk of entering foster care. Child Trends. Retrieved from https://www.childtrends.org/publications/ states-improve-supports-infants-toddlers-in-or-at-risk-of-entering-foster-care. [↑](#endnote-ref-53)
53. Cole, P, Schaffner, M. (2020). Building for the Future: Strong Policies for Babies and Families After COVID-19. Washington, DC. ZERO TO THREE. Retrieved from <https://www.zerotothree.org/resources/3728-building-for-the-future-strong-policies-for-babies-and-families-after-covid-19>. [↑](#endnote-ref-54)
54. ZERO TO THREE. (2016). National Parent Survey Report. Tuning In: Parents of Young Children Tell Us What They Think, Know and Need. Retrieved from <https://www.zerotothree.org/resources/1425-national-parent-survey-report>. [↑](#endnote-ref-55)
55. Healthy Families America, Impact Briefs. Retrieved from: <https://www.healthyfamiliesamerica.org/impact-briefs/>; Olds, D. L., Kitzman, H., Cole, R., et al. (2004). Effects of Nurse Home Visiting on Maternal Life-Course and Child Development: Age Six Follow-Up of a Randomized Trial. Pediatrics 114, no. 6: 1550–1559; Lowell, D. I., Carter, A. S., Godoy, L., et al. (2011). A Randomized Controlled Trial of Child FIRST: A Comprehensive Home-Based Intervention Translating Research into Early Childhood Practice. Child Development 82, no. 1: 193–208; Love, J., Kisker, E., Ross, C., et al. (2001). Building Their Futures: How Early Head Start Programs Are Enhancing the Lives of Infants and Toddlers in Low-Income Families. Summary Report. Report to Commissioner’s Office of Research and Evaluation, Head Start Bureau, Administration on Children, Youth and Families, and Department of Health and Human Services. Princeton, NJ: Mathematica Policy Research; Olds, D. L., Kitzman, H., Hanks, C., et al. (2007). Effects of Nurse-Home Visiting on Maternal and Child Functioning: Age Nine Follow-Up of a Randomized Trial. Pediatrics 120, no. 4: 832–845; Levenstein, P., Levenstein, S., Shiminski, J. A., et al. (1998). Long-Term Impact of a Verbal Interaction Program for At-Risk Toddlers: An Exploratory Study of High School Outcomes in a Replication of the Mother-Child Home Program. Journal of Applied Developmental Psychology 19, no. 2: 267–285 [↑](#endnote-ref-56)
56. DuMont, K., Kirkland, K., Mitchell-Herzfeld, S., et al. (2010). A Randomized Trial of Healthy Families New York (HFNY): Does Home Visiting Prevent Child Maltreatment? Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/232945.pdf>; Olds, D. L., Robinson, J., Pettitt, L., et al. (2004). Effects of Home Visits by Paraprofessionals and by Nurses: Age Four Follow-Up of a Randomized Trial. Pediatrics 114, no.6: 1560–1568; Healthy Families America, Impact Briefs. Retrieved from: <https://www.healthyfamiliesamerica.org/impact-briefs/>; Wagner, M., Iida, E., & Spiker, D. (2001). The Multisite Evaluation of the Parents as Teachers Home Visiting Program: Three Year Findings from One Community. Menlo Park, CA: SRI International; Jones Harden, B., Chazan-Cohen, R., Raikes, H., & Vogel, C. (2012). Early Head Start Home Visitation: The Role of Implementation in Bolstering Program Benefits. Journal of Community Psychology 40(4) [↑](#endnote-ref-57)
57. Healthy Families America, Impact Briefs. Retrieved from: <https://www.healthyfamiliesamerica.org/impact-briefs/>; Johnston, B. D., Huebner, C. E., Anderson, M. L., et al. (2006). Healthy Steps in an Integrated Delivery System: Child and Parent Outcomes at 30 Months. Archives of Pediatrics and Adolescent Medicine 160, no. 8 (2006): 793–800; Lowell, D. I., Carter, A. S., Godoy, L., et al. (2001). A Randomized Controlled Trial of Child FIRST: A Comprehensive Home-Based Intervention Translating Research into Early Childhood Practice; Kitzman, H. J., Olds, D. L., Cole, R. E., et al. (2010). Enduring Effects of Prenatal and Infancy Home Visiting by Nurses on Children: Follow-up of a Randomized Trial among Children at Age 12 Years. Archives of Pediatrics and Adolescent Medicine 164, no. 5 (2010): 412–418; Kitzman, H. J., Olds, D. L., Cole, R. E., et al. (2004). Effects of Nurse Home Visiting on Maternal Life-Course and Child Development. American Academy of Pediatrics. 2004 Dec;114(6):1550-9. [↑](#endnote-ref-58)
58. Olds, D., Henderson, C., Tatelbaum, R., et al. (1998). Improving the Life-Course Development of Socially Disadvantaged Mothers: A Randomized Trial of Nurse Home Visitation. American Journal of Public Health 78, no. 11 (1988): 1436–1445; Kitzman, H., Olds, D. L., Henderson, Jr., C. R., et al. (1997). Effect of Prenatal and Infancy Home Visitation by Nurses on Pregnancy Outcomes, Childhood Injuries, and Repeated Childbearing: A Randomized Controlled Trial. Journal of the American Medical Association 278, no. 8 (1997): 644–652; LeCroy, C. W., & Krysik, J. (2011). Randomized Trial of the Healthy Families Arizona Home Visiting Program, Children and Youth Services Review 33, no. 10: 1761–1766; Jones Harden, B., Chazan-Cohen, R., Raikes, H., & Vogel, C. (2012). Early Head Start Home Visitation: The Role of Implementation in Bolstering Program Benefits. Journal of Community Psychology: 40(4)  [↑](#endnote-ref-59)
59. Karoly, L. A., Kilburn, M. R., & Cannon, J. S. (2006). Early Childhood Interventions: Proven Results, Future Promise. Santa Monica, CA: Rand Corporation. [↑](#endnote-ref-60)
60. National Home Visiting Resource Center. (2018). Data Supplement to the 2017 Home Visiting Yearbook. Arlington, VA: James Bell Associates and the Urban Institute. Retrieved from <https://www.nhvrc.org/wp-content/uploads/NHVRC_Data-Supplement_FINAL.pdf> [↑](#endnote-ref-61)
61. Ibid. [↑](#endnote-ref-62)
62. Kaiser Commission on Medicaid and the Uninsured. (2009). The Impact of Medicaid and SCHIP on Low-income Children’s Health. Henry J. Kaiser Family Foundation. Retrieved from <https://www.kff.org/wp-content/uploads/2013/01/7645-02.pdf> [↑](#endnote-ref-63)
63. Kreider, A., French, B., & Aysola, J. (2016). Quality of Health Insurance Coverage and Access to Care for Children in Low-Income Families. JAMA Pediatrics. Retrieved from <http://jamanetwork.com/journals/jamapediatrics/fullarticle/2470859> [↑](#endnote-ref-64)
64. Heberlein, M., Huntress, M., Kenney, G., Alker, J., Lynch, V., & Mancini, T. (2012). Medicaid coverage for parents under the Affordable Care Act. Retrieved from <http://ccf.georgetown.edu/wpcontent/uploads/2012/06/Medicaid-Coverage-for-Parents1.pdf> [↑](#endnote-ref-65)
65. Goodman-Bacon, A. (2016). The Long-Run Effects of Childhood Insurance Coverage: Medicaid Implementation, Adult Health, and Labor Market Outcomes. NBER Working Paper No. 22899. Retrieved from [www.nber.org/papers/w22899](http://www.nber.org/papers/w22899); Golden, O. (2016). Testimony on Renewing Communities and Providing Opportunities through Innovative Solutions to Poverty. Retrieved from <https://www.clasp.org/sites/default/files/public/resources-and-publications/publication-1/2016-06-220Olivia-Golden-Senate-HSGA-Testimony.pdf> [↑](#endnote-ref-66)
66. Bhatt, C., & Beck-Sagué, C. M. (2018). Medicaid Expansion and Infant Mortality in the United States. Research and Practice, American Journal of Public Health, 2018;108(4):565-567. Published online ahead of print. January 18, 2018. [↑](#endnote-ref-67)
67. Data Resource Center for Child and Adolescent Health. (2012). National Survey of Children’s Health, 2011/12. Retrieved from <https://www.childhealthdata.org/browse/archive-prior-year-nsch-and-ns-cshcn-data-resources/nsch-profiles?rpt=16&geo=> [↑](#endnote-ref-68)
68. Data Resource Center for Child and Adolescent Health. (2016). National Survey of Children’s Health. Retrieved from <https://www.nschdata.org> [↑](#endnote-ref-69)
69. Mackrides P. S., Ryherd, S. J. (2011). Screening for developmental delay. Am Fam Physician. 84(5):544-9 [↑](#endnote-ref-70)
70. Data Resource Center for Child and Adolescent Health. (2010). Nationwide Profile from the 2009/10 National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Retrieved from [www.childhealthdata.org](http://www.childhealthdata.org) [↑](#endnote-ref-71)
71. Strickland, B., vanDyck, P., Kogan, M., et al. (2011). Assessing and Ensuring a Comprehensive System of Services for Children with Special Health Care Needs: A Public Health Approach. American Journal of Public Health 101 (2011): 224–231 [↑](#endnote-ref-72)
72. Kaiser Commission on Medicaid and the Uninsured. (2009). The Impact of Medicaid and SCHIP on Low-income Children’s Health. Henry J. Kaiser Family Foundation. Retrieved from <https://www.kff.org/wp-content/uploads/2013/01/7645-02.pdf> [↑](#endnote-ref-73)
73. H. Nelson, H., Bougatsos, C., & Nygren, P. (2008). Universal Newborn Hearing Screening: Systematic Review to Update the 2001 U.S. Preventive Services Task Force Recommendation. Rockville, MD: Agency for Healthcare Research and Quality. Retrieved from [www.ncbi.nlm.nih.gov/books/NBK33992/](http://www.ncbi.nlm.nih.gov/books/NBK33992/) [↑](#endnote-ref-74)
74. National Research Council and Institute of Medicine (NRC/IOM). (2009). *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention.* Washington, DC: National Academies Press [↑](#endnote-ref-75)
75. National Scientific Council on the Developing Child and National Forum on Early Childhood Program Evaluation. (2009). Maternal Depression Can Undermine the Development of Young Children. Center on the Developing Child, Harvard University, Working Paper 8, 2009. Retrieved from <http://developingchild.harvard.edu/resources/maternal-depression-can-undermine-the-development-of-young-children/> [↑](#endnote-ref-76)
76. National Research Council and Institute of Medicine (NRC/IOM). (2009). *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention.* Washington, DC: National Academies Press [↑](#endnote-ref-77)
77. Rose-Jacobs, R., Black, M. M., Casey P. H., et al. (2008). Household food insecurity: Associations with at-risk infant and toddler development. Pediatrics 2008, 121(1), 65–72. [↑](#endnote-ref-78)
78. Fox, M. K., Hamilton, W., & Lin, B. (2004). Effects of Food Assistance and Nutrition Programs on Nutrition and Health: Volume 3, Literature Review, U.S. Department of Agriculture, Economic Research Service. Retrieved from <https://www.ers.usda.gov/webdocs/publications/46556/30240_fanrr19-3_002.pdf?v=0>; Colman, S., Nichols-Barrer, I. P., Redline, J. E., et al. (2012). Effects of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): A Review of Recent Research, U.S. Department of Agriculture, Food and Nutrition Service. Retrieved from <https://fns-prod.azureedge.net/sites/default/files/WICMedicaidLitRev.pdf>; Carlson, S., & Neuberger, Z. (2017). WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for 40 Years. Center on Budget and Policy Priorities. Retrieved from <https://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>; Malibi, J., & Worthington, J. (2014). Supplemental Nutrition Assistance Program Participation and Child Food Security. Pediatrics 2014, 133(4):610-9. [↑](#endnote-ref-79)
79. Pan L., Blanck, H., Park, S., Galuska, D., Freedman, D., Potter, A., & Petersen, R. (2019, November 22). State-Specific Prevalence of Obesity Among Children Aged 2–4 Years Enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children — United States, 2010–2016. Morbidity and Mortality Weekly Report, Vol. 68 No. 46. Retrieved from https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6846a3-H.pdf. [↑](#endnote-ref-80)
80. Keating, K., Cole, P., & Schaffner, M. (2022). State of babies yearbook: 2022. Washington, DC: ZERO TO THREE. [↑](#endnote-ref-81)
81. University of Oregon (2021). Rapid Assessment of Pandemic Impact on Development Early Childhood Household Survey: [.](https://www.uorapidresponse.com/our-research/still-in-uncertain-times-still-facing-hunger) [↑](#endnote-ref-82)
82. National Center for Health Statistics. (2018). Percentage of Babies Born Low Birthweight By State. Retrieved from <https://www.cdc.gov/nchs/pressroom/sosmap/lbw_births/lbw.htm> [↑](#endnote-ref-83)
83. Keating, K., Cole, P., & Schaffner, M. (2022). State of babies yearbook: 2022. Washington, DC: ZERO TO THREE. [↑](#endnote-ref-84)