

**Messaging Briefs**

# High-Quality, Affordable Child Care



## Introduction

*ZERO TO THREE and the National Collaborative for Infants and Toddlers have created the following message brief to help advocates communicate with policymakers about the needs and opportunities to invest in high-quality, affordable child care for infants and toddlers. This brief is meant to serve as a source of research-tested messaging and broad policy guidance to help you craft messages and materials as you speak with policymakers and other stakeholders.*

## Making the Case for Prenatal to Three Policies

The following language can serve as a way to introduce high-quality, affordable child care within the frame of prenatal-to-three policies.

Every child deserves a strong start in life. The foundation we provide for them shapes their future and the future of our communities. We have to get it right.

During the first three years of life, the brains and bodies of infants and toddlers make huge gains in development. Babies' brains develop faster from birth to age three than at any later point in life, and their early experiences—both positive and negative—build the foundation for brain and body architecture that will support their ability to learn and their overall social, emotional, and physical health.

High-quality child care feeds a baby's growing brain, building the foundation necessary for them to develop and thrive as adults.<sup>1</sup> By making sure all infants and toddlers and their families have access to high-quality, affordable child care options that meet their needs, we can strengthen our communities and live up to our promise as a nation.

We must act now to ensure that all infants grow into socially, emotionally, and physically healthy children who are confident, empathetic, and ready for school and life.



## The Need for High-Quality, Affordable Child Care

Use these suggested message points and proof points to demonstrate why families need equitable access to high-quality, affordable child care in all settings.

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.

- 62% of mothers with children under age three nationwide were in the workforce prior to the pandemic.<sup>ii</sup>
- Every year, U.S. families lose out on \$8.3 billion in wages due to lack of child care.<sup>iii</sup>
- U.S. businesses lose \$3 billion annually due to employee absenteeism resulting from child care issues.<sup>iv</sup>

However, high-quality, affordable, and accessible child care is out of reach for most families.

- Child care is often one of the largest expenses in a family's budget.<sup>v</sup> Infant care exceeds the cost of college tuition in 30 states and the District of Columbia. Costs range from 29.3% of a family's income to 93.8% depending on where the family lives.<sup>vi,vii</sup>
- Approximately half of families who want to access child care live in child care deserts, making it extremely difficult or impossible to find a licensed child care provider.<sup>viii</sup> This was exacerbated by the COVID-19 pandemic, given the number of early childhood educators who said they are considering leaving the industry or closing their business.<sup>ix</sup> Moreover, families struggle to find child care options that meet their cultural and linguistic needs.
- Access to high-quality infant-toddler child care is out of reach for the 40% of babies born to households with low-incomes,<sup>x</sup> a disproportionate number of whom are babies of color.<sup>xi</sup>
- The economic impacts of our nation's child care crisis on infants and toddlers, working parents, employers, and taxpayers shows an annual cost of \$57 billion in lost earnings, productivity, and revenue.<sup>xii</sup>

Young children spend many hours in child care settings, and during that time, it is early childhood educators who help shape the early brain development of infants and toddlers.

### A Note on Language

*As you communicate about this policy area, we encourage you to consider the language that will best resonate with your policymakers and other stakeholders. For example, in some communities, "child care/child care provider" is preferred, while "early childhood education/educator" resonates better in other communities.*

- Average wages for infant and toddler care are at the bottom of the occupational ladder at less than \$11 an hour,<sup>xiii</sup> with more than half relying on public assistance even before the COVID-19 pandemic.<sup>xiv</sup> Moreover, these early childhood educators are paid less than individuals caring for and educating older children.
  - 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.<sup>xv</sup>

A lack of public funding has set our child care system up for failure. Our nation will continue to harm working families, their children, and the early educators who care for them until we begin to fund child care as the public good it is.

- Only 16 states allow child care subsidies for families with incomes over 200% of the federal poverty level, and only 4% of families with low incomes receive a child care subsidy.<sup>xvi;xvii</sup> And in many states, children who are eligible do not receive subsidies due to funding challenges.
- Research shows disparities in child outcomes as early as 9 months and growing by 24 months, with significant gaps in development by the time children enter preschool.<sup>xviii</sup>
- 48% of children in families with low incomes arrive in kindergarten unprepared to succeed.<sup>xix</sup>



## The Opportunity to Expand Access to High-Quality, Affordable Child Care

These message points provide recommendations to improve child care policies in your communities.

Strong communities start with strong families. Investing in young children’s healthy development pays off for all of us. Babies grow up healthier, parents have more opportunities to work, communities are more connected, and our economy gets stronger.

Families should have access to high-quality, affordable child care services that best suit their needs, whether a child care facility, family child care, or family, friend, and neighbor care. High-quality care and education for infants and toddlers includes nurturing relationships with responsive caregivers, continuity of care, and an environment that is safe for young children to explore and learn. Infants and toddlers in high-quality settings have opportunities for cognitive, social-emotional, and language and literacy development. With a skilled educator and nurturing environment, healthy brain development can occur in any setting a family chooses.

Child care is a public good, both essential to economic recovery today and to the workforce of tomorrow. However, funding for high-quality child care is not reaching those who are in greatest need or who lack access. Increased public funding is imperative for a mixed-delivery system of high-quality care and providers to meet the needs of families, communities, and economy. 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 receive the financial support they need to afford high-quality child care.
- **Workforce:** Early childhood professionals in all settings can receive the support, resources, and compensation and benefits they need to provide high-quality care and support their own families.

These proof points show the possibilities and return on investment:

- A major investment in child care and early learning would create an estimated 2.3 million new jobs, as well as provide opportunities for parents with low incomes to return to the workforce.<sup>xx</sup>
- Investments in high-quality early childhood programs starting at birth provide taxpayers with a return of \$6.30 for every dollar invested.<sup>xxi</sup> This return has compounding benefits, driving a 13% per year return on investment through better education, health, social and economic outcomes later in life.<sup>xxii</sup>

## Starting a Conversation on Equity

Successful conversations about equity and prenatal-to-three policies start with finding common ground. Research that evaluated how convincing equity arguments were to policy influencers when making the case to prioritize prenatal-to-three policies showed that it's important to consider your audience's background, perspective, and familiarity when discussing equity.

Strong equity messaging that directly calls out our country's history of systemic racism is more likely to resonate with audiences who recognize these inequities are embedded into our society's structures and systems. For audiences less familiar with equity concepts, consider messages on brain development, physical health, and maternal health support, which were found to be most persuasive in making the case for prenatal-to-three policies and can help establish common ground. Start your conversations with what we know works best and then look for ways to educate on equity once you have established common ground.

Find more message guidance in [Building Momentum for Prenatal-to-Three Policies](#).

## Calls to Action

Consider using these message-tested calls to action to drive policy change for high-quality, affordable child care.

- Infants and toddlers must be our highest priority; they need our investment in high-quality, affordable child care now, because they only get one chance at a strong start.
- We need to increase funding, affordability, and access for high-quality child care to reach families who are in greatest need or who lack access.
- Investing in high-quality, affordable child care now is our chance to make a powerful commitment to our youngest generation and our future workforce.

## About *Think Babies*™

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](http://www.thinkbabies.org).

## About The National Collaborative for Infants and Toddlers (NCIT)

NCIT brings together early childhood leaders and advocates, philanthropy, policymakers, and practitioners working inside and outside government at the federal, state, and local levels to create and strengthen promising policies and programs, share what works, and encourage greater attention to, and investment in, the healthy development of our youngest children. Learn more at [www.theNCIT.org](http://www.theNCIT.org).

## Acknowledgements

Thank you to the following partners who provided input and feedback to this messaging brief:

- Advocates for Children of New Jersey
- Maine Children's Alliance
- Kennebec Valley Community Action Program (Maine)
- Southern Kennebec Child Development Corporation (Maine)
- Washington State Association of Head Start and ECEAP
- Washington State Parent Ambassadors
- Children's Alliance (Washington)
- Maryland Family Network
- Pennsylvania Partnerships for Children
- Start Early (Illinois)
- Texans Care for Children
- Children at Risk (Texas)
- North Carolina Early Education Coalition
- Groundwork Ohio
- Michigan League for Public Policy
- Michigan's Children
- Early Childhood Investment Corporation (Michigan)
- South Carolina Infant Mental Health Association
- Institute for Child Success (South Carolina)
- Children's Advocacy Alliance (Nevada)
- Zero To Five (Montana)
- Bloom Consulting (Montana)
- Kids Win Missouri
- Idaho Voices for Children
- Children's Action Alliance (Arizona)
- Southwest Human Development (Arizona)
- Alabama Partnership for Children
- Georgia Early Education Alliance for Ready Students



## Endnotes

- i. Phillips, D. A., & Shonkoff, J. P. (2000). From Neurons to Neighborhoods: The Science of Early Childhood Development. <https://www.nap.edu/catalog/9824/from-neurons-to-neighborhoods-the-science-of-early-childhood-development>
- ii. U.S. Bureau of Labor Statistics. (2019). Employment status of mothers with own children under 3 years old by single year of age of youngest child and marital status, 2017-2018 annual averages. <https://www.bls.gov/news.release/fameet.t06.htm>
- iii. Glynn, S. J., & Corley, D. Center for American Progress. (2016). "The Cost of Work-Family Policy Inaction." <https://www.americanprogress.org/issues/women/reports/2016/09/22/143877/the-cost-of-inaction/>
- iv. Child Care Aware. (2014). "Parents and the High Cost of Child Care." [https://www.ncsl.org/documents/cyf/2014\\_Parents\\_and\\_the\\_High\\_Cost\\_of\\_Child\\_Care.pdf](https://www.ncsl.org/documents/cyf/2014_Parents_and_the_High_Cost_of_Child_Care.pdf)
- v. Center for American Progress. (2021). The True Cost of High-Quality Child Care Across the United States. <https://www.americanprogress.org/issues/early-childhood/reports/2021/06/28/501067/true-cost-high-quality-child-care-across-united-states/>
- vi. Child Care Aware of America. (2019). The U.S. and the high cost of child care. <http://usa.childcareaware.org/advocacy-public-policy/resources/research/costofcare/>
- vii. Compare child care costs for your state at [https://stateofbabies.org/compare-indicators-across-states/#learning\\_indicators\\_singleparent](https://stateofbabies.org/compare-indicators-across-states/#learning_indicators_singleparent)
- viii. Schochet, L. A. (2019). Child Care Supply by Congressional District. <https://www.americanprogress.org/issues/early-childhood/news/2019/04/10/468471/child-care-supply-congressional-district/>
- ix. National Association for the Education of Young Children. (September 2021). [https://www.naeyc.org/sites/default/files/wysiwyg/user-74/statedata\\_july2021\\_gf\\_092321.pdf](https://www.naeyc.org/sites/default/files/wysiwyg/user-74/statedata_july2021_gf_092321.pdf)
- x. Keating, K., Cole, P., & Schneider, A. (2021). ZERO TO THREE. State of Babies Yearbook 2021. <https://stateofbabies.org/wp-content/uploads/2021/04/State-of-Babies-2021-Full-Yearbook.pdf>
- xi. Pizarek, J. (2020). PolicyLink. In pursuit of an equitable start: Leveraging and expanding public funding to support a more equitable recovery for young children, families and child care workers. [https://www.thinkbabies.org/wp-content/uploads/2020/08/PolicyLink\\_Brief.pdf](https://www.thinkbabies.org/wp-content/uploads/2020/08/PolicyLink_Brief.pdf)
- xii. ReadyNation. (2019). Want to Grow the Economy? Fix the Child Care Crisis. <https://www.strongnation.org/articles/780-want-to-grow-the-economy-fix-the-child-care-crisis>
- xiii. Whitebook, M., Austin, L., Amanta, F. (2015). The Center for the Study of Child Care Employment. "Addressing Infant Toddler Teacher Compensation." <http://cscce.berkeley.edu/addressing-infant-toddler-compensation/>
- xiv. Center for the Study of Child Care Employment, Institute for Research on Labor and Employment, University of California, Berkeley. Early Childhood Workforce Index 2018. <https://cscce.berkeley.edu/early-childhood-workforce-2018-index/>
- xv. Politico. (July 2020). "Crashing Down": How the child care crisis is magnifying racial disparities. <https://www.politico.com/news/2020/07/22/coronavirus-child-care-racial-disparities-377058>
- xvi. Keating, K., Cole, P., & Schaffner, M. (2020). ZERO TO THREE. State of Babies Yearbook 2020. Washington, DC: ZERO TO THREE.
- xvii. Compare child care subsidies in your state at [https://stateofbabies.org/compare-indicators-across-states/#learning\\_indicators\\_ccdf](https://stateofbabies.org/compare-indicators-across-states/#learning_indicators_ccdf)



- xviii. Halle, T., Forry, N., Hair, E., Perper, K., Wandner, L., Wessel, J., & Vick, J. (2009). Child Trends and Council of Chief State School Officers. Disparities in early learning and development: Lessons from the Early Childhood Longitudinal Study–Birth Cohort (ECLS–B): Executive summary. <https://www.childtrends.org/wp-content/uploads/2013/05/2009-52DisparitiesEExecSumm.pdf>
- xix. Isaacs, J. Brookings Institution. (March 2012). “Starting School at a Disadvantage: The School Readiness of Poor Children.” [https://www.brookings.edu/wp-content/uploads/2016/06/0319\\_school\\_disadvantage\\_isaacs.pdf](https://www.brookings.edu/wp-content/uploads/2016/06/0319_school_disadvantage_isaacs.pdf)
- xx. Chaudry, A., & Hamm, K. (2017). Center for American Progress. “The Child Care for Working Families Act Will Boost Employment and Create Jobs.” <https://americanprogress.org/article/child-care-working-families-act-will-boost-employment-create-jobs/>
- xxi. Heckman, J. (2016). The Heckman Equation, “Quantifying the Life-cycle Benefits of a Prototypical Early Childhood Program.” [https://heckmanequation.org/assets/2017/12/abc\\_comprehensivecba\\_JPE-SUBMISSION\\_2017-05-26a\\_sjs\\_sjs.pdf](https://heckmanequation.org/assets/2017/12/abc_comprehensivecba_JPE-SUBMISSION_2017-05-26a_sjs_sjs.pdf)
- xxii. Heckman, J. (2016). The Heckman Equation, “Quantifying the Life-cycle Benefits of a Prototypical Early Childhood Program.” [https://heckmanequation.org/assets/2017/12/abc\\_comprehensivecba\\_JPE-SUBMISSION\\_2017-05-26a\\_sjs\\_sjs.pdf](https://heckmanequation.org/assets/2017/12/abc_comprehensivecba_JPE-SUBMISSION_2017-05-26a_sjs_sjs.pdf)



**Messaging Briefs**

# Maternal and Child Health



## Introduction

*ZERO TO THREE and the National Collaborative for Infants and Toddlers have created the following message brief to help advocates communicate with policymakers about the needs and opportunities for enacting policies that improve maternal and child health. This brief is meant to serve as a source of research-tested messaging and broad policy guidance to help you craft messages and materials as you speak with policymakers and other stakeholders.*

## Making the Case for Prenatal to Three Policies

The following language can serve as a way to introduce maternal and child health within the frame of prenatal-to-three policies.

Every child deserves a strong start in life. The foundation we provide for them shapes their future and the future of our communities. We have to get it right.

During the first three years of life, the brains and bodies of infants and toddlers make huge gains in development. Babies' brains develop faster from birth to age three than at any later point, and their early experiences—both positive and negative—build the foundation for brain and body architecture that will support their ability to learn and their overall social, emotional, and physical health.

A healthy baby starts with a healthy pregnant person. But our country is failing when it comes to maternal health. We must do better. All birthing people need access to care during and after pregnancy, and families need access to the regular well-child visits, screenings, and mental health care that give their babies the best start in life.

We must act now to ensure that pregnant people and postpartum parents have the health supports they need to ensure their infants start out healthy and grow into socially, emotionally, and physically healthy children who are confident, empathetic, and ready for school and life.



## The Need for Improved Maternal and Child Health Policies

Use these suggested message and proof points to demonstrate why pregnant people, postpartum parents, and infants and toddlers need access to improved health policies.

The U.S. has reached a crisis for maternal and infant mortality. Health care systems in the U.S. are failing birthing people and postpartum parents, often due to systematic racial inequities that begin long before a person becomes pregnant. Moreover, the well-being of birthing people and babies is often considered separately, but they are intrinsically interdependent. Poor outcomes for the birthing person result in poor outcomes in the short and long term for their baby.

The United States is the only high-income country in which the maternal mortality rate has risen over the past two decades.

- Nearly 25% of all U.S. women start prenatal care late in pregnancy or do not receive the recommended number of prenatal visits. This number rises to 34% among Black women and to 41% among Indigenous or Alaska Native women.<sup>i</sup>
- More women in the U.S. die in childbirth than in any other developed country, with our national rate as high as 17.3 deaths per 100,000 live births. And Black women are dying at an even more alarming rate—more than twice the national average at 37.3 deaths per 100,000 live births. This is regardless of income.
- New mothers also receive inadequate postpartum support. Pregnant people can become eligible for health coverage when they become pregnant but lose coverage soon after the pregnancy ends.
- The federal Medicaid rule requires coverage through 60 days postpartum, even though roughly 30% of maternal deaths happen later in the postpartum period.<sup>ii</sup>
- It is critical to screen for and treat maternal depression and anxiety disorders, which affect approximately 10% of mothers with young children.<sup>iii</sup> Left untreated, these disorders have been associated with adverse birth outcomes and poor parent-child bonding.<sup>iv</sup>

Similarly, the overall rate of mortality among infants in the United States—our most vulnerable population—is twice the rate in the European Union. The infant mortality for Black infants in the U.S. is nearly four times the overall rate in the European Union.

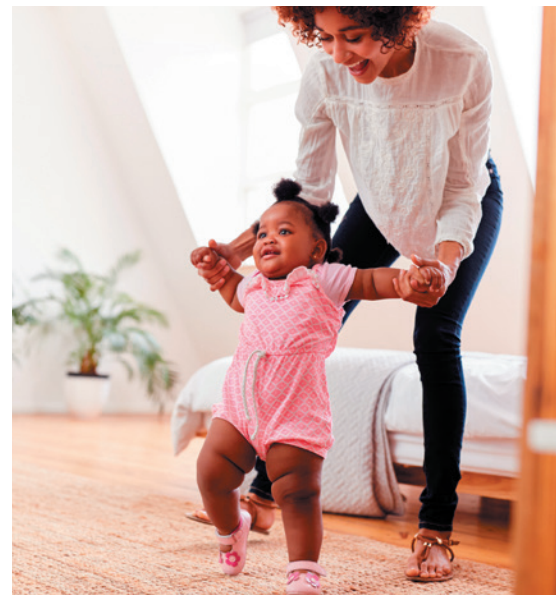
### **A Note on Language**

*We acknowledge the commitment to birthing equity across racial and ethnic communities and among trans and gender non-conforming people. Wherever possible, we use the term “birthing person” or “pregnant person.” However, language in this message brief also spotlights women to align with national data collection.*

- On average, 5.6 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 (10.8 per 1,000 births) as it is for White infants (4.6) and is slightly higher for Hispanic infants (4.9) than for White infants.<sup>y</sup>

Once a baby is born, many do not receive the necessary developmental screenings, because their parents do not have access to adequate health insurance or health services.

- Medicaid covers almost half of births in this country, and Medicaid and the Children’s Health Insurance Program (CHIP) insure about 1 in 3 children, but the rate of uninsured children is on the rise after years of decline.<sup>vi</sup> Moreover, the rate of uninsured children is higher in states that did not expand Medicaid coverage.
- Babies in families with low incomes and babies of color are less likely to receive preventive health services.<sup>vii</sup>
- Approximately 1 in 4 children under age 5 are at moderate or high risk for developmental or behavioral delays.<sup>viii</sup> Yet only a third (32.5%) of infants and toddlers ages 9-35 months received a developmental screening in the past year.<sup>ix</sup> And only a fraction of the children under age 3 who can benefit from early intervention services receive supports.<sup>x,xi</sup> Moreover, fewer than 50% of children facing a developmental disability/disabling behavioral problem are identified before they start school.<sup>xii</sup>
  - Children from families with low incomes are less likely to receive developmental screening.<sup>xiii</sup> They 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.<sup>xiv</sup>
  - 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 CHIP.<sup>xv</sup>
- 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.



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.<sup>xvii</sup> This preventive care lag could leave young children at risk for other serious diseases.

## The Opportunity to Improve Maternal and Child Health

These message points provide recommendations to improve maternal and child health policies in your communities.

The disparities that pregnant people face—and the resulting impact on their babies—are a serious equity issue that we must address. It is critical to prioritize investments that improve birthing people’s and babies’ access to health care that meets their medical needs and ultimately improves their health. Policymakers must invest in comprehensive health and development policies with the following core principles:

- **Expand birthing people’s and children’s access to Medicaid and CHIP during pregnancy and farther into postpartum.** This will ensure pregnant people have the ability to see their medical provider from the earliest indication of pregnancy, so they start their pregnancy healthy and to ensure they obtain continued screenings and treatments as necessary after birth. Access to health insurance also allows infants and toddlers to receive routine checkups and preventive care—such as vaccinations—which help prevent more costly health issues as children get older.
- **Increase support and access to culturally sensitive, promising practice models, such as midwifery care, group prenatal care, doula care, and breastfeeding support.** These approaches can improve the quality of medical care that pregnant and postpartum parents receive, particularly people of color, who are discriminated against in the health care system and experience higher rates of disrespect and abuse.
- **Increase access to a continuum of early childhood and family supports and services.** Young children who are found through developmental screening to have, or be at risk of developing, a developmental delay or disability need access to a continuum of services and supports that promotes their healthy development. It’s crucial to fund not only developmental screening, but to embed screening in a system that holistically supports families and also includes screening and supports for social determinants of health, family protective and risk factors, maternal depression, and family’s basic needs.

These proof points show the possibilities and return on investment:

- Health care coverage for pregnant parents is linked to significant reductions in infant mortality, childhood deaths, and the incidence of low birthweight.<sup>viii</sup>
- Children with Medicaid coverage are more likely than uninsured children to regularly see a doctor and receive preventive health care.<sup>ix</sup> They also have better long-term health, educational, and employment outcomes than those who are uninsured.<sup>x</sup>

- Early screening and identification of maternal depression offer long-term health care cost savings and helps support maternal health and healthy child development.<sup>xxi</sup>
- 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.<sup>xxii</sup>
- Early detection and treatment through childhood screenings could greatly reduce more costly special education and interventions for older children. For example, children whose hearing loss is detected in infancy and who receive treatment services have better language outcomes at 8 years of age.<sup>xxiii</sup>

## Calls to Action

Consider using these message-tested calls to action to drive policy change to improve maternal and child health.

- Pregnant people, postpartum parents, and infants and toddlers must be our highest priority; they need us to invest in their health now, because babies only get one chance at a strong start.
- This is our chance to make a powerful commitment to our youngest generation.

## Starting a Conversation on Equity

Successful conversations about equity and prenatal-to-three policies start with finding common ground. Research that evaluated how convincing equity arguments were to policy influencers when making the case to prioritize prenatal-to-three policies showed that it's important to consider your audience's background, perspective, and familiarity when discussing equity.

Strong equity messaging that directly calls out our country's history of systemic racism is more likely to resonate with audiences who recognize these inequities are embedded into our society's structures and systems. For audiences less familiar with equity concepts, consider messages on brain development, physical health, and maternal health support, which were found to be most persuasive in making the case for prenatal-to-three policies and can help establish common ground. Start your conversations with what we know works best and then look for ways to educate on equity once you have established common ground.

Find more message guidance in [Building Momentum for Prenatal-to-Three Policies](#).

## About *Think Babies*™

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](http://www.thinkbabies.org).

## About The National Collaborative for Infants and Toddlers (NCIT)

NCIT brings together early childhood leaders and advocates, philanthropy, policymakers, and practitioners working inside and outside government at the federal, state, and local levels to create and strengthen promising policies and programs, share what works, and encourage greater attention to, and investment in, the healthy development of our youngest children. Learn more at [www.theNCIT.org](http://www.theNCIT.org).

## Acknowledgements

Thank you to the following partners who provided input and feedback to this messaging brief:

- Advocates for Children of New Jersey
- Maine Children's Alliance
- Kennebec Valley Community Action Program (Maine)
- Southern Kennebec Child Development Corporation (Maine)
- Washington State Association of Head Start and ECEAP
- Washington State Parent Ambassadors
- Children's Alliance (Washington)
- Maryland Family Network
- Pennsylvania Partnerships for Children
- Start Early (Illinois)
- Texans Care for Children
- Children at Risk (Texas)
- North Carolina Early Education Coalition
- Groundwork Ohio
- Michigan League for Public Policy
- Michigan's Children
- Early Childhood Investment Corporation (Michigan)
- South Carolina Infant Mental Health Association
- Institute for Child Success (South Carolina)
- Children's Advocacy Alliance (Nevada)
- Zero To Five (Montana)
- Bloom Consulting (Montana)
- Kids Win Missouri
- Idaho Voices for Children
- Children's Action Alliance (Arizona)
- Southwest Human Development (Arizona)
- Alabama Partnership for Children
- Georgia Early Education Alliance for Ready Students





## Endnotes

- i. Maternal Health Task Force. Maternal Health in the United States. <https://www.mhtf.org/topics/maternal-health-in-the-united-states/>
- ii. Eckert, E. (2020). It's past time to provide continuous Medicaid coverage for one year postpartum. <https://www.healthaffairs.org/doi/10.1377/hblog20200203.639479/full/>
- iii. National Research Council and Institute of Medicine (NRC/IOM). (2009). Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention.
- iv. 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. <http://developingchild.harvard.edu/resources/maternal-depression-can-undermine-the-development-of-young-children/>
- v. Centers for Disease Control and Prevention. (2021). Infant Mortality. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm>
- vi. Hudson, J. L., Hill, S. C., & Selden, T. M. (2015). If rollbacks go forward, up to 14 million children could become ineligible for public or subsidized coverage by 2019. *Health Affairs (Project Hope)*, 34(5), 864–870. doi:10.1377/hlthaff.2015.0004
- vii. Keating, K., Cole, P., & Schneider, A. (2021). ZERO TO THREE. State of Babies Yearbook 2021. <https://stateofbabies.org/wp-content/uploads/2021/04/State-of-Babies-2021-Full-Yearbook.pdf>
- viii. Data Resource Center for Child and Adolescent Health. (2012). National Survey of Children's Health, 2011/12. <https://www.childhealthdata.org/browse/archive-prior-year-nsch-and-ns-cshcn-data-resources/nsch-profiles?rpt=16&geo=>
- ix. Keating, K., Cole, P., & Schneider, A. (2021). ZERO TO THREE. State of Babies Yearbook 2021. <https://stateofbabies.org/wp-content/uploads/2021/04/State-of-Babies-2021-Full-Yearbook.pdf>
- x. IDEA Section 618 Data Products: State Level Data Files: Part C: 2018-19 Child Count and Settings. (November 2020). <https://www2.ed.gov/programs/osepidea/618-data/state-level-data-files/index.html#cccs>; and The Early Childhood Technical Assistance Center <https://ectacenter.org/-pdfs/growthcompPartC-2020-07-16.pdf>
- xi. US Dept. of Education. (2020). IDEA Section 618 Data Products: State Level Data Files. Part C Child Count and Settings, 2018-2019. <https://www2.ed.gov/programs/osepidea/618-data/state-level-data-files/index.html>
- xii. Mackrides P. S. & Ryherd, S. J. (2011). Screening for developmental delay. *Am Fam Physician*. 84(5):544-9.
- xiii. 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.
- xiv. 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. [www.childhealthdata.org](http://www.childhealthdata.org)
- xv. 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. <https://www.kff.org/wp-content/uploads/2013/01/7645-02.pdf>
- xvi. 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. [www.ncbi.nlm.nih.gov/books/NBK33992/](http://www.ncbi.nlm.nih.gov/books/NBK33992/)



- xvii. Huffan, J. (2020, April 12). Vaccine rates drop dangerously as parents avoid doctor’s visits. *The New York Times*. <https://www.nytimes.com/2020/04/23/health/coronavirus-measles-vaccines.html>; Pawlowski, A. (2020, April 23). Vaccine rate drop is ‘huge concern’ for pediatricians during pandemic. *TODAY*. <https://www.today.com/health/are-pediatrician-visits-vaccines-safe-during-coronavirus-covid-19-pandemic-t179765>; Masters, K. (2020, April 27).
- xviii. 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. <https://www.kff.org/wp-content/uploads/2013/01/7645-02.pdf>
- xix. Kreider, A., French, B., & Aysola, J. (2016). Quality of Health Insurance Coverage and Access to Care for Children in Low-Income Families. *JAMA Pediatrics*. <http://jamanetwork.com/journals/jamapediatrics/fullarticle/2470859>
- xx. 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. [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*. <https://www.clasp.org/sites/default/files/public/resources-and-publications/publication-1/2016-06-22Olivia-Golden-Senate-HSGA-Testimony.pdf>
- xxi. National Research Council and Institute of Medicine (NRC/IOM). (2009). *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention*.
- xxii. Heberlein, M., Huntress, M., Kenney, G., Alker, J., Lynch, V., & Mancini, T. (2012). *Medicaid coverage for parents under the Affordable Care Act*. <https://ccf.georgetown.edu/wp-content/uploads/2012/08/Medicaid-Coverage-for-Parents.pdf>
- xxiii. 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. [www.ncbi.nlm.nih.gov/books/NBK33992/](http://www.ncbi.nlm.nih.gov/books/NBK33992/)



Messaging Briefs

# Early Head Start



## Introduction

*ZERO TO THREE and the National Collaborative for Infants and Toddlers have created the following message brief to help advocates communicate with policymakers about the need and opportunities for enacting policies that increase access to Early Head Start. This brief is meant to serve as a source of research-tested messaging and broad policy guidance to help you craft messages and materials as you speak with policymakers and other stakeholders.*

## Making the Case for Prenatal to Three Policies

The following language can serve as a way to introduce Early Head Start within the frame of prenatal-to-three policies.

Every child deserves a strong start in life. The foundation we provide for them shapes their future and the future of our communities. We have to get it right.

During the first three years of life, the brains and bodies of infants and toddlers make huge gains in development. Babies' brains develop faster from birth to age three than at any later point, and their early experiences—both positive and negative—build the foundation for brain and body architecture that will support their ability to learn and their overall social, emotional, and physical health.



Early Head Start comprehensively promotes healthy child and family development for pregnant people, infants, and toddlers during the critical prenatal-to-three window. This evidence-based program creates opportunities for both parents and children, helping parents with incomes below the poverty line improve their economic security while ensuring their young children are on a solid path toward healthy development.

By investing in programs that support families with infants and toddlers, we can give children a healthy foundation in life and drive economic growth for communities and the families who live in those communities. We must act now to ensure that all babies and toddlers have the foundation to grow into socially, emotionally, and physically healthy children who are confident, empathetic, and ready for school and life.

## The Need for Early Head Start

Use these suggested message points and proof points to demonstrate why families need access to Early Head Start.

Every child deserves a strong start in life, but not every child starts from the same place. Nearly 19% of babies in the U.S. live in families with incomes below the poverty line.<sup>1</sup> Systemic barriers create circumstances where families cannot always provide the essential resources babies need to thrive.

Early Head Start leverages both federal investments and community resources to best meet the needs of families they serve.

The Early Head Start approach includes:

- **Prenatal and postpartum services** for expectant families including health care and education on healthy fetal development, labor and delivery, postpartum recovery, parental depression, infant care, safe sleep practices, and the benefits of breast feeding.
- **Early childhood education** through a variety of learning experiences including high-quality center-based programs, family child care, and home visits.
- **Family supports** that connect families with available community resources including employment, transportation, housing support, and more.
- **Health services** in the community to ensure children have access to immunizations, dental, medical, mental health, and nutritional services, as well as early identification of health problems.
- **Family engagement** that focuses on preparing parents as primary teachers and nurturers in the planning and implementation of services for their child's well-being and development.

These supports, focused on early development and learning, help parents become better equipped with the skills to build a strong foundation for their young child's future.

## The Benefits of and Opportunity to Expand Access to Early Head Start

These message points provide recommendations to improve investment in and access to Early Head Start in your communities.

For 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, decreased aggressive behaviors, increased engagement with parents during play, and increased rates of immunization.<sup>ii</sup>
- Early Head Start provides parents with the resources they want and need to support their children’s development and their families’ economic well-being. 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.<sup>iii</sup>
- 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.<sup>iv</sup>

Despite the proven benefits, only 11% of infants and toddlers who are eligible for Early Head Start are currently being served by it, and the proportion served varies from 3% to 23% across states.<sup>v</sup>

More state and federal investments are crucial to increase access to Early Head Start for more young children and their families, so they are able to benefit from the proven results of the program.

## Starting a Conversation on Equity

Successful conversations about equity and prenatal-to-three policies start with finding common ground. Research that evaluated how convincing equity arguments were to policy influencers when making the case to prioritize prenatal-to-three policies showed that it’s important to consider your audience’s background, perspective, and familiarity when discussing equity.

Strong equity messaging that directly calls out our country’s history of systemic racism is more likely to resonate with audiences who recognize these inequities are embedded into our society’s structures and systems. For audiences less familiar with equity concepts, consider messages on brain development, physical health, and maternal health support, which were found to be most persuasive in making the case for prenatal-to-three policies and can help establish common ground. Start your conversations with what we know works best and then look for ways to educate on equity once you have established common ground.

Find more message guidance in [Building Momentum for Prenatal-to-Three Policies](#).

## Calls to Action

Consider using these message-tested calls to action to drive policy change for Early Head Start.

- Early Head Start is our chance to make a powerful commitment to our youngest generation. Infants and toddlers must be our highest priority. They need our investment in evidence-based Early Head Start programs now because they only get one chance at a strong start.
- We need to ensure infants and toddlers grow into socially and emotionally healthy children who are confident and empathetic. State and federal policymakers can support infants, toddlers, and their families during this critical time of brain and body development by increasing investments in Early Head Start (and programs modeled on Early Head Start) to expand equitable access to all eligible infants, toddlers, and pregnant people.



## About *Think Babies*™

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](http://www.thinkbabies.org).

## About The National Collaborative for Infants and Toddlers (NCIT)

NCIT brings together early childhood leaders and advocates, philanthropy, policymakers, and practitioners working inside and outside government at the federal, state, and local levels to create and strengthen promising policies and programs, share what works, and encourage greater attention to, and investment in, the healthy development of our youngest children. Learn more at [www.theNCIT.org](http://www.theNCIT.org).

## Acknowledgements

Thank you to the following partners who provided input and feedback to this messaging brief:

- Advocates for Children of New Jersey
- Maine Children's Alliance
- Kennebec Valley Community Action Program (Maine)
- Southern Kennebec Child Development Corporation (Maine)
- Washington State Association of Head Start and ECEAP
- Washington State Parent Ambassadors
- Children's Alliance (Washington)
- Maryland Family Network
- Pennsylvania Partnerships for Children
- Start Early (Illinois)
- Texans Care for Children
- Children at Risk (Texas)
- North Carolina Early Education Coalition
- Groundwork Ohio
- Michigan League for Public Policy
- Michigan's Children
- Early Childhood Investment Corporation (Michigan)
- South Carolina Infant Mental Health Association
- Institute for Child Success (South Carolina)
- Children's Advocacy Alliance (Nevada)
- Zero To Five (Montana)
- Bloom Consulting (Montana)
- Kids Win Missouri
- Idaho Voices for Children
- Children's Action Alliance (Arizona)
- Southwest Human Development (Arizona)
- Alabama Partnership for Children
- Georgia Early Education Alliance for Ready Students





## Endnotes

- i. ZERO TO THREE. State of Babies Yearbook 2021. <https://stateofbabies.org/national/2021/>
- ii. 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. <https://www.acf.hhs.gov/opre/resource/making-a-difference-in-the-lives-of-infants-and-toddlers-and-their-families-0>
- iii. 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. <https://www.acf.hhs.gov/opre/resource/making-a-difference-in-the-lives-of-infants-and-toddlers-and-their-families-0>
- iv. 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 follow up. Retrieved from <https://www.acf.hhs.gov/opre/report/research-practice-preliminary-findings-early-head-start-prekindergarten-followup>
- v. ZERO TO THREE. State of Babies Yearbook 2021. <https://stateofbabies.org/impact-area/learning/>



**Messaging Briefs**

# Paid Family and Medical Leave



## Introduction

*ZERO TO THREE and the National Collaborative for Infants and Toddlers have created the following message brief to help advocates communicate with policymakers about the need and opportunities for enacting policies for paid family and medical leave. This brief is meant to serve as a source of research-tested messaging and broad policy guidance to help you craft messages and materials as you speak with policymakers and other stakeholders.*

## Making the Case for Prenatal to Three Policies

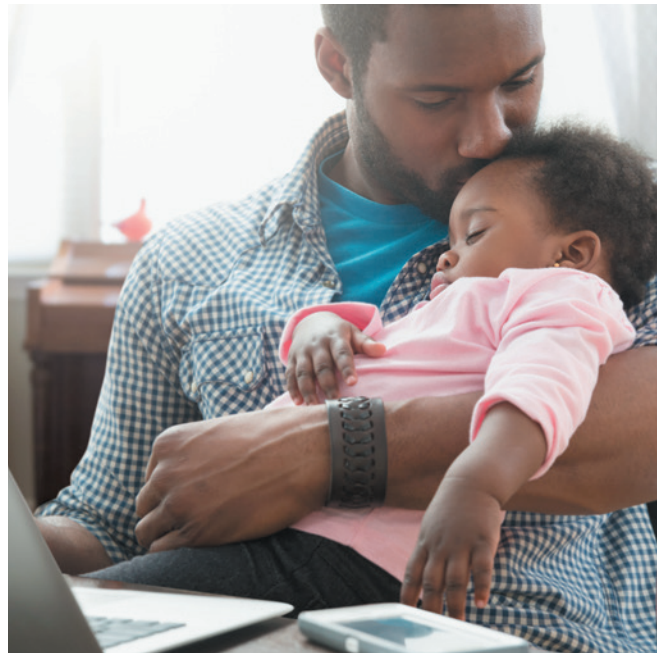
The following language can serve as a way to introduce paid family and medical leave within the frame of prenatal-to-three policies.

Every child deserves a strong start in life. The foundation we provide for them shapes their future and the future of our communities. We have to get it right.

During the first three years of life, the brains and bodies of infants and toddlers make huge gains in development. Babies' brains develop faster from birth to age three than at any later point, and their early experiences—both positive and negative—build the foundation for brain and body architecture that will support their ability to learn and their overall social, emotional, and physical health.

Parents and caregivers need dedicated paid time off, so they are able to bond with and care for their young children during these critical stages of development. Moreover, 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.

We must act now to ensure that children grow into socially, emotionally, and physically healthy children who are confident, empathetic, and ready for school and life.



## The Need for Paid Family and Medical Leave

Use the following suggested message points and proof points to demonstrate why families need access to 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. A baby's early relationships with parents and caregivers nurture brain connections that form the foundation for all learning and relationships that follow.<sup>i</sup>

Only 15% of working people in the US have access to paid leave through their employers.<sup>i</sup> This means too many working parents with very young children are forced to choose between taking the time they need to care for a new child or risk losing their job or income.

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.<sup>ii</sup>

Black and Latinx families are most impacted by the lack of comprehensive paid leave policies. Families of color are less likely to have access to paid leave through their jobs.

## The Opportunity to Expand Access to Paid Family and Medical Leave

These message points provide recommendations to enact or improve paid family and medical leave policies in your communities.

Creating a permanent comprehensive paid family and medical leave program will ensure that parents and caregivers have the paid time off they need to care for their young children without jeopardizing their financial and job security.

Eight in 10 voters support a comprehensive paid family and medical leave policy that covers all people who work.<sup>iii</sup>

Paid leave improves outcomes for families, employers, taxpayers, and the economy.

- When parents and caregivers have dedicated time at home with their young children, they have time to attend 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.<sup>v</sup>

- When parents can attend to a child’s early medical needs, infant mortality and the occurrence and length of childhood illnesses are reduced, in turn lowering private and public health costs, as well as the need for working parents to take time away from work.
- Paid leave can give parents and other caregivers time to search for quality child care that meets the unique needs of their families, thereby facilitating greater productivity when they return to their jobs after leave.

## Starting a Conversation on Equity

Successful conversations about equity and prenatal-to-three policies start with finding common ground. Research that evaluated how convincing equity arguments were to policy influencers when making the case to prioritize prenatal-to-three policies showed that it’s important to consider your audience’s background, perspective, and familiarity when discussing equity.

Strong equity messaging that directly calls out our country’s history of systemic racism is more likely to resonate with audiences who recognize these inequities are embedded into our society’s structures and systems. For audiences less familiar with equity concepts, consider messages on brain development, physical health, and maternal health support, which were found to be most persuasive in making the case for prenatal-to-three policies and can help establish common ground. Start your conversations with what we know works best and then look for ways to educate on equity once you have established common ground.

Find more message guidance in [Building Momentum for Prenatal-to-Three Policies](#).

## Calls to Action

Consider using these message-tested calls to action to drive policy change for paid family and medical leave policies.

- Infants and toddlers must be our highest priority. They need our investment in paid family and medical leave now because they only get one chance at a strong start.
- This is our chance to make a powerful commitment to our youngest generation.
- Policymakers must invest in comprehensive paid leave policies that embody the following core principles:
  - Accessibility for all working people;
  - Meaningful duration of leave and a benefit level that makes taking leave financially possible for everyone;
  - Affordable and cost-effective for workers, employers, and government;
  - Comprehensive to cover full range of medical and family caregiving needs;
  - Inclusive in the definition of “family”; and
  - Protective against adverse consequences for taking leave.



## About *Think Babies*™

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](http://www.thinkbabies.org).

## About The National Collaborative for Infants and Toddlers (NCIT)

NCIT brings together early childhood leaders and advocates, philanthropy, policymakers, and practitioners working inside and outside government at the federal, state, and local levels to create and strengthen promising policies and programs, share what works, and encourage greater attention to, and investment in, the healthy development of our youngest children. Learn more at [www.theNCIT.org](http://www.theNCIT.org).

## Acknowledgements

Thank you to the following partners who provided input and feedback to this messaging brief:

- Advocates for Children of New Jersey
- Maine Children's Alliance
- Kennebec Valley Community Action Program (Maine)
- Southern Kennebec Child Development Corporation (Maine)
- Washington State Association of Head Start and ECEAP
- Washington State Parent Ambassadors
- Children's Alliance (Washington)
- Maryland Family Network
- Pennsylvania Partnerships for Children
- Start Early (Illinois)
- Texans Care for Children
- Children at Risk (Texas)
- North Carolina Early Education Coalition
- Groundwork Ohio
- Michigan League for Public Policy
- Michigan's Children
- Early Childhood Investment Corporation (Michigan)
- South Carolina Infant Mental Health Association
- Institute for Child Success (South Carolina)
- Children's Advocacy Alliance (Nevada)
- Zero To Five (Montana)
- Bloom Consulting (Montana)
- Kids Win Missouri
- Idaho Voices for Children
- Children's Action Alliance (Arizona)
- Southwest Human Development (Arizona)
- Alabama Partnership for Children
- Georgia Early Education Alliance for Ready Students



## Endnotes

- i. Phillips, D. A., & Shonkoff, J. P. (2000). *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academy Press. <https://www.nap.edu/catalog/9824/from-neurons-to-neighborhoods-the-science-of-early-childhood-development>
- ii. 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
- iii. National Partnership for Women and Families. Voters' Views on Paid Family and Medical Leave: Findings from a National Survey. 2018. <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/voters-views-on-paid-family-medical-leave-survey-findings-august-2018.pdf>
- iv. National Partnership for Women and Families. (2015). Children benefit when parents have access to paid leave. NPWF. Retrieved from <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-leave/children-benefit-when-parents.pdf>
- v. Chatterji, P. & Markowitz, S. (2008). Family leave after childbirth and the health of new mothers. National Bureau of Economic Research. Retrieved from <http://www.nber.org/papers/w14156>





**Messaging Briefs**

# Economic Security



## Introduction

*ZERO TO THREE and the National Collaborative for Infants and Toddlers have created the following message brief to help advocates communicate with policymakers about the need and opportunities for enacting policies that support families' economic security. This brief is meant to serve as a source of research-tested messaging and broad policy guidance to help you craft messages and materials as you speak with policymakers and other stakeholders.*

## Making the Case for Prenatal to Three Policies

The following language can serve as a way to introduce economic security within the frame of prenatal-to-three policies.

Every child deserves a strong start in life. The foundation we provide for them shapes their future and the future of our communities. We have to get it right.

During the first three years of life, the brains and bodies of infants and toddlers make huge gains in development. Babies' brains develop faster from birth to age three than at any later point in life. Their early experiences—both positive and negative—build the foundation for brain and body architecture that will support their ability to learn and their overall social, emotional, and physical health.

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.

We must act now to ensure that each infant grows into socially, emotionally, and physically healthy children who are confident, empathetic, and ready for school and life.



## The Need for Policies that Support Families' Economic Security

Use these suggested message points and proof points to demonstrate why families need support to improve their economic security.

Families with young children face unique economic burdens. Parents of infants and toddlers have lower household incomes than their peers without children or those whose children are 5 years or older.<sup>i</sup> They are earning the least at a time when their caregiving responsibilities—and related costs—are the most demanding. For example, the cost of child care for families with infants is approximately 21% of the U.S. median income for a family of three, but it also comes at a time when families can least afford it.<sup>ii</sup>

More than 80% of children in families with low-incomes live in a household where at least one person is employed.<sup>iii</sup> This work is often in low-wage jobs that will not support a family and lack employer-sponsored benefits such as health insurance and paid time off.

Nearly one in five infants and toddlers live in families experiencing poverty. Due to longstanding inequities in public policy, we see higher percentages of babies experiencing poverty among American Indian/Native and Black infants and toddlers, at nearly double the national average.<sup>iv</sup>

Poverty experienced in the earliest years of children's lives literally gets under the skin, undermining strong brain development as well as other physiological systems. Research shows poverty and income are related to smaller brain growth in key areas associated with self-regulation, learning, memory, language, and emotional control.<sup>v</sup>

The negative impacts of early childhood poverty can persist well into adulthood, impacting educational attainment, later earnings, adult health, and reliance on public benefits.<sup>vi</sup>

## The Opportunity to Improve Families' Economic Security

These message points provide recommendations to improve the economic security of families in your communities.

We put our nation's present and future at risk when high poverty rates and low incomes persist for families with infants and toddlers, who are the most vulnerable to its impacts.

Targeted interventions during the first three years can mitigate or even eliminate negative outcomes and change the course for young children. These interventions should ensure that families with young children have a safe place to live, enough food to eat, and a stable income.

Today's children represent our nation's most racially and ethnically diverse generation. One-half of babies in the US are children of color. We have an opportunity to ensure that policies, programs, and services meet the needs of our community's increasingly diverse families.

When families with young children have equitable access to opportunities that help them build economic security, it not only lifts the whole economy, but guarantees stronger, healthier, and more resilient communities for generations to come.

## Calls to Action

Consider using these message-tested calls to action to drive policy change for economic security.

- Infants and toddlers must be our highest priority. We need to ensure equitable opportunities for their family's economic security because they only get one chance at a strong start.
- Ensuring families have adequate income is basic to creating an environment in which young children thrive. Families need a range of equitable policies that ensure they can support their young children and access safe and stable housing, health and mental health care, healthy food, and high-quality early care and education for their young children.

## Starting a Conversation on Equity

Successful conversations about equity and prenatal-to-three policies start with finding common ground. Research that evaluated how convincing equity arguments were to policy influencers when making the case to prioritize prenatal-to-three policies showed that it's important to consider your audience's background, perspective, and familiarity when discussing equity.

Strong equity messaging that directly calls out our country's history of systemic racism is more likely to resonate with audiences who recognize these inequities are embedded into our society's structures and systems. For audiences less familiar with equity concepts, consider messages on brain development, physical health, and maternal health support, which were found to be most persuasive in making the case for prenatal-to-three policies and can help establish common ground. Start your conversations with what we know works best and then look for ways to educate on equity once you have established common ground.

Find more message guidance in [Building Momentum for Prenatal-to-Three Policies](#).

## About *Think Babies*™

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](http://www.thinkbabies.org).

## About The National Collaborative for Infants and Toddlers (NCIT)

NCIT brings together early childhood leaders and advocates, philanthropy, policymakers, and practitioners working inside and outside government at the federal, state, and local levels to create and strengthen promising policies and programs, share what works, and encourage greater attention to, and investment in, the healthy development of our youngest children. Learn more at [www.theNCIT.org](http://www.theNCIT.org).

## Acknowledgements

Thank you to the following partners who provided input and feedback to this messaging brief:

- Advocates for Children of New Jersey
- Maine Children's Alliance
- Kennebec Valley Community Action Program (Maine)
- Southern Kennebec Child Development Corporation (Maine)
- Washington State Association of Head Start and ECEAP
- Washington State Parent Ambassadors
- Children's Alliance (Washington)
- Maryland Family Network
- Pennsylvania Partnerships for Children
- Start Early (Illinois)
- Texans Care for Children
- Children at Risk (Texas)
- North Carolina Early Education Coalition
- Groundwork Ohio
- Michigan League for Public Policy
- Michigan's Children
- Early Childhood Investment Corporation (Michigan)
- South Carolina Infant Mental Health Association
- Institute for Child Success (South Carolina)
- Children's Advocacy Alliance (Nevada)
- Zero To Five (Montana)
- Bloom Consulting (Montana)
- Kids Win Missouri
- Idaho Voices for Children
- Children's Action Alliance (Arizona)
- Southwest Human Development (Arizona)
- Alabama Partnership for Children
- Georgia Early Education Alliance for Ready Students



## Endnotes

- i. Traub, A., Hiltonsmith, R., & Draut, T., The Parent Trap: The Economic Insecurity of Families with Young Children, Demos, 2016, [www.demos.org/sites/default/files/publications/Parent%20Trap.pdf](http://www.demos.org/sites/default/files/publications/Parent%20Trap.pdf).
- ii. Center for American Progress. The True Cost of High Quality Child Care Across the United States. 2021. <https://www.americanprogress.org/issues/early-childhood/reports/2021/06/28/501067/true-cost-high-quality-child-care-across-united-states/>
- iii. CLASP, Maintaining the Momentum to Reduce Child and Family Poverty, 2016, [www.clasp.org/resources-and-publications/publication-1/2016-Maintaining-the-Momentum.pdf](http://www.clasp.org/resources-and-publications/publication-1/2016-Maintaining-the-Momentum.pdf)
- iv. ZERO TO THREE. State of Babies Yearbook 2021. <https://stateofbabies.org/national/2021/>
- v. Luby, J., Belden, A., Botteron, K., et al. The Effects of Poverty on Childhood Brain Development: The Mediating Effect of Caregiving and Stressful Life Events. *JAMA Pediatr.* 2013;167(12):1135–1142. doi:10.1001/jamapediatrics.2013.3139
- vi. Duncan, G. & Magnuson, K. (2011). The Long Reach of Early Childhood Poverty. [https://inequality.stanford.edu/sites/default/files/PathwaysWinter11\\_Duncan.pdf](https://inequality.stanford.edu/sites/default/files/PathwaysWinter11_Duncan.pdf)

