



Research to Practice Brief: Delivering on the Promise Through Equitable Policies

July 2021

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Contents

List of Exhibits iii

Executive Summary v

What science says about the impact of biological, environmental, and systemic inequities in early learning and development. 1

Racial and Ethnic Disparities During Early Childhood Impact Development 3

Social Determinants of Early Learning: Importance of Implementing Equitable Policies . 10

Equitable and Promising Policies to Address Disparities in Early Childhood and Promote Transformative Change for Children, Birth to Age Five..... 11

Conclusion 18

References..... 19



List of Exhibits

Exhibit	Page
Exhibit 1. Poverty Rate and Percentage Point Change by Selected Characteristics.....	4
Exhibit 2. Median Household Income and Percent Change by Selected Characteristics.....	5
Exhibit 3. Preterm Birth Rates by Race and Hispanic Origin of Mother.....	6
Exhibit 4. Trends in Household Food Insecurity by Race.....	7
Exhibit 5. Homeownership Rates by Race/ Ethnicity in 2017.....	8
Exhibit 6. Demographic Makeup of Children Served Under Part B.....	10



Executive Summary

Current research shows that racial and ethnic disparities related to early childhood are prevalent in the United States. Minoritized¹ groups have higher poverty levels, higher maternal mortality rates, and a higher likelihood of preterm and low birth weight. They also lack access to healthy food, adequate housing, and a healthy support system. These disparities prevent children from minoritized groups or who are dual (or multiple) language learners from accessing quality education and early intervention, which is critical during the earliest years of life. Not being able to access high-quality early care and education can significantly impact children's healthy, optimal development and ability to succeed as adults.

For these reasons, the early care and education (ECE) field must strive to meet the increasing need for equitable policies. It must prioritize policies that reduce disparities and set children and their families on more favorable trajectories, contributing to their academic and personal success. Promising policies to promote transformative change for children, birth to age five are discussed in this brief. The policies are bundled into three major buckets: (1) Healthy Child and Parental Support Policies; (2) Economic Stability and Upward Mobility Policies; and (3) Accessible and Quality Early Care and Education Policies.

Healthy Child and Parental Support Policies center around promoting parents' health and wellbeing, as doing so can contribute to positive early child development. These policies propose Medicaid expansion, Supplemental Nutrition Assistance Program, preconception and prenatal care, and home visiting.

Economic Stability and Upward Mobility Policies focus on addressing poverty, supporting economic stability, and promoting upward mobility, which can positively impact children's wellbeing and access to quality education. These include Paid Family Leave, affordable housing, income supports, minimum wage increase, and tax credits.

Lastly, Accessible and Quality Early Care Education policies aim to meet ECE professionals' needs and ensure all children have access to high-quality programs. These propose expanding child care subsidies, creating compensation parity across the early education landscape, eliminating harsh discipline and exclusionary practices, ensuring dual language learners have full access to early childhood learning experiences, providing access to special education services, and ensuring ECE programs develop equitable programming systems and services.

The policies proposed here are not meant to be exhaustive, but they emphasize the areas that birth to five agencies can work on to meet early development and learning needs. These policies can help address some of the disparities affecting diverse children and their families, provide equitable access to resources and supports, and provide them with much-needed opportunities to meet their full potential.

¹ The term minoritized replaces the word minority (person or group), where the focus is changed from a noun to a verb. In this way, the term shifts from a numerical status to one that is socially enforced by the social circumstances of being marginalized.



The early care and education (ECE) field must meet the increasing need for equitable policies to support all young children and their families. This means having policies that include and build on all children's diversity and their families' culture, language, home life, ethnicity, race, strengths, and experiences. This brief focuses on current research trends and implications for racial and ethnic disparities related to early childhood. It highlights policy choices to reduce disparities and set children and families on more favorable trajectories, contributing to their school success and ability to live happy, fulfilled lives. Today, we have an opportunity to prioritize and create conditions that support children and families to have positive early childhood experiences that will set them on a good course. This is critically important for racially and ethnically diverse children, as they tend to be affected by the negative factors and experiences described in this brief. ECE programs can put research-based policies and strategies in place to increase positive experiences, address disparities, and avoid the practices that adversely impact children.

Advancing Equity in Early Childhood Education, Position Statement National Association for the Education of Young Children

All children have the right to equitable learning opportunities that help them achieve their full potential as engaged learners and valued members of society. Thus, all early childhood educators have a professional obligation to advance equity. They can do this best when they are effectively supported by the early learning settings in which they work and when they and their wider communities embrace diversity and full inclusion as strengths, uphold fundamental principles of fairness and justice, and work to eliminate structural inequities that limit equitable learning opportunities (Adopted, 2019).

What science says about the impact of biological, environmental, and systemic inequities in early learning and development.

Early periods of life, especially the first 1,000 days, are crucial for setting the foundation for brain development, while major physiological systems are also rapidly developing. This brief focuses on identifying core concepts of early development that are of particular interest to this equity-centered brief (adapted from National Academies of Sciences, Engineering, and Medicine (NASEM) 2019a Vibrant and Healthy and NASEM 2017 Promoting the Educational Success of Children and Youth Learning English reports):

- **The interaction of the social and biological environment impact early development.** Children's health, development, and learning are shaped by the interactions occurring at the molecular, cellular, and organ systems of the body and the family, neighborhood, and culture they experience. Linguistic and cultural diversity interact with children's biological development too, especially children who are dual language learners (DLLs). These



interactions set the stage for children's long-term social, emotional, behavioral, and health outcomes.

- **Environmental factors can shape brain development in the early years and have lifelong consequences.** While children are vulnerable to adversities throughout the life course, the early years are a particularly sensitive period. Children's early years are a sensitive period in which the brain develops rapidly and is impacted by positive and negative experiences. Adversities can impact young children's development trajectory and have lifelong consequences. Likewise, the physiological system can be disrupted by early adversity and have a long-lasting impact.
- **The parent-child relationship and attachment are building blocks for children's other relationships and outcomes.** The environment parents create² at home sets the stage for many aspects of children's health, development, and competences. Parent-child relationships are important for children's optimal development. These relationships reduce stress when positive or create stress when negative. Supportive relationships serve as protective factors and buffer against potential adverse outcomes due to toxic stress. For children who are DLL or part of a minoritized group, these positive parent-child relationships provide children with a paradigm of what affirming and supportive relationships look like, which can support development of future relationships.
- **Children's trajectories—positive or negative—are not immutable, and they are vulnerable to adversities throughout the life course.** Children's experiences across environmental contexts (e.g., home, community, and ECE settings) and their biological makeup play a significant role in early development. Some of the interactions and adversities include living in poverty with associated impacts such as accessibility to community programs and supports, reduced housing, food insecurity, and access to high-quality early care and education.
- **The development of language skills is of critical importance in the first years of life.** Early exposure to multiple languages provides lifelong cognitive, social, economic, and educational advantages for all children. Advances in neuroscience research demystify old beliefs that learning more than one language in the early years is detrimental to their development; actually, the opposite is true. Early learning of more than one language is the prime time to develop unique brain architectural structures that can have life-changing effects on children.

² We use the term parent as an inclusive term to describe the primary caregiver(s) regardless of biological relationship with the child.



- Poverty and associated impacts affect children’s healthy, optimal development.**
Poverty affects the developing brain and cognitive outcomes, including areas that regulate memory, emotion, cognitive functioning, and language and literacy. It also prevents children and families from accessing critical resources to avoid health, development, and learning disparities. Black,³ Latine,⁴ and Indigenous children disproportionately live in low-income households, deep poverty, and disadvantaged communities. Further, DLLs are more likely than non-DLLs to live in low-income households.
- Racism, xenophobia, and systemic inequities negatively impact optimal health, development, and learning for children and their families and communities.**
Institutional racism and discrimination impact the health, well-being, and learning of children and their caregivers. They limit access to financial and material resources, services, and supports that promote learning, well-being, and long-term stability. There is an 8-10% wealth gap between White households and households of color. Wealth is connected to school outcomes, life expectancy, and health outcomes.
- Early childhood is the period when interventions are most effective and can potentially disrupt the negative impact of poverty and racism.** Some of the most effective interventions address family interactions, adversities, and systemic inequities. Such interventions can alter the course of development throughout childhood by changing the balance between risk and protective processes. They do so by promoting children’s well-being, enhancing emerging competencies, providing access to valuable resources, and providing children and their families with the support needed to overcome obstacles early in life.

Racial and Ethnic Disparities During Early Childhood Impact Development

Research shows that experiences and conditions like poverty, low birth rate, or food insecurity can have long-lasting negative consequences. They prevent children from access to quality education, impact their physical and mental health, place them at high risk for developmental problems early in life, and more. Systemic biases, xenophobia, and racism have an even greater impact when they happen simultaneously.

Poverty. Although poverty rates for minoritized groups have slightly declined in the past years, these groups still have much higher poverty levels than Whites (see Exhibit 1). In addition, the real median household income is much lower for Hispanics, Blacks, and native-born families

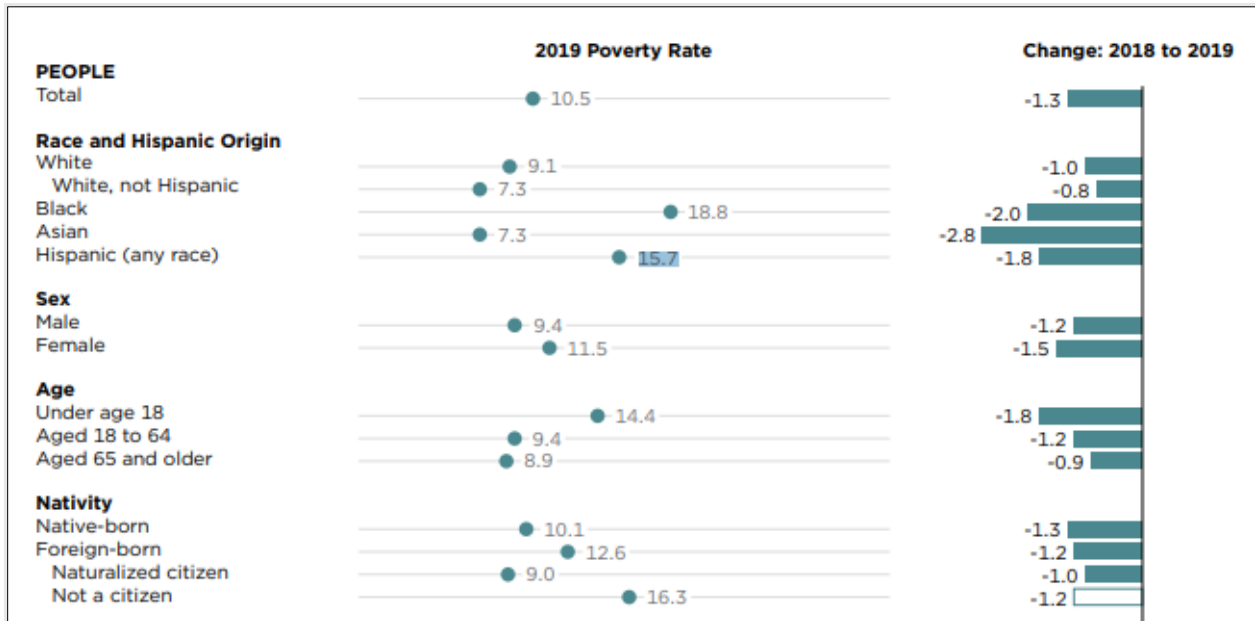
³ We use Black as a pan-ethnic description of anyone from the African diaspora including, but not exclusively limited to, African Americans, Africans, Afro-Caribbeans, Afro-Latino/a, or any other group that identifies as Black and/or having any ancestral heritage from Africa.

⁴ We use Latine to describe a pan-ethnic, non-gendered description of anyone of Latin American heritage.



(see Exhibit 2). This is concerning because children born into poverty or who grow up in poverty are less prepared for school and have worse health and social outcomes (Roos et al., 2019). They experience higher stress levels, impacting their concentration, attentiveness, and motivation to excel in school. Parents who live in poverty also struggle to access early education and intervention services for their children and provide much-needed supports during early years.

Exhibit 1. Poverty Rate and Percentage Point Change by Selected Characteristics

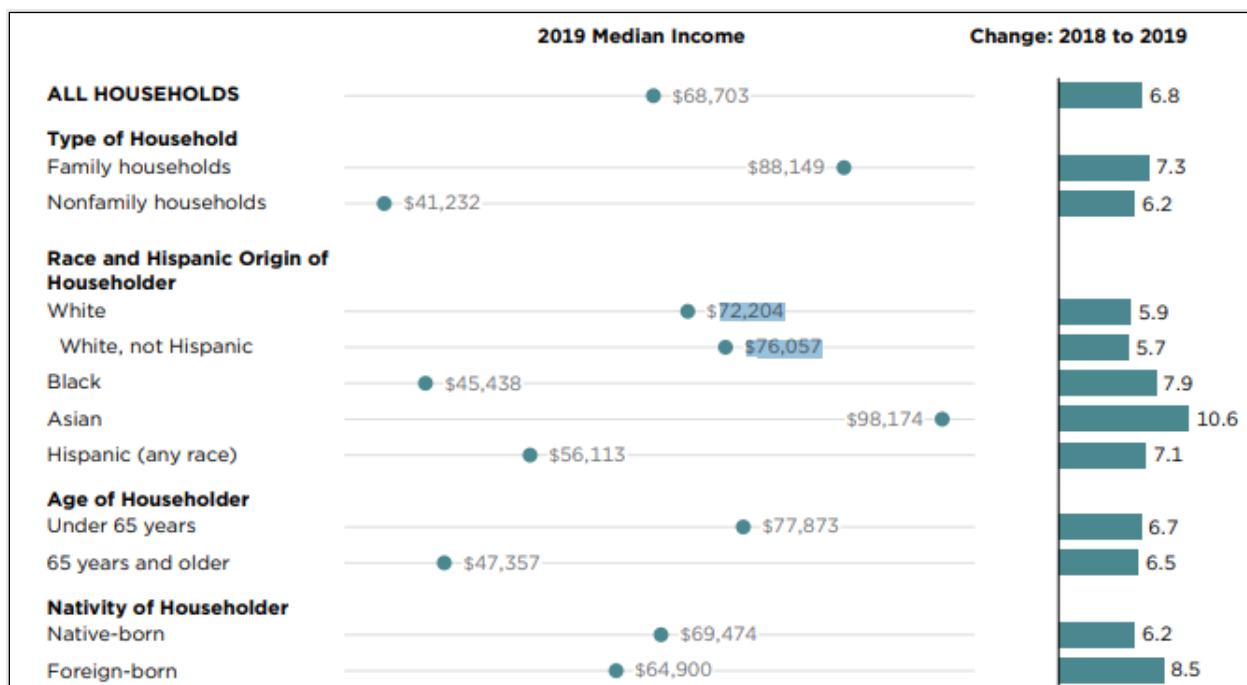


Source. U.S. Census Bureau. (2019). *Income and poverty in the United States: 2019*.

<https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-270.pdf>



Exhibit 2. Median Household Income and Percent Change by Selected Characteristics



Source: U.S. Census Bureau. (2019). *Income and poverty in the United States: 2019*.

<https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-270.pdf>

Maternal Mortality. Racial and ethnic disparities are also present in pregnancy-related mortality, defined as the death of the mother during pregnancy, delivery, or 1-year post-partum. In 2019, American Indian and Alaska Native women were two to three times more likely to die from pregnancy-related causes than White women (Centers for Disease Control and Prevention, 2019). Black women had an even higher rate; they were at least three times more likely to die during childbirth than White women (Melillo, 2020). This means that children of color are likely to experience the loss of a parent in their first year of life, which can have lifelong emotional impacts due to the trauma of loss. The primary causes of maternal mortality include racial and gender discrimination, which compromises women’s health, as well as lack of access to prenatal care, adequate nutrition, comprehensive health care services, and more. Medical professionals’ implicit bias contributes to the racial disparities too (Saluja & Bryant, in press).

Preterm and Low Birth Weight. Being born preterm or low birth weight (LBW) puts a child at risk for several health and developmental problems early in life and in the long term. LBW places children at risk for delayed motor and social development, learning disabilities, and death. While many LBW infants are born to mothers who live in low-income settings (Cutland et al., 2017), demonstrating the impact of socioeconomic status on pregnancy outcomes and lack of access to quality prenatal care, evidence indicates other contributing factors including chronic stress and adverse community environments (Schlotz & Phillips, 2013; Brunton, 2013; Pearl, Balzer & Ahern, 2013). LBW is most seen in minoritized groups. In 2018, the LBW rate was

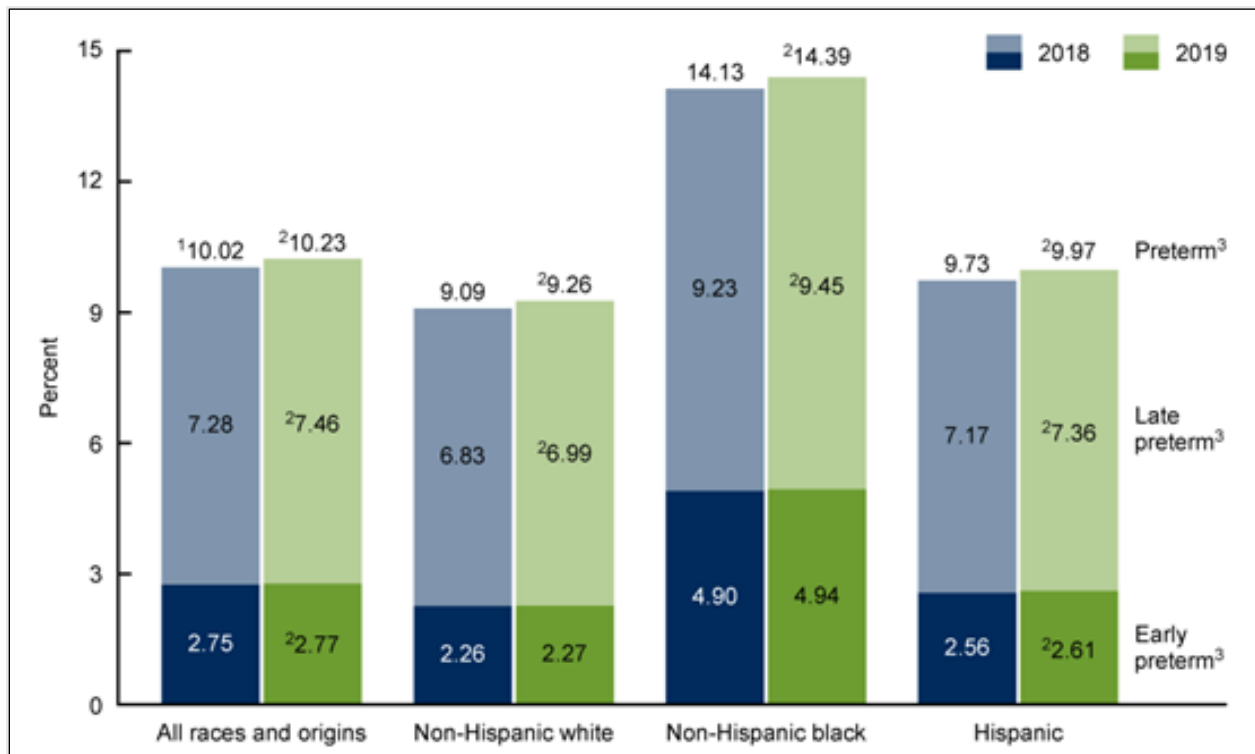


14.07% for Black infants compared to 6.91% for Whites and 7.49% for Hispanics (Martin et al., 2019). Evidence also indicates that low birth weight is one of the five most common causes of infant mortality for American Indians and Alaska Natives (Rutman et al., 2016).

Babies born preterm have higher rates of death and disability; they may also have breathing problems, developmental delay, and vision and hearing problems

(<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>). All of this can impact their optimal development. Overall, the United States' preterm birth rate increased from 9.93% in 2017 to 10.02% in 2018 (Martin et al., 2019) (see Exhibit 3). Racial disparities persist with the rate for Black women at 14.4% in 2019 compared to 9.3% and 10% for White and Hispanic women, respectively. American Indians and Alaska Natives are also more likely to experience higher rates of unintended, mistimed pregnancies with high risk of poor outcomes such as low birth weight (Rutman et al., 2016). This higher incidence has been linked to social determinants of health (Mohamed et al., 2014). In comparing U.S. native-born women with immigrant women, the higher incidence of LBW deliveries for U.S. Native-born women is related to risk factors such as being younger than 18 years old, a smoker, and not having access to prenatal care.

Exhibit 3. Preterm Birth Rates by Race and Hispanic Origin of Mother



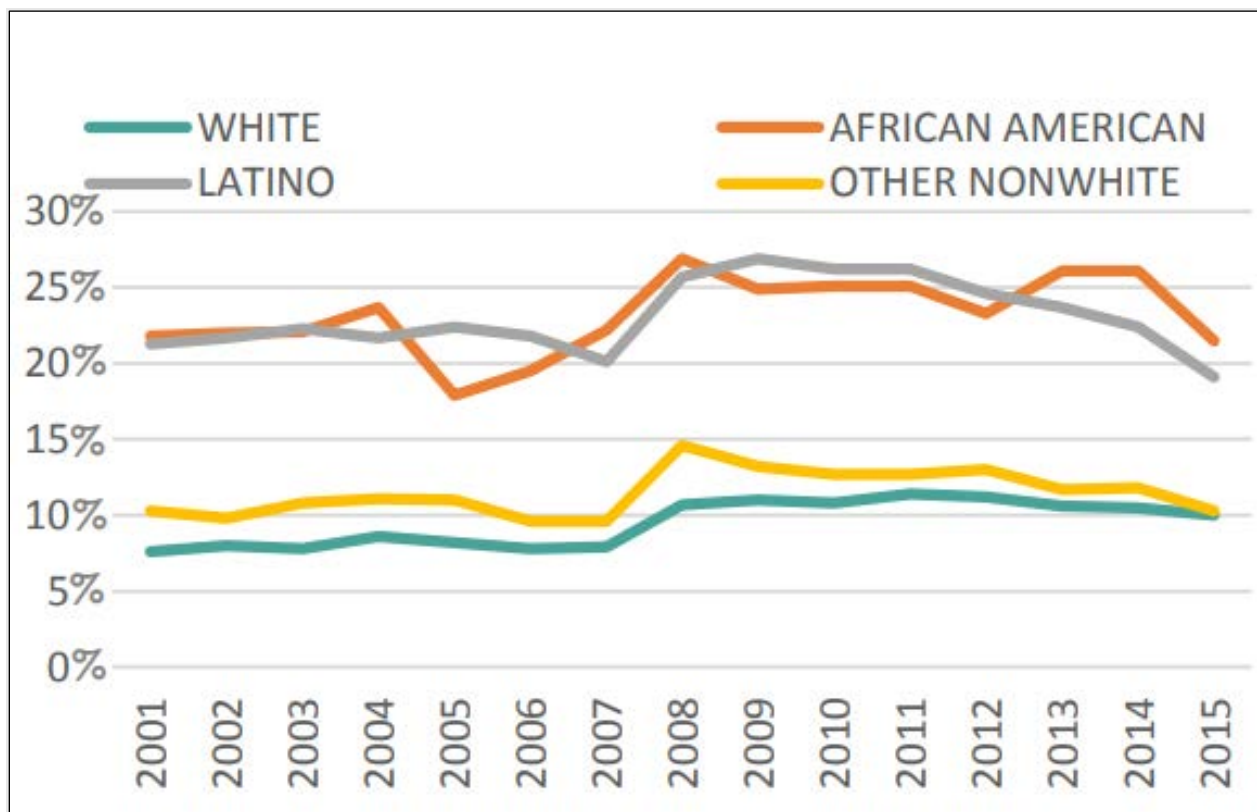
Source. Centers for Disease Control and Prevention. (2019). *Births in the United States, 2019*.

<https://www.cdc.gov/nchs/products/databriefs/db387.htm>



Food Insecurity. Many Americans experience food insecurity, defined as the inability to obtain adequate nutritious food (Nitschke, 2017). Food insecurity can cause disease and poor health outcomes in younger children (Haynes-Maslow, 2016). Minoritized groups are affected the most. Ten percent of non-Hispanic, White households experience hunger; in contrast, 21.5% of households of color experience hunger (Nitschke, 2017) (see Exhibit 4). Poverty, lower income, and historical racism limit these groups' access to healthy food and nutrition services (Haynes-Maslow, 2016). Minoritized groups face a wage gap and disproportionately populate the country's low-wage workforce (Nitschke, 2017). They cannot always afford nutritious food and tend to live in food deserts (areas with limited access to nutritious food). Only 8% of Blacks have a grocery store in their census tract; food stores are typically far away and offer fewer healthy options (Nitschke, 2017). Further, discriminatory housing practices prevent some people of color from living in neighborhoods with jobs, healthy food, and community resources (Nitschke, 2017), which means that their children experience hunger and poverty.

Exhibit 4. Trends in Household Food Insecurity by Race



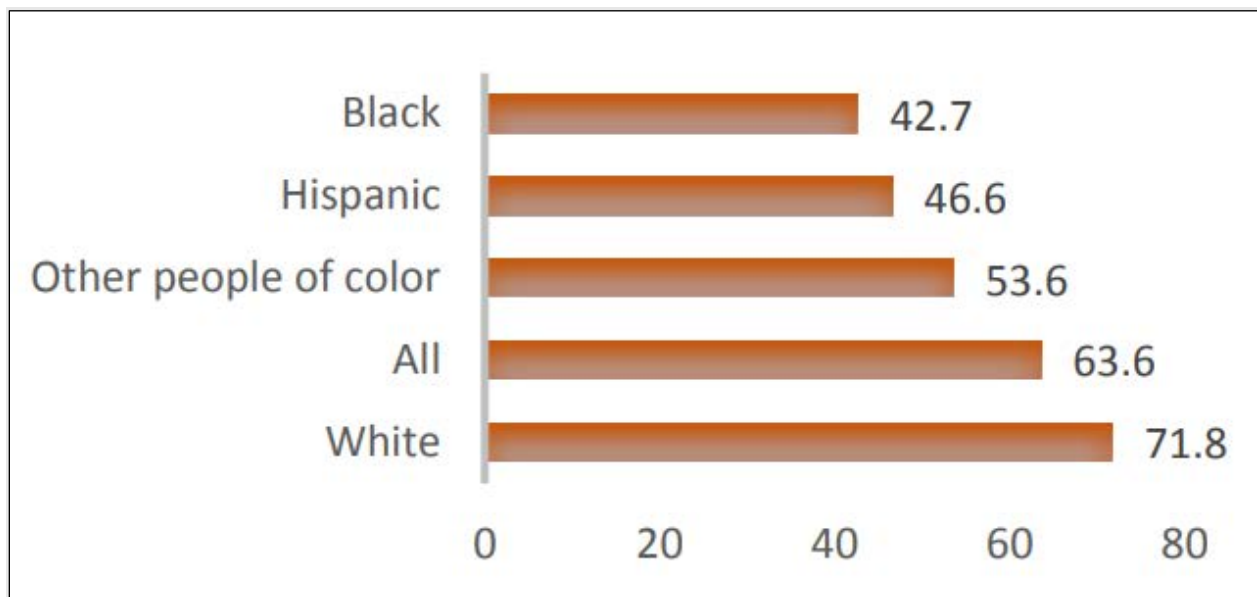
Source. Nitschke, M. (2017). *Hunger is a racial equity issue*. The Alliance to End Hunger.

https://alliancetoendhunger.org/wp-content/uploads/2017/07/Hill-advocacy-fact-sheet_HUNGER-IS-A-RACIAL-EQUITY-ISSUE_Alliance-to-End-Hunger.pdf



Lack of Access to Adequate Housing. Homeownership is an important variable within the context of early child development. Homeownership can provide minoritized groups with the opportunity to build wealth, a healthy and safe environment for their children, and access to valuable resources. Unfortunately, the U.S. housing system has discriminated against renters and homeowners of color for decades (Williams, 2020). This impacts their ability to build wealth and access jobs, healthy food, and quality education (Nitschke, 2017). In the fourth quarter of 2020, the Census Bureau reported that non-Hispanic Black households had the lowest homeownership rate at 44%, which is 30 percentage points behind non-Hispanic White households (see Exhibit 5). Not only that, but people of color are more likely to experience discrimination when trying to rent or buy a house (Solomon et al., 2019), forcing them to move multiple times and negatively impacting their children. According to Ziol-Guest and McKenna (2014), moving three or more times in a child’s first five years of age can lead to attention problems and internalizing and externalizing behavior, even if the move is to more economically advantaged communities. It can also negatively affect children’s language development and literacy, making it harder for them to succeed in school. Lastly, living in low-income neighborhoods, which is common when parents lack access to adequate housing, prevents children from having access to high-quality education (Ziol-Guest & McKenna, 2014).

Exhibit 5. Homeownership Rates by Race/ Ethnicity in 2017



Source. Nitschke, M. (2017). *Hunger is a racial equity issue*. The Alliance to End Hunger. https://alliancetoendhunger.org/wp-content/uploads/2017/07/Hill-advocacy-fact-sheet_HUNGER-IS-A-RACIAL-EQUITY-ISSUE_Alliance-to-End-Hunger.pdf

Racial and ethnic disparities impact caregivers’ stress, mental health, and ability to be safe and nurturing. Research shows that warm, safe, nurturing caregivers tend to have children who have higher self-esteem, better school performance, and fewer adverse outcomes



once they reach the teenage years. Unfortunately, parents and caregivers from minoritized groups tend to experience high stress levels and negative feelings such as depressed mood, anxiety, and worry due to poverty, limited access to services, and discrimination. Other limiting factors include preimmigration experiences, lack of support system, and even culture (Wong & Schweitzer, 2017). For example, families that enter the United States as political refugees lack a support system in the country; parents are on their own, often highly stressed, and lack time to dedicate to their children (Pelczarski & Kemp, 2006).

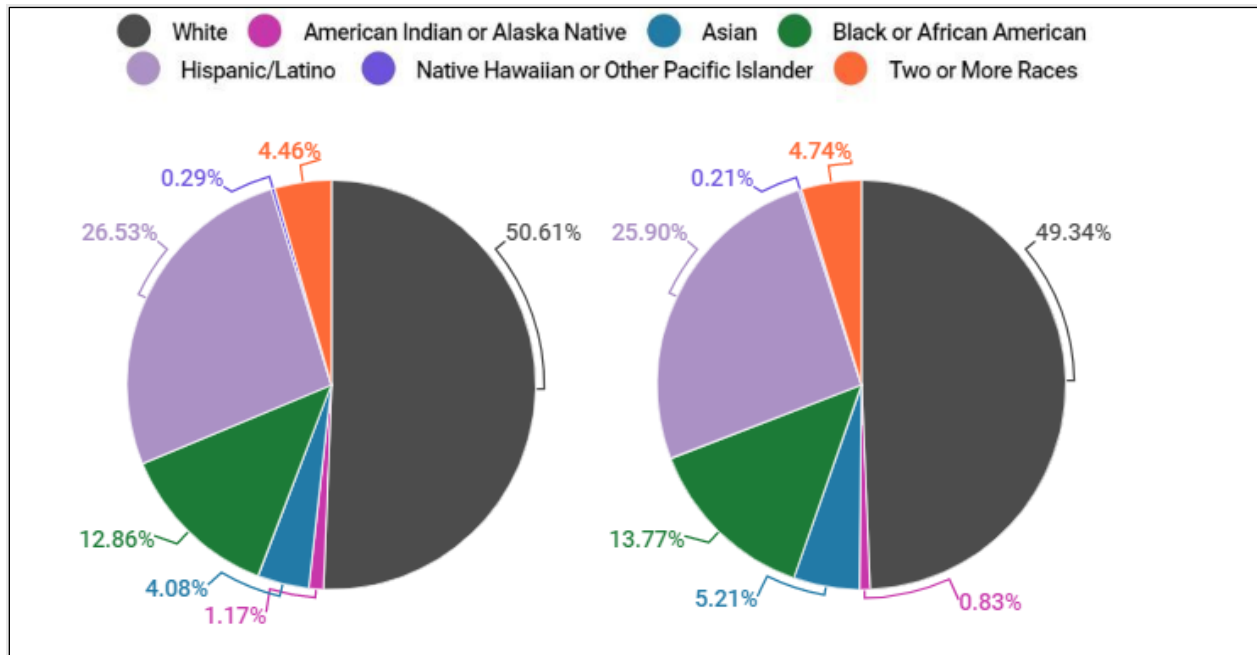
Less Access to High-Quality Early Care and Education. Early care and education (ECE) programs promote children’s learning, development, and social skills. They are important for all children, but vital for children of color, from low-income households, who are culturally diverse, and from households who speak a language other than English. Unfortunately, these children are less likely to have access to high-quality early care (Barnett et al., 2013; Cocoran & Steinley, 2019; Nores & Barnett, 2014) (See Exhibit 6). DLLs also face inequitable access to dual language immersion programs that could support their academic achievement, bilingualism, and development (Meek et al., 2020). Most programs serving these children lack the unique, individualized, and necessary supports to ensure equitable access to learning opportunities. In addition, educators’ implicit bias impacts the learning opportunities they provide or do not provide to children. Black children are often viewed as being older, less innocent, more aggressive, and even more deserving of punishment than White children (Meek et al., 2020). Thus, they are treated differently and suspended and expelled at higher rates. American Indian students also experience higher suspension and expulsion rates than other minoritized groups, except for Blacks (Whitford et al., 2019). To address the inequitable experiences, states must ensure that all teachers receive adequate competency-based preparation in higher education programs and ongoing professional development (PD). It is imperative that PD includes coaching and guidance that specifically addresses anti-racism, implicit bias, xenophobia and multicultural and multilingual effective practices that occur in the unique social, cultural, linguistic and historical community contexts in which staff work.

Inadequate and Disproportionate Early Intervention and Special Education Services. Early intervention and special education services support the early development and educational progress of children with developmental delays or health conditions that could lead to school delays. According to the Office of Special Education Programs (<https://sites.ed.gov/idea/osep-fast-facts-children-3-5-20>), about 815,000 children ages 3 to 5 are being served under Part B during the 2018–19 school year. Eight percent of these children were DLLs. The majority of children receiving services by disability category are as follows: speech or language impairment (41%), developmental delay (37%), and autism (11%). The demographic makeup of children served is similar to the U.S. population (see Exhibit 6): 1% American Indian/Alaska Native, 4% Asian, 13% Black, 27% Latine, 4% multiple races, and 50% White. Evidence indicates that children who receive early intervention services (Part B or Part C) are less likely to see a decline in their functioning over time (NASEM, 2019a).



Unfortunately, there is evidence of disproportionality in special education with Black and Latino children, and with DLLs likely to be overidentified in certain categories (e.g., learning and intellectual disability) and under-identified in others (e.g., autism) (Boyd et al., 2018; Meek et al., 2020; NASEM 2019a, Skiba et al., 2005). Information, guidance, and best practices for educators and families of DLL children in special education are especially inequitable and inadequate (Meek et al., 2020).

Exhibit 6. Demographic Makeup of Children Served Under Part B



Source: U.S. Department of Education. (2019). *OSEP Fast Facts: Children 3 through 5 Served under Part B, Section 619 of the IDEA*. <https://sites.ed.gov/idea/osep-fast-facts-children-3-5-20>

Social Determinants of Early Learning: Importance of Implementing Equitable Policies

Considering the racial disparities within children’s lives, there is a need for attending to factors that impede children’s healthy development. Addressing racial disparities and economic challenges requires attention to the social determinants of early learning. The World Health Organization’s Commission on Social Determinants of Health (2008) defines social determinants of health as “the complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities.”



To meet the development and learning needs of children birth to five, we must attend to the social determinants of early learning (SDoEL), which are the structures and economic systems responsible for children’s early learning (Iruka, 2020). This means addressing structural elements of macroeconomics, including tax policy, social policies, public policies, and societal and cultural values that influence the country’s priorities. These policies impact the socioeconomic positioning of families based on their social class, gender, and race, placing values and opportunities to attain education, be employed, and attain assets and experiences. Socioeconomic positioning directly impacts children through (a) material circumstances, such as home and early education environments and available resources, (b) behavior and biological factors, and (c) psychosocial factors (e.g., stress). Thus, it is critical to address all of these pathways that can create learning opportunities or barriers. It is not merely important to just focus intervention on children but rather address all the inequities in access, experiences, and outcomes (Meek et al., 2020). With the SDoEL in mind, we recommend critical attention to policies that address systemic inequities and historical racism, especially those focused on children’s first 5 years of life. We recognize that the identified policies are not a panacea and cannot fully address the systemic inequities that disrupt the lives of children of color and their families. However, they can promote equitable opportunities and help to repair past harms.

Equitable and Promising Policies to Address Disparities in Early Childhood and Promote Transformative Change for Children, Birth to Age Five

With the growing number of young children who are likely to live in poverty alongside the adverse circumstances exacerbated by a global pandemic, policies must address children’s development with particular attention and urgency for children of color or children living in adverse circumstances. Citigroup found that the U.S. economy lost out on \$16 trillion in growth over the last 20 years due to discriminatory policies in wage growth, education access, homeownership, and lending to minority-owned businesses (Patterson & Mann, 2020). These practices impact children’s opportunity to thrive in the first few years of life and have lifelong consequences. Thus, policies to address equity must be addressed holistically rather than in piecemeal fashion.

The equitable policies recommended in this brief are not meant to be exhaustive. They are meant to highlight areas on which birth to five agencies can focus to begin meeting early development and learning needs. We also recognize that some policies will require extensive strategic partnerships and collaboration across systems and agencies to get the expected outcomes, especially as it concerns disrupting racial disparities.

Considering the vital role parents and families play in the healthy and optimal development and learning for children in the first few years of life, it is paramount to focus on family-centered



policies that ensure economic stability, upward mobility, and health and wellbeing. Reciprocal, culturally relevant, and strength-based approaches to engage families in early childhood programs are a primordial contributor to children’s well-being and positive cognitive, academic and social-emotional development.

A review of current evidence shows agreement on specific policies or strategies that could address some of the social determinants of early learning that lead to disparate access, experiences, and outcomes. It is important to note that while some of these policies may not situate in the same agencies of those who administer birth to five policies, they should be considered in totality to effectuate any meaningful change. In this brief, as mentioned previously, we bundle the policies into three major buckets: (1) Healthy Child and Parental Support Policies; (2) Economic Stability and Upward Mobility Policies; and (3) Accessible and Quality Early Care and Education Policies.

Healthy Child and Parental Support Policies. We know that the health of new parents impacts the well-being outcomes for early child development. A healthy pregnancy and childbirth decrease the likelihood of preterm birth and low birth weight. It is also known that three to four Black women in the United States die while giving birth for every White woman. Black women are also twice as likely as White women to experience major health problems related to pregnancy and childbirth. Four core policies to address the needs of children and families of color and those living in low-resourced circumstances in the healthy support space include *medical access, healthy and accessible food option, prenatal care, and home visiting*.

1. **Medicaid expansion** provides women with access to services during the perinatal period and has been shown to reduce birth disparities outcomes and the burden of medical cost. Medicaid expansion would ensure that families who have low wealth, especially families of color, can access health care throughout the life course, which has implications for the child’s well-being. According to the Prenatal-to-3 State Policy Roadmap (2020), “Medicaid affects multiple issues that disproportionately affect families of color, this policy is more likely than other policies to help narrow racial and ethnic disparities” (p. 25).
2. **Supplemental Nutrition Assistance Program (SNAP)**, formerly known as the Food Stamp Program, is the largest nutritional program in the U.S. Administered by the U.S. Department of Agriculture. SNAP provides nutrition assistance to low-income individuals and families, with eligibility requirements less restrictive than those of other programs. SNAP has lifted over 3 million children and families out of poverty (Rosenbaum, 2016). A report from the NASEM (NASEM 2019b) found that without SNAP, the child poverty rate would have increased from 13% to 18.2%. SNAP has also been linked to improved birth outcomes and many important child (e.g., child check-up, school attendance) and adult health outcomes (e.g., obesity, high blood pressure).
3. **Preconception and Prenatal Care.** Preconception and prenatal health visits are universal strategies for optimizing maternal health and well-being before and during pregnancy and promoting healthy child development. While these have not stemmed the racial disparities in



maternal and infant mortality, group prenatal care (GPNC) is gaining interest (NASEM, 2016; Prenatal-to-3 Policy Impact Center, 2020). GPNC is facilitated by a trained healthcare provider but delivered in a group setting. It offers integrated health assessments, education, skills building, and peer social support. Though there is some mixed evidence as to whether GPNC is effective for healthy and equitable births and optimal child health and development, they provide another avenue to support pregnant women who may be vulnerable to poor birthing outcomes. While more research is needed to understand which policies will have the most positive impact, the Prenatal-to-3 State Policy Impact Center (2020) reported that doula care and culturally centered birthing options could reduce racial disparities in healthy pregnancies and births (Guerra-Reyes & Hamilton, 2017; Kozhimannil & Hardeman, 2016).

4. **Home visiting.** Home visiting programs have specific goals and range from truly universal programs for new parents in the community to targeted programs that select families based on important descriptive characteristics (e.g., first-time pregnant woman) or key risk factors. Across models, home visiting programs' aims generally include supporting parents in their role, promoting positive parent-child relationships, reducing risks of harm, and promoting good parenting practices. Because the intervention is provided where families' daily lives occur, a potential benefit of home visiting is tailoring services to meet families' specific needs (e.g., cultural competence, communication in the families' preferred language, virtual engagement). Home visiting can also increase access to care for specific populations, such as Native Americans, who tend to avoid health care due to anticipated discrimination or unfair treatment (Findling et al., 2019; Melillo, 2020). Home visiting programs, primarily for expectant mothers until children are three years of age, serve a relatively small percentage of eligible families and children. The Prenatal-to-3 State Policy Impact Center and the NASEM Parenting Matters report found that home visiting programs lead to small but positive impacts on parenting skills. However, there are many null findings and a lack of clear guidance on the level of state investment necessary to be effective for child outcomes.

Economic Stability and Upward Mobility Policies. Poverty and limited wealth disrupt children's healthy development. Policies that address poverty and support economic stability, and better yet, upward mobility and wealth assets, are needed to ensure equitable experiences and outcomes. While agencies that administer birth to five programs rarely focus on direct or indirect payments to families, one of the drivers of social determinants is access to economic resources and tools. For families of color who are often left out of the opportunities to acquire wealth and upward mobility, it is critical that any birth to five policies consider how to address families' assets development. Equitable policies in the economic stability space include four core policies: paid family leave, housing vouchers, income supports, and tax credits.

- **Paid Family Leave.** The Family and Medical Leave Act (FMLA) (U.S Department of Labor, n.d.) mandates 12 weeks of unpaid, job-protected leave with continuous health care coverage after birth, adoption, or placement of a foster child. However, FMLA has several requirements that limit its reach. Also, low-income families and families of color are less



likely to qualify for it. As a result, several states have passed paid family leave policies that provide between 4 and 12 weeks of paid leave. This allows parents to provide safe and nurturing care during the critical earliest months of a child's life, helping them build a healthy attachment. In addition, because paid family leave offers job security and a portion of workers' salaries, parents are more likely to stay engaged in the workforce, leading to greater economic security and a lower risk of poverty.

- **Affordable, Safe, and Health Housing Options.** The Housing Choice Voucher Program (HCVP) (U.S. Department of Housing and Urban Development (n.d.) helps more than 5 million people in low-income families access affordable rental housing that meets health and safety standards (NASEM, 2016). The programs under HCVP include public housing, voucher-based rental assistance under the Housing Choice Voucher (formerly called Section 8) program, and subsidized privately-owned housing. All three programs aim to limit the housing expenses of low-income households to 30% of their income. Studies show the potential benefits of participation in HCVP. Benefits include improved nutrition due to greater food security, increased household stability after the first year, and reduced poverty and homelessness. While the evidence is limited and mixed, there is some indication that moving to a low-poverty neighborhood is beneficial to young children's adult outcomes (i.e., college attainment and employability).
- **Income supports to families.** Improving families' economic stability and upward mobility is critical, especially as we continue to deal with the massive loss of jobs due to COVID-19. Policies focused on providing income supports are needed. One option is the Temporary Assistance for Needy Families (TANF), an income support program created to help families achieve self-sufficiency. The program provides block grants for states to use for an assortment of services, such as income support, child care, education, job training, and transportation assistance. In general, TANF recipients have less education, are poorer, and are likely to have mental and physical health problems relative to nonrecipients (NASEM, 2016). There is some indication that TANF does reduce poverty in the short term but not necessarily over time (NASEM, 2019b).
- **Minimum Wage Increase.** Another option for increasing low-income families' economic stability is through minimum wage policies. The current federal minimum wage is \$7.25 per hour, but more than half of the U.S. states have minimum wages higher than the federal level. The Prenatal-to-3 State Policy Impact Center (2020) found that a state minimum wage of \$10 or greater increases household resources and reduces child poverty, particularly in families of color. It also improves birth outcomes and parents' mental and physical health. Workers who are women, Black, or Latinx are disproportionately represented among those who earn less than \$15 per hour. Therefore, they are the most likely to benefit from an increase in their state's minimum wage.



- **Tax credits.** The Earned Income Tax Credit (EITC) offsets the amount owed in taxes for low-income working families. It can help to alleviate poverty among other psychosocial factors, such as maternal work, stress, and health-related outcomes and behaviors; receipt of prenatal care and breastfeeding; and child well-being (NASEM, 2016). Having well-timed and consistent income supports is particularly beneficial for families of color (NASEM, 2019b). The Prenatal-to-3 State Policy Impact Center (2020) found that a refundable state EITC of at least 10% of the federal EITC leads to healthier and more equitable birth outcomes, with Black mothers seeing the greatest reductions in low-birth-weight births relative to White and Hispanic mothers in states with generous refundable credits.

Accessible and High-Quality Early Care and Education. With the evidence showing the importance of stable, safe, and enriching ECE arrangements as a protective factor for children experiencing adversity, there is a need to ensure that children can access high-quality ECE. High-quality, responsive and individualized ECE meets the needs of the children and supports family employment or education attainment. Part of ensuring accessible, high-quality ECE is having a highly competent and stable workforce. This can be achieved by ensuring educators are well-compensated and supported for the care and learning they provide. Equitable policies in this space include four areas: expansion of child care subsidy, a diverse and well-paid competent workforce, elimination of harsh discipline and exclusionary policies, and access to early intervention and special education services.

- **Expanding of child care subsidy.** Child care subsidies are means-tested, state-administered programs that help make child care more affordable and accessible for low-income families. Child care is a critical service that supports children’s early development and parents’ ability to sustain employment. However, the cost of child care is prohibitive for many families. Expansion of child care subsidies broadens access for low-income children, ensures employment stability, and increases family income. Evidence shows that receipt of child care subsidies increases enrollment in child care and supports families’ ability to work (NASEM, 2019b; Prenatal-to-3 State Policy Impact Center, 2020). Although there is not enough evidence about the optimal level of child care parental assistance to increase low-income families’ access to subsidy, the existing evidence indicates that per-child spending is associated with enrollment in formal ECE settings and increases in maternal employment. Both contribute to optimal child health and development.
- **Creating compensation parity across the early care and education landscape.** Evidence is clear about the importance of a diverse, competent, and well-compensated workforce. The “Transforming the Workforce for Children Birth through Age 8” report from the Institute of Medicine (IOM) and National Research Council (NRC) (2015) emphasizes the importance of multifaceted competence and adequate compensation for early educators. This can reduce turnover and develop a diverse workforce that can support the diverse children with varying needs in the ECE system. Unfortunately, there is vast disparity within



the ECE workforce with wage gaps between those who work in community-based programs being lower compared to Head Start or school-based program. Community-based educators, on average, earn about \$11 per hour compared to preschool teachers in school-based settings who make \$14 per hour and kindergarten teachers who make \$32 per hour (Whitebook, et al., 2018). Teachers who primarily work with infants and toddlers make less than those in preschool regardless of their educational degree (Whitebook et al., 2018). These compensation disparities are often cited as the reason for the high turnover in ECE (range of 8–27%) affecting classroom quality and children's learning and development (Phillips et al., 2016). Unfortunately, racial disparities exist even within this low-wage profession, with Black women earning \$.78 for every \$1.00 earned by a White woman and Black and Latina women more likely to work in a community-based program and care for and teach infants and toddlers (Austin, Edwards, Chávez, & Whitebook, 2019). While research is ongoing, there is some indication that pay parity improves retention, economic wellbeing, and personal well-being (Gebhart et al., 2020).

- **Elimination of harsh discipline and exclusionary policies and practices.** There is extensive evidence of the detrimental harm of school suspension and expulsion on children's well-being, achievement, and engagement. These practices are disproportionately used against Black children, boys, and children with special needs (NASSEM, 2019a). They are frequently used against American Indian and Alaska Native students too (Whitford et al., 2019). Both harsh discipline and exclusionary practices have been associated with the school-to-prison pipeline, starting as early as preschool. Thus, their continued use is likely to cause more harm and further place children at increased risk of poor outcomes. As stated by the UCLA Civil Rights Project, beyond the elimination of suspension and expulsion, there is a need to ensure proper and complete data collection is focused how law enforcement is being used to manage student conduct, how data is disaggregated based on socio-demographics, and tracking the loss of learning time due to exclusionary policies (Losen & Martinez, 2020).
- **Ensuring that dual language learners have full access and effective participation in early childhood learning experiences.** Early childhood programs must provide equitable services to DLLs for them to continue developing age-appropriate skills. High-quality learning opportunities should be based on pedagogical practices that are responsive to each DLL child. They should also incorporate strategies that respond to best practices when educators' languages match or do not match the child's and the contextual factors that frame pedagogy—for instance, instructional language models, resources, and school readiness goals. Further, responsive child assessments must be part of the curriculum approaches and based on DLL children's school readiness goals. DLLs must also be guaranteed full access to early childhood experiences that help them take advantage of and see their bilingualism as a strength, contributing to their psychosocial development. DLLs who receive instruction in their home language alongside English tend to perform better in



math and reading. They also experience social and emotional benefits, such as feelings of pride and belonging. Despite the undeniable benefits, few DLLs have access to this type of ECE programming, and most educational settings provide instruction exclusively in English. This model perpetuates inequality and forces DLLs to develop English proficiency to have access to learning opportunities. Although bilingual models have become more prevalent, the expansion has not happened equitably, and DLLs remain underrepresented in these programs (Meek et al., 2020).

- **Ensuring ECE programs develop equitable systems and services for sustainable equity-focused services for all children and families.** Focusing on Program Governance and Management is essential to ensure the sustainability of equity-minded programming. This includes identifying continuous improvement goals and strategies; planning equity-minded, relevant training, coaching, and professional development opportunities; and ensuring culturally responsive pedagogy, family engagement, and priorities. ECE programs must guarantee that all programmatic procedures follow a coordinated and equity-minded approach to ensure all children have full access and effective participation. Early learning providers must also gain the competencies that enable them to respond to the language configurations they encounter in their settings and implement effective practices to support DLLs (López et al., 2012; Oliva-Olson et al., 2019). There is currently a lack of cultural and linguistic diversity among the state’s qualified early childhood workforce (Austin et al., 2015). Language and cultural barriers between providers and the families they serve can have significant impacts on child outcomes and family engagement, communication with children, and teaching practices (IOM & NRC, 2015).
- **Identification and access to special education services.** To remain on track for school success, assessments and screenings are critical. They also ensure that children are appropriately identified for and receive access to early intervention and special education services, if needed. Unfortunately, there are instances where children with special needs are not identified and given access to early intervention. For example, DLLs are less likely to be referred for early intervention and special education (Meek et al., 2020), which means that the critical window for intervention is missed. At the same time, practitioners must ensure that children are not *over-identified* for special education. Research has shown that children of color are disproportionately represented among children identified as having special needs in certain disability categories (e.g., emotional disturbance). Due to the states being allowed to develop their own eligibility rules for evaluation and service receipt, there is a great diversity in the percentage of children served in each state. Nevertheless, the science is clear that early intervention and special education services can improve children’s outcomes (NASEM, 2019a; Prenatal-to-3 State Policy Impact Center, 2020).



Conclusion

Early childhood is a sensitive period for children’s development. However, not all children are afforded the same opportunities to meet their potential due to their social demographics like skin color, gender, language spoken, country of origin, and education level. While interventions in the early years cannot address all problems, especially problems related to historical structural inequities, equitable opportunities during the early years could help address some of the adversities to which children are exposed—for instance, low birth weight, food insecurity, and harsh discipline. Supports for families and children must be placed at the center of policy decision-making to address equity. Addressing the challenges faced by young children and their families without attention to the conditions of their communities will severely limit the impact of birth to five policies. Conditions that need to be considered include historical under investments, limited access to public transportation, child care, and food deserts. Thus, there is a need to attend to equitable funding that meets the needs of children and their families and communities. Meeting young children’s needs, especially as they battle the devastating effects of a global pandemic on their development and learning opportunities, requires equitable access to resources and equitable policies and practices.



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