Access to Early Care and Education
Policy Statement
August 2024

Background

In 2019, approximately 59% of children in the United States under age 5 and not yet enrolled in kindergarten were in some childcare arrangement.[1] The majority participated in center-based care, such as Head Start programs, preschools, pre-kindergartens, and other early childhood programs.[2] As a result, early care and education (ECE) programs are an ideal setting for promoting policies and programs that support healthy development. Research shows that participation in high-quality ECE programs is associated with positive health effects for young children, including improved social-emotional and behavioral outcomes, as well as reduced risk of later cardiovascular disease and metabolic disorders.[3]

However, many families face difficulties accessing high-quality childcare that is both available and affordable. Unlike public K-12 education, which is available to all children and financed almost entirely by the public sector, ECE is largely paid for by families and a combination of public and other private funding streams (e.g., employers of parents, faith-based groups, and foundations). This variability in financing structure, exacerbated by overall low levels of funding, is not sufficient to provide equitable access to quality ECE programs for all children. Furthermore, infant and toddler care costs can be quite substantial, with the average cost for center-based infant care in the United States at approximately $1,230 per month.[4]

Disparities in the early care and education system

Stark disparities in young children's access to, experience in, and outcomes during and after early learning vary drastically based on a child's race and ethnicity, where they live, what languages they speak, and where they are from.[5] The most impacted families are those facing systemic barriers while navigating public programs, including immigrants, families with low income, families with children who have disabilities (physical, cognitive, or developmental delays or needs), and families who do not speak English as their primary language.[6] Bold reforms to the ECE system that address disparities in access, experience, and outcomes are needed to ensure that young children receive an equitable, positive, and healthy start.[7]

Access to affordable and quality early care and education

The early care and education landscape is diverse, involving several different setting types.[8]

- Child care centers: These settings often group children by age and are generally operated out of non-residential, commercial buildings. Centers are often larger and enroll more children than non-centers, with a dedicated director and numerous staff members. Not all child care centers are required to be licensed.

- Family child care homes: In these settings, providers care for small groups of children in a residential building. Often this type of care has one or two caregivers and may offer non-traditional hours. Not all family child care homes are required to be licensed.
- Family, friend, and neighbor care: This type of care is provided in the child or caregiver's home by a person who is a relative, friend or neighbor, or babysitter or nanny. These programs are typically not required to be licensed.

Families may choose a particular type of care for different reasons, including flexibility in hours of operation, transportation, cost, and trust. In 2019, approximately 62% of children under age five and not yet in kindergarten were in center-based care.[9] More than 80% of centers served 3 and 4-year olds, yet fewer than 60% of centers served other age groups, including ages 0 to 3 years.[10] Children who are Hispanic and Black, non-Hispanic were least likely to be in center-based care in 2019.[11]

In addition to promoting health and well-being, accessing high-quality ECE programs also benefits working families, businesses, and communities. In 2023, the infant-toddler childcare crisis cost families, businesses, and taxpayers a total of $122 billion in lost earnings, productivity, and revenue.[12] State policies can support access to high-quality ECE programs through investments that meet community needs.

Access to Head Start and Early Head Start programs

Head Start (HS) and Early Head Start (EHS) represent the largest public investment in ECE in the United States. These programs promote school readiness for children from families with low incomes by offering educational, nutritional, health, social, and other services.[13] Since its establishment in 1965, HS programs have reached about 39 million children and their families. The Head Start program serves children, families, and pregnant women and pregnant people in all 50 states, the District of Columbia, and six territories. It encompasses Head Start preschool programs, which primarily serve 3- and 4-year-old children; EHS programs for infants, toddlers, and expectant families; American Indian and Alaska Native (AIAN) HS programs operated by tribal governments, tribal colleges, or tribal agencies; and Migrant and Seasonal Head Start (MSHS) programs designed to provide program services to farmworker families.[14] During the 2021–2022 program year, 37% of HS program participants identified as Hispanic or Latino, and 28% identified as Black or African-American, non-Hispanic or Latino. Additionally, about 33% of children enrolled were dual language learners, of which two-thirds were in families that primarily spoke Spanish at home.[15]

HS programs may offer benefits for children, but the findings are mixed. Studies have shown that children who attend HS have improved language and literacy skills, social-emotional development, and school readiness, as well as healthier body weight in the short-term.[16] However, the Head Start Impact Study, which followed children through third grade, found that while there were initial improvements in cognitive skills, these effects largely diminished by the end of first grade.[17] Some research suggests that HS and EHS programs may have broader social and health benefits.[18] HS participants may be more likely to graduate from high school, attend college, and receive a post-secondary degree, license, or certification.[19] An additional study found that Early Head Start families reported receiving more services related

to employment, child care, and immunizations compared to parents not participating in Early Head Start.[20]Despite these potential benefits, more research on the impact of HS and EHS on child development and health throughout the life course is needed.

Although primarily federally funded, states and tribal governments can expand access to HS and EHS programs by dedicating supplemental funds for eligible children to enroll or support other Head Start and EHS needs that will increase the number of eligible children served, such as infrastructure, transportation, or the duration of services provided for children. The need is great since HS serves only 36% of eligible three and four-year-olds and only 11% of eligible infants and toddlers.[21] As of 2022, 14 states and D.C. were directly investing state funds into HS and EHS programs, including Minnesota, which invested more than $25 million each year to expand access for eligible children, including tribal and rural communities. Missouri invests about $6 million annually to support partnerships between Early Head Start programs and local child care providers to reach more than 400 children and families, including children with incarcerated parents, children with disabilities, and pregnant women.[22]

Health promotion in early care and education settings

Due to critical barriers in the U.S., including structural racism, Black, Hispanic, Indigenous and some Asian people are more likely to experience health problems such as obesity, heart disease, and diabetes.[23,24] Growing research shows that investing in the early stages of life has a profound impact on lifelong health and wellbeing. Following birth, the brain development that takes place during the early part of a child's life is especially important, as it is the foundation of learning, behavior, and health.[25] This makes early care and education environments an ideal setting for targeting policies and programs to improve health.

Research shows that high-quality early care and education programs promote children's school readiness by supporting cognitive, social-emotional, and behavioral development.[26] Early care and education may affect children's health directly via access to health screenings, health care, improved nutrition, or other health-promoting activities; and indirectly via increasing household resources resulting from increased parental employment or earnings.[27]

A growing body of research also supports the long-term health effects of participation in high-quality early care and education programs. Children who participate in early childhood programs are more likely to, as adults, be healthy and have higher earnings, and may be less likely to commit crime and receive public assistance.[28] Other studies show improvements in blood pressure, reductions in smoking, and improved self-reported health in adolescence and adulthood.[29]

Every state regulates childcare settings and establishes health and safety protections for children receiving non-parental care in some manner. The regulations vary by state, but state legislatures must grant authorization to create or update the rules that govern licensed childcare centers, family childcare homes, and other types of non-parental care settings. Quality Rating and Improves System (QRIS) process, a voluntary program in which providers have their programs assessed, is another way to further health within ECE settings. Evidence

suggests that updating state licensing structure or QRIS for child care settings to meet specific nutrition, sugary drink, active play, and screen time standards is an effective way to promote infant and toddler health and advance equity.[30]

- Nutrition

Lack of nutritious food, especially in the critical window between pregnancy and a child's second birthday, can negatively impact children's development and future health outcomes.[31] Early childhood is a significant period that establishes lifelong healthy eating habits.[32] The Child and Adult Care Food Program (CACFP) is a federal program that, among other benefits, provides reimbursements for nutritious meals and snacks to eligible infants and children who are enrolled for care at participating child care centers. The nutrition standards for meals and snacks served in the CACFP are based on the latest science in the *Dietary Guidelines for Americans*, cost and practical considerations, and stakeholder input. The standards support the service of a greater variety of vegetables and fruit, whole grains, lean meats/meat alternative, and low-fat and fat-free dairy while minimizing added sugar and saturated fat. In addition, the standards encourage breastfeeding to align the CACFP with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).[33]

- Sugary Drinks

Nearly half (46.5%) of all 2- to 5-year olds have at least one sugary drink daily.[34] Sugary drinks, which include sports drinks, lemonade, fruit drinks with added sugars and full-calorie sodas, can contribute to harmful health effects. A systematic review found that there is strong evidence that consumption of sugary drinks increases obesity risk and tooth decay among children, with emerging evidence supporting an association with insulin resistance (a marker of increased cardiometabolic risk and type 2 diabetes) and caffeine-related effects (including reduced sleep quality and headaches).[35] In 2019, experts from the American Heart Association, the Academy of Nutrition and Dietetics, the American Academy of Pediatric Dentistry, and the American Academy of Pediatrics came together to prepare consensus guidelines for healthy beverage consumption in early childhood. The guidelines advise against sugary drinks for all children ages five and under based on the latest science on children's nutrition.[36]

- Active Play

Infancy and toddlerhood is a time when movement and active play facilitate the motor, social, and cognitive development needed for healthy growth and well-being.[37] Daily physical activity promotes young children's gross motor development and provides numerous health benefits, including improved fitness and cardiovascular health, cognitive development, and psychosocial health.[38] Evidence-based national standards for physical activity in ECE settings include daily opportunities for moderate to vigorous activity and adequate time for outdoor play for toddlers, as well as adequate daily tummy time and periods of free movement for infants.[39,40]

- Screen Time

Infants and toddlers are now growing up in a world where media is ubiquitous. Television, videos, and mobile/interactive technologies have the potential for educational benefit, but also related health concerns when children cannot take part in other developmentally healthy activities.[41] Infants need hands-on exploration and social interaction with trusted caregivers to develop cognitive, language, motor, and social-emotional skills. Likewise, toddlers younger than three can learn simple words from media, but may have trouble transferring this knowledge to the real world. Children from ages 3 to 5 may benefit from high-quality educational media, but the duration should be limited so as not to interfere with adequate sleep, physical activity, and social engagements.[42] Evidence-based national standards for screen time in ECE settings recommend no screen time for children younger than age 2 and limited high-quality programming for children over age 2.[43,44]

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HS and EHS programs have long had strong standards for health promotion. The Head Start Performance Standards were revised in 2016 to strengthen and improve the quality of HS programs.[45] The standards incorporate the latest research on young children's health and well-being and best practices while allowing for locally-driven decisions that respond to children's needs in the context of their community.[46]

It is worth noting that there is evidence of unintended consequences on equity in some instances when trying to establish quality standards for ECE.[47] Therefore, when revising childcare licensing, states and localities should focus on equity, inclusion, and cultural and linguistic responsiveness using family engagement and other research-informed approaches.[48]

Supporting the early care and education workforce

The early care and education workforce is critically important to families and the economy. However, many struggle with low wages that vary widely by jurisdiction, inadequate benefits, and a lack of professional support that contributes to high turnover rates.[49,50] There are additional inequities facing Black, Latino/a, and Native American early care and education staff and providers, who make up the majority of the ECE workforce.[51] During the COVID-19 pandemic, Black, Latino/a, and Native American ECE providers were more likely to test positive for the disease – a pattern attributed to structural inequities in access to health care.[52]

According to the Center for the Study of Child Care Employment, a lack of early educator voice in policy decisions masks poor working conditions.[53] Compared with teachers in the K-12 system, early educators are less likely to have work environments that support their economic, physical, and emotional well-being. For example, K-12 teachers typically rely on a salary schedule that accounts for experience and level of education, paid professional development activities, paid planning time each week, and access to benefits like paid personal and sick leave, health care, and retirement.[54]

At the federal, tribal, and state levels, policy options exist to address the existing barriers and challenges facing the ECE workforce. These include:[55]

- Qualifications and education supports – removing systemic barriers to education and providing resources (i.e., financial and academic support) so all early educators can successfully attain academic degrees.
- Workforce environment standards – adopting workplace standards to support early childhood educators, such as paid planning time, paid time for professional development, and a salary schedule with benefits for center and home-based providers.
- Compensation and financial relief – fair wages to account for job role, experience, and education that moves toward parity with similarly qualified K-12 educators and eliminates disparities between center and home-based programs.
- Establish and maintain data systems for the ECE workforce – essential to help develop estimates of the level of public funding needed to recruit and retain a qualified workforce and ensure equity.
- Financial resources – public investment to ensure access for all children and families, as well as good jobs for educators.
- Income, health, and well-being supports – family tax benefits, paid family and medical leave, and state-expanded Medicaid eligibility to support the ECE workforce.

These policy solutions are supported by several child health and education groups.[56,57,58] In August 2024, the U.S. Department of Health and Human Services announced a new final rule to strengthen Head Start's ability to recruit and retain qualified staff, improve teacher wages and benefits, and provide consistent quality programming for the children and families they serve. The changes include requirements for wages and benefits, breaks for staff, and enhanced support for staff health and wellness.[59]

Related child health and family supports

The ECE system provides an opportunity to support young children's overall physical and mental health and well-being, as well as connection to resources for their families. For example, HS and EHS programs include comprehensive services for children and families that include immunizations and screenings, as well as referrals or direct treatment for mental and physical health conditions.[60] ECE settings can also support infant and early childhood mental health (IECMH). Cross-agency collaborations between ECE providers, pediatric offices, home visiting programs, and other early childhood programs can provide screening and support for children at risk of developing mental health disorders.[61] Finally, some ECE programs, such as HS and EHS, can connect families to public health insurance and other types of assistance.[62]

Policy Guidance:

Recognizing the importance of ECE to young children, families, communities, and the economy, the American Heart Association supports policies that:

1. Secure funding to increase access to affordable, accessible, and quality early care and education programs;

2. Secure funding to expand access to Head Start, Early Head Start, and Early-Head Start-child care partnership programs;
3. Establish or update minimum standards for nutrition, sugary drink, active play, and screen time standards with a focus on equity;
4. Support the early care and education workforce through qualifications and education supports, adequate compensation, or work environment standards such as paid planning time and professional development.

The American Heart Association is grateful to the members of the expert advisory group (EAG) who contributed to the development of this policy statement. We would like to acknowledge the following people and thank them for their input and review of this policy statement.

Tasha Fridia-Mousseau, JD, Friends of the Children

Megan Heavrin, MPAA, American Academy of Pediatrics

Mia Jones, MA, Children's Trust of Alachua County

Javier Martínez, JD, Abriendo Puertas/Opening Doors

Luz Martínez, Parent Advocate, Groundwork Ohio

Laura Roettger, PhD, APRN, CPNP-PC, The National Association of Pediatric Nurse Practitioners and Thomas Jefferson University, College of Nursing

Laneceya Russ-Martin, MS, March for Moms

Kelcie Silvio, LMSW, MPH, Voices for Georgia's Children

Endnotes

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