



Promoting Health in Early Care and Education

Federal Policy Recommendations for Congress and the Executive Branch

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Executive Summary

Throughout the COVID-19 pandemic, families with young children have had to deal with many challenges, including school and early care and education program closures, lack of child care, unemployment, missed life events, and an overall sense of instability. The Black and Latinx communities have been hit the hardest, compounding preexisting disparities. Since the onset of the pandemic, Black and Latinx households with young children have reported higher levels of food insecurity while research shows that children from these communities exhibit higher rates of obesity. Children who experience food insecurity, even for a brief period, are at higher risk of developing long-term behavioral, emotional, and nutritional challenges later in life. Further, children who are obese are more likely to develop chronic diseases as adults.

The pandemic has also significantly impacted the early care and education (ECE) (commonly referred to as “child care”) sector, which many families with young children rely on. Many ECE programs are still struggling to remain open due to high staff turnover, limited enrollment and financial constraints. ECE programs are critical to children’s healthy development, providing them with daily nutrition supports and helping them to build socio-emotional skills essential for long-term mental health. Thus, it is imperative that as policy makers strengthen our nation’s ECE sector, they focus on quality investments in ECE programs to support children’s health and wellness, helping to build a strong foundation that will put our youngest generation on a healthier trajectory.

We urge Congress and the Executive Branch to prioritize and invest in children’s healthy development in the early care and education sector by:

- Supporting evidenced-based professional development programs for ECE providers to ensure robust health and wellness training. Training should primarily focus on nutrition, physical activity and mental, emotional and behavioral health. Investments should be structured to promote workforce diversity.
- Enhancing nutrition supports in ECE settings by strengthening the Child and Adult Care Food Program (CACFP) and promoting CACFP participation in ECE programs. CACFP has been proven to reduce food insecurity and enhance the quality of participating ECE programs.
- Improving state systems to support obesity prevention and children’s healthy development through:
 - Investments in the Child Care and Development Block Grant (CCDBG); and
 - Creation of a National Training and Technical Assistance (TTA) Resource Center to promote cross-state learning and collaboration on capacity building of wellness supports for children in ECE settings.

This brief elaborates on these and other policy recommendations to support the healthiest generations of children.

Overview

The COVID-19 pandemic has had far-reaching impacts on the lives of millions of American families with young children. Low-wage families of color have been the most impacted by the health and financial adversities exacerbated by the pandemic.^{1,2,3} The pandemic has also worsened the twin epidemics of food insecurity and obesity for children in Black and Latinx communities.^{4,5,6} Instability created by the pandemic has led to alarmingly high rates of food insecurity — the highest of which were among families with children. A report published in June of 2020 by the Northwestern Institute for Policy Research estimated that the percentage of families with children that were categorized as “food insecure” more than tripled from 9.4 percent in February 2020 to 29.5 percent in June 2020. Furthermore, the report showed that Black and Latinx families with young children reported higher rates of food insecurity. The pandemic has also widened preexisting disparities in childhood obesity with children of color from low-income households having the highest prevalence for obesity. Additionally, the pandemic severely impacted the early care and education (ECE) sector as programs faced lengthy closures, reduced enrollment and financial constraints. In response to the challenges faced by families across the country, Congress and the Executive Branch have been working together to increase funding for federal programs that address food insecurity, early childhood and the ECE sector through historic legislative actions.

As we look to mitigate the consequences of COVID-19 on child health, we have a unique opportunity to improve health and wellness for children by supporting the ECE sector. **This brief highlights the important role that the ECE sector plays in promoting health and wellness; underscores key provisions in legislation and policies aimed at helping children and families; and provides policy recommendations for how the federal government could further support children’s healthy development.**

NOTE: This brief focuses on policies that can improve quality and overall health for children in ECE programs. It does not examine other domains of policy critical to families and the ECE sector, such as intersections with workforce infrastructure, wages and child care costs.

Early Childhood Programs Can Effectively Promote Health and Wellness

Early childhood is a crucial time for developing healthy habits that have long-term effects on physical and mental health.¹⁰ Substantial evidence has demonstrated that enrollment in quality early childhood programs is associated with higher academic achievement, reduced risky behaviors, better mental and physical health, and can also reduce achievement gaps between low and higher income children.^{11,12,13} ECE settings in child care programs, such as independent ECE centers — Early Head Start/Head Start, pre-kindergarten and family child care homes — can support children’s healthy development, provide children with food and nutrition supports, and build socio-emotional skills.¹⁴

Food and Nutrition Supports to Alleviate Food Insecurity and Prevent Obesity

Before the pandemic, more than 30 million children received free or reduced-price meals through school and ECE programs — providing many with more than half of their daily caloric intake and a significant portion of recommended daily fruit and vegetable intake.¹⁵ Many ECE programs participate in the Child and Adult Care Food Program (CACFP), a critical federal nutrition program that increases access to nutritious foods for eligible children. In order to receive CACFP reimbursement, programs must meet specific nutrition standards and requirements incentivizing them to provide healthier options for the children in their care.¹⁶ CACFP plays an important role in reducing food insecurity.¹⁷ Children who experience food insecurity are twice as likely to be in fair or poor health compared to children who are not food insecure.¹⁸ Unfortunately, food insecurity increases the likelihood of unhealthy weight gain among children as families shift to less costly, calorically dense, shelf-stable foods rather than fresh foods, contributing to overweight status and obesity.¹⁹ Further, childhood obesity is associated with poor health outcomes in adulthood.²⁰ Research shows that the ECE setting can promote healthy eating and physical activity, helping to prevent childhood obesity.²¹

Promoting Social and Emotional Development

The pandemic has taken a toll on children's mental, emotional and behavioral (MEB) health. Children's hospitals are reporting unprecedented increases in ambulatory psychiatric need, and much of this need is going unmet due to shortages in pediatric mental health providers as well as inadequate mental health infrastructure.²² ECE programs have an important role to play in promoting resilience. Many include caregiver engagement activities that promote positive parenting at home, while others such as Head Start include help navigating health and human service systems to connect families to other needed supports. ECE programs can directly help our youngest children develop cognitive abilities as well as social and emotional skills, including emotional regulation, which are critical for overall mental health and success later in life.²³ As we continue to address children's MEB health during this pandemic and beyond, we have a critical opportunity to develop and test new interventions and increase services in ECE programs to support our children's long-term emotional well-being.

Legislative Actions Taken and Proposed Policies to Support Children and Families

Since the onset of the pandemic, Congress and both the previous and current Administrations enacted legislation to stabilize the ECE sector and assist families with children. Laws, including The Families First Coronavirus Response Act (P.L. 116-127), The Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136), The Consolidated Appropriations Act of 2021 (P.L. 116-260), and The American Rescue Plan Act of 2021 (P.L. 117-2), provided the ECE sector with more than \$50 billion in total relief aid.²⁴

Notable highlights:

- The Families First Coronavirus Response Act expanded food assistance to millions by providing states with greater flexibility to give additional Supplemental Nutrition Assistance Program (SNAP) benefits to families to make it easier for them to apply to or to stay on SNAP assistance.²⁵ It also granted states with flexibility to distribute food under CACFP, through waivers, providing children with nutritious meals even if they cannot physically be at their ECE programs. The law also provided \$500 million for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).²⁶
- The CARES Act allocated supplemental funding for the Child Care and Development Block Grant (CCDBG) at \$3.5 billion, providing states with the flexibility to stabilize the child care market while offering child care assistance to low-income families. It also included \$750 million in funding for Head Start and the Early Head Start programs, supporting millions of children and families who rely on these programs for health screenings and meal services.^{27,28}
- The Consolidated Appropriations Act provided an additional \$10 billion for the CCDBG program and \$250 million for Head Start programs. Additionally, the law allocated \$10 million for the National Child Traumatic Stress Network (NCTSN).²⁹ It also increased SNAP and child nutrition benefits by \$13 billion.³⁰
- The American Rescue Plan allocated \$39 billion to child care relief with \$15 billion for the CCDBG to expand child care assistance to families and \$24 billion for child care stabilization grants for issuance directly to child care providers.^{31,32} It allowed states the flexibility to issue the funds for a variety of expenses including overhead costs, debt incurred during the pandemic, as well as costs associated with COVID-19 cleaning and sanitation and mental health support for children and child care providers. The law also provided economic relief to families with children by temporarily expanding and increasing the Child and Dependent Care Tax Credit (CDCTC) to help working families offset expenses of child care and the Child Tax Credit (CTC) which help lift millions of children out of poverty.³³ Furthermore, to address the growing mental health crisis, the law provided \$4 billion in funding for programs focused on prevention and treatment of mental health and substance use disorders. This included funding for school-based mental health supports.³⁴
- The Biden-Harris Administration has also taken action by revising the Thrifty Food Plan, which is used to calculate SNAP benefits. The Administration approved a permanent increase to SNAP benefits, which 42 million Americans rely on to meet their nutritional needs. The 21 percent increase equates to an additional \$36 per person in SNAP benefits.³⁵

The enhancement and expansion of these landmark programs are important steps forward as we work to build a strong foundation for long-lasting policies ensuring that our youngest children will have the opportunity to grow up healthy and thrive.

The House-passed Build Back Better Act (H.R. 5376) includes provisions such as universal Pre-K, reforms to lower child care costs for qualified families, additional investments in ECE workforce and infrastructure and improvements to child nutrition programs.^{36,37,38}

To build on these important policies and provide long-term support for children, we need to pair these critical investments with targeted programs focused on promoting children’s healthy development in the ECE sector.

Policy Recommendations

There is a great need and an opportunity to invest in lasting and equitable quality improvements in ECE. **The following policy recommendations aim to strengthen the ECE sector so that all children can reach their full potential and thrive.**

Invest in and Promote Professional Development that Addresses Health and Wellness

Congress should fund evidence-informed programs that address child health and wellness by supporting the professional development of ECE providers. Robust health and wellness training, particularly around nutrition and physical activity, is often not a focus of pre-service and continuing education of ECE professionals. Professional development programs should include a required focus on best practices for children’s healthy development across health indicators such as nutrition, physical activity and MEB health.

Specifically, Congress should:

- **Increase funding for the National Early Childhood Collaboratives (NECCC) Program to at least \$5 million annually.** The NECCC program aims to address childhood obesity in ECE settings by providing in-depth support and training to ECE providers. NECCC provides state partners with the resources and tools to expand training and technical assistance (TA) to ECE providers with a focus on supporting implementation of healthy eating and physical activity best practices in ECE facilities; training on classroom-based strategies to support movement; and capacity building on outdoor learning environments. Additionally, the NECCC promotes improvements to state-level ECE professional development systems to enhance the focus on healthy eating and physical activity.
- **Authorize the NECCC by passing the Reducing Obesity in Youth Act (ROYA, S. 2741/H.R. 5247).** ROYA would authorize a five-year funding award at \$5 million per year to improve healthy eating and physical activity and to address food insecurity among children in ECE programs. The bill seeks to promote healthy habits in young children, ages 0-5 years old, by supporting the ECE sector with:
 - Provider-level training on evidence-based best practices for healthy eating, physical activity and food insecurity;
 - State-level capacity building to integrate obesity prevention best practices into state systems. Additionally, it would support linking ECE programs to new and existing resources for food and nutrition supports, with a focus on promoting equity; and
 - Testing of innovative approaches and evidence-informed approaches to promote healthy habits and healthy child development in ECE settings.
- **Expand the Health Resources and Services Administration’s (HRSA) Behavioral Health Workforce Education and Training (BHWET) award program to include mainstream children’s mental health promotion into general educational programs, including the ECE sector. This program should carve out funding for institutions that promote workforce diversity, including Historically Black Colleges and Universities.**

- **Sustain or increase funding levels for programs that aim to integrate infant and early childhood mental health consultation (IECMHC) into the ECE setting.** Growing research in IECMHC shows that it can help to prevent and reduce the impact of adverse childhood events. IECMHC has proven to be an effective tool in promoting social, emotional and behavioral skills in young children. **Two programs that would benefit from additional resources include:**
 - **SAMHSA’s Infant and Early Childhood Mental Health Grant Program**, which aims to integrate infant and early childhood mental health into state systems, including ECE settings. Additional investments in the program would help states to better integrate with ECE systems to address children’s MEB health needs early and before intervention is needed.
 - **SAMHSA’s Project LAUNCH Program**, which enables greater coordination across family-serving systems to better support families of young children to meet their MEB needs so they can enter school ready to learn. Additional dollars would help to expand this program to more states, territories and tribes to further develop capacity across systems to meet the diverse needs of families and promote long-term equity.

NEMOURS CHERISH PROGRAM

The Nemours CHERISH (Communities Harnessing Education, Resilience and Integrated Services for children’s Health) program promotes children’s emotional health and academic readiness as well as a more-trained support system of caregivers, educators and health professionals. Its goal is to mitigate the negative impact of adversity using evidenced-based curricula and therapeutic modalities to guide educators, caregivers and future pediatricians in approaches that promote healthy development among young children. Early outcomes from a micro-scaled pilot test of the program are promising. Further research and testing on this and similar approaches would be beneficial.

Reduce Barriers to CACFP Participation for ECE Programs

Over the last year, CACFP served 4 million children with 1.5 billion healthy, well-balanced meals and snacks through child care centers, family child care/day care homes, Head Start Programs, afterschool programs, and homeless and domestic violence shelters.^{40,41} The program has been proven to enhance the quality of participating ECE programs, making the programs more affordable for low-income families throughout the country.^{42,43} The pandemic has caused some CACFP-participating ECE programs to either close their doors or limit enrollment, leading to a decrease in CACFP participation. **Below are policy recommendations to reduce barriers to CACFP participation in ECE.**

- **Congress should pass the Child Nutrition Reauthorization (CNR) with specific provisions to strengthen CACFP. Provisions should include:**
 - **Allowing ECE programs to serve a third meal service (snack or supper) for eligible children; increasing CACFP reimbursements to support the healthier nutrition standards; streamlining program requirements; maximizing technology to improve program access; providing more technical assistance; and continuing funding for USDA’s CACFP nutrition education.**
- **Congress should maintain the COVID-19 waivers for CACFP. Specifically, Congress should make permanent the Nationwide Waiver of Area Eligibility for Family Day Care Home Providers, issued by the USDA in April 2021. This would enhance CACFP participation by easing administrative and fiscal pressures on family child care and day care homes.**

Improve State Systems to Support Obesity Prevention and Children’s Healthy Development

There is currently no clear funding mechanism to support state-level capacity building for childhood obesity prevention initiatives. Furthermore, states do not have clear guidance on funding allocations or best practices for implementation of such endeavors. The NECCC program provides participating states with the flexibility to use funds for capacity building, tailored to each state’s needs. NECCC also enhances cross-state collaboration, learning and sharing of best practices. However, most states do not have NECCC funds to do this work. CCDBG funds can be used to support state-level capacity building for obesity prevention, but there is no clear guidance highlighting this as an allowable use of CCDBG funds. **To help states improve state-level capacity building for obesity prevention and other wellness supports, we recommend the following:**

- **Congress should sustain the increased level of CCDBG funding and direct the Administration for Children and Families (ACF) to issue guidance to states on allowable uses of CCDBG funding, including support for obesity prevention and other wellness supports, as part of states’ quality improvement efforts including:**
 - Healthy Eating and Physical Activity, which could help states to integrate nutrition and physical activity standards into existing state systems, such as quality rating improvement systems (QRIS) and professional development systems, with a focus on improving equity.
- **Congress should fund the creation of a National Training and Technical Assistance (TTA) Resource Center that could provide evidence-based support for cross-state learning and collaboration on capacity building for healthy eating and physical activity, as well as other wellness supports for children’s healthy development.**
 - This could be done through the passage of ROYA (S. 2741/H.R. 5247).
 - The Office of Head Start TTA System could serve as a framework to follow for the implementation of a National Training and Technical Assistance Resource Center.

NATIONAL EARLY CHILD CARE COLLABORATIVES

The NECCC works with state partners in 11 states to enhance state-capacity building by incorporating evidence-based best practices for healthy eating and physical activity into states’ existing early childhood and education systems. Examples of system-wide approaches include: embedding healthy eating and physical activity into training programs for ECE providers; embedding healthy eating and physical activity into state Quality Rating and Improvement Systems; increasing participation in CACFP in under-resourced areas; and expanding a “farm to ECE” approach to bring more fresh fruits and vegetables into ECE programs. These efforts promote sustainability and support ECE providers in implementation of best practices.

Conclusion

The ECE sector plays an important role in building a strong foundation for children to grow up healthy and thrive. We must foster that role by investing in key quality improvements that will support health and wellness in ECE settings. To create lasting advancements in the ECE sector and improve children’s health, the recent historic child care investments from Congress and the Executive Branch should be paired with additional policy changes and further targeted investments to support children’s healthy development.

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