

## HOUSE CONTINUING RESOLUTION (H.R. 1) ANALYSIS: IMPACT ON INFANTS, TODDLERS, & FAMILIES

February 14, 2011



The House Continuing Resolution for FY 2011 (H.R. 1) proposed by the Republican leadership would make deep cuts in funding for many programs that help support the health and development of infants and toddlers. Most notably, it would cut Head Start/Early Head Start by \$1.1 billion below funding levels for 2010 appropriations. Moreover, the bill would not continue the funds provided through the American Recovery and Reinvestment Act (ARRA) for either Head Start/EHS or child care. **As a result, as many as 368,000 children could lose child care, Head Start, or Early Head Start services. This number includes at least 50,000 babies in Early Head Start.**

Proposed cuts to Head Start/Early Head Start and child care raise grave concerns about helping vulnerable children start out on the right track developmentally. But those programs are not the only ones at risk of deep funding cuts. When you evaluate the proposed cuts across all government programs that touch the lives of families with young children, the House proposal becomes even more alarming.

All babies have the potential to succeed, but they need certain ingredients to ensure their healthy development: **good health**, supported by adequate nutrition, access to health care providers, and an environment free from toxins; **strong families**, with supports in coping with stress or substance abuse and providing adequate housing and heating; and **positive early learning experiences**, where social and emotional development, as well as cognitive development, is intentionally supported. The proposed CR contains cuts in all these areas. In this analysis, ZERO TO THREE indicates the amount of cuts proposed for federal programs within good health, strong families, and positive early learning experiences. It then provides further details of each program's benefits and the costs to society that could result from such drastic funding cuts.

Meeting these interrelated needs is particularly important in the first three years of life, a time of rapid brain development that forms the foundation for all that follows. It is a time of great vulnerability, when chronic stress, such as that caused by extreme or prolonged poverty or maltreatment, can become literally built into the body as it affects the developing architecture of the brain. It is also a time of great opportunity if we intervene early and help families buffer their children from the effects of adverse experiences.

- Almost half of all infants and toddlers live in families that are low-income; that is, family income is less than double the poverty level and is thus considered inadequate to meet basic needs.
- Almost a quarter of all infants and toddlers live in families with incomes below the poverty line. When their families cannot supply all of their multi-dimensional needs, public programs help fill the gaps. The support these programs offer not only reduces risk; in many cases it actively promotes positive and healthy development.

Infants and toddlers—and all young children—are the most vulnerable to long-term effects from the recession and diminished support from federal programs. Not only would these cuts have an immediate impact on their well-being and development, but there are consequences for the architecture of their developing brains.

When funding cuts are made to so many program areas at once, as in the proposed House bill, the gaps can become gaping holes, and the healthy development of more infants and toddlers is jeopardized.

The proposed cuts to programs in so many service areas would seriously affect other populations as well, raising significant concern about these funding recommendations. The deficit is unquestionably a critical problem that government needs to address. But when so many young children are left to play catch up in their development, their ability to participate as skilled workers and active citizens -- and thus the ability of our nation to achieve prosperity -- is seriously compromised.

## GOOD HEALTH

FEDERAL PROGRAMS CONTRIBUTING TO GOOD HEALTH	
Program	Amount of Proposed Cut
Community Health Centers	\$1,000,000,000
Maternal and Child Health Block Grant	\$ 50,000,000
WIC	\$ 742,200,000
Environmental Protection	\$2,296,800,000
<b>Total</b>	<b>\$4,089,000,000</b>

### PROGRAM BENEFITS:

*Community Health Centers* provide critical access to primary health care and preventive services to many low-income families who otherwise might not have access to providers. They often serve as access points for WIC nutrition services and undertake targeted initiatives such as reducing infant mortality. The population they serve is largely on Medicaid or uninsured, predominantly low-income, with a high proportion of minorities. By improving the health outcomes for their patients, health centers have helped narrow racial/ethnic disparities in health care.

- In 2009, CHC's treated 1.4 million infants and toddlers.<sup>i</sup> 12 percent of patients treated were under age 6.<sup>ii</sup>
- Low-income women who are cared for at health centers have lower rates of low birth weight compared with all such mothers.<sup>iii</sup>

*Maternal and Child Health Block Grant* is the only federal program focused squarely on improving the health outcomes for women and children, particularly newborns and infants, targeting critical health care problems such as infant mortality and low birth weight babies. It provides services, such as transportation, outreach, and coordination that improve the effectiveness of core healthcare programs such as Medicaid and CHIP. Its special collaboration with EPSDT helps children gain better access to these important screening and diagnostic services and improves their quality.

- MCHB fills gaps in services by providing prenatal health services to 2 million women and primary and preventive health care to more than 17 million children, including almost 1 million children with special health needs.

*Supplemental Nutrition Program for Women, Infants, and Children (WIC)* provides economic supports to purchase nutritionally balanced foods, nutrition information, breastfeeding instruction and promotion, nutrition counseling, and referrals to health and other social services. WIC's target population is low-income pregnant, postpartum, and breastfeeding women, infants, and children under 5 who are at nutritional risk.<sup>iv</sup>

- In February 2009, 2.1 million women, 2.2 million infants and 4.6 million children under 5 participated in the WIC program, an increase of 52% in the past 6 years.<sup>v</sup>
- Mothers who participate in the WIC program are less likely to have low birth weight or preterm infants, with the rate of low birth weight decreasing by 44%.<sup>vi</sup>
- Infants and toddlers on WIC are more likely to be in excellent or good health than comparable children without access to WIC, which has its most protective effect on infants.<sup>vii</sup>
- Research shows that WIC decreases the risk of developmental delays, increases rates of breastfeeding by 23%, reduces the percentage of children with anemia by 12%, and improves the rate of child immunizations.<sup>viii</sup>
- Every dollar spent on WIC yields an estimated savings of \$1.77 to \$3.13 in Medicaid costs for newborns and their mothers.

*Environmental Protection Agency (EPA)* (including Superfund, Clean Water and Drinking Water State Revolving Funds, Water Quality Protection, and others) considers protecting children's health as fundamental to its mission, monitoring these actions through its Office of Children's Health Protection.

EPA plays an important role in promoting healthy infant-toddler development by considering the heightened effect of substances on children in setting environmental standards. It also identifies potential environmental hazards and takes steps to remove them.

- The prevalence of lead in the environment and in children's bloodstreams has declined markedly since the imposition of regulations on leaded gasoline, lead paint, drinking water, and other sources. In 1978, about 13.5 million children ages 1-5 had elevated blood lead levels. By 2007-2008, this number had declined to about 250,000.<sup>ix</sup> However, children in poverty have higher concentrations of lead than other children.<sup>x</sup>
- From 1993 to 2008, the concentrations of air pollutants such as particulate matter, nitrogen dioxide, and sulfur dioxide that children experienced had all declined.<sup>xi</sup>

## THE COSTS TO SOCIETY:

### *Preterm and low birth weight births:*

- In 2005, the Institute of Medicine estimated that preterm births cost society at least \$26.2 billion annually, or **\$51,000 for every preterm infant**. Considering special education costs associated with the disabilities more common among preterm infants (cerebral palsy, mental retardation, and vision and hearing impairments), adds another \$2,200 per infant—**or \$53,200 total**.<sup>xii</sup>
- Average hospital stay for preterm and low birth weight babies is 12.9 days compared with 1.9 for uncomplicated newborns.<sup>xiii</sup>
- Premature infants are more than 15 times as likely to die in the first year of life as infants not born preterm.<sup>xiv</sup> Those who survive may suffer lifelong consequences, such as mental retardation, blindness, chronic lung disease, and cerebral palsy.<sup>xv</sup> Health problems can include respiratory distress syndrome, bleeding in the brain, heart problems, and dangerous intestinal problems.<sup>xvi</sup>
- Compared to their normal birth weight siblings, low birthweight children are 30 percent less likely to be in excellent or very good health in childhood. They also score significantly lower on reading, passage comprehension, and math achievement tests. Low birth-weight children are roughly one-third more likely to drop out of high school relative other children.<sup>xvii</sup>
- As adults, they tend to have poorer health and lower earnings.<sup>xviii</sup> They may be at increased risk for chronic health conditions, including high blood pressure, type 2 diabetes, and heart disease.<sup>xix</sup>

### *Poor Nutrition and Food Insecurity:*

- A lack of nutritious food during pregnancy increases the risk of low birth weight babies; infant mortality; cleft palate; spina bifida; brain, neural, and physical defects; and adverse effects on long-term health, growth, and developmental trajectories.<sup>xx xxi</sup>
- Infants and toddlers living in food insecure households are 76% more likely than those living in food secure households to be at developmental risk.<sup>xxii</sup>
- Infants and toddlers in food insecure households are at greater risk of damaging effects in the areas of brain and cognitive development in the perinatal period, school readiness, and physical, mental, and social development.<sup>xxiii</sup>
- Hunger and food insecurity are estimated to cost the United States \$90 billion annually in direct and indirect costs.<sup>xxiv</sup>

### *Environmental Toxins:*

- Heavy metals, which include lead, mercury, and manganese, can disrupt the processes needed for healthy brain development early on. They are found in food contaminants, chemical wastes that migrate to water and plants, polluted air, and synthetic materials.<sup>xxv</sup>
- The brain in infants is more vulnerable to exposures to toxic chemicals, lacking a cellular barrier that adults have that restricts the entry of chemicals from the bloodstream into brain tissue.<sup>xxvi</sup>
- Lead can disrupt brain functions and result in problems in learning, behavior, and attention abilities.<sup>xxvii</sup>
- The most important source of environmental mercury in the U.S. is emissions from coal-fired power plants. Mercury is deposited into rivers, streams, and lakes, where it is transformed into a deadly form that is rising in the food chain, especially contaminated fish and shellfish.<sup>xxviii</sup>

## STRONG FAMILIES

FEDERAL PROGRAMS CONTRIBUTING TO STRONG FAMILIES	
Program	Amount of Proposed Cut
LIHEAP (Contingency Fund)	\$ 390,300,000
Housing	\$1,895,600,000
SAMHSA	\$ 229,500,000
<b>Total</b>	<b>\$2,515,400,000</b>

*Healthy development depends on a complex web of systems, services, and care. This web is composed of quality child care, accessible health care, good nutrition, and safe and nurturing families; but also integral to its stability are safe and healthy environments that do not undermine physical wellbeing or impede mental health. In considering the effects of budget cuts on young children, we cannot afford to forget the programs that families rely on to meet their most basic needs.*

### PROGRAM BENEFITS:

**Low Income Home Energy Assistance Program (LIHEAP)** provides grants to states and other jurisdictions to assist eligible low-income households to meet the costs of home energy.<sup>xxxix</sup>

- It is the primary source of energy assistance for low-income families.<sup>xxx</sup>
- Research has shown that “[Young] children in households that received LIHEAP: were less likely to be at risk for growth problems, had healthier weights for their age, [and] were less likely to be hospitalized when seeking care for acute medical problems at an emergency department.”<sup>xxxix</sup>

**Housing Assistance (including Tenant Based Rental Assistance, Public Housing Operating Costs, Public Housing Capital Improvement, Housing Counseling Assistance, Office of Lead and Healthy Homes, and others)**

- The Housing Choice Voucher Program (commonly referred to as “Section 8”) helps subsidize housing costs for over 2 million families. As such, it is the federal government’s largest low-income housing assistance program.<sup>xxxii</sup>
- Children whose families receive housing subsidies are **less likely to go hungry or be underweight for their age and more likely to be in good health** than children whose families are not currently receiving subsidies.<sup>xxxiii</sup>

**Substance Abuse and Mental Health Administration** is responsible for mental health programs and alcohol and other drug abuse prevention and treatment services throughout the country. It also supports research into best practices and funds initiatives such as the National Child Traumatic Stress Network. By funding substance abuse and mental health treatment services for adults, it helps promote strong families by alleviating parental conditions such as substance abuse and maternal depression that can lead to child maltreatment and adverse mental health effects in infants and toddlers.

### THE COSTS TO SOCIETY:

**Energy Insecurity:**

- Young children in energy insecure families are more likely to be hospitalized, to lack good nutrition or go hungry, and to experience fair or poor health.<sup>xxxivxxxv xxxvi</sup>
- Energy insecure families often face the *heat or eat* dilemma.<sup>xxxvii</sup> Faced with bills that they cannot afford, these families are forced to make impossible choices between energy, food, and health care. This means that infants and toddlers in energy insecure families are more likely to be underweight.<sup>xxxviii xxxix</sup>
- Energy insecurity places young children at higher risk for developmental delays.<sup>xl</sup>

- Parents in low-income, energy insecure families are more likely to experience depression and health problems of their own, and they often sacrifice their own health care in order to pay bills. Parental stress, depression, and poor health pose known risks to the healthy development of young children.<sup>xli</sup>
- In “Section 8” (Tenant Based Rental Assistance) Housing, tenants who cannot pay for utilities face eviction.<sup>xlii</sup>

### ***Housing Instability:***

- Young children who experience housing instability are more likely to have health problems and developmental delays than their stably housed counterparts.<sup>xliii</sup>
- Young children living in unstable housing situations are more likely to:
  - Be in fair or poor health
  - Go hungry or have inadequate nutrition
  - Be significantly below average in length or height as a result of poor nutrition<sup>xliv</sup>
- These children are at increased risk for cognitive, social, emotional, and motor delays.<sup>xlv</sup>
- Rent, utilities, food, and healthcare compete for dollars in tight family budgets. Families are sometimes forced to delay rent or utility payments in order to pay medical bills,<sup>xlvi</sup> or parents will forego their own healthcare needs in order to pay for other family necessities.<sup>xlvii</sup> At other times, housing and energy costs impinge on the family food budget, leading to malnourishment.
- Mothers in unstably housed families experience higher rates of depression, a known risk factor for poor health and development in young children.<sup>xlviii</sup>

### ***Homelessness:***

- Homeless children experience more illness, toxic stress, developmental delays, anxiety and depression, and behavioral problems than low-income housed children.<sup>xlix</sup>
- According to the National Center on Family Homelessness, homeless children “are sick four times more often than other children. They have four times as many respiratory infections, twice as many ear infections, five times more gastrointestinal problems, [and are] four times more likely to have asthma.”<sup>l</sup>
- They are twice as likely as non-homeless children to go hungry.<sup>li</sup>
- And they “have three times the rate of emotional and behavioral problems compared to non-homeless children.”<sup>lii</sup>
- Homeless children are four times as likely to experience developmental delays and “twice as likely to have learning disabilities as non-homeless children.”<sup>liii</sup>

### ***Parental Substance Abuse:***

- In 2007, approximately 8.3 million children in the United States lived in families with at least one parent who abused or was dependent on alcohol or an illicit drug. This included 13.9% of children aged 2 years or younger.<sup>liv</sup>
- In the United States about 40% of all pregnancies have some alcohol exposure before birth, with nearly 400,000 pregnancies each year having prolonged and high levels of exposure to alcohol.<sup>lv</sup> In the U.S. about 1% of all newborns are diagnosed with a birth defect or developmental disability related to prenatal alcohol exposure.<sup>lvi</sup>
- The brain damage caused by prenatal exposure to alcohol results in poor judgment, impulsivity, difficulty learning from experience and an inability to foresee the consequences of one’s behavior. Furthermore, children born with an FASD are more likely to be premature and low birth weight, both of which are risk factors against healthy development.<sup>lvii</sup>
- Children who experience either prenatal or postnatal drug exposure are at risk for such problems as symptoms of depression and anxiety, psychiatric disorders, behavior problems, lower achievement test scores, and other difficulties in school.<sup>lviii</sup>
- Parental stress also leads to increased rates of substance abuse, which is highly correlated with child abuse and neglect.<sup>lix</sup>
- Studies have found substance abuse is a factor in between one-third and two-thirds of child maltreatment cases.<sup>lx</sup>

## POSITIVE EARLY LEARNING EXPERIENCES

<b>FEDERAL PROGRAMS CONTRIBUTING TO POSITIVE EARLY LEARNING EXPERIENCES</b>	
<b>Program</b>	<b>Amount of Proposed Cut</b>
Head Start/Early Head Start	\$2,143,000,000*
CCDBG	\$1,039,000,000*
<b>Total</b>	<b>\$3,182,000,000</b>

\*Amount of proposed cut includes ARRA funds not continued, because this omission means the level of services to children currently being provided will have to be reduced accordingly.

### PROGRAM BENEFITS:

**Overall:** Economic analysis demonstrates that for every dollar invested in early childhood programs, savings of \$3.78 to \$17.07 can be expected.<sup>lxi</sup> This is because early interventions for young at-risk children promote school retention, improve the quality of the workforce, help schools be more productive, raise earnings, strengthen social attachments, and reduce crime, teenage pregnancy, and welfare dependency.<sup>lxii</sup>

**Head Start/Early Head Start** provides comprehensive child development services for low-income children and families that emphasize cognitive and language development, socio-emotional development, physical and mental health, and parent involvement to enable each child to develop and function at his or her highest potential. At least 10 percent of enrollment opportunities in each State are made available to children with disabilities. Early Head Start serves pregnant women, infants, and toddlers, and our analysis concentrates on services to them.

- Early Head Start serves only 4% of eligible infants and toddlers. The proposed budget cuts will cut that level by almost half.
- The Congressionally mandated Early Head Start Research and Evaluation Project, a rigorous, large-scale random-assignment evaluation, concluded that Early Head Start is making a positive difference in areas associated with children’s success in school, family self-sufficiency, and parental support of child development.<sup>lxiii</sup>
- Children who participated in Early Head Start showed statistically significant, positive impacts on standardized measures of cognitive and language development compared to a control group. They also had more positive interactions with their parents, engaging them more.<sup>lxiv</sup>
- Early Head Start parents were more emotionally supportive of their children and less detached than control group parents, as well as significantly more supportive of language and learning. Early Head Start also was found to significantly improve how fathers interacted and related to their children.<sup>lxv</sup>
- A follow-up wave of research demonstrated that a number of the positive impacts for children and parents participating in Early Head Start were still demonstrated two years later, when the children entered kindergarten.<sup>lxvi</sup>
- Children who attended EHS and formal child development (or pre-kindergarten) programs such as Head Start between the ages of 3 and 5 experienced the most positive outcomes.<sup>lxvii</sup>

**Child Care and Development Block Grant** provides grants to States to provide low-income families with financial assistance to pay for child care. It also supports quality improvement activities to increase availability and access to quality child care.

- 56% of mothers with children under the age of 3 are employed.<sup>lxviii</sup> Each day nearly 6 million infants and toddlers spend some or all of their day being cared for by someone other than their parents.<sup>lxix</sup>
- CCDBG serves approximately 1 in 6 eligible children at current funding levels. 28% are infants and toddlers.
- Quality child care promotes cognitive, language, and social and emotional development. Care where providers are both supportive and offer more verbal stimulation creates an environment

where children are likely to show advanced cognitive and language development.<sup>lxx</sup> Higher quality care is generally related to more competent peer relationships during early childhood and into the school years.<sup>lxxi</sup>

- Quality child care contributes to later school success. Studies that examine children's development over time have shown that higher quality child care is a predictor of improvement in children's ability to understand spoken language, communication skills, verbal IQ skills, behavioral skills, and attainment of higher math and language scores—all of which impact later school success.<sup>lxxii</sup>
- When child care is of very high quality (as is the case with model early childhood programs), the positive effects can endure into the early adult years, particularly for children from the poorest home environments.<sup>lxxiii</sup>

## THE COSTS TO SOCIETY:

- Low-income infants and toddlers are at greater risk than middle- to high-income infants and toddlers for a variety of poorer outcomes and vulnerabilities, such as later school failure, learning disabilities, behavior problems, mental retardation, developmental delay, and health impairments.<sup>lxxiv</sup>
- Children without nurturing relationships with parents and other caregivers find interacting with people and objects in the environment more difficult and have greater challenges in their early learning experiences.<sup>lxxv</sup>
- A child's development can be seriously compromised by a disability or developmental delay or by environmental influences, such as exposure to toxins, extreme poverty, malnutrition, substance abuse, child abuse and neglect, community or family violence, or poor quality child care.<sup>lxxvi</sup>

## About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based resource for federal and state policymakers and advocates on the unique developmental needs of infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at [www.zerotothree.org/policy](http://www.zerotothree.org/policy).

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