

Resources/Reading List

9/14/17

This is a very small and non-systematic, non-representative sampling of the huge literature available.

Evidence linking early childhood to later health

Center for Health Care Strategies. First 1,000 Days: Medicaid's Critical Role.

Infographic. https://www.chcs.org/media/Medicaid-Early-Childhood-Lab-Infographic_060917.pdf

Campbell, F., Conti, G., Heckman, J. J., Moon, S. H., Pinto, R., Pungello, E., & Pan, Y. 2014. Early Childhood Investments Substantially Boost Adult Health. *Science* (New York, N.Y.), 343(6178), 1478–1485. <http://doi.org/10.1126/science.1248429>

High-quality early childhood programs have been shown to have substantial benefits in reducing crime, raising earnings, and promoting education. Much less is known about their benefits for adult health. We report on the long-term health effects of one of the oldest and most heavily cited early childhood interventions with long-term follow-up evaluated by the method of randomization: the Carolina Abecedarian Project (ABC). Using recently collected biomedical data, we find that disadvantaged children randomly assigned to treatment have significantly lower prevalence of risk factors for cardiovascular and metabolic diseases in their mid-30s. The evidence is especially strong for males. The mean systolic blood pressure among the control males is 143 millimeters of mercury (mm Hg), whereas it is only 126 mm Hg among the treated. One in four males in the control group is affected by metabolic syndrome, whereas none in the treatment group are affected. To reach these conclusions, we address several statistical challenges. We use exact permutation tests to account for small sample sizes and conduct a parallel bootstrap confidence interval analysis to confirm the permutation analysis. We adjust inference to account for the multiple hypotheses tested and for nonrandom attrition. Our evidence shows the potential of early life interventions for preventing disease and promoting health.

Center on the Developing Child. 2017. A Science-Based Framework for Early Childhood Policy: Using Evidence to Improve Outcomes in Learning, Behavior, and Health for Vulnerable Children. Paper from the Center on the Developing Child at Harvard University, The National Forum on Early Childhood Program Evaluation, and the National Scientific Council on the Developing Child. http://developingchild.harvard.edu/wp-content/uploads/2015/05/Policy_Framework.pdf (accessed 9/10/17)

From the Executive Summary: This paper builds on a process of systematic analysis that began with the publication in 2000 of a landmark report by the National Academy of Sciences entitled *From Neurons to Neighborhoods: The Science of Early Childhood Development*, followed by the ongoing work of the National Scientific Council on the Developing Child and the National Forum

on Early Childhood Program Evaluation, both of which are based at the Center on the Developing Child at Harvard University. These groups of scientists and scholars engage in active debate about what the rapidly advancing biological and social sciences do and do not say about early childhood, brain development, and the impact of intervention programs. As agreement is reached on each issue, the groups integrate findings across disciplines and communicate this integrated information to policymakers and civic leaders to bring accurate knowledge to bear on public decision-making aimed at enhancing children's learning, behavior, and health.

Nurius, P. S., Green, S., Logan-Greene, P., Longhi, D., & Song, C. (2016). Stress pathways to health inequalities: Embedding ACEs within social and behavioral contexts. *International Public Health Journal*, 8(2), 241–256.

Objective: This study addresses whether adverse childhood experiences (ACEs) demonstrate disproportional prevalence across demographic- and health-affecting characteristics, offer significant explanation of adult health outcomes, and show patterned association with illness susceptibility early within and across adulthood when viewed in combination with income and psychosocial resources.

Methods: Data were derived from a population-based state health survey using stratified random sampling of household adults (n=7,470): ages 18–99 (M=55), 59.9% females, and race/ethnicity, income and education levels representative of the region. We assessed ACEs by aggregating 8 adversity forms, 5 health behaviors and 3 psychosocial resources; and health outcomes (number of chronic conditions, subjective wellness).

Results: Disproportionality was evident in ACEs levels by demographics, adult SES, health behaviors, and psychosocial resources in expected directions. Stepped multiple regressions of health outcomes demonstrated significant betas and R² change for each predictor block, revealing cumulative as well as unique explanatory utility. Early onset chronic illness was evident on the basis of ACEs levels. These illnesses were amplified for low income respondents. Prevalence was highest across adulthood for those also reporting low psychosocial assets.

Conclusions: Findings offer novel insights as to the “long reach” of childhood adversity on health, conditioned by circumstances under which these effects may occur. Health resilience offered by health behaviors and psychosocial resources should shape thinking about preventive and remedial interventions by social work and allied professionals across a range of settings.

Alliance for Early Success. 2015. Birth Through Eight: State Policy Framework. Research at a Glance. http://earlysuccess.org/sites/default/files/website_files/Birth%20thru%20Eight%20State%20Policy%20Framework%20Final.pdf (accessed 9/11/17)

The Alliance for Early Success developed the Birth through Eight State Policy Framework (Framework) in 2013 as a tool, or roadmap, to inform decision-making and guide policy choices. The original Framework focused attention on what is critical within and across different aspects of early childhood development to address the physical, social, and cognitive needs of young children and families within various contexts. The Framework was the collective work of more than 150 experts, including leaders in the fields of early childhood and K-12 education, advocates, researchers, policymakers, and foundation officers. In 2015, the Alliance for Early Success revised the Framework to reflect the latest research and best practice evidence. The revised Framework emphasizes

policy options in the areas of health, family support, and learning and augments the original Framework by providing a set of cross-cutting policy options that bridge these three areas.

Overview of early childhood care and education

Barnett, W. S., A. H. Friedman-Krauss, G. G. Weisenfeld, M. Horowitz, R. Kasmin, and J. H. Squires. 2017. The state of preschool 2016: State preschool yearbook. New Brunswick, NJ: National Institute for Early Education Research (NIEER). <http://nieer.org/state-preschool-yearbooks/yearbook2016>

Laughlin, L. 2013. Who's minding the kids? Child care arrangements: Spring 2011. Current population reports, p70-135. Washington, DC: US Census Bureau. <https://www.census.gov/prod/2013pubs/p70-135.pdf>

State/local programs

ASTHO (The Association of State and Territorial Health Officials). 2016. Georgia promotes early brain development by encouraging parents and caregivers to talk with their children. <http://www.astho.org/Maternal-and-Child-Health/Georgia-Promotes-Early-Brain-Development/>.

Deruy, E. 2015. Why boosting poor children's vocabulary is important for public health. The Atlantic, <https://www.theatlantic.com/education/archive/2015/09/georgias-plan-to-close-the-30-million-word-gap-for-kids/403903/>.

Children First Early Head Start. 2016. Children First Early Head Start: 2016 Annual Report. Venice Family Clinic and Children First Early Head Start. http://venicefamilyclinic.org/pdf/CFEHS_Annual_Report_2016.pdf (accessed 9/10/17)

Head Start

Dropkin, E., and S. Jauregui. 2015. Two generations together: Case studies from Head Start. National Head Start

Association. <https://www.nhsa.org/files/resources/twogenerationstogetherreport.pdf> (accessed 9/10/17)

The six examples in this report document how Head Start and Early Head Start programs across the country have worked with families, local employers, and community partners to create two-generation opportunities for children and parents to achieve lasting stability and success. Both the case studies and the analyses that follow are designed for two purposes. First, to give examples of what locally-designed success can look like to inspire the work of other early learning programs or adult education and training programs that want to be more deliberate in their own

two-generation focus. Second, to inform policymakers and the broad spectrum of stakeholders how strong policies and local flexibility can achieve great things when programs are created and implemented in partnership with families. As national conversations continue, Head Start has a window of opportunity not only to showcase successes but to engage in continued efforts to enhance its collective commitment to families. Beyond implementation, advocacy must work to ensure policies and funding are designed to support proven two-generation efforts.

National Head Start Association. 2017. Health in Head Start: Expanding Access and Improving Quality. https://www.nhsa.org/files/resources/nhsa_healthreport_feb2017.pdf (accessed 9/10/17)

A survey of Head Start programs from around the country found some gaps and opportunities for improvement in the way programs provide health care services. The survey yielded recommendations from NHSA in three areas:

“(1) At both the federal and state level, the collaboration between Head Start and Medicaid agencies should be strengthened to enable programs to bill Medicaid for medical services.

(2) Collaboration with other local agencies can improve access to health services, the accuracy of screenings, and the quality of care for Head Start children and families.

(3) The Head Start community needs a system for sharing the innovative solutions and best practices that are currently being developed in isolation across the country.”

Equity

Scott, K., A. A. Looby, J. S. Hipp, and N. Frost. 2017. Applying an equity lens to the child care setting. *The Journal of Law, Medicine & Ethics* 45(1_suppl):77-

81. https://www.aslme.org/media/downloadable/files/links/1/8/18.Scott_SUPP.pdf

The majority of brain development happens before children enter the formal schooling system, positioning the early care and education system (“ECE system”) to have a profound and long-lasting impact on a child’s health, learning, and ability to regulate emotion. However, the current ECE system in the United States is fragmented, under-funded, and lacks cultural competence. As a result, many children are being cared for in a system that does not always have resources to support optimal development for all, setting the most vulnerable on a trajectory aimed lower than their peers. Providing examples from Indian Country, this article examines systemic barriers to equity, and how the system’s fragmentation leads to lower child care outcomes in some communities. It is imperative that we strategically focus attention on aligning systems in a way that decreases health inequities.

Data and metrics

Costanza, K. 2016. Neighborhood change for a city’s youngest. *Crosswalk Magazine*, <https://medium.com/bhpn-crosswalk/neighborhood-change-for-a-citys-youngest-74a031c32fe4> (accessed July 17, 2017).

Article describes one community's implementation of the Early Development Instrument—one of 60 communities and 200 school districts in the US implementing EDI in conjunction with the Transforming Early Childhood Community Systems, or TECCS, at the University of California Los Angeles.

Raise DC. DC's Early Development Instrument

Outcomes. <http://www.raisedc.org/ourchildren/edioutcomedata>

Bridging ECE and health

Halfon, N., L. Stanley, and H. DuPlessis. 2010. Measuring the quality of developmental services for young children: A new approach: Commonwealth Fund.

Meek, S. E., and W. S. Gilliam. 2016. Expulsion and suspension in early education as matters of social justice and health equity. NAM Perspectives, <https://nam.edu/wp-content/uploads/2016/10/Expulsion-and-Suspension-in-Early-Education-as-Matters-of-Social-Justice-and-Health-Equity.pdf> (accessed).

Health Resources and Services Administration (HRSA). 2015. The maternal, infant, and early childhood home visiting program: Early Findings on the Maternal, Infant, and Early Childhood Home Visiting Program. A

Report. https://www.acf.hhs.gov/sites/default/files/opre/mihope_report_to_congress_final.pdf (accessed 9/11/17). See also <https://www.acf.hhs.gov/ecd/home-visiting>

ECE workforce

IOM (Institute of Medicine), and (NRC) National Research Council. 2015. Transforming the workforce for children birth through age 8: A unifying foundation, edited by L. Allen and B. B. Kelly. Washington, DC: The National Academies Press. Pp. 19-42. <https://www.nap.edu/catalog/19401/transforming-the-workforce-for-children-birth-through-age-8-a>

Family support

IOM (Institute of Medicine) and NRC (National Research Council). 2014. Strategies for scaling effective family-focused preventive interventions to promote children's cognitive, affective, and behavioral health: Workshop summary. Edited by M. Patlak. Washington, DC: The National Academies Press. <https://www.nap.edu/catalog/18808/strategies-for-scaling-effective-family-focused-preventive-interventions-to-promote-childrens-cognitive-affective-and-behavioral-health>

Tilsley, A. 2017. Early childhood home visiting: Lift up families to lift up communities. <http://www.urban.org/features/early-childhood-home-visiting-lift-families-lift-communities> (accessed July 17, 2017).

National Academies of Sciences, E., and Medicine. 2016. Parenting matters: Supporting parents of children ages 0-8. Edited by V. L. Gadsden, M. Ford and H. Breiner. Washington, DC: The National Academies Press. <https://www.nap.edu/catalog/21868/parenting-matters-supporting-parents-of-children-ages-0-8>

Resources on cross-sector collaboration (including ECE & health)

Heider, F. 2016. State Medicaid and early intervention agency partnerships to promote healthy child development. Nation Academy for State Health Policy (NASHP). <http://www.nashp.org/state-medicaid-and-early-intervention-agency-partnerships-to-promote-healthy-child-development/>

Miller, E., T. Nath, and L. Line. 2017. Working together toward better health outcomes. Nonprofit Finance Fund; Center for Health Care Strategies; and Alliance for Strong Families and Communities. <https://www.chcs.org/media/Working-Together-Toward-Better-Health-Outcomes.pdf> (accessed 9/10/17)

Morrissey, T. W., and P. Banghart. 2007. Family child care in the united states. Columbia University Academic Commons.

Public and private sector policy and financing

Matos, K., E. Galinsky, and J. T. Bond. 2017. National study of employers 2016. Society for Human Resource Management Families and Work Institute, When Work Works. <http://www.whenworkworks.org/be-effective/guides-tools/2016-national-study-of-employers>

Hamm, K., and C. Martin. 2015. A new vision for child care in the United States: A Proposed New Tax Credit to Expand High-Quality Child Care. Washington: Center for American Progress. <https://www.americanprogress.org/issues/early-childhood/reports/2015/09/02/119944/a-new-vision-for-child-care-in-the-united-states-3/>

Key data on child health

Sacks, V., D. Murphey, and K. Moore. 2014. Adverse childhood experiences: National and state-level prevalence. https://childtrends-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf (accessed.

Child Trends. 2017. Child Care: Research-Based Policy: Recommendations for Executive and Legislative Officials in 2017. Policy Brief, January 17, 2017.

Other resources

Collaboratives and the National Early Care and Education Learning Collaborative (ECELC) <https://healthykidshealthyfuture.org/about-ecelc/>

Alliance for Early Success: Policy Framework <http://earlysuccess.org/our-work/policy-framework>

California Newsreel's Raising of America (www.raisingofamerica.org) – viewer guides available for each episode:

Ep 1: The Raising of America

Ep 2: Once Upon a Time

Ep 3: Are We Crazy About Our Kids?

Ep 4: Wounded Places

Ep 5: DNA is Not Destiny

<http://sites/default/files/DiscussionGuide-TheRaisingofAmericaSignatureHour.pdf>

Andrews, N. O. 2014. How much do healthy communities cost? Commentary. Washington, DC: National Academy of Medicine. www.nam.edu

Child Trends. What Works Web site. <https://www.childtrends.org/what-works/> (accessed August 3, 2017).

Urban Institute. 2017. The Impact of Early Childhood Education on Health and Well-Being: The Latest Research from Policies for Action. Archive webcast and resources. <https://www.urban.org/events/impact-early-childhood-education-health-and-well-being-latest-research-policies-action>

Massey, M., A. Kreeger, J. B. Isaacs. 2016. Executive Summary: Pay for Success Early Childhood Education Toolkit. <https://www.urban.org/research/publication/executive-summary-pay-success-early-childhood-education-toolkit>