

Early Childhood Development:

Opportunities for Improving the Field

The early years of life are a critical period in which children develop rapidly, and their cognitive, emotional, and social competencies are formed and expanded. Much is known about the process of child development, and how many factors – health, parental involvement, economic status, and the environment, among others – can affect future outcomes. Based on a recent GIH Issue Dialogue, this Issue Focus explores the importance of good health for young children, suggests common elements of successful child development programs, and discusses strategies and opportunities for grantmakers interested in this field.

IMPORTANCE OF GOOD HEALTH

One of the most important components of early development is good physical health. Healthy children suffer from fewer preventable illnesses and disabilities, and their parents bear a lighter burden in caring for sick children and paying for medical care. Healthy children are also more likely to succeed in school, become productive workers, and be better parents themselves (Carnegie Corporation of New York 1994). Conversely, poor health can prevent children from participating in physical activities, limit school attendance, and restrict social development.

Children's health has improved tremendously over the last century; however, some children still face serious illnesses and chronic conditions. Disparities in access to and quality of health care services, health education and prevention, and community safety also persist (Brown et al. 1999). Three child health indicators – infant and child mortality, preterm and low birthweight babies, and childhood immunizations – reflect both the improvements, as well as continued disparities.

- *Infant and child mortality:* Infant and child mortality are associated with factors such as access to medical care, socioeconomic conditions, and maternal health. In 1998, the U.S. infant mortality rate was 7.2 per 1,000 births, down from 10.9 in 1983. Most infant deaths occur within the first month of life and are largely due to pregnancy complications or infant health problems, such as preterm birth or birth defects. Deaths occurring after the first month of life are influenced more by social or environmental factors, such as access to care. Although overall infant mortality rates have fallen, racial and eth-

nic disparities remain. In 1997, black, non-Hispanic and American Indian or Alaska Native infants had significantly higher mortality rates than white, non-Hispanic and Asian or Pacific Islander children.

In 1998, the death rate for children ages 1 to 4 was 34 per 100,000 children. The leading causes of death for this age group are unintentional injuries, congenital abnormalities, and cancer. Black, non-Hispanic children have the highest death rate, with 61 deaths per 100,000 (Forum on Child and Family Statistics 2000).

- *Preterm babies and low birthweight:* Preterm and low birthweight infants – less than 37 weeks of gestation and less than 5.5 pounds at birth, respectively – have higher rates of health and developmental problems, such as cerebral palsy and mental retardation. One of the primary factors contributing to preterm births and low birthweight is a lack of adequate prenatal care. In 1997, approximately 11 percent of infants born in the U.S. were preterm, and about 8 percent were low birthweight (The Annie E. Casey Foundation 1999).
- *Childhood immunizations:* Immunizations protect against 10 once-common childhood diseases. In 1998, 79 percent of children ages 19 to 35 months received the recommended combined series of immunizations. Children living in families below the poverty level, however, had lower rates of immunization (74 percent) than those in families at or above the poverty level (82 percent). Immunization rates were also higher among white, non-Hispanic children (82 percent) than black, non-Hispanic and Hispanic children (73 percent and 75 percent, respectively) (Forum on Child and Family Statistics 2000).

COMMON ELEMENTS OF SUCCESSFUL PROGRAMS

Although child development services may originate in a number of sectors, grantmakers can support an array of child development programs including health care, early education, mental health, and child care. Successful child development programs have several common elements, as follows:

- *Individualization of service delivery:* Effective programs do not use a one-size-fits-all model for development. Instead, they use individualized approaches that match the goals and needs of both children and parents.

- *High quality implementation:* Many programs are based on well-funded demonstrations that have been evaluated and are shown to be effective. Unfortunately, these programs are sometimes replicated with inadequate budgets, little technical assistance, and fewer skilled staff members.
- *Family-centered, community-based, and coordinated orientation:* Family-centered programs empower parents as those who know best about their children's needs. They support the development of healthy relationships between parents and professionals. Integration of programs into the community allows broader access for families, and limits any stigma associated with services. In addition, fragmentation of services makes access and utilization difficult for families with multiple service needs. While true service integration can be an elusive goal, coordination helps simplify the web of social services.
- *Involvement of providers with skills, knowledge, and the ability to engage with parents:* Providers of child development services must be well-trained, with broad knowledge and highly developed technical skills. In addition to staff expertise, effective programs must create an environment conducive to the development of strong working relationships between providers and families.
- *Early, intense, and long-term services:* Programs that start earlier in children's lives rather than later have greater benefits. The intensity of the services provided and the duration of the program are also factors that contribute to effectiveness (National Academies 2000).

OPPORTUNITIES FOR GRANTMAKERS

A recent National Academy of Science report, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, calls for a reexamination of the policies affecting young children as well as reinforcement of our investments in child well-being. Grantmakers are poised to take advantage of this opportunity by influencing programs and policies that foster child health and well-being, and promoting long-term change. By collaborating with public and private organizations, they can develop and implement multifaceted child development approaches and generate broad community support. Lastly, grantmakers can improve early childhood programs, as well as family services, through public policy work at both the state and national level.

What grantmakers can do:

- *Work to improve public and private child care policies and to raise qualifications, compensation, and benefits for non-parental caregivers:* Grantmakers interested in work force issues and policy can support professional education opportunities for child care providers and teachers. They can also support stronger environmental protection, reproductive health services, and early intervention efforts by reducing the risks associated with prenatal and early

postnatal neurotoxic exposures, and those associated with disruptions in early childhood relationships due to parental mental health and substance abuse problems. As an example, The Commonwealth Fund's Assuring Better Child Development (ABCD) initiative works to identify policy changes to Medicaid and other programs that can help assure a healthy start for all low-income children.

- *Review the country's portfolio of public investments in child care and early education:* Grantmakers can assess our country's policies and investments in early childhood and assist in developing locally responsive systems of early care and education. The Foundation for Child Development has supported a statewide public education campaign to increase awareness of New York's Universal Pre-Kindergarten Program. Grantmakers can also support or conduct analyses of tax, wage, and income support policies and their adequacy in protecting children and their families from poverty.
- *Assist state and local decisionmakers to design and implement coordinated, effective infrastructures to reduce the fragmentation of early childhood programs and policies:* Grantmakers can support capacity-building efforts, and promote the ability of those caring for children to partner with each other. They can contribute research findings, and fund programs that support the professional organizations and training institutions that prepare people to work with young children and their families. For instance, The Dyson Foundation's Dyson Initiative supports pediatric residency training programs that instill in medical students the importance of developing long-term commitments to community concerns.

This Issue Focus is based on the GIH Issue Dialogue, "Early Childhood Development: Putting Knowledge Into Action," held on November 1, 2000. A report will be available in the spring. The citations from this Issue Focus will be included in the upcoming report.

RESOURCES

The Annie E. Casey Foundation, *2000 Kids Count Databook* (Baltimore, MD: 2000).

Behrman, Richard E., ed., *The Future of Children* (Los Altos, CA: The David and Lucile Packard Foundation, 1995).

The National Academies, *From Neurons to Neighborhoods: The Science of Early Childhood Development* (Washington, DC: National Academy Press, 2000c).

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