Investing in North Carolina's Healthy Future

Health and Learning are Interconnected

Healthy development beginning at birth impacts children's ability to learn. A strong foundation in good physical and emotional health helps ensure that children are successful learners from their earliest years. Healthy children are more likely to be physically, cognitively, socially and emotionally ready for kindergarten, attend school consistently, and benefit from high-quality learning environments.[i]

Children who are often sick,[ii] have tooth pain, [iii] are dealing with chronic unmanaged or undiagnosed physical or behavioral health conditions, [iv] or who struggle with developmental delays and lack the services and supports they need[v] are less likely than their peers to be reading on grade-level by the end of third grade.

"Delivering health care cannot be separated from supporting the relationship between the family and child." - Dr. Charles Willson, East Carolina University, Department of Pediatrics

Children's development during the early years of life is strongly affected by their health, and experiences during this time are often hardwired into their brains and bodies, forming the foundation for all subsequent development.[vi] These experiences shape the brain's architecture and affect how biological systems develop. Positive early experiences build a strong foundation for learning capacities, behavior and future health.

Good health in utero and a healthy birth, access to needed health services, and families and communities that support healthy outcomes all increase the chances of good physical and social-emotional health and on-track development during childhood and throughout life.[vii]

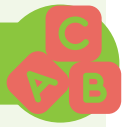
Preventing Chronic Disease

High-quality early learning has demonstrated positive effects on child and future adult health. Children from low-income families that attend universal prekindergarten in New York City are more likely to be diagnosed and treated for chronic medical problems such as asthma, vision and hearing.[viii] Early identification and treatment leads to improved outcomes for children.[ix]

Children who participated in a high-quality early learning program that included health screenings and nutrition had better adult health and less chronic disease, including lower hypertension and obesity. These outcomes, from the North Carolina Abecedarian Study, suggest that high-quality early learning should be considered as a strategy for chronic disease prevention.

By the Numbers

591,000



Number of children birth through age eight in North Carolina living in poverty (under 200 percent of Federal Poverty Level). Children in low-income families have significant health disparities and are less likely to be successful in school.[xiii]

13

Percentage of North Carolina kindergartners with untreated tooth decay.[xiv]

15

Percentage of two-to-four-year-old children living in North Carolina's poorest families (under 100 percent of Federal Poverty Level) that are obese. Obesity in early childhood can have long-term health, social and learning consequences.[xv]

50-60

Percentage range of birth-to-three-year-olds in North Carolina who received early intervention services that saw improvement in their social/emotional health, knowledge and skills and behaviors.[xvi]

68.3

Percentage of Medicaid-enrolled North Carolina children receiving regular well-child visits (ages 0-9).[xvii]

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"When pediatric health care professionals promote breast-feeding, oral health, immunization and stimulation, they are promoting the foundation for early learning." - Dr. Marian F. Earls, Director of Pediatric Programs, Community Care of North Carolina

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Evidence also shows that quality early learning can influence healthier lifestyles in adults including a reduced likelihood to drink before age 17, being more physically active and eating healthier.[x]

Voluntary home visiting programs, such as those funded through the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), have shown significant impact on children's health, including reductions in visits to medical emergency centers, and reductions in later substance use and smoking.[xi]

Five Important Actions for Health Leaders to Support Early Learning:

1. **Engage in practices that support children and families,** such as maternal depression screenings for new moms.
2. **Ask parents how much school their children are missing.** Nearly 12 percent of elementary school students in North Carolina are chronically absent in a given year, meaning they miss about 18 days or more. Health issues are a major cause of chronic absenteeism, so health providers may find undiagnosed or unmanaged health problems by asking parents. Treating health problems and ensuring that parents understand the importance of regular school attendance will help get children back to school and support their learning.[xii]
3. **Know what's available in your community and refer families to services** such as information about early intervention, food stamps, child care subsidies, etc.
4. **Promote literacy and parent-child reading as part of healthy child development.** Literacy programs such as Reach Out and Read, which operate at primary pediatric practices in more than half of North Carolina counties, are a strong example of how to reach families.
5. **Convey to policymakers your support for public investment in early education and for policies that support children's health.** Health professionals can be powerful and impartial messengers in support of investment for early learning through a variety of forums: public meetings, personal communications and through the media.

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[i] The Campaign for Grade-Level Reading, Healthy Readers Initiative. http://glrhuddle.org/initiative/healthyreaders

[ii] Schorr, L., Pathway to Children Ready for School and Succeeding at Third Grade, 2007. http://first5shasta.org/wp-content/uploads/2013/07/PathwayFramework9-07.pdf.

[iii] Child Trends, The Research Base for a Birth through Eight State Policy Framework, 2013. http://www.childtrends.org/wp-content/uploads/2013/10/2013-42AllianceBirthto81.pdf

[iv] Georgia Family Connection Partnership, Building a Path to Reading Proficiency, 2015. https://www.greatstartgeorgia.org/sites/default/files/readingproficiency.pdf

[v] Zero to Three, Early Experiences Matter: A Guide to Improved Policies for Infants and Toddlers, 2009. http://main.zerotothree.org/site/DocServer/Policy_Guide.pdf?docID=8401

[vi] Child Trends, The Research Base for a Birth through Eight State Policy Framework, 2013. http://www.childtrends.org/wp-content/uploads/2013/10/2013-42AllianceBirthto81.pdf

[vii] Child Trends, The Research Base for a Birth through Eight State Policy Framework, 2013. http://www.childtrends.org/wp-content/uploads/2013/10/2013-42AllianceBirthto81.pdf

[viii] Kai Hong, Kacie Dragan, Sherry Glied, Seeing and Hearing: The Impacts of New York City's Universal Prekindergarten Program on the Health of Low-Income Children, 2017. The National Bureau of Economic Research, Working Paper No. 2329.

[ix] Sices, Laura. Developmental Screening in Primary Care: The Effectiveness of Current Practice and Recommendations for Improvement. Report 1082. The Commonwealth Fund, December 2007. Web. 17 April 2017.

[x] 2014. U.S. DHHS, Centers for Medicare & Medicaid Services (CMS). EPSDT State Data. Form CMS-416.

[xi] U.S. Department of Health and Human Services, Administration for Children and Families. Home Visiting Evidence of Effective Review, Child Health in Brief.

[xii] 2013-2014. US Department of Education, Office of Civil Rights Data Collection.

[xiii] NC Child analysis of US Census Bureau. 2010 - 2014 American Community Survey PUMS.

[xiv] 2014, DHHS, DPH, Oral Health Section, Kindergarten Oral Health Status County Level Summary.

[xv] 2011-2014. Center for Disease Control and Prevention, Childhood Obesity Facts.

[xvi] 2014. U.S. Department of Education. Part C, State Performance Plans Letters and Annual Performance Report Letters. Part C, Indicator 3: Infants and Toddlers outcomes. Summary Statement 2.

[xvii] 2015, US DHHS, Centers for Medicare & Medicaid Services (CMS). EPSDT State Data. Form CMS-416.