



2019 RESEARCH BRIEF ●

# OPPORTUNITY FOR ALL?

NORTH CAROLINA'S BABIES AND TODDLERS OF COLOR

## Executive Summary

Brains are built, not born. During the first years of life, babies' experiences are built into their bodies—shaping brain development and building the foundation for all future learning, behavior and health.

Policies, practices and programs can help prepare babies and toddlers for lifelong learning and well-being by:

**Ensuring their health and development is on track**

**Supporting families and communities so they can foster young children's success**

**Making high-quality child care and learning environments accessible and affordable.**

When we support babies and toddlers in their earliest years, we prepare them to grow, learn and succeed—creating the best outcomes in health, education, and economic well-being for everyone in North Carolina.



NC Pathways to Grade-Level Reading (Pathways) is an initiative of the North Carolina Early Childhood Foundation (NCECF) in partnership with NC Child, the North Carolina Partnership for Children, and BEST NC. The Pathways icon indicates whole-child Measures of Success that put children on a pathway to grade-level reading.

Information on the Pathways initiative is available at: <https://buildthefoundation.org/initiative/pathways-to-grade-level-reading/>

## IMPROVING OUTCOMES FOR ALL CHILDREN BEGINS WITH RACIAL EQUITY

Prioritizing strategies that eliminate barriers for children of color improves outcomes for all of North Carolina's youngest children. North Carolina is becoming increasingly racially and ethnically diverse—close to 50 percent of babies born in 2016 were of color, including 24 percent Black, 15 percent Hispanic, five percent “other race” and one percent American Indian. Half of North Carolina's future workforce, leaders and innovators will be of color, yet there are currently obstacles to their success. Current and historic laws, policies and practices—both official and unofficial—have created and maintained widespread barriers to opportunity for babies and toddlers of color and their families.

Improving outcomes for babies and toddlers of color means putting in place different strategies for action, and changing our current systems and practices so that they work for every child. It also means asking new questions. How is the design of our current systems producing the existing outcomes for babies and toddlers of color and their families? Disaggregating data shines a light on disparities in outcomes among groups of children.

For example, compared to white children and adults:

- Adults of color are less likely to have health insurance, which can impact babies' health at birth
- Black and American Indian babies are more likely to be born with low birthweight, regardless of their mothers' education status, which is a proxy for income
- Young children of color are less likely to have access to health insurance and immunizations
- Young children of color are more likely to live in poverty
- Children of color are less likely to have access to high-quality early education

Research demonstrates that to be successful lifelong learners, babies and toddlers need good health, supported and supportive families and communities, and high quality early care and education. When babies and toddlers get what their growing brains need, they become healthy children who are confident, empathetic and ready for school and life. Research shows that investments in the earliest years garner the highest returns for the community, reducing the need for more expensive interventions later.

Policies, practices and programs that support healthy brain development create the best outcomes in health, education, and economic well-being for everyone in North Carolina.

# Access to Opportunity for North Carolina's Babies and Toddlers of Color

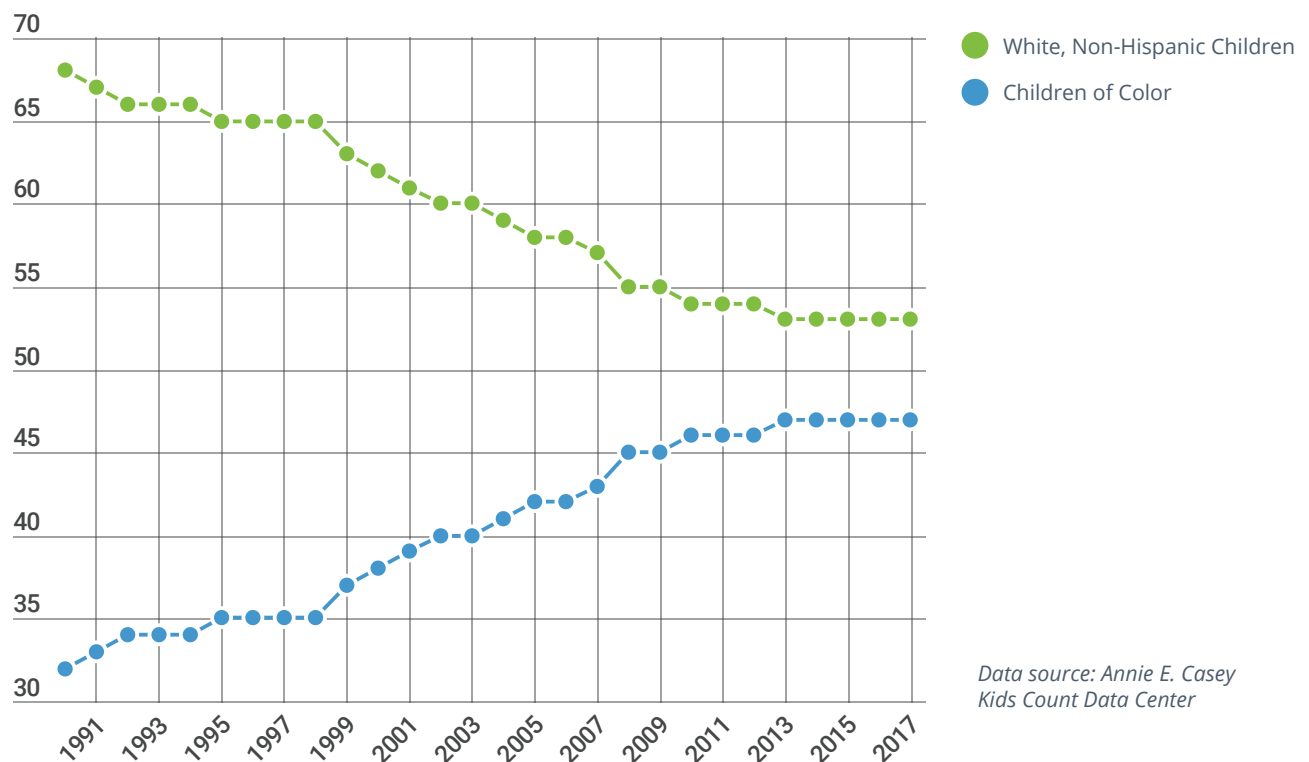
During the first years of life, babies' experiences are built into their bodies—shaping the brain's architecture and building the foundation for future learning, behavior and health. Yet current and historic laws, policies and practices—both official and unofficial—have created and maintain widespread barriers to opportunity and success for babies and toddlers of color. Disaggregating data shines a light on disparities in outcomes among groups of children

## CHANGING DEMOGRAPHICS

North Carolina is becoming increasingly racially diverse, starting with the youngest children. Over the past 30 years, the state's under-age-four population has shifted from 30 percent children of color to close to 50 percent children of color. In 2016, 55 percent of babies born in North Carolina were to white, non-Hispanic mothers, and 45 percent were to mothers of color, including 24 percent Black, 15 percent Hispanic, five percent "other race" and one percent American Indian.

### DEMOGRAPHIC SHIFT ●

NC CHILDREN UNDER AGE 4, BY RACE/ETHNICITY



Data source: Annie E. Casey Kids Count Data Center

## HEALTH AND DEVELOPMENT ON TRACK, BEGINNING AT BIRTH

Children's development during the early years of life is impacted by their health. Experiences during this time are hardwired into their brains and bodies, forming the foundation for all subsequent development. Having healthy parents, good health in utero and good birth outcomes, 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.

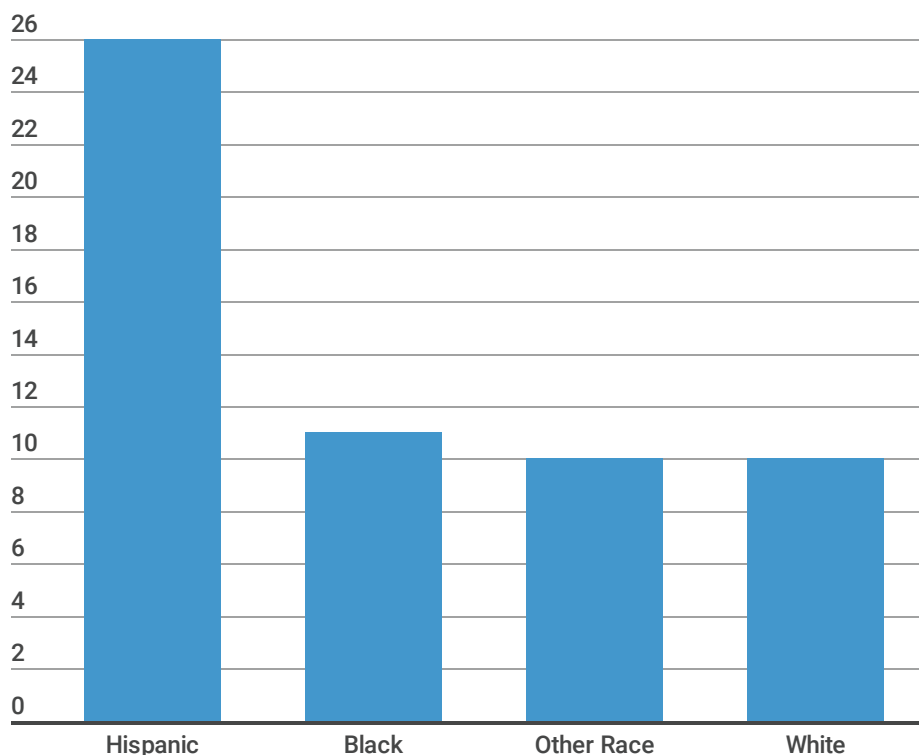
### Health Insurance Coverage for Adults

Healthy women and men are more likely to conceive healthy babies. Making sure adults have access to health insurance makes for a healthier adult population. Women with health insurance are more likely to get timely and adequate prenatal care. When parents have health insurance coverage, children are more likely to have insurance, keep insurance, and access needed health care services. Parents with health insurance also are healthier and can better support children's development.

Hispanic adults in North Carolina are much more likely to be uninsured than their peers. Black adults are slightly more likely to be uninsured than white adults.

#### UNINSURED ADULTS

PERCENT OF NC NON-ELDERLY ADULTS UNINSURED, BY RACE/ETHNICITY (2016)



Data source: Kaiser Family Foundation, State Health Facts

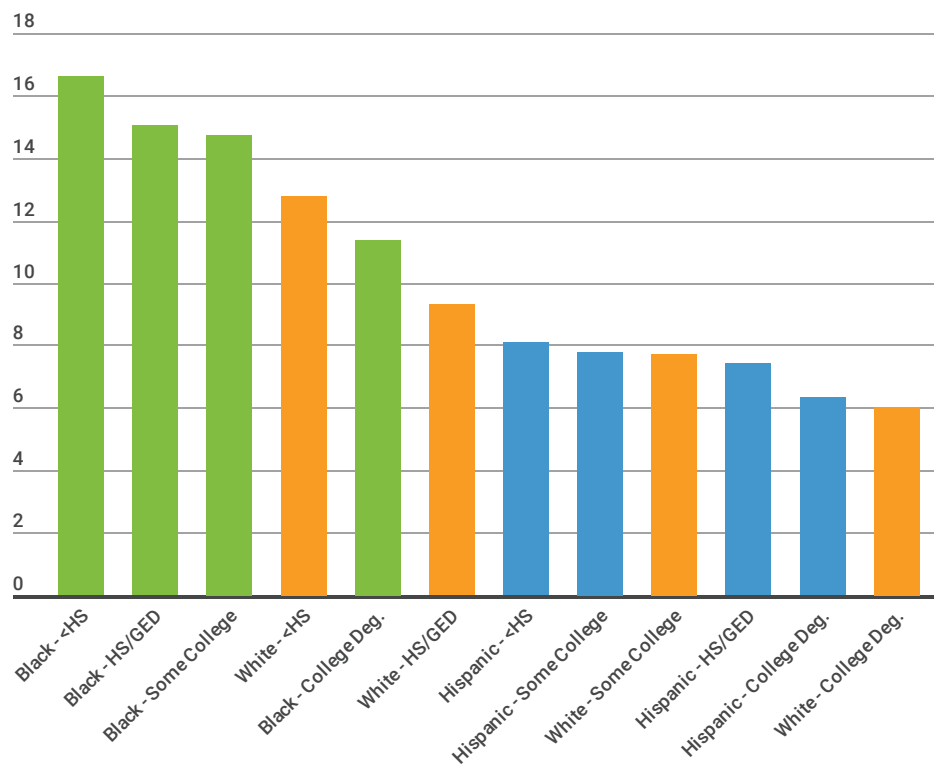
## Birth Outcomes

Babies born weighing less than 2,500 grams (5.5 pounds) are at greater risk for physical and developmental problems than babies of normal weight. Babies who are born at a low birthweight are at higher risk for long-term illness or disability and, as they grow, are more likely to be enrolled in special education classes or to repeat a grade.

Black and American Indian babies in North Carolina are much more likely than their white and Hispanic peers to be born with low birthweight, regardless of factors like education or income. In fact, in North Carolina, a higher percentage of babies born to Black women with some college education have low birthweight than babies born to white women with less than a high school degree. Racial disparities in birth outcomes are driven by inequities in women's health status before pregnancy, in access to health care, and in the social and economic environments in which they live.

### LOW BIRTHWEIGHT

PERCENT OF NC CHILDREN BORN WITH LOW BIRTHWEIGHT, BY RACE/ETHNICITY AND MOTHER'S EDUCATION LEVEL (2017)

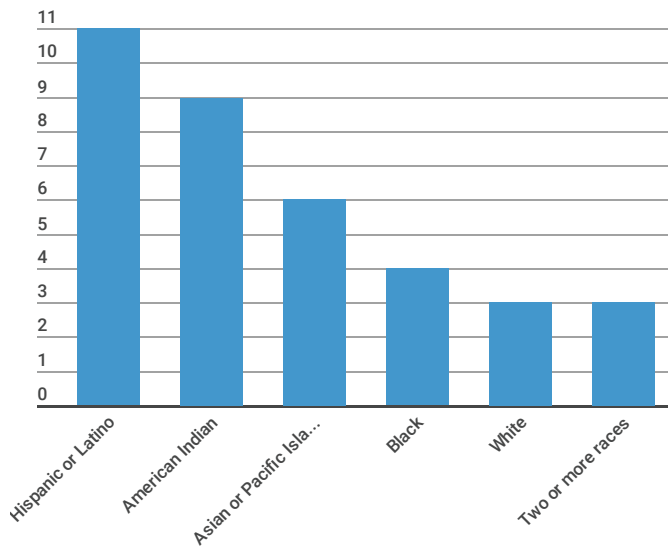


Data source: North Carolina State Center for Health Statistics, Special Data Request

<HS — Less than High School Degree  
 HS/GED — High School Degree or GED  
 College Deg. — College Degree: BA, MA or PhD

## UNINSURED CHILDREN

Percent of NC Children (0-18) Uninsured, by Race/Ethnicity (2017)



Data Source: Annie E Casey Foundation, KidsCount Data Center, "Children without health insurance by race and ethnicity." 2017. [www.ncchild.org/what-we-do/data/kids-count-data-center/](http://www.ncchild.org/what-we-do/data/kids-count-data-center/).

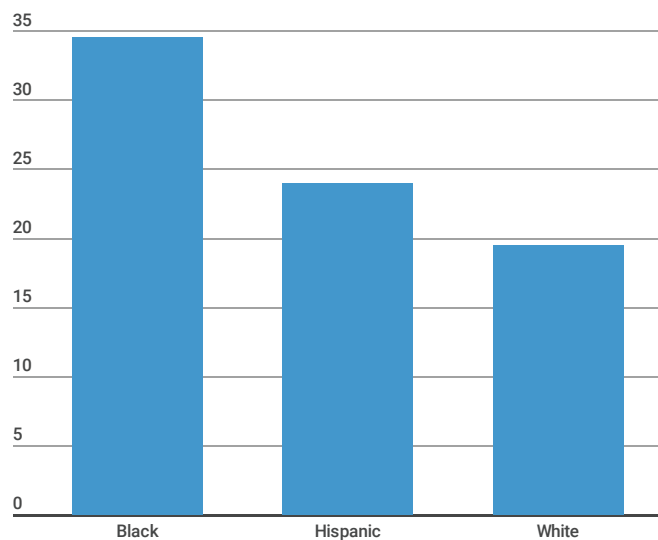
## Health Insurance Coverage for Children

Babies and toddlers with health insurance are more likely to have access to primary health care services that can prevent health problems or address existing chronic or acute health conditions. As children grow, lack of health insurance can affect their school attendance and ability to participate in school activities.

North Carolina has very high rates of insurance coverage for children—in 2017, only three percent of 0-5 year olds, and five percent of 0-18 year olds, were uninsured. However, there are disparities by race. Hispanic and Black children (0-18) are more likely to be uninsured than white children.

## UNVACCINATED

Percent of NC Children, 19-35 Months, Who Had Not Received Combined 7-Vaccine Series (2015)



Data Source: Centers for Disease Control and Prevention (CDC), National Immunization Survey-Child, 2015.

## Immunization

Receipt of timely immunizations prevents illness and usually indicates that a child has access to regular medical care. Late or missing immunizations can result in preventable illnesses that can lead to long-term physical and developmental problems.

Black toddlers are much more likely than their peers to not be immunized. Hispanic toddlers are more likely than white toddlers to miss those immunizations.

## SUPPORTED AND SUPPORTIVE FAMILIES AND COMMUNITIES

Supportive families and communities play a critical role in building strong foundations for health and learning. A stable, secure, nurturing relationship with a competent, caring adult is a key factor in young children’s development. Positive parent and child interactions, such as talking, playing, eating meals, and reading together helps children grow stronger emotionally, develop larger vocabularies, and learn to read more easily.

Parents play the lead role in their child’s healthy development, but all parents are stretched in the earliest months and years of their children’s lives. Communities can provide parents with support they may need at this especially critical time.

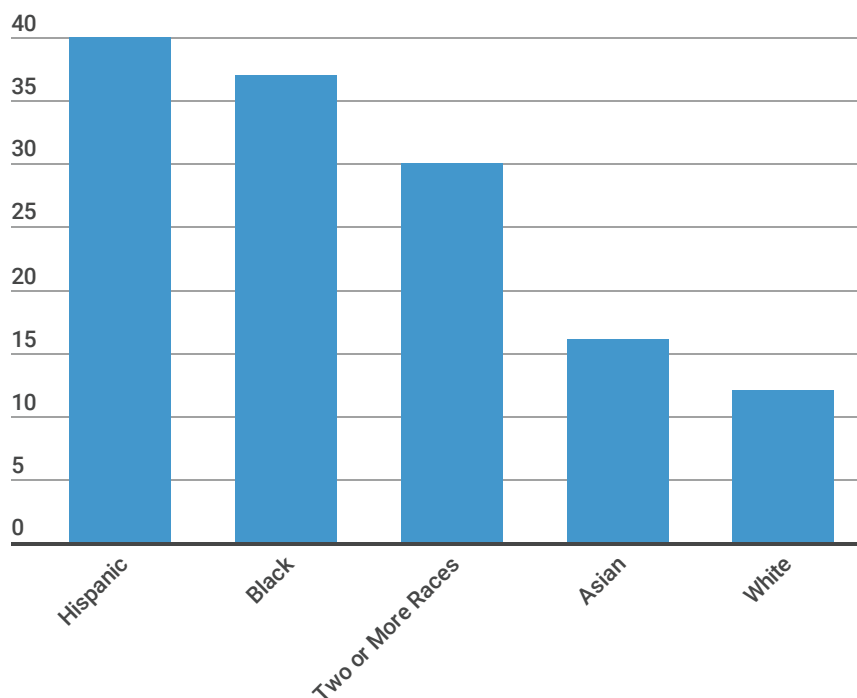
### Family Economic Security

Child poverty is linked with a range of negative outcomes, including diminished academic achievement, health problems, lower nutrition, and lower overall well-being. Living in poverty has particularly detrimental effects on babies and toddlers. Because of the social determinants of health they face—such as inadequate or unstable housing, food insecurity, and lack of access to health care—extremely poor children can have lower cognitive skills, including reading, problem solving, and ability to concentrate.

Young children of color in North Carolina are more likely to be living in poverty than their white peers, with the highest rates of poverty among Black and Hispanic young children.

#### YOUNG CHILDREN IN POVERTY

PERCENT OF NC YOUNG CHILDREN (0-5) IN POVERTY, BY RACE/ETHNICITY (2017)



Data source: Annie E. Casey KidsCount Data Center. Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2017 American Community Survey.

## Paid Leave

Maternity and paternity leave benefits babies and their families, including improving health, making it easier to breastfeed, reducing maternal depression, and more. Babies and toddlers whose parents do not have paid leave or who cannot afford to take unpaid leave are more likely to attend child care when sick, less likely to see doctors when they become ill, and miss out on health, social-emotional and developmental benefits that come from spending time with attentive parents.

Of North Carolina new mothers who planned to return to their jobs, 41 percent had only unpaid leave and six percent reported having no maternity leave. Increasing paid leave for all workers is an effective way to increase racial equity, since Black women in North Carolina are so often family breadwinners.

## HIGH QUALITY EARLY CARE AND EDUCATION

Children's development and learning in the first few years lay the foundation for all of the years that follow. High-quality child care helps prepare children for school and life success. High-quality programs are culturally competent, use developmentally-appropriate curricula to build foundational learning skills, and support children's social-emotional development by maintaining positive school climates.

Education, professional development, and adequate compensation can help ensure high quality teachers.

## Child Care Quality

Children who receive high quality child care have more advanced language, pre-math and social skills, and warmer relationships with their teachers than children in lower-quality child care.

North Carolina has been a national leader in high quality early care and education, with one of the nation's first accountability systems for child care and a top-ranked pre-K program. Yet babies and toddlers in our state are often in lower quality care than preschoolers. In 2014-15, 78 percent of NC four-year-olds who were enrolled in regulated early care were in high-quality (four- or five-star) placements, compared to 67 percent of babies and toddlers.

It is important to note that only about 40 percent of all NC children under age six whose parents are working are enrolled in licensed child care—meaning that the other 60 percent are likely cared for in their homes by non-parental caregivers, in friend, family or neighbor (FFN) care, or in unlicensed child care homes. We have no data on these children in North Carolina.



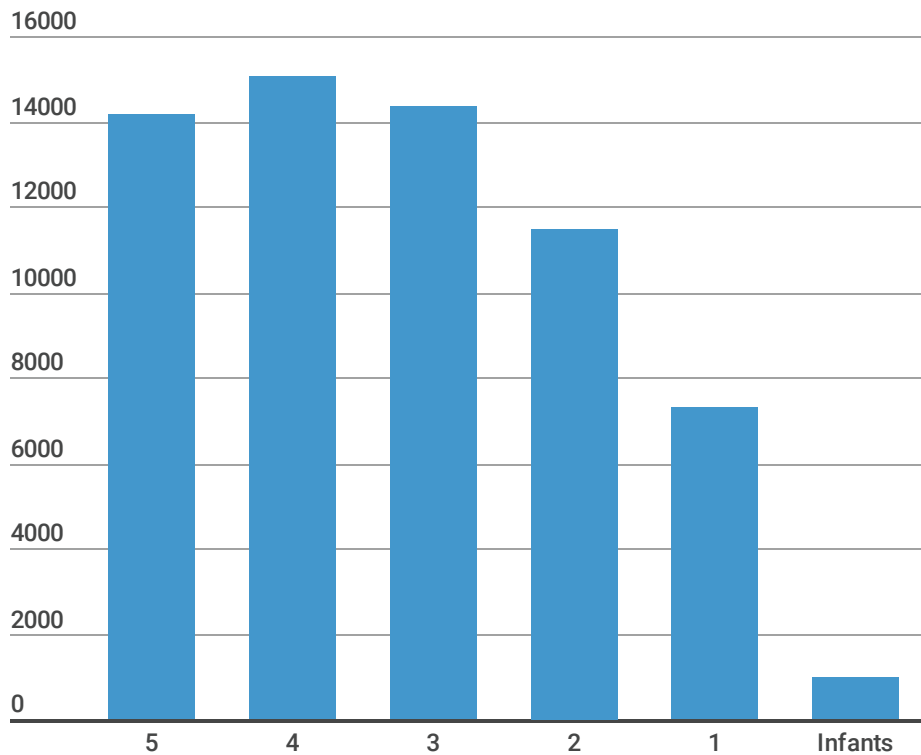
## Child Care Subsidies

Families rely on child care to enable them to work. The cost of high quality child care puts it out of reach for many. Child care subsidies help families afford high quality child care, which prepares young children for success in school and life.

North Carolina provides subsidies to help working families afford high quality child care. Fewer babies and toddlers receive subsidies than do preschoolers, at least partly because of the length of the subsidy waiting list—babies and toddlers often become preschoolers before they receive a subsidy. More than half (56 percent) of the birth through five-year-olds on the child care subsidy waiting list are babies and toddlers (birth up to age three). An additional 19 percent are three-year-olds, and 25 percent are four- and five-year-olds waiting for subsidies for preschool.

### CHILDREN WITH SUBSIDIZED CHILD CARE

NUMBER OF NC CHILDREN RECEIVING SUBSIDIZED CHILD CARE, BY AGE (2017)

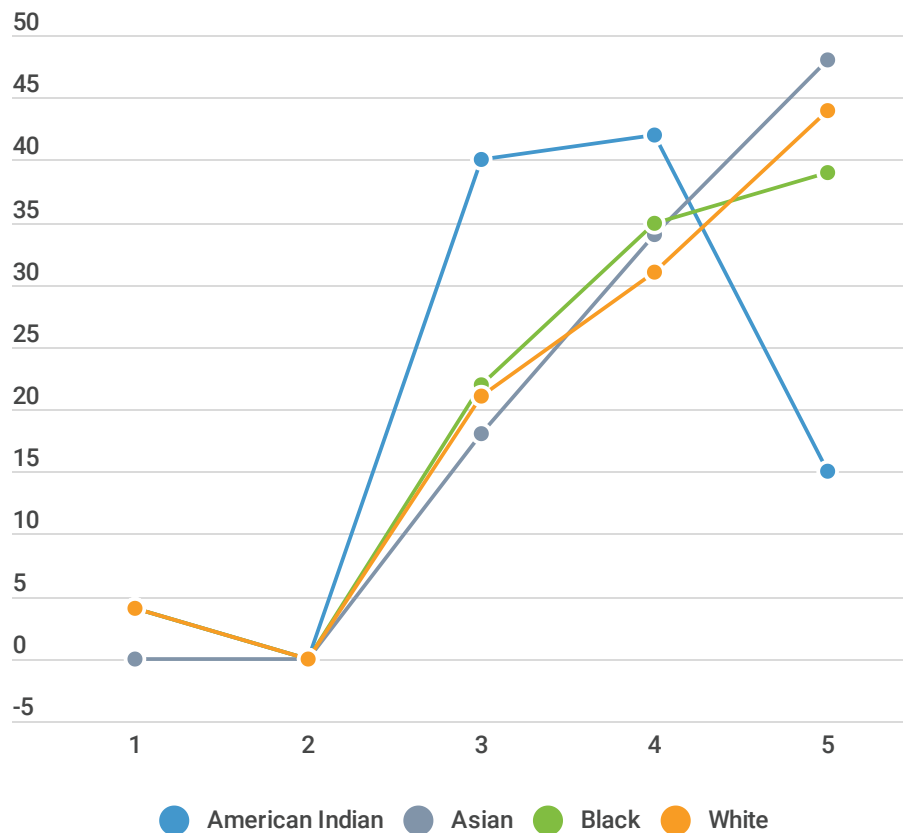


Data source: NC Department of Health and Human Services, Division of Child Development and Early Education, 2017

Once families receive subsidies, North Carolina does a good job of ensuring that their babies and toddlers are in high quality programs. There are racial disparities, however. Specifically, American Indian babies and toddlers with subsidies are less likely than their peers to be in high quality (4- and 5-star) early education programs. Black babies and toddlers are slightly more likely than their white peers to be in 4-star, rather than 5-star, settings.

## QUALITY OF CHILD CARE

PERCENT OF NC BABIES AND TODDLERS (0-2 YEAR OLDS), BY RACE, AT EACH LEVEL OF CARE (1-STAR THROUGH 5-STAR) (2017)



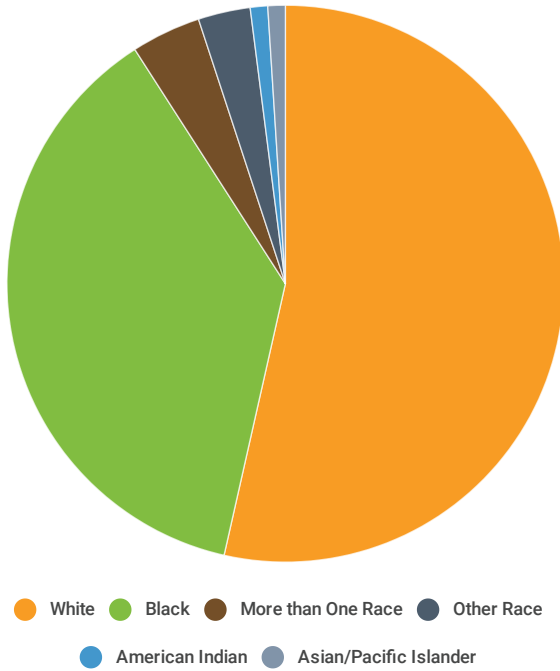
Data source: NC Department of Health and Human Services, Division of Child Development and Early Education, 2017.

## Teacher Education and Compensation

Early care and education programs with highly qualified teachers are more likely to produce positive outcomes for children's learning and development. Infant and toddler teachers are not as well educated or compensated as their peers who teach preschoolers. Early care and education teachers overall make less than K-12 teachers.

A strength of North Carolina's early care and education system is the diversity of its workforce. Forty-six percent of infant and toddler teachers in the state are people of color. Five percent are Hispanic (ethnicity is calculated separately from race). Nearly all are women, and most are mothers.

Since women of color are so well represented among early care and education teachers, improving educational opportunities and compensation for early educators is an effective strategy to improve racial equity. Such improvements impact not only the teachers, but their children and families as well.



**AVERAGE HOURLY WAGES**

infant and toddler teachers make

**\$10** per hour

Preschool teachers make

**\$12** per hour

Data source: Child Care Services Association, 2015 Workforce Study. Special Data Request..

Compared to preschool teachers, infant and toddler teachers on average:

- Are less likely to hold a two- or four-year degree
- Are less likely to hold a B-K license
- Are less likely to have taken a class specifically in the early childhood field
- Have less experience in the classroom
- Earn less per hour

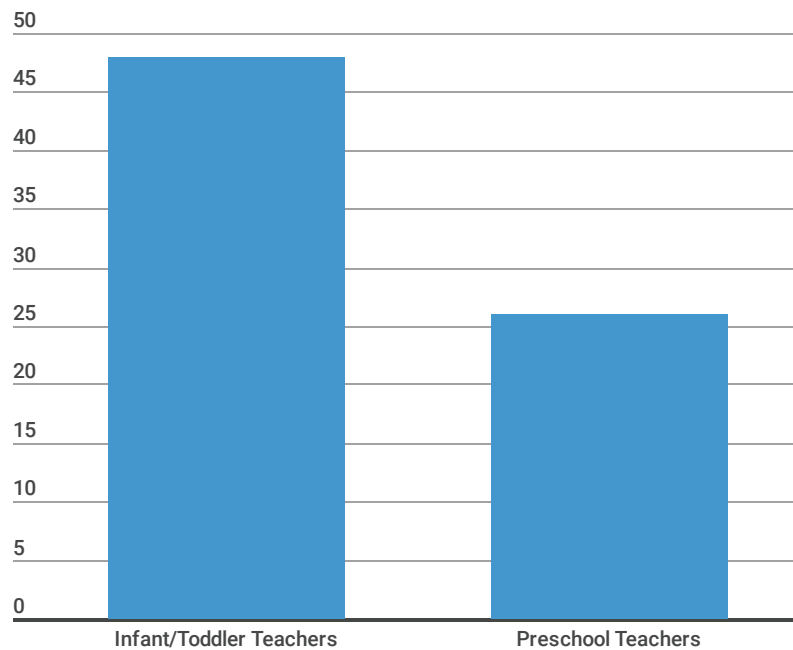
Most infant and toddler teachers have children of their own (74 percent), and they are more likely to struggle with low-income than their preschool counterparts, including:

- Being less likely to have health insurance
- Being more likely to qualify for public assistance
- Having family income under \$30,000 (70 percent of baby and toddler teachers)

These very real economic struggles contribute to turnover in the field. They also can cause high levels of stress, which can impact teachers' ability to connect with the babies and toddlers in their care and effectively support their learning.

## TEACHER EDUCATION

PERCENT OF NC EARLY CHILDHOOD EDUCATORS WITH NO DEGREE, BY AGE OF CHILDREN TAUGHT (2015)



Data source: NC Child Care Services Association, 2015 Workforce Study. Available online at: <https://www.childcareservices.org/wp-content/uploads/2017/11/2015-Workforce-Report-FNL.pdf>

## USING A RACIAL EQUITY LENS BENEFITS ALL CHILDREN

Race in America plays a large role in determining children's life outcomes. In order to prioritize policy and practices changes that improve racial equity, we first need to see and understand data disaggregated by race and ethnicity. Using a racial equity lens will guide North Carolina to dedicate more and different resources to support children and families of color and create systems that work for all.

When our systems work collaboratively and are shaped using a racial equity lens, we ensure the best possible future for our children and North Carolina.

# Critical Questions

- How are agencies, organizations, and programs disaggregating data to understand inequities in outcomes for infants and toddlers of color?
- What explicit goals and measures are needed to address inequities in outcomes?
- How are current policies and practices driving and/or perpetuating inequitable outcomes?
- How are programs, policies, and practices increasing opportunity and/or access for those who historically have been excluded?
- Is lived experience valued as data to drive strategies?
- Who is part of the discussion and who is not?
- What processes are in place to promote accountability for eliminating inequities?

## ADDITIONAL SOURCES

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The NC Early Childhood Foundation promotes understanding, spearheads collaboration, and advances policies to ensure each North Carolina child is on track for lifelong success by the end of third grade.

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