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SUBCOMMITTEE ON INCOME SECURITY & FAMILY SUPPORT
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Chairman McDermott and Members of the Subcommittee:

My name is Matthew Melmed. For the past 12 years I have been the Executive Director of ZERO TO THREE, a national non-profit organization that has worked to advance the healthy development of America's babies and toddlers for 30 years. I would like to start by thanking the Subcommittee for its interest in examining the impact of gaps in health coverage on income security. I would also like to thank the Subcommittee for providing me the opportunity to discuss the interaction between poverty, access to health care, and the healthy physical, social-emotional, and cognitive development of our nation's infants and toddlers.

For these youngest children, regular health care can spell the difference between a strong beginning and a fragile start that leaves them behind. In the battle of words and policies over who should receive help in obtaining health insurance, and therefore better access to health care, we often forget that there are some groups of people who simply can't wait—and babies are one of them. We hope that thinking about their needs can help spur action on behalf of all children and families.

When we as parents think back to our children's earliest years, we inevitably think of the many visits to the pediatrician. For many of us, it is daunting to imagine having to pay out of pocket for all that care or even worse, to imagine foregoing that care because of the trade-offs it would require in other basic necessities of life. And to contemplate the staggering medical bills for infants with the complications of preterm birth or low birth-weight would be overwhelming. Yet, many parents do face these circumstances as more than one in ten infants and toddlers are without health insurance.[1]

The pool of very young children at-risk is even greater because we know that a child's health and development are intricately related to the conditions in which lower-income families live. Two out of every five children under the age of three in America live in families considered low-income (at or below 200% of the federal poverty level).[2] Very young children are more likely to be poor than children as a whole, spending their critical early years developmentally in an environment that impacts them more severely than other age groups. Moreover, it takes only one event such as an accident, a baby requiring expensive neonatal care, or the loss of a job and the health insurance that may come with it to send a family spiraling down into the at-risk population.

For infants and toddlers, we cannot think of the developmental domains in isolation. Infancy and toddlerhood are times of intense cognitive, social-emotional, and physical development, and the development in these areas is inextricably related. So poor health in a very young child can lead to developmental problems in other areas and vice versa.

Too often we ignore the early years of a child's life in making public policy, failing to give children and families supports that could make a difference in how their lives unfold. Yet, we spend a great deal of time and money on needs identified later in life—for example, gaps in cognitive development upon entering preschool or more intensive special education services for problems that may have begun as much milder developmental delays left undiagnosed and untreated in a young baby.

Mr. Chairman, my message to you is that policymakers need to be aware of the important foundations laid in the early years of life and structure policies in such a way that they: 1) *promote* healthy development of infants and toddlers, 2) *prevent* many of the devastating physical, social-emotional, and cognitive impairments that these young children face in the future, and 3) *treat* acute and chronic illnesses, developmental delays, social-emotional problems, and learning disabilities in a timely manner. Simply put, babies and their families can't wait—we know that early intervention and prevention work best and we know that living in poverty can increase parental stress and compromise the healthy development of young children. We need policies that support parents and other caregivers in providing young children with the strong foundation they need for healthy development.

The Effects of Health Care Gaps on Infants and Toddlers

Like other children, infants and toddlers are not immune to the growing health insurance gap in our country. Even though 52% of infants and toddlers in low-income families have at least one parent who works full-time,[3] the economic reality of the labor force is that employer-sponsored health insurance is becoming more and more of a rarity. In fact, nearly 12% of children under the age of three—1.9 million infants and toddlers—lack health insurance.[4]

The health insurance gap affects babies even before birth when one considers the prenatal care to which their mothers may or may not have access. The March of Dimes estimates that an American newborn has a "1-in-5 chance of being born to a mother who lacks health insurance."[5] Their mothers are therefore less likely to receive prenatal care, including screenings and diagnostic tests, which can improve their health as well as their babies' health.

What does it mean for a baby or toddler to lack access to health care? One likely consequence is missed doctor visits at which preventive care or early screening would take place. The Academy of Pediatrics recommends eight well-baby care visits with a pediatrician in the first year of life, with five more by the time the child reaches the age of three. These visits focus on preventive pediatric health care, including vision, hearing, lead, and developmental screenings; psychosocial/behavioral assessments; and promotion of proper oral health care.[6] These screenings and assessments are critical during the birth to three period to detect impairments, developmental delays and disabilities, and life-threatening disorders. If diagnosed early, these

delays and disorders can be successfully managed or treated to prevent more severe and costly consequences later in life. In addition to well-baby visits, those of us who are parents know families are likely to find themselves in the pediatrician's office many more times for childhood illnesses. For the family without health insurance, paying for this number of visits can seem daunting indeed.

The result is not just a matter of conjecture. Research shows that without adequate health insurance, infants and toddlers fall victim to a host of poor health outcomes. In fact, uninsured children are almost five times more likely than insured children to have at least one delayed or unmet health care need.[7] Uninsured infants and toddlers are also less likely to have a regular pediatrician or medical home.[8] As a result, they are less likely to obtain preventive care or be diagnosed and treated early for illnesses, instead waiting until conditions are no longer manageable before seeking care in the Emergency Room (ER) of their local public hospital. In fact, in the last 50 years, the number of visits to ERs has increased more than 600% in the United States,[9] with children 0-18 accounting for over 31 million visits to the ER every year.[10] Children under the age of three represent the largest proportion of medically and injury-related ER visits in the country.[11]

Emergency Rooms are the safety net of the United States health care system, but they are not a substitute for routine care, nor should they be. ERs are overcrowded and overburdened, leaving less staff and resources for those who truly need emergency care. For example, asthma, the leading cause of pediatric hospitalizations and missed school days,[12] is a chronic condition, but one that is manageable with proper attention and medication. By waiting until an attack is imminent rather than controlling environmental triggers on an ongoing basis, care becomes much more expensive and difficult to obtain. Yet, uninsured families and those living in poverty often do not have a choice as access to regular health care is unreachable.

Infants and toddlers also require 20 doses of vaccines before they are two years old to protect them against 12 preventable diseases.[13] Vaccines are cost-effective public health measures that have decreased the incidence of several childhood diseases in the United States, including diphtheria, measles, mumps, rubella, and meningitis by 99% and completely eradicated polio.[14] Not so long ago, these diseases caused death and paralysis among the most vulnerable youth. While the majority of our nation's infants and toddlers do receive the full range of recommended immunizations, nearly 18% of infants and toddlers do not.[15] Because uninsured children and those living in poverty are less likely to have a regular pediatrician, they are also less likely to receive the full range of recommended immunizations, thereby threatening not only their health, but the public's health as well.

The Cost of Extraordinary Care

Even if uninsured families are able to pay for routine visits, a serious health condition can push them over the edge financially. The high costs of hospital care for premature or low-birthweight infants, in particular, can be overwhelming for parents without health insurance. One factor leading to these conditions is a lack of prenatal care, which as noted above, is more likely to be a factor for women who lack health insurance, creating a devastating chain of events for mother and baby. The March of Dimes estimates that, in 2005, preterm births "cost the United States at

least $26.2 billion, or $51,600 for every infant born preterm."[16] A 1999 study of neonatal intensive care found that the median treatment cost for all infants in the study was $49,457 (in 1994 constant dollars) while costs at the 90th percentile was $130,377. The lowest birthweight infants had a higher median cost at $89,546.[17]

For parents who have jobs that do not provide health insurance, such medical bills must seem insurmountable. In a study of families that had filed for bankruptcy, caring for premature infants and chronically ill children was a common theme.[18] Sometimes it is the loss of a job when the parent must care for the child that is the final straw.

The Impact of Poverty on the Healthy Development of Infants and Toddlers

I would like to focus in on lower-income children, who are at greater risk for a variety of poorer outcomes and vulnerabilities than middle-income infants and toddlers, including health impairments, social-emotional problems and diminished school success.[19] The health-related experiences of infants and toddlers on the lowest rungs of the income ladder and their developmental consequences illustrate that lacking support for good health care does not just mean missing a few doctor visits. These experiences also give us a sense of the trade-offs families must sometimes make in choosing among essentials for their families.

Of the 12 million infants and toddlers living in the United States, 21%—a staggering 2.6 million infants and toddlers—live in poor families (defined as families with incomes at or below the federal poverty level or $20,650 for a family of four).[20] When one takes into account those families who are classified as low-income (at or below twice the federal poverty level or $41,300 for a family of four), the percentage and number of infants and toddlers living in dire economic conditions jumps to 44% or 5.4 million.[21] While the number of children of all ages living in poor families has increased over the past several years, the number of infants and toddlers living in poor families has increased at an even faster rate (16% vs. 11%).[22] What is particularly troubling, in addition to the rise of childhood poverty, is the fact that very young children are disproportionately impacted by economic stress—that is, the negative effects of poverty are likely to be more severe when children are very young and their bodies and minds are still developing.

Gaps in health coverage and access to adequate health care are costly, not just for the affected infants, toddlers, and families themselves, but to all of society. Poverty, itself, raises direct expenditures on health care by $22 billion per year.[23] It is important to keep in mind, however, that it is not just those families living in poverty or near poverty who are at-risk, but there are many more families who are susceptible to poor health outcomes. In fact, in 2006, almost 23% of the uninsured in the United States reported having household incomes above $50,000 a year, a 2% increase from the previous year.[24] All it takes is a terrible accident, the loss of stable employment (and any health coverage which might go along with it), or a mental health disturbance to send a family reeling.

Health Impairments

One health issue facing low-income children is food insecurity—lacking adequate resources to meet basic food needs.[25] In the United States, there are 12.6 million households that are considered food insecure, with 12.4 million children affected.[26] Nearly 17 percent of US households with children younger than six are food insecure.[27] Choosing between adequate food and adequate health care may be one of the dilemmas facing families without health insurance.

Not only do food insecure households purchase less food in general, but they are also more likely to purchase low quality food or skip meals altogether. Access to fresh fruits and vegetables is often limited or priced out of reach, causing low-income parents to purchase higher-calorie, less nutritious, and energy-dense foods in order to maximize their caloric intake while they have the resources to buy food at that particular moment.[28] Reliance on less nutritious foods and limited physical activity has resulted in an explosion of childhood obesity. In 2000, 10.4% of children between the ages of two and five were considered obese.[29] Not surprisingly, children from lower socioeconomic families are more at-risk for obesity than more affluent children.[30] Of course, this is important because children who are obese and/or live in food insecure households face a number of health impairments that can have devastating lifetime effects. Because food insecure and obese children often have compromised immune systems, they are less able to resist illnesses and, therefore, are more likely to be hospitalized.[31] In fact, children from food insecure households are 90% more likely to suffer from poor or fair health and experience 30% higher rates of hospitalization.[32] Long-term consequences may include development of juvenile diabetes, hypertension, asthma, anemia, sleep apnea, and several social-emotional problems and cognitive deficiencies discussed below.[33]

Social-Emotional Problems

Families who struggle to make ends meet are often stressed to the limit, looking for any way possible to help mitigate the effects of poverty for their children. Yet, the very fact that parents may be spending more time working to earn the money to feed their children means they are less available for their children. Early relationships are the active ingredient for healthy social-emotional development in very young children. These early relationships form the foundation upon which all subsequent relationships will be formed. Important behavioral, physiological, and emotional regulation systems are being formed during these critical years.[34] Parents or caregivers who are absent, physically or mentally, cannot bond as strongly with their babies, creating a higher likelihood that parents and very young children will face a host of poor social-emotional outcomes.

The existence of maternal depression and other adult mental health disorders, for example, can negatively affect children if parents are not capable of providing consistent sensitive care, emotional nurturance, protection and the stimulation that young children need.[35] Maternal depression, anxiety disorders, and other forms of chronic depression affect approximately 10 percent of mothers with young children[36] – this number is even higher for families in poverty. In fact, findings at enrollment from the Early Head Start Research and Evaluation Project indicate that 52 percent of mothers reported enough depressive symptoms to be considered clinically depressed.[37] Not surprisingly, lack of health insurance can add to parental stress. An analysis of

data from the 2000 National Survey of Early Childhood Health found that "mothers with uninsured children and those with children with missed or delayed care were both significantly more likely to be in poor mental health."[38]

Early and sustained exposure to parental stress and depression can influence the physical architecture of the developing brain, preventing babies and toddlers from fully developing the neural pathways and connections that facilitate later learning. Young children can sense the stresses their parents or caregivers are experiencing, which in turn, can affect the behavior and mental health of children themselves. Children, particularly those who are from food insecure families, are at higher risk of developing aggression, anxiety, depression, and hyperactivity than food secure children.[39] According to the Fragile Families and Child Wellbeing Study, food insecure families were much more likely to experience mental health problems in mothers and behavioral problems in their three-year-olds than food secure families.[40] As children grow older, these behavioral problems continue to be prevalent. Children from food insecure families were not only more likely to receive mental health counseling, but were also more likely to fight with their peers and steal than their more affluent peers.[41]

Diminished School Success

Health impairments and social-emotional problems also directly affect later school success. Children who are sick or hospitalized miss more days of school and have trouble learning, resulting in lower grades and test scores and poorer cognitive development, school readiness, and success.[42] Children who start behind, stay behind. When developmental delays and health impairments are detected and treated early, however, children have a much better chance of school success. In fact, a study of California's Children's Health Insurance Program found that after one year of enrollment in the program, children were more attentive in class (57% after vs. 34% before) and more likely to keep up with their school activities (61% after vs. 36% before).[43] Without early and effective treatment, costs increase to all of society as special education costs are estimated at about $4 billion per year.[44]

Shifting the Focus from Treatment to Promotion and Prevention

As outlined above, the economic costs to society for poor physical, social-emotional, and cognitive development of our nation's infants and toddlers is absolutely staggering. The good news is that we can do a lot to lower those costs by shifting the focus from treatment to promotion and prevention. ZERO TO THREE's recommendations include:

Ensuring Access to a Medical Home for Every Child in the US

Every child in the United States should have access to a medical home—a regular pediatrician they see for ongoing care and follow-up. The American Academy of Pediatrics calls for "accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective care."[45] A regular pediatrician would facilitate all aspects of pediatric care, including supervision of care; patient and parent counseling about health, nutrition, safety, and mental health; and the importance of well-child visits, immunizations, and screenings and assessments. He or she should also refer a child to early intervention services when appropriate

and coordinate care with other early childhood programs.[46] By relying on a single consistent health care provider, lower-income families can avoid unnecessary and more expensive treatment in ERs, walk-in clinics, and urgent care facilities, thereby reducing costs to all of society.

Providing Adequate SCHIP Coverage for All Eligible Infants and Toddlers

The State Children's Health Insurance Program (SCHIP) has also dramatically improved the health and well-being of our most vulnerable children. Since SCHIP began in 1997, the percentage and number of low-income uninsured children has fallen by more than one-third.[47] This is particularly important as publicly-insured children (those enrolled in SCHIP and Medicaid) are more likely to have chronic conditions requiring ongoing care, such as asthma, learning disabilities, and health conditions.[48] By insuring these children, we can safely and effectively manage conditions rather than relying on the nation's safety net for more expensive urgent care. Furthermore, children in SCHIP are more likely to receive well-child visits, immunizations, screenings, dental care, and other forms of preventive care, further reducing the need for more costly interventions later.[49]

Expanding Access to Comprehensive Early Childhood Programs

Comprehensive high quality early learning programs for infants and toddlers, such as Early Head Start, can help to protect against the multiple adverse influences that may hinder their development across all domains. Research from the Early Head Start Research and Evaluation Project, and its companion follow-up results, concluded that the program is making a positive difference in areas associated with children's access to health care, children's success in school, family self-sufficiency, and parental support of child development. For example, 28 months after enrollment in the Early Head Start program, 95% of infants and toddlers had received one or more well-child exams, 99% had received immunizations, and 69% had received screenings tests (41% for hearing and 28% for lead).[50] Early Head Start also produced statistically significant, positive impacts on standardized measures of children's cognitive and language development. Early Head Start children demonstrated more positive approaches to learning than control group children.[51] Early Head Start also had significant impacts for parents, promoting family self-sufficiency and parental support of child development. Early Head Start children had more positive interactions with their parents than control group children—they engaged their parents more and parents rated their children as lower in aggressive behavior than control parents did. Early Head Start parents were also more emotionally supportive and less detached than control group parents and provided significantly more support for language and learning than control group parents.[52] By expanding access to quality early learning programs, we can reach children early in life when we can have the greatest chance to improve future success.

Increasing Investments in Family Income Supports and Nutritional Programs

Finally, income supports and nutritional programs help low-income families improve the healthy physical, social-emotional, and cognitive development of their children. Child tax credits, the Earned Income Tax Credit, and a meaningful minimum wage are key to helping families obtain self-sufficiency. In addition, federal nutrition programs such as the School Breakfast, School

Lunch, After School Snacks, and Summer Food Service Programs provide nutritionally-balanced foods for low-income children. The Food Stamp program helps low-income families purchase more food and improve their diets. The Child and Adult Care Food Program provides funds for meals and snacks for children in child care and Head Start/Early Head Start programs. And, the Supplemental Nutrition Program for Women, Infants, and Children (WIC) Program provides low-income nutritionally at-risk pregnant, breastfeeding and postpartum mothers, infants, and children under the age of five with food, nutrition education, and health care referrals. All of these programs provide economic supports to struggling low-income families in an effort to improve outcomes for their children.

Conclusion

During the first three years of life, children rapidly develop foundational capabilities—physical, social-emotional, and cognitive—on which subsequent development builds. These areas of development are inextricably related. When young children do not have access to health care because they are uninsured (or for other reasons), every aspect of their development can suffer. These years are even more important for infants and toddlers living in poverty. All young children should be given the opportunity to succeed in school and in life. We must ensure that infants, toddlers, and their families living in poverty have access to quality, accessible, consistent, and culturally appropriate health care and insurance. We must also ensure that low-income children have access to developmentally appropriate early learning programs such as Early Head Start to help ensure that they are ready for school. And, finally, we must ensure that families struggling to make ends meet receive income supports and nutrition assistance to ensure that their infants and toddlers grow up healthy, happy, and ready to learn. Providing supports to low-income at-risk families will have a trickle down effect on our youngest children and thereby have even more positive long-term benefits in our efforts to break the intergenerational cycle of poverty.

I urge the Subcommittee to consider the very unique needs of babies living in poverty as you address the impact of gaps in health coverage on income security. Too often, the effect of our overall policy emphasis is to wait until at-risk children are already behind physically, emotionally, or cognitively before significant investments are made to address their needs. We must change this pattern and invest in at-risk infants and toddlers early on, when that investment can have the biggest payoff—preventing problems or delays that become more costly to address as the children grow older.

Thank you for your time and for your commitment to our nation's at-risk infants, toddlers and families.

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