Can Early Childhood Interventions Improve Health and Well-Being?

Top Takeaways

Research shows that positive educational experiences early in a child’s life can affect his or her future health and well-being—but the United States ranks 25th out of 29 among industrialized nations in early childhood education investments. This snapshot will look into ways schools, states, and countries can invest in positive interventions to improve life outcomes in children.

Experiences and environmental influences in early childhood can affect health and well-being throughout life.

High-quality early childhood programs aimed at low-income families have been shown to improve health outcomes, health behaviors, and social outcomes into adulthood.

Studies have shown that social-emotional learning programs may improve social and emotional skills, attitudes and behavior as well as academic performance.
The United States currently ranks 25th of 29 industrialized countries in public investments in early childhood education.

Fewer than half of children are eligible for Head Start—and less than 4% per dollar spent, depending on the program and length of follow-up.

Childhood development programs are estimated to save between $2.88 and $17.07 per dollar spent, depending on the program and length of follow-up.

**Key Facts**

The Impact of Early Childhood Experiences

A *growing body of evidence* ties experiences in early childhood to health and well-being throughout life. Family and neighborhood resources and other social and economic factors shape infants’ and toddlers’ physiological, emotional, and behavioral development, creating either a favorable foundation for lifelong health, or adversity from the start.

The effects are often most powerful among the most disadvantaged children. Children in impoverished families are *prone to chronic stress* that can contribute to mental and physical problems later in life such as depression, anxiety, diabetes, and cardiovascular disease.

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Fortunately, the evidence from the past 40 years also suggests that early intervention can disrupt this cycle that leads from social disadvantage to health disadvantage. One such intervention is high-quality early childhood programs, which provide comprehensive and accessible resources for maternal and infant health, education, and parent-child relationship support. Children from low-income families who participate in these programs experience a range of long-term health-related benefits:

- Individuals from one program, the Carolina Abecedarian Project, who were followed from early childhood to age 35, showed lower prevalence for major risk factors for cardiovascular and metabolic disease, notably diabetes.

- Participants in the Abecedarian Project and two other programs (the Chicago Child-Parent Centers and the High/Scope Perry Preschool Program) were less likely to engage in unhealthy behaviors in adulthood, such as frequent drug use or smoking.

- High-quality programs have also been linked to positive social outcomes that affect long-term health. For example, participation in the Abecedarian Project has been linked to gains in college attendance and skilled employment, while the High/Scope project has been linked to higher employment rates and income.

Benefits of a Whole-Child Approach

The traditional view of education has focused on academics. Contemporary research shows the benefits of a more holistic or “whole child” approach that addresses children’s social, behavioral, physical, and emotional health as well as their academic potential.

For preschool children especially, the whole-child approach requires reaching out to the home. Many parents with limited resources need assistance to reduce toxic stress in the home, characterized by factors like long-term neglect, abuse, exposure to violence, and/or the stresses of poverty. Even middle-class parents—especially single parents—often face major obstacles to optimal parenting. Many successful early childhood programs therefore include support and training for parents and caregivers, such as: involving them in center-based activities, providing referrals to social services, helping them find work or job training, and helping them to develop self-efficacy and life skills.

Children from low-income families who participate in early childhood programs will experience long-term health benefits.
The whole-child approach also goes beyond academic readiness to emphasize the acquisition of social and emotional competencies. Strong social and emotional skills predict favorable social, behavioral, and academic adjustment throughout childhood and beyond. For example, a 20-year retrospective study suggests that kindergarten students who display social competence, such as sharing or cooperating, may be more likely to attain higher education and well-paying jobs, while children with weaker social competency are more likely to drop out of high school, abuse drugs and alcohol, or need government assistance.

Fortunately, social-emotional learning programs can help instill these skills. A meta-analysis of 213 school-based social-emotional learning programs for children and teenagers ages 5 to 18 found that participants demonstrate significantly improved social and emotional skills, attitudes and behavior, and an 11-percentile gain in academic performance.

While these programs come at some public cost, so do the consequences of weak social and emotional competency, like public services for health, public assistance, and criminal justice. One major study of six prominent social-emotional learning programs for children from pre-kindergarten through 12th grade found that for every dollar invested in these programs, there is an average return of 11 dollars.

While social-emotional learning is a relatively new trend in elementary school and beyond, “early childhood educators have long recognized the importance of supporting early social-emotional learning,” writes Ann Epstein, a researcher and Curriculum Developer of the High/Scope Educational Research Foundation.

For every dollar invested in social-emotional learning programs, there is an average return of 11 dollars.
The Agenda

In 2014, the Robert Wood Johnson Foundation Commission to Build a Healthier America recommended making investing in America’s youngest children a high priority. This would require a significant shift in spending priorities; currently the United States ranks 25th of 29 industrialized countries in public investments in early childhood education. Specifically, the Commission recommended:

- **Create stronger quality standards for early childhood development programs**, link funding to program quality, and guarantee access by funding enrollment for all low-income children under age 5 in programs meeting these standards **by 2025**. The Commission noted that only a small fraction of low-income children are in high-quality programs. They aren’t always available, and when they are, either space is limited or parents are unable to afford them.

- **Help parents who struggle to provide healthy, nurturing experiences for their children** through programs such as integrated child-parent services.

- **Invest in research and innovation** around early childhood programs.

Many of these programs have focused on improving social and emotional learning, and developing “social competence” traits like empathy and sharing in children as young as kindergarten age. Studies have shown that skills acquired in social and emotional learning contexts can increase a child’s chances of attaining high-level jobs and advanced degrees.

### Enrollment Rates for 4-Year-Olds in Early Childhood Education (2010)

Full-time and part-time students in public and private institutions

<table>
<thead>
<tr>
<th>Country</th>
<th>Enrollment Rate</th>
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<tbody>
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*SOURCE: Center for American Progress, 2013*
Background

Experts have long realized the benefits of early educational interventions, especially for low-income families. In 1965, when Head Start was launched, only 60 percent of 5-year-olds attended a preprimary program. Head Start was designed to increase the school readiness of low-income families, and Early Head Start was launched in 1994 to serve children from birth to age 3. Today, about 40 states offer some funding for pre-kindergarten—the school year before kindergarten—and in 2013, President Obama called on Congress to provide access to high-quality preschool for every child in America.

Educational interventions still have a long way to go in the United States. Today, only 15 states require students to attend kindergarten and about one-quarter of children attend kindergarten for just half a day. Evaluations of Head Start have reached varying conclusions, which is not surprising given the wide variation in services and needs across Head Start sites. In any case, fewer than half of children eligible for Head Start are able to access it, and fewer than 4 percent of at-risk children under age 3 receive Early Head Start services.

While formalized early childhood education programs have been publicly funded for more than 50 years, there is still notable room for growth in this area. In 2013–2014, only 29 percent of America’s 4-year-olds were enrolled in a state-funded preschool program, according to the National Institute for Early Education Research.

Want to Know More?

- Early Childhood Experiences Shape Health and Well-Being Throughout Life
- How Children’s Social Competence Impacts Their Well-Being in Adulthood
- Time to Act: Investing in the Health of Our Children and Communities