

# WHAT DO #ARKIDSNEED FROM BIRTH TO 8?

A HEALTHY START, A GOOD EDUCATION, AND ECONOMIC SECURITY

#ARKIDSNEED



NOVEMBER 2015





**TABLE OF CONTENTS**

Executive Summary ..... 1

Introduction ..... 2

Healthy Families..... 3

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    Health Coverage..... 3

    Access to Health Care Services..... 4

    Screenings ..... 5

    Mental Health Services ..... 6

    Healthy Families ..... 7

A Good Education ..... 8

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    Pre-K ..... 9

    Early Literacy..... 11

    After School and Summer Programs ..... 12

    Home Visiting ..... 13

Economic Security ..... 14

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    An Earned Income Tax Credit ..... 14

    Assistance for Families in Need ..... 15

    Nutrition ..... 16

    Paid Family Leave..... 17

**#ARKIDSNEED** Us to Work Together..... 18

Notes ..... 20

Appendix: Ages 0-3 ..... 10

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# WHAT DO #ARKIDSNEED FROM BIRTH TO 8?

## A HEALTHY START, A GOOD EDUCATION, AND ECONOMIC SECURITY

by Arkansas Advocates for Children and Families Staff  
November 2015



## #ARKIDSNEED

- Consistent health insurance coverage.
- Expanded access to health care.
- Moms who have quality prenatal care.
- Full immunization screenings.
- Proper dental care.
- Regular check-ups to catch health issues early.
- Mental health care from certified providers.
- Quality pre-K and early childhood education.
- Parents who teach early literacy by reading and talking.
- After school and summer programs.
- Home visiting to fill in the gaps.
- Financially stable households (Earned Income Tax Credit and Temporary Assistance to Needy Families).
- Healthy food from the Supplemental Nutrition Assistance Program (SNAP).
- Parents who have access to paid leave.



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## Introduction

Decades of research show the first eight years of life are the most important for healthy brain development and success in school. Without a coordinated effort to nurture all of our kids during this time, many of our youngest Arkansans will continue to struggle while their peers excel. Unfortunately, too many of our kids aren't getting the boost that they need for their healthy growth and development, especially during the most critical developmental stage: birth through age eight.

Many of our infants and toddlers have vocabularies that are half as large as their peers'. Too many of our elementary school students experience summer learning loss and start a new school one year behind their classmates. Too many of our third graders are still learning to read while their peers are reading to learn.

Supporting kids also means making sure the whole family is financially secure. Arkansas is among the 10 worst states for child well-being and has some of the lowest opportunity for African American children, according to research by the Annie E. Casey foundation. This is largely because more of our kids live in poverty than almost any other state. Families with access to financial support services like tax credits, TANF, and SNAP are better prepared to provide a stable and nurturing home life for their kids.

The good news is we can erase the word gap, forestall summer learning loss, and ensure that all third graders are reading at grade level by the time they leave third grade. We can ensure that all children are healthy, happy, and ready to learn.

What would this look like in Arkansas? This report examines the major policies that are key to giving all children a strong early start: health, education, and economic security.



# Healthy Families

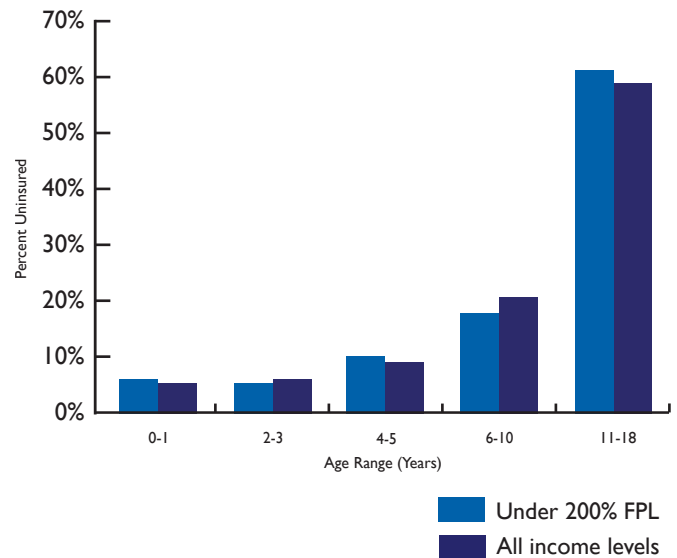
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**HEALTH COVERAGE**

The first eight years set the foundation for future development.<sup>1</sup> Over the past two decades, Arkansas has made considerable progress increasing health care coverage for children. This is largely because of efforts to enroll eligible children in ARKids First, Arkansas's version of Medicaid and the Children's Health Insurance Program (CHIP). When the ARKids First program launched in 1997, about 22 percent of children in the state lacked access to coverage. By 2014 this figure was down to 5 percent.<sup>2</sup> Also, young children under age 10 are much less likely to be uninsured in Arkansas.

The cost of health coverage is a common barrier for families. Medicaid and CHIP provide an affordable option for families when coverage is out of reach. In Arkansas, more than half of our children get coverage through ARKids First and more than 66 percent of births are paid for by the Medicaid program.<sup>3</sup> Because of our success in enrolling children in ARKids First, low-income kids are now insured at about the same rate as other kids, but gaps in coverage remain: children do not always maintain coverage as they get older.

## UNINSURED CHILDREN BY INCOME LEVEL Under age 19



The Affordable Care Act (ACA) has also provided new opportunities for affordable coverage for the entire family. Families are able to shop for coverage on the health insurance Marketplace and receive financial assistance (tax subsidies) to bring access to care within their financial reach. The ACA also provided support for many low-income adults through Arkansas's version of Medicaid expansion commonly known as the Private Option. This is important because we know that when parents have coverage, like the Private Option, their kids are more likely to have coverage too. The Private Option uses Medicaid dollars to enroll people in the private insurance Marketplace. But it helps more than just adults. Near the end of 2014, over 32,000 children also enrolled in coverage when their caregivers enrolled, which is known as the welcome mat effect.<sup>4</sup>

**THE FIRST EIGHT YEARS  
SET THE FOUNDATION  
FOR FUTURE  
DEVELOPMENT.**

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### ACCESS TO HEALTH CARE SERVICES

While we've made huge gains in covering children, ensuring access to care is equally important. High-quality care before birth and during a child's early years is crucial.

#### PRENATAL CARE

Prenatal care is key for healthy newborns. The majority of births in the state are covered by Medicaid. And many pregnant women qualify for care during their pregnancy and up to 60 days after the baby is born. Since Arkansas expanded coverage under the ACA, women account for about 58 percent of enrollees in the Private Option program.<sup>5</sup> Extending coverage to more women can reduce premature births and improve prenatal care. Infants born early are at a greater risk for serious health problems.<sup>6</sup> This is especially important, since 12.7 percent of babies in Arkansas are born preterm.

Often the goals for prenatal care include addressing issues that would result in low birth weight, potential complications, and predictors of Sudden Infant Death Syndrome (SIDS).<sup>7</sup> SIDS is the leading cause of infant mortality in the U.S. The infant mortality rate in Arkansas is 7.1 for every 1,000 births compared to the national rate of only 5.98.<sup>8</sup> In Arkansas, the Infant Mortality Action group, composed of many organizations including the Arkansas Department of Health and Arkansas Children's Hospital, formed an action plan to reduce infant mortality, which includes efforts to:

- Reduce teen birth rate.
- Prevent low birth-weight and birth defects.
- Promote healthy behaviors among women of child-bearing age, so they will be healthy before they become pregnant.
- Improve health management and parenting skills of parents.
- Expand home visiting and other parent education programs.
- Increase access to quality health care during and after pregnancy.
- Reduce the rate of late pre-term deliveries.
- Improve quality of neonatal hospital care.
- Ensure access to high quality health care for babies with special needs.

#### IMMUNIZATION AND ORAL HEALTH

Comprehensive care after a baby is born must include medical and dental visits. In 2012, the number of 2-year-olds that received all their immunizations in Arkansas was 69 percent. That's only slightly less than the national average of 71 percent. Based on the most recent National Immunization Survey, some communities remain at risk even though immunization rates are high nationally. Arkansas is the most at-risk community for our youngest children, ranking 50th in the U.S.<sup>9</sup>

In 2013, the Arkansas Department of Health launched a new automated system that allows providers and schools to track a child's immunization history and adherence to the required schedule. Of note is the fact that philosophical exemptions are on the rise in Arkansas, but still isn't alarmingly high.

Tooth decay is the most common chronic childhood illness, and is one of the greatest unmet health care needs for children under 8 years old.<sup>10</sup> It has been associated with difficulty eating, sleeping, learning, and in maintaining proper nutrition. According to an Arkansas Department of Health report, 64 percent of third graders have experienced tooth decay.<sup>11</sup> This issue is exacerbated for the most vulnerable Arkansans who often have poor access to dental treatment, some due to geography and others due to income. In 2011, legislation passed that significantly expanded the number of communities that would have fluoridated water systems in the state. Water fluoridation reduces dental decay by 30-50 percent for children and adolescents.<sup>12</sup> There have also been successful efforts to expand pediatric dental treatment to all parts of the state. Arkansas Children's Hospital (ACH) operates three mobile dental clinics that provide services to about 2,000 children each year.<sup>13</sup> ACH has also provided treatment to over 6,000 children since 2009 through the dental sealant program resulting in an increase of 73 percent of children aged 6 to 9 with dental sealants.

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## SCREENINGS

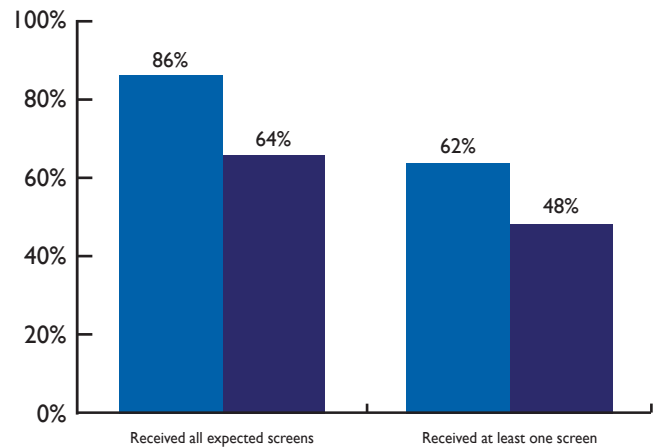
Regular well-child visits are very important for early identification of health issues. ARKids First A and Medicaid beneficiaries are entitled to full Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) benefits based on federal mandates. Federal EPSDT guidelines leave it to the states to determine their own schedules for health screenings. In Arkansas, check-ups are required at the following ages:

- In the first year: Newborn, one month, two months, four months, six months, and nine months.
- In the toddler years: 12 months, 15 months, 18 months, and 24 months.
- In the preschool years: annually, at ages 3, 4, and 5.
- In the elementary years: at ages 6 and 8.
- Starting at age 10, annual screenings.
- In addition, the American Academy of Pediatrics also recommends a visit at three to five days after birth, at 30 months, at 7 years, and at 9 years.



## SCREENING RATES FOR LOW-INCOME CHILDREN IN ARKANSAS LAG BEHIND NATIONAL RATES

ARKIDS A children who received screens 2013



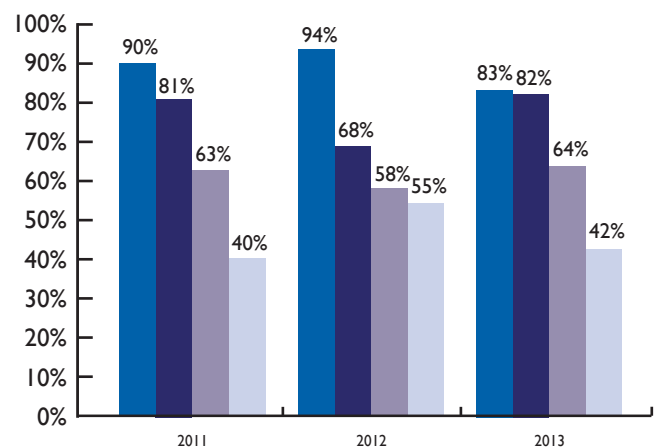
Source: Annual EPSDT Participation Report, 2013 State data, Centers for Medicare and Medicaid Services

United States  
Arkansas

For Arkansas children, screening rates have remained below the national average. As children get older, they are less likely to get screenings.

## YOUNG CHILDREN IN ARKANSAS RECEIVING AT LEAST ONE SCREEN

By age (2011-2013)



Source: Annual EPSDT Participation Report, 2011 and 2013 State data, Centers for Medicare and Medicaid Services

Under 1 year  
1-2 years old  
3-5 years old  
6-9 years old

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### MENTAL HEALTH SERVICES

According to the Harvard Center for Child Development, toxic stress weakens the architecture of the developing brain. This can lead to lifelong problems in learning, behavior, and physical and mental health.<sup>14</sup> Mental health services are necessary for the developing child. It's also important for the caregiver, as the entire family is impacted by ongoing stressors in their homes and environment. According to research on families in Arkansas, homes safety risks increased and learning opportunities decreased in homes with mothers with even low-level depressive symptoms.<sup>15</sup>

In Arkansas, mental health services for young children are hampered by the lack of a formal certification for infant and early childhood mental health. There is also limited training on appropriate treatment models. Before implementing policy changes, this often resulted in the over-use of medications. In 2008, new policies were established that require informed consent, follow-up lab tests, and consultation with clinicians about alternative treatment options before medication use. As a result, the use of medications for mental health treatment in children has dropped by 93 percent for children under 6 years old that are not in foster care and by 86 percent for children in foster care.<sup>16</sup>

#### USE OF ANTIPSYCHOTIC MEDICATION IN CHILDREN

##### Foster care children

Children less than 6 yrs. old	Children 6-12 yrs. old	Children 13-17 yrs. old
-86.02%	-38.80%	-17.54%

##### Non-foster care children

Children less than 6 yrs. old	Children 6-12 yrs. old	Children 13-17 yrs. old
-92.69%	-49.35%	-31.23%

The Arkansas Building Effective Systems for Trauma (AR Best) is one program that is addressing the need for additional training for professionals to treat young children. Housed at the University of Arkansas for Medical Sciences, AR Best provides treatment, training, advocacy, and research for children and families impacted by trauma. Almost 700 clinicians were trained between 2009 and 2013, and the program has provided services to over 300 children to address trauma issues.

Other efforts have been implemented to coordinate mental health services within early childhood and school settings. Project PLAY brings together mental health professionals and child care providers to:

- Promote the positive social and emotional development of children through changes to the early learning environment.
- Decrease problematic behaviors of young children in the child care setting by increasing the skills of child care providers and family members.

In 2013, the program provided 679 consultation site visits, trained 90 teachers, and improved teachers' interactions with children and improved children's behavior. Despite this success, Medicaid is unable to reimburse for these services. Finding a sustainable funding source is a necessity to ensure that this support for our families can continue.

The Arkansas Early Childhood Comprehensive Systems Social-Emotional Workgroup recently released *Arkansas' Strategic Plan for Early Childhood Mental Health*.<sup>17</sup> This plan was developed with several partner organizations and outlines a number of recommendations to support early childhood mental health in Arkansas:

- The most at-risk families should be supported with services designed to keep families together.
- Younger children and their families should be fully represented in state cross-systems initiatives to support mental health.
- Evidenced based screenings for social-emotional problems in young children and serious family risks should be expanded and referrals to appropriate services should be enhanced.
- Early childhood mental health care providers and early care and education providers should receive the supports necessary to improve child social-emotional outcomes.
- Public awareness of the mental health needs of young children should be increased.



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### HEALTHY FAMILIES

Access to care can be complicated, especially when grandparents or other family members take on the role of primary caregiver. More than one-third of children raised by a grandparent do not have access to health insurance.<sup>18</sup> That's why it's essential that simplified enrollment and renewal strategies are tailored to all of our families. This way we can alleviate costly breaks in coverage.



Health care services in school-based settings are also an effective way of expanding access to care. Research suggests that children have increased access to immunizations, physical exams, and treatment for specific illnesses in a school-based health center (SBHC) regardless of their health insurance coverage status.<sup>19</sup> And they increase access to care, especially for low-income children. Additionally, SBHCs models exist that provide health care services for the entire family.

There are currently 26 SBHCs in Arkansas and the number of sites is growing every year. These health centers provide a full range of physical health services, some provide mental health services, and about 11 percent of the sites provide dental services. Moving forward, more resources should be dedicated to SBHCs in early childhood education settings.

TOOTH DECAY IS THE MOST COMMON CHRONIC CHILDHOOD ILLNESS, AND IS ONE OF THE GREATEST UNMET HEALTH CARE NEEDS FOR CHILDREN UNDER 8 YEARS OLD.

### FOR HEALTHY FAMILIES

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- Consistent health insurance coverage.
- Expanded access to health care.
- Moms who have quality prenatal care.
- Full immunization screenings.
- Proper dental care.
- Regular check-ups to catch health issues early.
- Mental health care from certified providers.



# A Good Education

The transition from third to fourth grade (at around the age of 8) marks a shift from “learning to read” to “reading to learn.”

A child’s ability to read on grade level by the end of third grade is a strong predictor of school performance, high school graduation, and college entry and graduation. From the Arkansas state legislature’s recent interim study on grade level reading we know that:

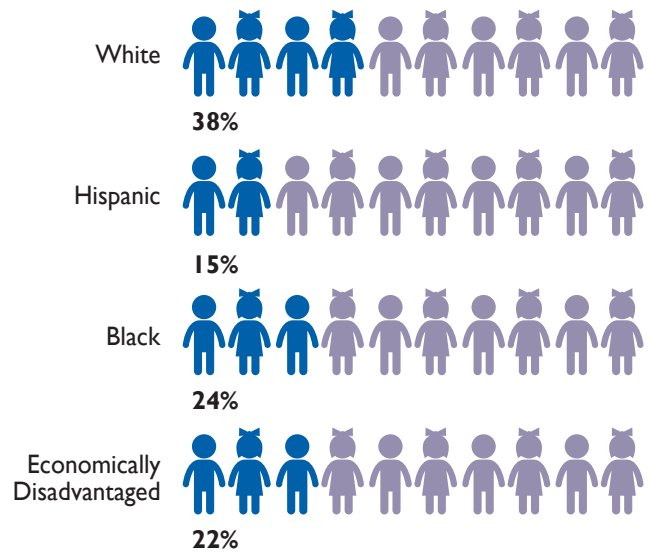
A 2011 study of nearly 4,000 students documented the impact of reading proficiency on staying in school. Almost all (96 percent) readers who were proficient in the third grade graduated from high school. Four times as many non-proficient students failed to graduate by the age of 19. And nearly one in four (23 percent) below-basic readers failed to obtain a high school diploma by 19.

High school dropouts are more likely to be unemployed, have lower incomes, and use more public assistance. They’re also more likely to end up on death row than people who have a high school diploma. A 2010 report on high school completion noted, “The bottom line is that if we don’t get dramatically more children on track as proficient readers, the United States will lose a growing and essential proportion of its human capital to poverty, and the price will be paid not only by individual children and families, but by the entire country.”

Improving the Arkansas high school graduation rate could have a significant economic impact. According to a 2013 report, the high school graduation rate in Arkansas was 71 percent in 2012. If the state increased that rate to 90 percent, 7,200 additional students would have graduated. The economic benefits to Arkansas would include \$64 million in increased earnings accompanied by a \$4.9 million boost in annual state and local tax revenue.

## THE EARLY LITERACY OPPORTUNITY GAP IN ARKANSAS

### Percentage of fourth graders who are reading proficiently\*



\* Based on results from the 2013 National Assessment of Educational Progress

How are we doing in Arkansas? We have some work to do. The good news is we can make improvements. Here’s where our fourth graders currently stand on one measure of grade-level reading.

A bit about the data: the National Assessment of Educational Progress is given to a statistically significant number of fourth graders across the United States every other year. It is a test whose results can be compared across states, but is not a test that all Arkansas fourth-graders take, nor is it aligned with the Common Core. For our purposes, as Arkansas transitions from Benchmark testing through PARCC testing and into ACT Aspire testing, NAEP will be the consistent source of data by which we can measure our upcoming year-over-year progress.

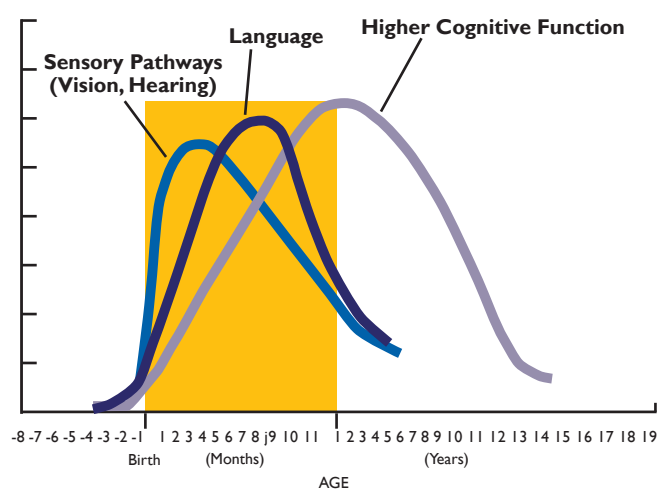
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### PRE-K

A vast amount of brain development occurs from birth to age five. Our earliest experiences form the foundation for all of our future learning, they provide the 'wiring' that we use to learn how to read, how to critically think, how to set and reach goals, and how to adapt to new situations.

## HUMAN BRAIN DEVELOPMENT

### Neural connections for different functions develop sequentially



Source: C.A. Nelson (2000)

Not only do our brains get wired for learning in these early years, but data shows that the quality of early childhood development strongly influences health, social, and economic outcomes. There is no stronger argument for quality pre-k than its impact on brain and childhood development.

But if you think you need one, a recent study by the National Institute for Early Education Research shows that the state of Arkansas would save over \$26 million by 2030 by investing in quality pre-K for the 4-year-olds who qualify for and aren't currently served by our quality program. Just think of the savings that would accrue if early childhood education was available for everyone.

Arkansas's two publicly-funded pre-k programs include the state-funded Arkansas Better Chance (ABC) program and the federally-funded Head Start Program.

The ABC program consists of two programs: the original ABC program, established in 1990 serves children from birth to age 5 with a variety of risk factors with annual funding of about \$10 million. Added in 2004, Arkansas Better Chance for School Success (ABCSS) program targets 3- and 4-year-olds in families of four who make below \$48,500 per year.

Our quality ABCSS program last received a funding increase (\$40M) in 2008 to increase access and quality. Since then, there has been no substantial increase to address quality; when funding holds steady and costs increase, quality suffers. We need to continue to invest in the quality of our program in order to see the substantial educational, social and emotional gains. The one-time increase of \$3 million in the 2015 legislative session is just that: one-time money, which cannot be relied on to make the necessary ongoing improvements for quality.

The Head Start program in Arkansas serves children and families from birth through age four in one of two ways: Head Start serves three- and four-year olds while Early Head Start is for children from birth to age three.

Our Arkansas program has been extensively studied by both the National Institute of Early Education Research (NIEER) and the Arkansas Research Center (ARC). The NIEER study followed the same group of Arkansas students beginning in the 2005-2006 school year. Researchers found that children who attended ABC showed improved scores in vocabulary and math through the second grade. They had improved scores in literacy through the third grade, and they fared better in the study than children who did not. The ARC study showed that pre-K is helping to close the education gap between low-income students and their more affluent counterparts. It also showed that children who attended ABC were more prepared for kindergarten than children who did not attend. Children attending ABC programs are Kindergarten ready – a key indicator to reading at grade level at age 8.

As well as evaluating our ABC program, NIEER compiles an annual assessment of state pre-K programs. Arkansas's program has continually received a 9 out of 10 on their quality standards checklist. This year only four states achieved a 10 out of 10 and only 6 other states scored a 9. As we know that the quality of programs is what drives positive outcomes, this achievement is meaningful.

A broadly read and referenced publication, Education Week, has also recently released their 2015 Quality Counts report with a focus on Early Childhood Education. The results are a mixed bag for Arkansas. While we

rank 1 in the nation in the number of students attending full-day pre-k, we are seeing both declining enrollment (ranking us 46 in the nation) and an enrollment gap between students in poverty and students not in poverty that ranks us 20 overall.

To address the issue of quality in all child care settings, the state established the voluntary Better Beginnings rating program. Better Beginnings provides childcare providers with tools to become quality programs. It also provides parents with information about what quality looks like. Beginning in 2016, in order to receive Child Care Development Fund childcare assistance funding, centers must be certified in Better Beginnings at level one or higher. The state is making strides to ensure that all children have access to quality early care.

Here's how Arkansas stacks up on 3- and 4-year olds NOT enrolled in pre-k compared to the nationwide average. Keeping in mind all of the great outcomes for pre-K, we need to think again about how we can support quality pre-K for every child. See appendix for more on the importance of 0-3.

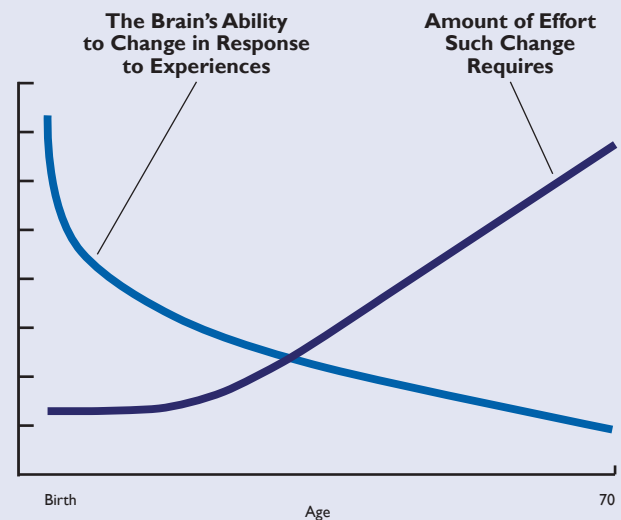


## AGES 0-3

The most important time for healthy brain development happens long before age 8. The most critical brain growth happens during the first three years of a child's life. Before age three, eighty-five percent of a child's core brain structure is formed<sup>36</sup>; the brain experiences an explosion of activity by building billions of simple neural connections that form a framework for more complex connections later on.<sup>37</sup> This rapid early brain growth is why it is much easier for a toddler to learn a new language than an adult. With a strong early framework, more complex brain functions like language, memory, and visual skills will develop successfully. These simple, foundational skills must be formed in order for more complex skills to develop later.

The critical period from 0-3 years offers the most opportunity for influencing a child's life long term. The developmental, emotional, and physical skills a child develops early on will impact their success in school and in the workplace. Stressful early experience like abuse and poverty can damage the developing brain. Our youngest children have the best opportunity for a productive future, when we ensure they have appropriate and regular interaction with their caregivers, family, and community.

## THE ABILITY TO CHANGE BRAINS AND BEHAVIOR DECREASES OVER TIME



Graph Source: Pat Levitt (2009)

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### EARLY LITERACY

“Research tells us that pre-schoolers whose parents read to them, tell them stories, sing songs with them and engage in other literacy activities on a regular basis tend to develop larger vocabularies, become better readers and perform better in school. In fact, the link between early literacy and later reading success is so strong that there is a tight correlation between children’s vocabulary at three years old and their reading level in third grade.”

Parents and caregivers are the key players in developing this early literacy. We know that children from low-income families hear roughly 30 million fewer words than their more affluent peers. We also know that the average vocabulary of a low-income 3-year-old is roughly half that of a higher income child (500 words compared to 1,100 words).<sup>20</sup> “The difference in both the number of words and the quality of conversation heard by low-income children as compared to children in higher income households” is referred to as the word gap. In Georgia, rather than discussing a word gap, the folks involved with the “Talk With Me Baby” initiative talk about increasing “word nutrition.”

In Arkansas, 47 percent of parents or family members read to their child each day while 58 percent tell stories and sing to their children aged 0-5. While these numbers compare favorably with the national averages of 48 percent and 59 percent, many more of our children can benefit from reading, singing, and story times.

The Arkansas Grade-Level Reading Campaign is working to generate support for a ‘talk campaign’ — a campaign to encourage all parents to read, talk, and sing with their young children, to increase their word nutrition. Ready Rosie is a great example.

The value is obvious. When 29 percent of our children from birth through age five live in poverty (that’s \$23,850 or less in income each year) and when campaigns in other cities and states have shown promise and progress, it’s time for Arkansas to invest.

Here’s what we’re learning from other models:

**Talk With Me Baby.** Talk With Me Baby aims to transform parents and caregivers into conversational partners nourishing critical brain development. To achieve their goal of reaching all newborns in Atlanta by 2017 and all newborns in the state by 2020, Talk With Me Baby is training nurses, preschool educators, and WIC nutritionists in language nutrition coaching. In Georgia, more than 99 percent of expectant and new parents and their children are seen by nurses, more than 80 percent of low-income expectant and new parents and their children are seen by WIC nutritionists. And more than one-third of children from 0-3 attend an early childhood education program.

**Providence Talks.** The City of Providence, Rhode Island is using home visitation programs and an innovative ‘word pedometer’ to track how many words are spoken by caregivers of young children. The caregivers receive the information in bi-weekly coaching sessions that include strategies and resources (such as information on library story times) for improving the quantity of spoken words. In one pilot study, parents have increased the number of words spoken to their children by 55 percent.

**Talking is Teaching in Tulsa.** A part of the Cities Strategy of the Too Small to Fail initiative, Talking is Teaching is devoted to empowering parents and caregivers as their child’s first teachers. They have learned through focus groups that “while parents understand that they influence their children’s early learning, they often underestimate (or sometimes, don’t believe) the idea that they are their children’s first teachers.” Throughout the Talking Teaching campaign, they are working to show parents and caregivers that being a teacher means being someone who has an enormous positive influence regardless of setting or training. They are empowering parents to have meaningful interactions in nurturing environments during the first years of their child’s life. Parents are learning that describing objects seen during a walk or bus ride, singing songs, or telling stories for just five minutes can significantly improve a baby’s ability to learn new words and concepts. Arkansas can benefit from the experiences of parents and caregivers in these programs when starting ours.

**ABILITY TO READ ON GRADE LEVEL BY THE END OF THIRD GRADE IS A STRONG PREDICTOR OF FUTURE PERFORMANCE.**

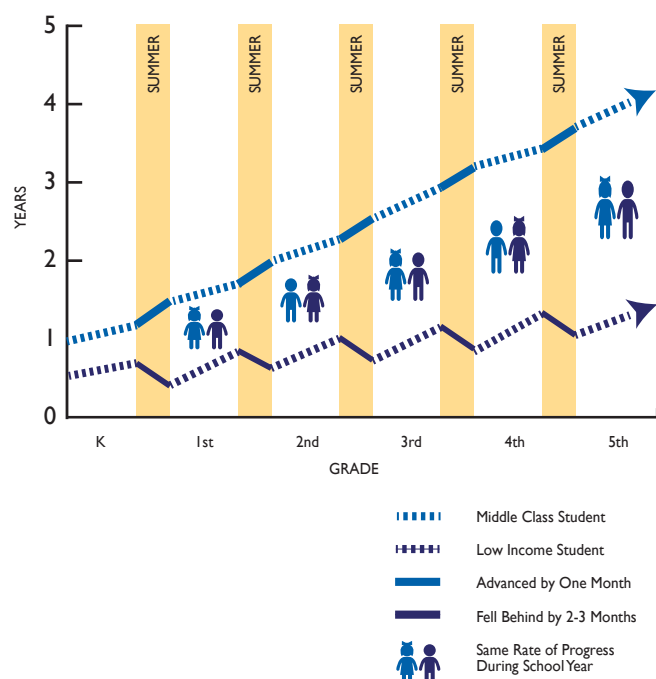
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### AFTER SCHOOL AND SUMMER PROGRAMS

Low-income students are more likely to experience summer learning loss than their higher income peers. They have less access to educational opportunities in their homes and communities. Looking closely at the chart above shows us that at the beginning of the third grade, lower income students could be as much as 2 years behind their higher income peers. Summer learning loss can have compounding effects on academic achievement – if a student is already struggling with learning to read, a summer setback can make it that much more difficult for the student to be reading to learn by fourth grade.

The gap in out-of-school activity participation, at the national level, between low-income 6- to 11-year-olds and their non-low-income counterparts was 27 percentage points in 2011-12. That gap is a bit larger in Arkansas for 6- to 11-year-olds at 31.1 percentage points. Out-of-school time is a time that many parents struggle to cover; quality after-school programs would not only ease the minds of parents, but would create a positive, learning atmosphere for students, which could help erase learning lags.

### LOW INCOME STUDENTS FALL 2.5 TO 3 YEARS BEHIND BY FIFTH GRADE



How can we address summer learning loss and fill out-of-school time during the year? We have the framework! We lack the funding.

The Positive Youth Development Act builds on the standards, practices, and goals resulting from research of the 2008 Governor’s Task Force on Best Practices for After-school and Summer Programs. The task force called for expanded access to safe, challenging, engaging, and supervised learning experiences. It was subsequently passed by the Arkansas legislature as Act 166 of 2011 and laid out a structure for the use of state funds for grants to local communities to operate high quality after-school and summer programs. The rules for the program were approved in July 2013, but efforts to secure state funding for pilot programs have been unsuccessful.

If funding was available, priority consideration would go to a community where any local school (a) has 50 percent or more students eligible for free and reduced lunches; and (b) has been designated by ADE as being in school improvement. The program would serve children and youth ages 5 through 19 who are members of a family of four with a gross income of less than \$48,500. Higher-income families could participate by paying a fee based on income.

A key element of the program is to foster community engagement and collaboration among schools, public institutions, private agencies, business, and other community-based organizations. These institutions should work together to create a “community learning environment” for students. In other words, the program is designed, in part, to support students most at-risk of not reading to learn by around age 8.

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### HOME VISITING

Home visiting is the broad category name for a network of voluntary, primarily home-based programs available to expectant mothers and families with young children. Kids don't come with instructions. So home visits cover everything from maternal health to child development and school readiness. The home visitors are qualified in everything from child health to early literacy and help new and expecting parents navigate the parenting highway. Home visiting is particularly valuable to low-income and rural families who often have little access to services and resources.

Evaluations of home visiting programs show a:

- Decrease in the incidence of low birth weight babies by nearly half, which means healthier babies and lower health care costs for families and state and private insurers.
- Sharp decline (almost by half) of instances of child abuse and neglect.
- Test score leap accompanied by an increase in critical pre-literacy.

New research specific to Arkansas Home Visiting programs is required by Act of 528 of 2013. The Act mandates that home visiting programs track and measure outcomes such as improvements in maternal and infant health, family self-sufficiency, and school readiness. Outcomes must be measured for all state-funded programs.

Stronger Families, Brighter Futures (the Arkansas Home Visiting Network) is a collaboration of all of the various home visiting programs operating throughout the state. Coordination between the programs was supported in Act 528 of 2013. We will soon have even more robust Arkansas data from which to share the meaningful results of home visiting; we can expect the report required by Act 528 of 2013 in the fall of 2016.

Prior to the legislated coordination, Arkansas in 2011 was one of nine states awarded two federal Maternal, Infant and Early Childhood Home Visiting (MIECHV)

grants to help develop, expand and evaluate home visiting services in the state. In 2014 the funding was renewed for another three years. Programs funded through the grant include:

- Following Baby Back Home
- Healthy Families America
- HIPPI USA
- Nurse Family Partnership
- Parents as Teachers

The two other programs included in the collaborative, but separately funded are:

- Arkansas Early Head Start
- Early Steps to School Success.

These programs are currently operating at about 86 percent capacity and have provided nearly 40,000 visits since the beginning of the grant.<sup>20</sup>

### FOR A GOOD EDUCATION

## #ARKIDSNEED

- Quality pre-K and early childhood education.
- Parents who teach early literacy by reading and talking.
- After school and summer programs.
- Home visiting to fill in the gaps.



**#ARKIDSNEED**

## **AN EARNED INCOME TAX CREDIT**

The Earned Income Tax Credit (EITC) is a federal program that helps low-income families keep more of what they earn. The EITC program is widely regarded as the most powerful anti-poverty and pro-work policy tool ever introduced. EITC eligibility is based on several of factors like income, age, marital status, and family size. The median adjusted gross income for eligible filers in Arkansas is about \$14,400 a year.

The working families who are eligible for the federal EITC in Arkansas already pay a much higher share of their income to state and local taxes than the wealthy. In fact, Arkansas has one of the most unfair tax structures in the nation. The top 1 percent of taxpayers (those making over \$330,000 a year) have the lowest state and local tax burden of any income group. They pay less than six percent in taxes as a percent of their income. The lowest 20 percent of taxpayers (people making less than \$16,000 a year) pay 12 cents on every dollar. That's twice the rate as their wealthy neighbors! Much of this imbalance is because our state budget relies too heavily on sales tax revenues, which hit low-income people the hardest. A state EITC is the most efficient, targeted way to help correct our unfair system.

At 24 percent, Arkansas had the highest percentage of eligible EITC filers in the US behind Mississippi and New Mexico. This represents the parents of over 350,000 Arkansas children. Almost 66 percent of EITC eligible filers are white, while significantly fewer are black (23.5 percent). Furthermore, 34.5 percent of households who are eligible also rely on SNAP benefits.<sup>23</sup> The IRS estimates that 80.9 percent of eligible filers in Arkansas participate in the EITC program.<sup>24</sup>

## **Economic Security**

Arkansas is among the worst in the nation for child poverty. In Arkansas, nearly 60 percent of children under nine years old live in families below 200 percent of the poverty line (or around \$32,000 a year for a single mother raising one child).<sup>21</sup> The national rate is much lower at 47 percent. Younger age groups in Arkansas also face poverty levels at rates much higher than national averages. A third of children aged 5 or younger were living in poverty in Arkansas in 2013. That number is well above the national average of 25 percent. Only two states, Mississippi and New Mexico, have higher rates of child poverty for that age group.<sup>22</sup> Children under 6 in Arkansas are also less likely to have one or all of their parents working compared to national averages. Eleven percent of kids under 6 years old in Arkansas don't have any parents who are employed (that number is 9.5 percent nationally).

**ARKANSAS IS AMONG THE WORST IN THE NATION  
FOR CHILD POVERTY.**



## #ARKIDSNEED

### ASSISTANCE FOR FAMILIES IN NEED

Transitional Employment Assistance or TEA provides TANF (Temporary Assistance to Needy Families) benefits. The benefits aim to help families return to work and become economically self-sufficient. To be eligible you must qualify as low-income and take care of a child under 18 years old. Over the past few decades, TANF benefits in most states have slipped significantly because of failure to keep up with higher costs of living. And the monthly benefit levels in Arkansas are already among the lowest in the country. TANF is a primary safety net for low-income families, but fewer and fewer people are able to rely on TANF and those who do are seeing their benefits dwindle.

As of July 2014, the Arkansas TANF benefit level for a single parent family of three was \$204 a month according to the Center on Budget and Policy Priorities. This is less than 20 percent of the poverty line (20 percent of FPL for a family of three is \$330 a month). For a poor family with no income, because of illness or being between jobs, \$204 a month is not enough to make ends meet. Even

basic housing costs are well above this number. Arkansas TANF benefits cover less than half of the “fair market rent” estimate for a two bedroom apartment.<sup>25</sup>

The benefit level for a family of three has remained unchanged in Arkansas since 1996. From 1996-2014, Arkansas TANF benefits decreased 33.7 percent (in inflation adjusted dollars).<sup>26</sup> Arkansas is among the 24 states that have had the real value of TANF benefits decline by more than 30 percent since 1996.<sup>27</sup> In 2014, TANF benefits in Arkansas provided families with the equivalent of only 12.4 percent of the federal poverty line. SNAP and TANF benefits together amounted to 44.9 percent of the poverty line, not nearly enough for families to make ends meet.<sup>28</sup>

Arkansas had about 13,000 families who received TANF benefits in 2014.<sup>29</sup> The most recent data from the Office of Family Assistance reports that the majority of children receiving TANF benefits are 5 and younger (51.7 percent). African American families represent 51.4 percent of TANF active cases and white families represent 40.6 percent.

Arkansas has a lot of flexibility when it comes to how we can spend state and federal TANF funds, but the share of TANF funds that go to core welfare reform activities has been steadily declining. For example, the share of TANF funds spent on child care fell from 18 percent in 2001 to just 5 percent in 2013. Additionally, the share of TANF funds spent on basic assistance for families was almost three times higher in 2001 than in 2013. This is particularly concerning because the federal TANF block grant has lost a third of its real value since 1997 (because there have been no adjustments for inflation). Much of the “other” TANF funds are spent on good and worthy programs. However, these programs should not come at the cost of providing family safety nets, helping people find work, and providing quality child care to low-income working families.



## #ARKIDSNEED

### NUTRITION

There were two major wins for family nutrition in our state this year: the Arkansas Meals for Achievement program was continued and the Community Eligibility program became more appealing to Arkansas school districts. The Arkansas Meals for Achievement program was started in 2013 and reauthorized in 2015. This program encourages schools to serve free breakfasts to all students as a part of the school day. Since 2013, there has been a huge increase in breakfast participation. The pilot program is designed to prove that positive results, like increased attendance and math scores, come from making sure kids aren't hungry at school.

Community Eligibility is a USDA program that was piloted and then became available to all districts in the 2014/2015 school year. The program allows schools with high rates of low-income children to serve free breakfast and lunch to all students instead of collecting school meal applications from individual students one-by-one. This option reduces stigma, increases participation, reduces administrative costs, and helps encourage a healthier student body. Until recently, many Arkansas school districts were hesitant to apply because of perceived conflicts with their NSLA funding (which is based on the income paperwork that is related to the Community Eligibility option). In 2015, the statute language was tweaked to give more confidence to districts that their NSLA funding would not be impacted. More districts are adopting the Community Eligibility option because of this change. That means more kids in Arkansas schools will be thinking about school instead of being hungry.



The Supplemental Nutrition Assistance Program (SNAP) is another important tool for fighting hunger in Arkansas. About 1 in 6 people in Arkansas participated in SNAP in 2014 (for a total of about 492,000 people) and SNAP kept 54,000 individuals out of poverty between 2009 and 2012. SNAP helps fight hunger and “food insecurity”, when families cannot always afford to meet the nutritional needs of their families. Approximately 21.2 percent of Arkansas households struggled to provide complete, healthy meals to their families in 2013.

Most of the people who rely on SNAP in Arkansas are elderly, disabled, or under 18. SNAP also has a huge impact on low-income children; 74 percent of Arkansas SNAP participants are in families with kids. Eighty-seven percent of families who receive SNAP are below the poverty line in Arkansas. For a family of four, this means getting by on less than \$23,850 a year. Many of these families are living in extreme poverty; 43 percent are surviving on less than half of the federal poverty line (that is less than \$12,000 a year for a family of four).<sup>30</sup>

SNAP benefits are determined by a sliding scale that depends on income and family size. Larger families, or families with very low incomes, receive more benefits because they need more help providing a nutritious diet. SNAP families with children got about \$406 a month in benefits in 2013. On average, families receive about \$1.24 per person per meal to help them afford basic food needs.

## #ARKIDSNEED

### PAID FAMILY LEAVE

There is no state-level paid leave in Arkansas to protect families financially when they need time off to recover from a serious health condition, to care for another family member who is seriously ill, or to take care of a new child. This means that many workers, particularly low-income and minority workers, have no real access to leave because they simply can't afford to take time off. Research shows that when families have access to paid leave, they are more likely to take their kids to doctor's appointments, their kids get sick less and recover faster, and their kids are more likely to be breastfed. Just a few extra weeks of paid leave is also connected to a significant reduction in infant deaths.<sup>31</sup> Taking time away from work to care for a new baby improves a child's emotional, cognitive, and behavioral outcomes, especially during the first year.<sup>32</sup>

Paid family leave is a wonderful way to help working families, but it is rare, especially among low-income workers. Only 13 percent of employees in the U.S. have jobs that allow them to take paid family leave. About half of first-time mothers don't take any form of paid leave around the time of their pregnancy, and the most common reason for not taking leave is not being able to afford the drop in income. The U.S. is the only advanced industrialized country that doesn't provide paid maternity leave for new mothers, and unlike some states, Arkansas also has no paid family leave program.<sup>34</sup> We shouldn't put kids at risk just because their parents can't afford to take time off of work.

**NEARLY 60 PERCENT  
OF ARKANSAS CHILDREN  
UNDER NINE YEARS OLD  
LIVE IN FAMILIES  
WHO EARN BELOW  
200 PERCENT OF  
THE POVERTY LINE**

### FOR ECONOMIC SECURITY

## #ARKIDSNEED

- Parents who keep more of their paychecks through a state-level Earned Income Tax Credit (EITC).
- A household that stays financially stable because of Temporary Assistance for Needy Families (TANF) supports that keep up with rising prices.
- Healthy food from the Supplemental Nutrition Assistance Program (SNAP) and from increased school participation in Community Eligibility.
- Parents who have access to paid leave.

## #ARKIDSNEED

## US TO WORK TOGETHER

Strong coordination between and among the supports for health, education and family economics will allow us to provide stronger support and will allow us to know what's working well for our families and our state. Below are some examples of where things are working in coordination and where we need to improve.

### HEALTH

Launched in 2013, the Patient Centered Medical Home (PCMH) helps support family health. What the acronym really means is that each and every family member has one doctor who helps navigate the health care system and maintain access to important health services. Not only is this extremely helpful to all of us who struggle with where to go and who to see, but it provides a cost-savings to the state as well. A win-win. By 2018, most Arkansans (with Medicaid or private coverage) will have their own medical home focused on their care.<sup>35</sup>

### EDUCATION

Arkansas can learn from one of the most comprehensive efforts in coordination, the Coalition for Community Schools. The Coalition “purposefully integrate(s) academic, health, and social services; youth and community development; and community engagement— drawing in school partners with resources to improve student and adult learning, strengthen families, and promote healthy communities.”

Beyond the efforts of the Coalition for Community Schools, research by the Alliance for Early Success has identified policies that can help integrate services. Examples of some of the suggested policies include:

- Partnerships to coordinate the identification and delivery of health care services with early learning programs.
- Participation of families, providers, schools and communities in federal nutrition and assistance programs.
- Voluntary, evidence-based, home visiting programs for new and expectant families at risk for poor child outcomes.
- Timely and ongoing prenatal, pediatric, and oral health care.

### FAMILY ECONOMICS

Various public and private services that target low-income families frequently operate in silos; Arkansas lacks coordination. For example, TANF funds the Boys and Girls Club, which serves at risk and low-income youth, but there is little coordination between the two groups. TANF funds and monitors the Boys and Girls Club, and receives reports, but they do not coordinate all of the services provided to families through TANF.

Another solution for overall coordination of support is for Arkansas to set up a centralized web portal or call center to let families know who does what and when they do it. Right now, unless parents already know about a program, it is unlikely that they will find it, let alone determine if they qualify or would benefit from it. Parents need to know about every public and private agency in Arkansas that serves families in their areas. This information could be categorized by groups (i.e. kids, seniors, or veterans), so that it can help link vulnerable Arkansans to the services that are designed to support them.

**WE NEED A COMPREHENSIVE STRATEGY FOR PROMOTING HEALTHY DEVELOPMENT OF KIDS FROM BIRTH TO 8.**

## CONCLUSION

Now is the time for Arkansas policymakers to act on the decades of research that indicates the importance of child development in the early years. We need a comprehensive strategy for promoting healthy development of kids from birth to 8. When making tough state budget choices, it is important to keep in mind the critical nature of this age group and make sure it is a top priority for the state. From pre-K to nutrition support to prenatal care, Arkansas has so many opportunities to build on the supports our youngsters need to be healthy and learning.



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