

Impact of High-Quality Early Care and Education on Child Health and Well-Being

Public Health and Policy Context

Positive early childhood experiences, particularly those occurring in the *first five years of life*, help children grow into healthy *adults* by impacting *long-term* social, cognitive, emotional and physical development. In the United States, most young *children* are cared for outside of the home in *early care and education* (ECE) programs, including preschool, Head Start, and family child care homes. *ECE programs* and staff can play influential roles in fostering the healthy development of young children. In the U.S. in 2019, nearly 12.6 million *children* not yet in kindergarten received care in ECE programs each week.

ECE programs vary greatly by type, curriculum and quality, and for many families, high-quality ECE programs can be *cost prohibitive*. The impact of ECE programs on *child outcomes* depends on their curriculum focus and the services they provide (e.g., health care services, nutritious meals). ECE programs can affect a child's physical health, *developmental* and *social-emotional* health, and other social outcomes.

Federal and *state* policies aim to provide families with access to high-quality ECE programs. Key federal programs and policies that promote access to ECE include:

- **Child Care and Development Block Grant (CCDBG):** *CCDBG* provides funding to support grants to state, territorial and tribal agencies to subsidize child care expenses and improve the quality and supply of *child care* for low-income, working families.
- **Head Start and Early Head Start:** *Head Start* promotes school readiness of children ages 3 to 5 from low-income families. *Early Head Start* serves infants, toddlers and pregnant people, and services include prenatal support and follow up, home visits, or center-based part- or full-day services. The Office of Head Start administers *funding* and oversees about 1,700 public and private nonprofit and for-profit agencies that offer Head Start services across the U.S.
- **Child and Adult Care Food Program (CACFP):** *CACFP* reimburses meals for children and adults who are enrolled in participating child care centers, family child care homes, after-school programs, emergency shelters, and adult day care programs. Approximately *3.3 million children* receive nutritious meals and snacks through CACFP on a daily basis, which is important for children's growth and development.

This issue brief highlights how high-quality ECE can have short- and long-term impacts on children's physical, developmental and social-emotional health, education and other outcomes, which can have a compounding effect on health for children.



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Experts agree that healthy environments and access to *nutritious* food, especially during the first *1,000 days* of a child's life, set the foundation for lifelong development, health, education, and economic productivity. High-quality *ECE* has the potential to positively impact a child's short- and long-term developmental, physical and mental health, education, and other outcomes. Note that the outcomes described below reflect the impact of specific high-quality ECE programs and cannot be generalized to all ECE programs.

Childhood Physical Health

Attending high-quality ECE programs can impact children's physical health by providing *nutritious foods*, promoting *physical activity*, and improving access to *health insurance coverage* and *health care*, including *screenings*, *immunizations* and *dental care*. Connections to these services may be provided as a part of some high-quality ECE programs. Specifically, ECE programs that *participate* in CACFP are more likely to serve *nutritious* foods to children, which has short- and long-term *impacts* for child health, development and well-being.

Long-Term Physical Health

Various longitudinal studies have shown that children who participate in high-quality ECE programs may experience health benefits into adolescence and adulthood. This can include reduced rates of *chronic disease* like heart disease, diabetes and obesity, lower rates of self-reported *poor health* as young adults, and lower *blood pressure* and arterial pressure.⁴

Developmental and Social-Emotional Health

Studies indicate that participating in high-quality ECE programs contributes to healthy *cognitive development* and social emotional skills, including lower levels of externalizing behaviors (e.g., aggression, rule-breaking behavior), improved *social interaction*, and better self-regulation. Furthermore, *several studies* have demonstrated the association between participating in high-quality ECE programs and reduced rates of *depressive symptoms* in early adulthood.

Enrollment in ECE Programs Enrollment in ECE Programs

Enrollment in high-quality ECE *varies* widely, with disparities relating to income, race/ethnicity, geographic region, and other characteristics. Specifically:

- Children of higher-income *families* are more likely to participate in an ECE program than children of lower-income families, owing to affordability of ECE programs.
- ECE enrollment rates vary by *race and ethnicity*. For example, *half* of eligible black preschoolers, 38% of eligible Hispanic/Latino preschoolers, and 36% of eligible Asian preschoolers were served by Head Start.
- Enrollment in ECE *varies* significantly across the country. For *example*, in Washington, D.C., 74% of children ages 3 and 4 were enrolled in government-sponsored, prekindergarten from 2020–2021, while in Hawaii 1% of children ages 3 and 4 were enrolled in state prekindergarten.

Education, Literacy and Other Social and Economic Outcomes

Studies indicate that participating in high-quality ECE may also create short-term (e.g., kindergarten and first grade) *advantages* in English *literacy* and language and math, *school achievement tests* at ages 9, 10 and 14, and *literacy tests* at ages 19 and 27, as well as longer-term educational outcomes, including *truancy*, *high school graduation*, and *attending a 4-year college*.

Participating in high-quality ECE can also impact other *social* and *economic* outcomes like employment and earnings as well as *justice system involvement*. Specifically, in the short-term, access to child care can allow parents/caretakers to enter the *workforce*, which has positive implications for *child health*.⁵ Additionally, participating in high-quality ECE programs during childhood can improve *productivity* once children enter the workforce as adults. In addition to the individual and family-level benefits of ECE participation, research shows a *return on investment* experienced by *society at large*, since participating in high-quality ECE can help children and families avoid more costly services in the future, including health care services, participation in the justice system, and grade repetition in school.

Conclusion

Experts agree that early childhood is a formative time for children's development, and positive experiences during the early years can impact lifelong health, well-being, social, academic, and economic outcomes. Since most children in the U.S. spend a significant portion of time in ECE programs, these programs can substantially impact the lives of children and have the potential to help them grow into healthy adults. Policies that support access to high-quality ECE programs can help increase exposure to positive early childhood experiences that will lay the groundwork for health and well-being into the future.

Endnotes

¹A [study](#) from the National Head Start Association indicates there is a lack of available Head Start slots, especially Early Head Start slots, to meet the need.

²A [2024 report](#) from the U.S. Government Accountability Office found the availability of Head Start programs does not align with child poverty rates, which means that areas with high child poverty rates may not have adequate access to Head Start services.

³See "[Impact of Nutrition and Food Insecurity on Child Health](#)" for evidence on how nutrition and food security can impact child health and well-being.

⁴The authors state that self-reported health status is a predictor of mortality and other negative health outcomes.

⁵See "[Impact of Parent/Caretaker Employment on Child Health](#)" for evidence on how parent/caretaker employment can impact child health and well-being.

⁶Note that families with income between 200% to 300% of the federal poverty level (FPL) are less likely than lower-income families to utilize center-based care because they do not qualify for public subsidies that support participation in these programs.

⁷The [National Institute for Early Education Research](#) defines state preschool programs as state-funded, controlled and directed preschool education programs that serve preschool age children, focus on early childhood education, and offer group learning. These are distinct from the state's system for subsidized childcare. State supplements to the federal Head Start program are considered a state preschool program if they expand the number of children served, and the state has some administrative responsibility for the program.

⁸Idaho, Indiana, Montana, New Hampshire, South Dakota, and Wyoming do not have [state prekindergarten](#) programs. Across all 50 states and Washington, D.C., 17% of children ages 3 and 4 were enrolled in government-sponsored prekindergarten.

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