

# Panel: early childhood education boosts kids' health <sup>[1]</sup>

**Author:** Walker, Molly

**Source:** MedPage Today

**Format:** Article

**Publication Date:** 12 Jul 2017

## AVAILABILITY

Read online <sup>[2]</sup>

## EXCERPTS

WASHINGTON -- Early childhood education programs were linked with both short-term and long-term improvements in health, said a panel of early childhood education, advocacy and community experts in a seminar presented here.

These programs result in improved detection and diagnoses of common childhood ailments, such as vision problems and hearing loss. A cost benefit analyses found high quality education programs had a notable effect on children's health when following those children into adulthood.

The seminar was hosted by Urban Institute, in collaboration with the Robert Wood Johnson Foundation program, *Policies for Action* <sup>[3]</sup>.

Sherry Glied, PhD, dean and professor, public service, at New York University, discussed the effect of a universal pre-kindergarten program for every 4-year-old child in the city. In research that was recently published as a National Bureau of Economic Research Working Paper, her group examined the state Medicaid database and found that at age 4, kids eligible for pre-kindergarten were more likely to receive treatment for vision or hearing problems compared with those who were not eligible.

Moreover, Glied said they found "about a 50% increase" in the diagnosis of vision problems and hearing loss.

At the presentation, Glied noted the way in which pre-kindergarten could be a vehicle for health improvement, proving that universal pre-kindergarten not only accelerates diagnoses, but increases the number of kids treated early.

"Kids who can't see well or hear well in classroom might have a very different attitude towards school and their peers," she said.

Other short-term benefits of universal pre-kindergarten included that the child received an immunization or infectious disease screening, and a "side study" found no evidence that influenza spread more rapidly. The spread of infectious disease and increased exposure to aggressive behaviors are among the arguments against early childhood education programs.

Speaking from experience, Glied cited the overall successful roll-out of the program, adding "there were actually no horrible stories and I am a veteran of the rollout of healthcare.gov."

Rich Neimand, president, Neimand Collaborative, spoke on behalf of the Heckman Equation and the research of James Heckman, PhD, of the University of Chicago. Neimand discussed the more long-term effects of quality early childhood education programs, focusing on a cost benefit analysis of the Abecedarian Project, the program for largely African-American children in North Carolina that started in the 1970s.

Neimand said the goal was to see whether or not the program "pays for itself" by following a group of children who were treated in the program, as well as a group of controls, up to age 35. Heckman's group found that the combination of early health and early learning in the program produced a 13% return on investment per child, per year.

Moreover, researchers saw a reduction in chronic disease, particularly metabolic syndrome and dyslipidemia among men versus controls at age 35. Women in the program were less likely to drink and have pre-hypertension versus women who were not in the program.

Neimand argued that the "scaffolding" of family support for low-income families that these programs provide makes a real difference in the long-run.

"This study says that people should be investing in early health and early nutrition," Neimand said. "It's the economic argument in putting early health and early learning together."

A second group of panelists talked about the importance of bringing researchers and policymakers together, to create evidence-based childhood education programs.

"It's always important to enforce the notion that early childhood education can be a health strategy," Albert Wat, policy director for the advocacy group, Alliance for Early Success.

Tonja Rucker, program director, early childhood success at the National League of Cities added that nothing gets policymaker's "competitive juices flowing" than when they see colleagues and peers having success in other cities, and that competitive drive to bring those successful programs to their residents and that "good data helps make us make a difference."

"Even in tight budgets with an economic recession, we've seen early childhood investments increase," she said.

-reprinted from MedPage Today

**Related link:**

**Region:** United States [4]

**Tags:** quality [5]

benefit [6]

health and safety [7]

investment [8]

---

**Source URL (modified on 27 Jan 2022):** <https://childcarecanada.org/documents/child-care-news/17/07/panel-early-childhood-education-boosts-kids-health>  
**Links**

[1] <https://childcarecanada.org/documents/child-care-news/17/07/panel-early-childhood-education-boosts-kids-health> [2]

<https://www.medpagetoday.com/pediatrics/generalpediatrics/66596> [3] <https://www.policiesforaction.org/> [4]

<https://childcarecanada.org/taxonomy/term/7865> [5] <https://childcarecanada.org/category/tags/quality> [6] <https://childcarecanada.org/taxonomy/term/8947>

[7] <https://childcarecanada.org/category/tags/health-and-safety> [8] <https://childcarecanada.org/category/tags/investment>