Children's Developmental Health, Policies and Practices:

Introductory remarks

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- Definition of children's developmental health
- Policy and program domains addressing child well-being
- The importance of interactions across programs

A definition of children's health

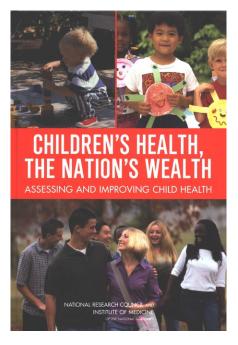
A definition of children's health

Evolving from:

- Absence of disease
- A state of complete physical, mental, and social well-being
- To: A *resource* that gives children
 - the ability to interact with their surroundings and to respond to life's challenges and changes and
 - Optimize and maintain function over time

A definition of children's health:

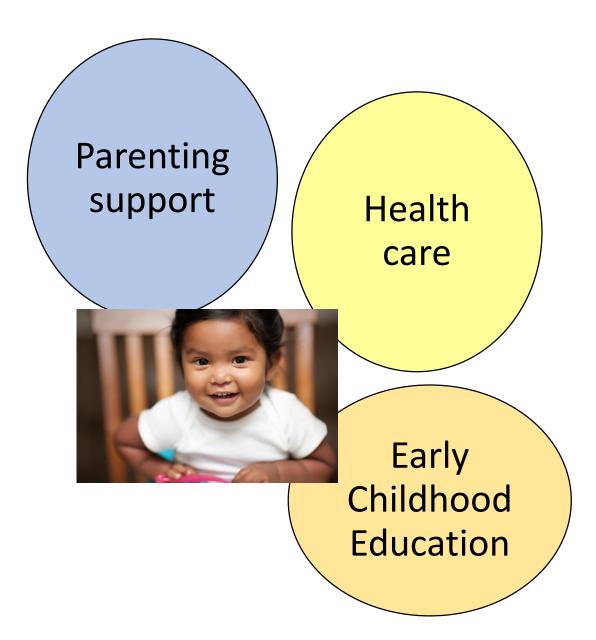
- The extent to which individual children or groups of children are able or enabled to:
 - develop and realize their potential,
 - satisfy their needs, and
 - develop the capacities that allow them to interact successfully with their biological, physical, and social environments.

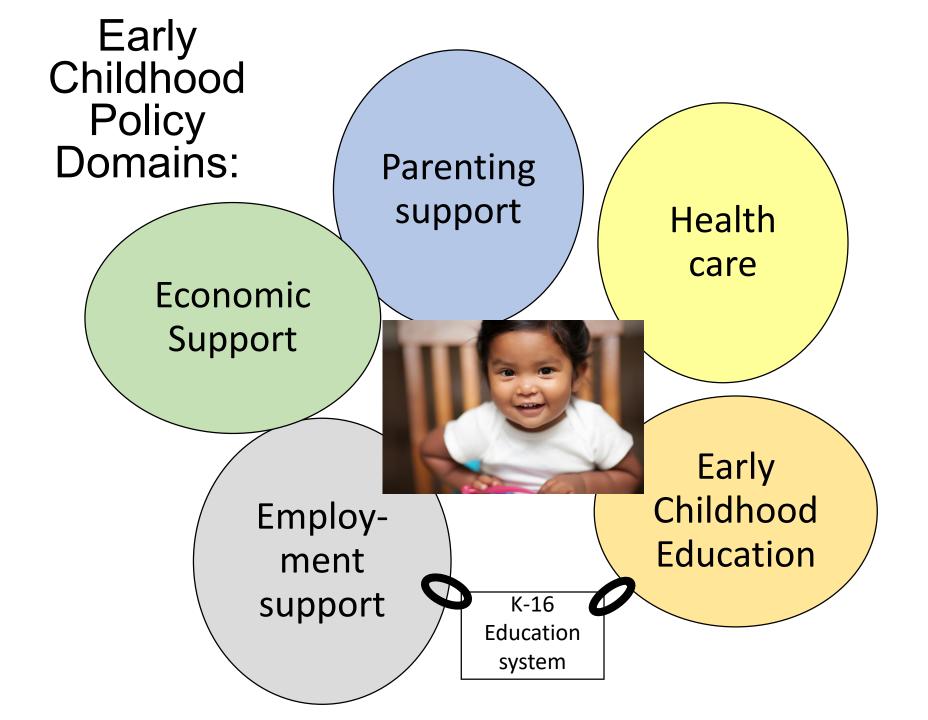


Policy domains

Early Childhood Policy Domains:

Service delivery programs





Employment support for parents

- Steady, well-paid employment for parents is the best "program" for kids
- Popular policy approaches
 - Earned Income Tax Credit
 - Child and Dependent Care Tax Credit
 - Parental leave policies

Family economic support

- EITC & CDCTC
- SNAP, TANF
- Child Tax Credit
 - in CA: \$1,000 extra child tax credit for children under age 6, for families earning at least \$1

Program synergies

How do programs interact with one another?

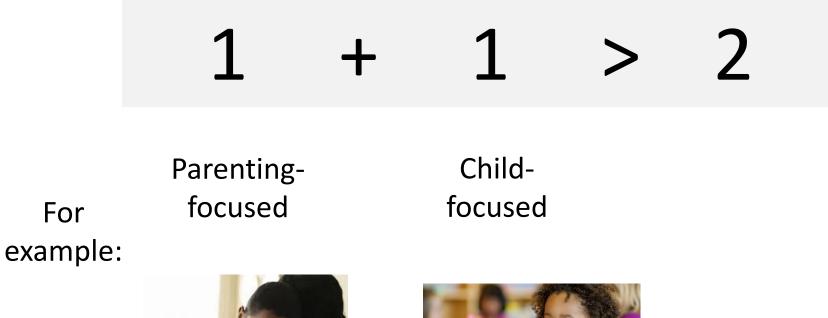
Are they *complements*, with multiplicative impacts?

Or are they *substitutes*, with the benefits of two programs being little more than either one of them?

Can combining programs be unusually effective?

1 + 1 > 2

Can combining programs be unusually effective?







Can combining program be unusually effective?

1 + 1 > 2

If programs complement one another

1 + 1 < 2

If programs substitute for one another

Can combining programs be unusually effective?

1 + 1 > 2

This turns out to be difficult to accomplish!

A recent meta-analysis finds:

1 + 1 = 1

In the case of parenting components added to early education programs

Grindal, T., et al. (2016). The added impact of parenting education in early childhood education programs: A meta-analysis. *Children and Youth Services Review*, *70*, 238-249.

A remarkable recent study finds:

1 + 1 = 1.2

In the case of early education and home visiting programs in Denmark...



Rossin-Slater, M., & Wüst, M. (2017). What is the added value of preschool? Long-term impacts and interactions with an infant health intervention. *NBER Working Paper*, (22700).

Rossin-Slater & Wüst (2019)

- Denmark rolled out high-quality early care centers and a nurse home visiting program quasi-randomly across municipalities between 1933 and 1960
 - Impacts traced with Danish administrative data...
- they examined children's completed schooling, wages and mortality
- AND the completed schooling of the *children* of the children

Rossin-Slater & Wüst (2019)

- By itself, the early education program produced large favorable impacts on all three outcomes and for second-generation schooling
- By itself, the home visiting program produced large favorable impacts on all three outcomes (but no second generation impacts)
- But the combination of the two added only about
 20% to the benefits of one or the other

1 + 1 = 1.2; both programs were effective but largely appear to be substitutes

Politically, perhaps,

1 + 1 can be > 2

A Roadmap to Reducing Child Poverty

The National Academies of SCIENCES • ENGINEERING • MEDICINE

Impacts on Poverty and Government Cost

Expand the EITC	Child and Dependent Care Tax Credit	Child Allowance	



Impacts on Poverty and Government Cost

	Expand the EITC	Child and Dependent Care Tax Credit	Child Allowance	
Percent reduction in the number of poor children	-10%	-9 %	-24%	
Change in number of low-income workers	+270,000	+503,000	-60,000	



Impacts on Poverty and Government Cost

	Expand the EITC	Child and Dependent Care Tax Credit	Child Allowance	All 3 together
Percent reduction in the number of poor children	-10%	-9 %	-24%	-36%
Change in number of low-income workers	+270,000	+503,000	-60,000	+568,000

So let's:

- View health as a resource for optimizing development
- Think broadly about policy domains
- Strive for synergies across programs

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