





The State of Latino Early Childhood Development

Many Latino children are at risk of not getting the proper care, services, and environment they need for healthy development in formative years.

Traumatic early experiences, poor nutrition, physical inactivity, and low participation in preschool programs impair Latino children's social and emotional development, academic achievement, and overall health and wellbeing.

But there's reason for hope.

Culturally-sensitive programs and policies can prevent or reduce the effects of traumatic childhood experiences, improve mental health, and boost school readiness.

Early childhood development and education programs, breastfeeding and family support, and Latino family values support all have been shown to promote healthy early development.

This Issue Brief is a summary of the *Salud America!* "Early Childhood Development and Latino Kids: A Research Review." The Review explores research on many aspects of Latino child development and how programs and policies can improve early childhood development in Latino children. The full Review is located at: http://salud.to/latinochild.

The Evidence: The Issues

Latinos kids suffer many adverse childhood experiences (ACEs).

- ACEs can include parental domestic violence, substance abuse, mental illness, criminal justice involvement, child abuse, neglect, poverty/homelessness, and parental death.
- 77.8% of Latino youth (and adults) suffer at least one ACE, compared to 70% of all U.S. youth.
- 28% of Latino youth suffer four or more ACEs.

ACEs interfere with healthy childhood development among Latino kids in many ways.

- Physical health:
 - ACEs increase Latinos' long-term risk of heart disease, chronic obstructive pulmonary disease, cancer, substance abuse and other unhealthy behaviors.
 - Latino kids who suffer four ACEs had 4.46 times higher lifetime asthma risk than those with no ACEs; white children only had 1.19 times higher risk.

o Latino kids who endure economic hardship are shorter and more obese than those who don't.

Mental health:

- Latino kids with higher ACE scores were found to have significantly higher odds of attempting suicide, as well as higher rates of aggression and school misconduct.
- o Latino kids exposed to maltreatment tend to display anxiety, withdrawal, and aggression.
- Cultural and family issues may dissuade Latino parents from following through on referrals made to mental health services after their child's exposure to maltreatment.
- See Salud America! research on mental health and Latino kids; salud.to/mentalresearch.

Substance use:

- Child maltreatment, parental maladjustment, and sociocultural stressors increased the risk of early alcohol use by age 14 in Puerto Rican youth.
- Exposure to ACEs is significantly associated with cigarette, marijuana, and hard drug use by Latino kids; as the number of ACEs increased, so did substance use.

Achievement:

- o Latino and all kids with three or more ACEs were more likely to have below-average language and literacy skills, poor math skills, attention problems, and aggression in kindergarten.
- Kids ages 3-5 with two or more ACEs are four times as likely as those with no ACEs to have trouble calming themselves down, making and keeping friends, and getting easily distracted.

Latino kids have limited access to the healthy foods and safe spaces for physical activity that are needed for proper early development.

- In Latino neighborhoods, most grocery stores did not carry 50% of the fruits and vegetables considered culturally specific and commonly eaten by Latinos.
- Only 19% of Latino neighborhoods had recreational facilities vs. 62% of white neighborhoods.
- See Salud America! research on food access and Latino kids: <u>salud.to/researchfood</u>.
- See Salud America! research on sugary drinks and Latino kids: salud.to/sugarresearch.
- See Salud America! research on active spaces and Latino kids: salud.to/spacesresearch.

Latino kids have low participation in high-quality preschool programs, and face educational disadvantages when starting kindergarten.

- By age 2, Latino kids have less ability to reason and remember tasks, verbally communicate, and identify letters, numbers, and shapes (preliteracy skills) than white kids.
- Common reasons for these gaps are: poor parental education and language barriers; large family sizes; low parental employment or multiple jobs; cultural beliefs that teachers are the experts.
- Only 40% of Latino kids participate in preschool programs compared to 53% of white kids.
- Not participating in a preschool program is a main contributor to poor school readiness.
- 42% of kids younger than 5 live in "child care deserts" with no or overfull early care and education centers, according to one study. For example, Latinos in Colorado are more likely to live in child care deserts (60%) than whites (40%).
- Only 14% of public education dollars are spent on early childhood education; yet for every \$1 spent expanding early learning, society receives a return on investment of \$7 or more based on increased school and career achievement, as well as reduced costs in remedial education, health, social welfare programs, and criminal justice system expenditures.
- See Salud America! research on early care and education and Latino kids: salud.to/famresearch.

The Evidence: What Works

Early childhood development programs have long-term benefits for kids.

 Children randomly assigned to stimulating early care from birth to age 5 had significantly lower risk factors for heart and metabolic diseases in their mid-30s.

- Several studies show that early care programs with smaller class sizes, more parent involvement, and better-educated teachers result in kids' better health markers and higher test scores, IQs, high-school graduation rates, college attendance rates, and earnings as adults.
- Several elements are critical for high-quality early care and education centers:
 - Be affordable and accessible to low-income Latinos
 - o Incorporate Spanish language and culture in programming.
 - Offer services from birth to age 5 for single-site care of children
 - o Encourage interaction with nature at school, which can boost physical activity.
 - o Encourage unstructured free play, which can boost development and reduce stress.

Strategy that Works: Programs and practices to boost Latino kids' school readiness, achievement, and social and emotional learning.

- Successful readiness-building programs:
 - o **Little by Little Program:** Bilingual literacy counseling for parents on reading and verbal interaction with their kids resulted in kids being significantly more prepared for kindergarten.
 - o **Miami School Readiness Project:** Latino preschoolers who got individually and culturally tailored curricula for independent learning, had test scores above the national average.
 - REDI Intervention: In Head Start centers, interactive reading and active discussions in the classroom significantly improved Latino and all kids' vocabulary and social-emotional skills.
 - Other programs include ParentCorps, Zero to Three, Pre-K 4 San Antonio, and First 5 LA.
- Teaching social and emotional skills—managing emotions, setting positive goals, feeling empathy, building positive relationships, and making good decisions—can help kids avoid unhealthy behaviors, improve outcomes into adulthood, and impact the economy.
- Teaching social and emotional skills to inner-city students improved their academic achievement.
- Classroom programs (both indoor and outdoor) designed to improve elementary school students' social and emotional skills can also increase reading and math achievement.
- Providing time for unstructured, free play in nature improves social and emotional skills and can
 protect against stress, anxiety, and depression. Early learning centers and schools that support
 physical activity and play, such as outdoor learning environments and green schoolyards, boost
 students' academic performance, mental health, and social and emotional learning.

Strategy that Works: Programs and policies to reduce ACEs among Latino kids.

- Home visits prevent ACEs by providing parents and caregivers with needed support, knowledge, and tools to promote a healthy, nurturing home environment for their children.
- Home visits can include culturally relevant nutritional education, healthcare, family and child assessments to screen for ACEs, and referrals to domestic violence services.
- Having a "medical home"—a continuous and comprehensive approach to healthcare from infancy through young adulthood—increases wellbeing in Latino and all children.
- Early screening for developmental and behavioral problems at age 9 months to 3 years can help prevent, identify, and mitigate harmful effects of ACEs.
- "Trauma-informed care," which supports children's recovery and resilience using evidence-based approaches, can be integrated into ECE programs to: build local partnerships for screenings and services; and train personnel in working with children exposed to trauma.

Strategy that Works: Incorporate Latino cultural and family values.

- Latino kids' social and emotional health rivals that of white kids, thanks to key family values:
 - o Familismo: Latino homes with extended family members can benefit childrearing.
 - o *Machismo* and *marianismo*: Latino families often have traditional gender roles, where the father is protector, and the mother has a warm, nurturing, and responsive parenting style.
 - o Religion: Religious are a cornerstone of Latino families that often influences decisions.

Strategy that Works: Support for Latina moms and breastfeeding.

- Breastfeeding initiation and duration is vital to early childhood development for Latino and all kids.
- Home visit programs and parent education classes have proven to improve pre-literacy activities and healthy feeding practices in Latino homes.
- Enabling Latina mothers to talk with peers and trained counselors and/or nurses helps reduce stress and improve awareness of mental health and its effects on family and childrearing.
- See Salud America! research on healthy Latina mothers and babies: salud.to/momresearch.

Policy and Practice Implications

For all: Develop culturally-sensitive early childhood development programs, policies, and interventions that consider Latino family dynamics, and adverse experiences.

To address adverse childhood experiences (ACEs) among Latino children:

- Improve access to culturally tailored home visits for Latino families.
- Increase awareness of and support for the medical home system of care for Latino children that can help to identify and address ACEs and other health-related issues early.
- Train the childcare workforce to provide trauma-informed care for ACEs.

To extend the benefits of early care and education (ECE) and preschool programs:

- Promote access to and availability of preschool and ECE programs for Latino kids.
- Add culturally and linguistically relevant parent counseling, education, involvement, and family support to preschool programs, as well as at least one Spanish-speaking educator.
- Reduce classroom sizes to enable more teacher-student interaction and individualized learning.
- Support school design to enable outdoor learning, active transport, and more physical activity.

To improve Latinos' access to healthy food:

- Support community-based initiatives that improve access to grocery stores, health food stores, and farmers' markets in Latino communities.
- Develop outdoor learning models to integrate gardening and nutrition education in early learning centers and schools.
- Improve Latinos' access to school-, community-, and government-based food programs.

To increase Latinos' access to physical activity spaces and opportunities:

- Improve access to active spaces (i.e., parks, trails) in Latino communities.
- Get community input on developing new or renovating existing active spaces.
- Improve street safety and active transport opportunities for pedestrians and cyclists.
- Improve outdoor learning environments and green schoolyards at childcare centers and schools.
- Integrate considerations for non-motorized travel and public health into formal plans for transportation projects.

To support Latinos' healthcare:

- Incorporate assessment of childhood history and developmental/behavioral screening in routine primary care visits to help identify presence or risk of adverse experiences.
- Provide culturally relevant home visiting to ensure parents and caregivers have the time, knowledge, and resources needed to ensure proper childhood development.
- Incorporate physical activity as a patient "vital sign."
- Support the capacity of school-based health programs to promote nutrition and physical activity.