

May 14th, 2019

Massachusetts Board of Early Education and Care
Massachusetts Department of Early Education and Care
51 Sleeper St Boston, MA 02210

Dear Members of the Massachusetts Board of Early Education and Care,

I am Dr. Ana Poblacion, a Research Scientist with Children's HealthWatch at Boston Medical Center. Children's HealthWatch is a network of pediatricians, public health researchers, and children's health and policy experts, and we know that access to childcare is an essential cornerstone in supporting the health and development of young children. I am here today to discuss the cost of childcare in Massachusetts and to provide supporting information to ensure childcare is not out of reach for families who need it.

An extensive body of scientific evidence, including research from Children's HealthWatch, shows the first years of life are a critical period for brain and body growth.^{1,2,3} This is the time when infants and toddlers form the fundamental neurological architecture of the brain and central nervous system that they will have for the rest of their life. During these formative years, a nurturing and safe environment is important to support health and ability to gain the knowledge, education, and skills necessary to thrive.

Childcare, particularly high-quality, formal childcare, such as childcare centers or preschools, is expensive in Massachusetts. On average the annual cost of infant care in a center was \$20,125 in 2017.⁴ Single parents in Massachusetts spend nearly 70% of their income on childcare and a married couple with two children and incomes at the poverty line would have to spend over 100% of their income to afford childcare.⁵

One-third of families we interviewed at Boston Medical Center between 2012 and 2017 reported that the inability to afford childcare made working or going to school difficult, which we refer to as childcare constraints. For these families, lack of access for affordable childcare acts as a barrier to stable employment and these families are also more likely to report economic hardships compared to families who are not experiencing childcare constraints.⁶

Data also show that many families in Massachusetts, despite receiving a childcare subsidy, pay more than seven percent of their income toward childcare, the national benchmark for childcare affordability set by the U.S. Department of Health and Human Services (HHS).^{7,8} Therefore, these families, even though they have a subsidy, are still childcare burdened. Families who receive a subsidy should not experience childcare cost burden or childcare constraints.

Thus, we recommend the Department of Early Education and Care to limit co-payment fees for childcare subsidies to no more than seven percent of families' income for families with incomes above 100 percent of the Federal Poverty Level (FPL) to reflect the HHS's recommendation affordable childcare subsidy co-payments. For families below 100 percent FPL, we recommend the Department eliminate the co-payment fees for childcare subsidies. We also recommend the Department reduce and eliminate waitlists for high-quality, affordable childcare programs for low-income families. By doing so, we would be supporting caregiver full-time employment and education, which in turn would reflect in their children's health.⁹

Thank you for your time and for considering these recommendations.

Sincerely,

Ana Poblacion, PhD, MSc
Research Scientist
Children's HealthWatch

¹ Thompson RA. Development in the first years of life. *Future Child*. 2001;11(1):20-33. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/11712453>

² Joyce KM, Breen A, Ettinger de Cuba S, et al. Household Hardships, Public Programs, and Their Associations with the Health and Development of Very Young Children: Insights from Children's HealthWatch. *Journal of Applied Research on Children: Informing Policy Children at Risk*. 2012;3(1). Available at: https://childrenshealthwatch.org/wp-content/uploads/KJ_IARC_2012.pdf.

³ Maggi S, Irwin L, Siddiqi A, and Hertzman C. The social determinants of early child development: An overview. *Journal of Paediatrics and Child Health*. 2010; 46:627-635. Available at: <https://rdcu.be/bBEZA>.

⁴ Child Care Aware of America. Parents and the High Cost of Child Care: Massachusetts 2017. <http://usa.childcareaware.org/advocacy-public-policy/resources/research/costofcare/>

⁵ Hager K, Wellington C, Sheward R, et al. The Road to Hardship-Free: Boston Check-Up for Children. Children's HealthWatch; 2018. Available at: <http://childrenshealthwatch.org/wp-content/uploads/CHW-Hardship-free-BOSTON-web.pdf>.

⁶ Hager K, Wellington C, Sheward R, et al. The Road to Hardship-Free: Boston Check-Up for Children. Children's HealthWatch; 2018. Available at: <http://childrenshealthwatch.org/wp-content/uploads/CHW-Hardship-free-BOSTON-web.pdf>.

⁷ Poblacion A, Bovell-Ammon A, Ettinger de Cuba S, Sandel M, Chappelle K, Hidalgo M, Cook J. Pathways to Stable Homes: Promoting Caregiver and Child Health Through Housing Stability. Children's HealthWatch, 2019. <http://childrenshealthwatch.org/pathways-to-stable-homes/>

⁸ Childcare and Development Fund (CCDF) Program. Federal Register. 2015;80(247).

⁹ Hickson M, Ettinger de Cuba S, Black MM, et al. Baltimore Mothers' Stable Employment Promotes Child and Family Health. Children's HealthWatch; 2013. Available at: <http://childrenshealthwatch.org/baltimore-mothers-stable-employment-promotes-child-and-family-health/>.