



Latino Infants: A Continuing Imperative



UnidosUS, previously known as NCLR (National Council of La Raza), is the nation's largest Hispanic civil rights and advocacy organization. Through its unique combination of expert research, advocacy, programs, and an [Affiliate Network](#) of nearly 300 community-based organizations across the United States and Puerto Rico, UnidosUS simultaneously challenges the social, economic, and political barriers that affect Latinos at the national and local levels.

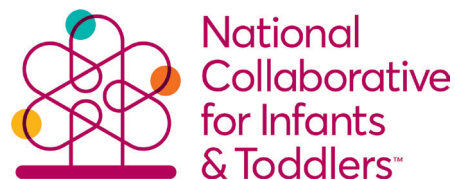
For more than 50 years, UnidosUS has united communities and different groups seeking common ground through collaboration, and that share a desire to make our country stronger.

For more information on UnidosUS, visit www.unidosus.org or follow us on [Facebook](#), [Instagram](#), and [Twitter](#).

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The National Collaborative for Infants and Toddlers (NCIT), is committed to advancing equitable policies and programs that ensure every child from prenatal to age three has the support they need for a strong start in life. Comprised of more than 2500 local, state and national organizations representing business leaders, pediatricians, care and assistance providers, state and local officials, parents, advocates and researchers, NCIT is focused on educating the public and raising awareness about the urgency of supporting pregnant people and families with children under three.

UnidosUS Latino Infant Initiative

Latino Infants: A Continuing Imperative

April 2022

ABOUT UNIDOS US

UnidosUS, previously known as NCLR (National Council of La Raza), is the nation's largest Hispanic civil rights and advocacy organization. Through its unique combination of expert research, advocacy, programs, and an Affiliate network of nearly 300 community-based organizations across the United States and Puerto Rico, UnidosUS simultaneously challenges the social, economic, and political barriers that affect Latinos at the national and local levels. For more than 50 years, UnidosUS has united communities and different groups seeking common ground through collaboration, and that share a desire to make our country stronger. For more information, visit www.unidosus.org.

UnidosUS is in a unique position to gather information from ECE (early child education) programs serving Latino infants and their families. We sincerely thank everyone at our Affiliate organizations who took the time to organize and/or participate in interviews or respond to our teacher survey.

UnidosUS is grateful to the Pritzker Children's Initiative for their generous support of this project, which enabled UnidosUS to expand our Latino childhood development research, to identify and address barriers facing Latinos' access to high-quality early care and education, and to disseminate information and approaches to scale up programs and resources that promote the healthy development and long-term achievement of Latino infants, pre-natal through age three years.

Notes on terminology:

1. We use the terms "infants," "babies," and "infant/toddler" interchangeably to refer to children between birth through 36 months of age.
2. UnidosUS uses the terms "Hispanic" and "Latino" interchangeably throughout our publications to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. UnidosUS also uses the term "Latinx" to represent the diversity of gender identities and expressions that are present within the community.

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TABLE OF CONTENTS

1 Introduction

- 1 Latino Infants, Change Agents
- 2 Disparities and the Demographic Imperative
- 2 The Demographic Imperative and Systemic Racism
- 3 The Demographic Imperative amid COVID-19
- 4 Early Childhood 2022: State of the Field
- 5 The Brilliance of Children

6 Infant Dual Language Development

- 7 Are Babies *Confused* When They Grow Up with Two Languages?
- 8 What Does Research Tell Us?
- 10 DLLs Need Daily Experiences with Both Languages
- 10 Learning to Read in English: Does Children's Spanish Hinder or Help?
- 11 Supporting Infant Dual Language Learners: Programs
- 12 Supporting Infant Dual Language Learners: Policymakers
- 12 The Early Literacy Paradigm: *Another* Imperative
- 12 Learning to Read
- 13 The Early Literacy Paradigm

14 Early Literacy and Latino Infants: The Need for a New Narrative

- 14 Latino Infants and Early Literacy
- 15 Policy Considerations: Early Literacy for Latino Infants

15 Latino Infants: The Importance of Culture

- 17 Cultural and Linguistic Responsiveness

TABLE OF CONTENTS (CONTINUED)

19 Maternal and Infant Health

- 19 Prenatal Care and Latino Infant and Maternal Mortality
- 20 Latina Postpartum Maternal Care
- 23 Infant Mental Health
- 24 Trauma and Adverse Childhood Experiences (ACEs)
- 25 The Fear of Separation and the COVID-19 Pandemic
- 25 Food Insecurity and Nutrition
- 27 Health Care, Vaccines, and Oral Health
- 28 Well-Child Visits and the Seven-Vaccine Series
- 28 Oral Health

30 The Voices of Infant/Toddler Teachers

- 30 Survey Responses and Participants

35 Program Administrator Voices

- 36 Findings and Discussion

42 Conclusions

43 Latino Infants: A Policy & Advocacy Agenda

44 Recommendations

47 Appendix A: Survey Responses

49 Appendix B: What is High-Quality and What Is Access?

INTRODUCTION

Infant advocates lament that “infants are invisible” because policy discussions and decisions often ignore the importance and implications of infant development. If this is the case, *Latino infants* are doubly hidden, both as infants and as members of the Latino community. As UnidosUS’s recent report on systemic racism makes clear, Latinos in the United States face a cycle of inequality, characterized by educational, health, wealth, and other disparities. One aspect of this cycle is the level of under-representation and lack of recognition inconsistent for a group numbering more than 62 million people.¹

Latino Infants, Change Agents

Latino infants are a large and growing population group. Referring to data spanning 30 years, Gándara identified the *demographic imperative* of Latino education:

Between 1980 and 2010, the Latino population of the United States grew from 14.6 million to 50.5 million persons ... most growth in the Latino population is from births in the United States and not from immigration.²

Recent data confirm the magnitude and *urgency* of Gándara’s observation. The 2010 Census documented a continuing imperative: between 2000 and 2010, Latino infants made up 39% of the increase in the child population of the United States, a time when a noticeable decrease occurred among white children (10% decrease) and Black children (2% decrease).³ Between 2010 and 2019, 9.3 million Latino babies were born, thus confirming the validity of the term “imperative.”⁴

The 2020 U.S. Census data are the latest confirmation of the continuing imperative. More than 62 million people in the United States are Hispanic, while the size of the Latino population increased by an amazing 23% since 2010.⁵ By 2060, the U.S. Census Bureau estimates that the Hispanic population will reach 111 million people, with Latino children comprising one-third of all three-to-four-year-olds in the nation.⁶

The continuing demographic imperative contains urgent implications for educational, economic, and health policies. The overarching policy goal is simple: to ensure that Latino infants and their families have a healthy start and access to high-quality early education experiences from the very beginning. In the view of UnidosUS, *developing informed policies and providing sufficient resources to build program capacity for supporting the healthy development of Latino infants is investing, not merely spending.*

Disparities and the Demographic Imperative

Regrettably, disparities in Latino infants' access to high-quality and culturally and linguistically responsive early childhood (ECE) programs undermine their future success. In 2016 Latinos had the nation's lowest enrollment in ECE programs (49.5%), compared to 55.5% of white children.⁷ NCES data (2019) on enrollment rates for young children attending ECE programs indicated that only Pacific Islanders had a lower enrollment rate than Hispanic three- to four-year-olds (43%), compared to Asians (56%), whites (50%), and Black people (53%).⁸

The demographic imperative, driven by Latino infants, has been unfolding over decades. Latino babies born in the United States are simultaneously driving the growth of the United States while shaping the makeup of the child population. Under-recognized and under-addressed, the demographic imperative undermines the achievement of individual Latino children and collectively weakens the capacity of the current and future U.S. workforce.

The Demographic Imperative and Systemic Racism

The Latino community is impacted by systemic racism, including a historical legacy of language suppression. For generations, Latino families have been confronted by messages urging them to abandon their use of Spanish. In addition to negative messages, physical and psychological punishments and coercion were employed. Children were punished for using Spanish in class or on the playground, and many parents were told that their continued use of Spanish to communicate with their children would impair the child's development and academic success.⁹

Despite this legacy, the nation benefits tremendously from the significant contributions of the Latino community. Hispanics earned more than \$1 trillion and paid more than \$250 billion in taxes in 2017.¹⁰ Long before COVID-19, Latinos were "essential workers" providing critical workforce contributions, especially in the important sectors of agriculture, construction, and health care. Yet, Latino households earn significantly less than white households (\$0.74 to every \$1).¹¹

Latino Infants: The Dual Imperative

1. **Latino** visibility and representation in U.S. institutions and within policies are low.
2. **Infant** visibility and representation in educational and policy settings are low.
3. **The low visibility of Latino infants** combines to perpetuate the educational under-achievement of Latinos in the United States, which must be explicitly addressed.

The demographic imperative is amply illustrated by the following statistic:

If Latinos in the United States were an independent nation, they would be the

7th largest economy in the world.

Source: "Are Latinos the Future of State and Local Economic Growth?,"

November 11, 2021, <https://www.governing.com/work/are-latinos-the-future-of-state-and-local-economic-growth>.

At UnidosUS, we are committed to improving Latino infant well-being and access to timely, equitable, and high-quality health care and early childhood education. Local, state, and federal policymakers must work together to develop, finance, and implement equitable and effective solutions to the continuing demographic imperative. An explicit focus on racial justice and equity for Latino infants and their families is critical to achieving a vision of all infants growing into healthy children who are confident and ready for school. All programs for infants should be characterized by a commitment to, and implementation of, culturally and linguistically responsive practices. This includes prioritizing the retention of Latinas in the current ECE workforce, improving compensation and benefits for teachers, and expanding credentialing and professional development opportunities. In turn, prioritizing the development of Latino infants PN-3 through high-quality and culturally and linguistically responsive programs will benefit the nation through improvements in health outcomes and educational achievement.

The Demographic Imperative amid COVID-19

In 2020, the demographic imperative intersected with the impacts of COVID-19. According to the Pew Research Center (2021), about one-half of the nation's Latinos reported that: a family member or close friend has been hospitalized or died from the coronavirus, and a similar share say they or someone in their household has lost a job or taken a pay cut during the pandemic.¹²

Data from UnidosUS's Affiliate organizations confirm the damage brought on by the pandemic. Gads Hill Center serves several thousand children and their families in the poorest neighborhoods of Chicago. During the first 12 months of the pandemic, they reported:

- Almost one in four of all parents of enrolled children had contracted COVID-19.
- 25% of families had at least one member lose their job.
- 53% of families who kept their positions had their hours reduced.

Gads Hill Center administrators were forced to close entire child care centers (one center was closed twice) and *then close* (and re-open) individual classrooms within the centers on 11 separate occasions during 2021. A more extensive discussion of the consequences of the pandemic on Latino infants and their families, based on interviews and online surveys of UnidosUS's Affiliates, occurs later in this report.



Early Childhood 2022: State of the Field

*“The science of child development reveals that children begin learning **before birth**, and their development is especially rapid during their early years.”*

National Academies of Sciences, Engineering, and Medicine (2017)¹³

ECE is shaped by large and continuously expanding bodies of research evidence. This knowledge drives an important contrast: first, increased clarity, as newer research evidence helps explain prior findings; second, the challenge of interpreting the data and reaching *shared* understandings. As Miondi and colleagues note:

Although children’s social emotional development has been widely accepted as a cornerstone of the field for decades, research into “social emotional learning” (SEL) reveals a lack of consensus among researchers and practitioners regarding how to define, evaluate, and promote the construct.¹⁴

One key construct is the concept of children’s “school readiness.” This idea, written into the Head Start Act by Congress, receives widespread (but by no means universal) acceptance in the field. Research evidence, reviewed by the National Academies of Science, Engineering and Medicine (NASEM)’s 2019 publication *Monitoring Educational Equity*, shows that ECE “is a strong predictor of kindergarten readiness,” (p. 8) defined as “the set of foundational skills, behaviors, and knowledge that enable children to successfully transition into kindergarten and achieve academic success throughout the primary grades.”¹⁵ Simply put, children’s knowledge and skills at kindergarten entry are extremely important predictors of their long-term educational success. Unfortunately, the report also noted that:

Sizable differences in the availability of high-quality early learning programs and in enrollment between children from lower-income families, families with parents with lower levels of educational attainment, and families in which the parents are not proficient in English and their more advantaged peers.... compounded by a corresponding disparity in the quality of programs that are available to children from families with different income levels.¹⁶

These connected factors—the importance of early learning combined with the disparities in access to ECE programs that make a difference—make the need for a new narrative around Latino infants all the more urgent. Latino children consistently fall behind their peers with respect to kindergarten readiness, with dire implications for long-term educational success. Yet their parents overwhelmingly respect and value education and educators! The United States needs an approach to Latino infants that leverages the many positive aspects of Latino culture and family characteristics, promotes family engagement, and improves children’s achievement. The demographic imperative and its multiple impacts upon education, health, and the U.S. economy has never been more urgent.

The Brilliance of Children

“From a very young age, children are interested in exploring the world. They eagerly ask questions about their environment and have intuitive and imaginative ways of finding out about it. This curiosity and enthusiasm for learning can set the stage as children enter into formal schooling.”

—NASEM, 2021¹⁷

A recent report from the National Academies of Science, Engineering, and Mathematics refers to *the brilliance of children*. The research evidence provides ample and compelling support for this characterization. First, learning, information processing, and remembering are *occurring during the prenatal period*, that is, before birth.¹⁸ Although this statement was published in 2000, the message has only been partially disseminated, processed, and incorporated into discussions at the program and policy levels. Of course, the nation’s K-12 public-school systems were designed and developed long before this information was available. Learning begins during the prenatal period and proceeds rapidly during the first three years of life, yet “school” begins at or after age five.

Second, early learning is powerful. For example, newborn babies demonstrate multiple preferences a few hours after being born. Newborns communicate preferences for the human voice over other sounds; for their mother’s voice over other voices; and for the language or languages of their prenatal environments.¹⁹ Based on their abilities to distinguish between languages in utero, the most recent evidence from newborns makes the traditional assumption: that humans are “naturally” monolingual and that growing up with more than one language causes “confusion” both obsolete and harmful.

Third, early learning is *consequential* for long-term achievement. It has been 20 years since evidence was first presented that newborn characteristics and behaviors reliably predict later reading scores.²⁰ More recently, in 2016 psychologist Dorothe Bleses and colleagues presented convergent evidence: children’s vocabulary development between 16 and 30 months predicted their sixth grade achievement.²¹ In sum, infant development is characterized by extensive evidence establishing that:

- Learning begins before birth.
- Early development is rapid and connected to long-term outcomes.
- Children can successfully develop two languages.
- Early language is the foundation of reading and academic success, as well as the foundation of identity formation, relationships between children and their families, and strong social-emotional development.

It is especially important to bring these messages and their implications to the policy arena and also to the parents of Latino infants. *It is imperative that Latino parents and family members have increased access to current research findings.* It is also indispensable that program operations and policies/regulations become more closely aligned with the implications of the demographic imperative, the brilliance of children, and dual language development—so that all Latino infants and their families receive high-quality experiences from early childhood programs.



INFANT DUAL LANGUAGE DEVELOPMENT

When they grow up with more than one language: “infants are exquisitely sensitive to the nature and frequency of different types of language input in their early environments.”

Byers-Heinlein et al., 2021²²

The overwhelming majority of Latino infants in the United States grow up with more than one language. While not all Latino infants are dual language learners (DLLs), it is essential that ECE systems and policies be firmly grounded on a solid foundation. All programs enrolling Latino infants and/or toddlers must be aware of the research evidence on dual language development and must develop their capacity to effectively support infants’ languages.

UnidosUS strongly believes that effective support for infant DLLs must include recognition and understanding of the history of language suppression in the United States. As we have stated earlier in a, [Linguistic Responsiveness Brief](#), the history of language suppression (including physical punishments and psychological trauma) has created a trans-generational legacy that influences the parenting practices of Latino families to this day.²³

It is equally essential that programs enrolling Latino infants are prepared for and capable of assessing family language practices, an infant's daily experiences with language(s), and planning and implementing effective services and strategies to best support infants and their language development. Finally, it is essential that policies and regulations are also informed by research and that those programs are funded to implement policies and practices in line with the research evidence. While some may question the need to address dual language development during the infant/toddler period, the research evidence is clear that "the brilliance of children" includes the capacity to develop two languages with success.

Are Babies *Confused* When They Grow Up with Two Languages?

This question can be understood in different ways. On the one hand, it is a legitimate concern of Latino parents, who love their children and place a high value on education. It is also a legitimate concern of the infant/toddler workforce, who sincerely want to do what's best for the children they work with. If two languages are "too many," this may strongly influence the ways in which parents and teachers talk to their children. It is vitally important that the historical legacies surrounding dual language development are recognized for shaping the thinking and practices of Latino parents, the infant/toddler workforce, and local, state, and federal policymakers.

There is a long legacy of language suppression in the United States. The idea that children are confused by more than one language was a key element of that agenda. People advocating "English only" often argued that children do not have the capacity to develop two languages and therefore become "confused" if allowed to grow up with a language other than English. As a result of this legacy, some Hispanic grandparents still warn their adult children not to speak Spanish to their infants.

An important part of this legacy is that many Latino children were punished (both physically and psychologically) for speaking Spanish in school settings. The message was clear: languages other than English were not welcome. While physical punishment now seems to be rare, the "English only" message is still being communicated to Latino children and/or their parents in some school settings.²⁴ The basic message was that children must "stop" using Spanish and "focus" on English to do well in school. This was communicated by telling parents that they should stop or minimize speaking Spanish to their children and/or reducing children's exposure to Spanish from others (e.g., grandparents and other family members).



What Does Research Tell Us?

There are several sets of evidence that contradict the messages of language suppression. These data sets are critically important for Latino infants and their families and for the development of more equitable and effective policies and program practices. The first message highlights the important connections between early language development and later reading achievement.

In 1998, the National Research Council published *Preventing Reading Difficulties in Young Children*. The report reviewed the research evidence on early literacy, establishing that children's knowledge, skills, abilities, and attitudes, developed during the birth-to-five period, are fundamental to their future reading success. In other words, long before children go to school, they make important progress in developing literacy skills. The report also noted the importance of a child's home language, advocating for early reading instruction in the home language when possible.²⁵

The second research message was presented in the 2017 report of the National Academies of Sciences on dual language development. Two points were emphasized: first, infants and young children *have the capacity* to learn two languages; second, children should *not give up* their home language to learn English. The report stressed the importance of supporting children's development of both languages from infancy:

"All ECE teachers of DLLs can learn and implement strategies that systematically introduce English during the infant, toddler, and preschool years while simultaneously promoting maintenance of the home language—an important principle."²⁶

The most recent research indicates that infants have *multiple capacities* to develop and thrive in two languages. First, newborn babies have been found to distinguish between multiple languages within a few hours of being born.²⁷

Infants during the first year of life are not “confused” by two languages since they recognize that two languages are different!

Second, research demonstrates that infants use conscious strategies to develop two languages. Children as young as 20 months are reported to be able to *monitor their own comprehension across two languages* while interacting with adults.²⁸ In other words, infants demonstrate the capability to monitor *both of their languages* for efficient comprehension, using language-control mechanisms to preferentially activate the currently heard language during listening. The authors concluded: Infants growing up in bilingual homes learn two languages simultaneously without apparent confusion or delay.

Third, the research is clear that *children do not need to give up their home language to do well in school*. Miller and colleagues reported a *positive* association between Spanish oral language proficiency and standardized test scores of reading in English.²⁹ In other words, children with higher test scores in English reading had the strongest levels of verbal language development in Spanish. The two languages are not confusing the child but complementing each other! Prevoo and colleagues reached the same conclusion by combining data in a meta-analysis of almost 90 separate studies. The authors reported that the continued development of the home language did *not* develop at the expense of learning a second language successfully. They concluded: “Stimulating oral language proficiency *in both languages* can be a key factor in improving the school outcomes of bilingual children.”³⁰



Research findings summarized by the National Academies of Sciences (NASEM, 2017):

- Children do **not** benefit by minimizing or eliminating their home language.
- Children can and should learn English, but **not** at the expense of their home language.

DLLs Need Daily Experiences with Both Languages

Latino infants and DLLs from all language backgrounds need to be recognized for the unique aspects of growing up with two languages. ECE programs can promote infants' school readiness through culturally and linguistically responsive daily interactions and by collaboratively sharing information with parents and family members. Simply put, local, state, and federal policies should all be based on the fundamental principle that children's home languages should be recognized and respected followed by their need for learning experiences in both of their languages.



Learning to Read in English: Does Children's Spanish Hinder or Help?

In the traditional narrative, Spanish-speaking families have been told to stop speaking Spanish to their children. The message was often framed as a stark choice: between continuing to speak Spanish (thereby, according to the argument, undermining children's school success) or "focusing" on English in order to support academic achievement. Substantial research evidence refutes this traditional narrative.

Mesa and Yeomans-Maldonado found that children's Spanish oral language skills made "significant direct and indirect contributions" *both to English oral language and to word reading in English*.³¹ Further, "results indicate that a child who starts preschool with strong language skills in L1 [Spanish] will also demonstrate strong oral language skills in L2, [English] which in turn will facilitate English letter knowledge and word reading" (p. 1769). The authors went on to emphasize the importance of engaging Spanish-speaking families to "promote the continued [Spanish] language development of their children" (p. 1770) because "home language is important for both social and cultural development, as well as academic achievement" (p. 1771).

Children's home language is a resource for their school success—not an impediment. Latino infants' proficiency in Spanish is a valuable resource for their development of literacy in English. Recognition and respect for families' home language is also the best means of ensuring family engagement in their child's education. Therefore, the best possible foundation for the long-term achievement of Latino infants is strong and informed partnerships between Latino families, ECE

programs, and local school systems. The basis of this partnership is to support the strong and continued development of Spanish language skills—beginning in infancy—as well as the introduction and teaching of English over time.

Latino infants need and deserve access to high-quality ECE programs. It is essential that they receive daily access to, and support for, the continued development of their home language(s) and that ECE programs and policies recognize and respect their home language(s) as both fundamental elements of their identity formation and family and social relationships, and as the foundation of their learning and development.

Supporting Infant Dual Language Learners: Programs

*Research data from prenatal and pre-verbal infants demonstrates that they have **innate capacities** that allow them to learn two languages without significant costs to the development of either language provided that they receive consistent and adequate exposure to both languages on a continuous basis.*

—Paradis, Genesee, and Crago, 2011³²—

Programs serving Latino infants can use these research messages to inform daily classroom practices and integrate the messages into their family engagement work. Program staff, informed by these research messages, can do a great deal to support Latino infants (and all DLLs).

First, staff can promote the idea that even very young children are capable of successfully developing two languages. Second, staff can refer to the positive associations (correlations) between early language and later literacy and between home language proficiency and school achievement in a second language. The idea that a child's development of Spanish is a barrier to learning English or being successful in school is false and should be intentionally rejected. Instead, parents and family members should be encouraged to promote their infant's development by providing frequent interactions using their preferred language(s). Third, staff can plan and implement active and welcoming learning environments, in which children are engaged across all developmental domains: physical movement; active exploration; support for social-emotional development; and opportunities to observe and use both of their languages.

Early language development is of the utmost importance. Staff in programs working with Latino infants/toddlers can be proactive and intentional as they engage families to support their children. Early language development, beginning during the prenatal period, is not only powerful and rapid, but it also matters a great deal to children's later reading success. Staff can make use of the important research findings to guide dialogue with parents about early development, the importance of early language to later reading achievement, and the value of supporting children in developing two languages.



Supporting Infant Dual Language Learners: Policymakers

Simply put, policies must be based on the fundamental principles that children's home languages are recognized and respected as fundamental to their successful development and that DLLs enrolled in ECE programs need daily experiences in both of their languages. For policymakers at the local, state, or federal levels, it is fundamental to understand that, for all DLLs, the home language is their foundation for learning about the world and is the context of their identity formation, relationships, and social-emotional development. It is also a key influence on children's communication and learning.³³

It is critically important that early childhood care and education policies and systems are informed by the history of discrimination against language minority communities and by the research evidence on DLLs. Early childhood education requires a new narrative to reorient all key stakeholders toward the recognition that children's home languages reflect and embody learning and development and therefore *must be supported, not discouraged*.

The Early Literacy Paradigm: *Another* Imperative

How do children learn to read? In 1985, Elizabeth Sulzby published an article describing *emergent reading*.³⁴ The term—which was based on observations of preschool children's language use and behaviors with books—led her and other researchers to question the traditional explanation of how children learn to read.

Learning to Read

The answer to the question “*How do children learn to read?*” has changed remarkably since 1985. The traditional explanation of children's reading acquisition centered on school-based instruction.³⁵ In the traditional explanation, children learned to read by being taught—typically, in K-12 settings. In this perspective, children's development between birth through kindergarten entry *was not a factor—either* for learning to read or for children's long-term outcomes. In the traditional view, children are born and grow up, but development during the preschool period (birth to age five years) *is not connected to* children's reading acquisition.



The Early Literacy Paradigm

In 1994, the National Academies of Science (National Research Council) formed a Committee on Preventing Reading Difficulties in Young Children. Their report, *Preventing Reading Difficulties in Young Children* (1998), summarized the convergent evidence on the early literacy* (EL) paradigm:

It is clear from the research that the process of learning to read is a lengthy one that begins very early in life... all children, especially those at risk for reading difficulties, should have access to early childhood environments that promote language and literacy growth and that address a variety of skills that have been identified as predictors of later reading achievement.³⁶

The EL paradigm presents a strong contrast to the traditional explanation of how children learn to read. In the EL paradigm, children's language and learning between birth and kindergarten entry are *fundamentally important* to beginning reading and to long-term outcomes. The EL paradigm is extremely relevant and urgent for Latino infants today. Multiple skills, knowledge, abilities, and attitudes develop during the prenatal period through kindergarten entry (including phonological awareness and vocabulary) that are associated with learning to read and long-term reading success. Since language development begins during the prenatal period, parents, program staff, and policymakers all need to share an understanding of the research evidence and ensure that policies, programs, and practices support Latino infants' optimal development.

* During the 1980-1990s, two terms, "early" and "emergent" literacy, were both widely used to refer to the importance of the birth-age five period for children's acquisition and development of reading. Currently, "early literacy" seems to be more prevalent.

EARLY LITERACY AND LATINO INFANTS: THE NEED FOR A NEW NARRATIVE

The EL paradigm was presented to the ECE field almost 40 years ago; the research evidence supporting the paradigm is extensive and continues to expand. This paradigm shift emphasizes that children are active participants in their developing reading and writing abilities. Above all, the research evidence confirms the view that early learning and development—beginning before birth—matter a great deal. For example, in a large-scale, population-based study, Bleses and colleagues reported that the size of children’s vocabulary between 16 and 30 months predicted their school achievement in sixth grade.³⁷ The most recent evidence emphasizes the importance of children’s skill development *and* motivation to use and enjoy reading materials between birth and age five. The current research also emphasizes the important role adults can play in promoting children’s long-term reading success. Therefore, programs and policies for early childhood need to recognize the importance of two major bodies of research: 1) the importance of a child’s home language, and 2) the importance of early literacy development. Latino infants raised in families where Spanish is spoken need and deserve strong support for the continued development of that language and appropriate supports to develop English.



Early literacy needs to be a “prominent, not dominant” feature of all infant/toddler programs; a visible element of family engagement programming; and integrated into the vision and daily practice of all programs enrolling children from birth through age three years.

Latino Infants and Early Literacy

Although the early literacy paradigm has been “part” of the ECE field for decades, *Latino parents of infants and toddlers often lack access to the messages from this research.* Although Latino parents typically place a high priority on education, their ability to support their child’s development is undermined if they cannot access information on the EL paradigm.

Policy Considerations: Early Literacy for Latino Infants

Both the historical evidence and most recent data for Latino children indicate that significant disparities in reading achievement are entrenched. From an equity perspective, UnidosUS is concerned that the extensive research findings on early learning, language, and literacy development are not readily available to Latino families. This is especially the case for Spanish-dominant families, as they are therefore unable to fully prepare their children for reading success: their ability to provide relevant learning experiences in home and community settings is undermined; their capacity to fully engage as partners with ECE programs (and later, K-12 systems) is minimized.



LATINO INFANTS: THE IMPORTANCE OF CULTURE

*“The development of all young children and the functioning of all families unfold within a distinctive cultural context...The importance of examining the design and implementation of early childhood policies and practices through a cultural lens **cannot be overstated.**”*

Institute of Medicine and National Research Council, 2000³⁸

Multiple reports, issued by the National Academies of Sciences, Engineering, and Medicine over the last 20 years, strongly emphasize the importance of *culture* on children’s learning.³⁹ Two findings presented in *Neurons to Neighborhoods* demonstrate the scope and importance that culture plays in infant development:

- “Culture coordinates the biological systems involved in learning and is the broader social context in which people engage in the experiences that enable them to adapt to the world and learn.”⁴⁰
- “Culture shapes every learning environment and the experience of each learner within that environment: learners who find the classroom environment unfamiliar, confusing, unwelcoming, or unsupportive will be at a disadvantage.”⁴¹

Culture influences all aspects of parenting and child development. It shapes how babies are held and comforted. Culture influences all aspects of communication between parents and their infants. It also plays a vital role in how parents think about their child's learning, behavior, and goals. This includes how parents understand their role(s) in promoting their child's learning and development. For example, Harwood and colleagues found "cultural patterning" from their observations of white and Puerto Rican mothers interacting with their 12-15-month-old children. The researchers explained the differences in mothers' behaviors in terms of their long-term socialization goals and childrearing beliefs.⁴²

Likewise, teachers working with infants and toddlers in classroom settings bring variable understandings of how children learn to their daily practices. Teachers do not necessarily share understandings of infants or of ways of talking to babies with the other adults in the classroom, or with the child's parents. A key challenge is that educators' views on infants' learning may be largely tacit—*understood primarily on a subconscious level rather than as an explicit set of principles, strategies, or practices.*

In their review of research on Latino families, Fuller and Coll note:

Qualitative studies of parental goals, for instance, have repeatedly shown how families try to nurture a child who is *bien educado*, one who displays good manners, proper comportment, and respect for adults.⁴³

Without question, culture is a major element in the parenting practices of Latino families:

The involvement of [Latino] parents in their child's early schooling... reflects a complex mix of heritage views regarding which adults are to explicitly teach the child, home language, and bicultural capital, as well as the practices of teachers and schools as they variably invite participation.⁴⁴

Research points to the values and beliefs that many Latino parents rely on to raise their children; for instance, to nurture a child who is *bien educado*; one who displays good manners, proper comportment, and respect for adults. Additionally, it has been reported that a significant share of poor Latino parents move into middle-class neighborhoods, likely seeking healthier environments and educational opportunities for their children.⁴⁵ Unfortunately, a narrative that diminishes or denies the Latino parents' value of the importance of education has circulated for generations. Thus, two major challenges to Latino infant development are: first, that their families have traditionally been viewed from a deficit perspective; second, dual language development has been historically misunderstood—not considered valuable for children's development, including later reading and academic success.



Cultural and Linguistic Responsiveness

Latino children and families have been confronted by discriminatory practices and messages over generations. Latino infants benefit when they are able to develop the language(s) spoken by their parents and family members. They also benefit from strong collaborations between program staff and their families. Therefore, cultural and linguistic responsiveness is absolutely necessary to any definition of “high-quality” infant/toddler settings. The findings on the importance of culture to infant development have multiple implications for the design of early childhood programs for all children. These implications are especially significant for Latino infants.

Program-Level Implications

Culturally and linguistically responsive practices (CLRP) are possible when organizations operating infant/toddler programs make a commitment to be culturally and linguistically responsive. It begins with understanding and recognizing the importance of culture for infant development and family engagement. Subsequently, it entails adopting and developing a continuous, ongoing process to build and develop organizational capacity. Individual staff members take on the responsibility to learn, reflect upon, and use insights from their own cultural background(s) while developing their capabilities to work with children and families from diverse cultures. Organizations take on the responsibility to prioritize the implementation of culturally responsive practices by:

- Creating a visible commitment to CLRP and disseminating a vision and mission statement that explicitly recognizes the importance of a culturally responsive approach.
- Managing and coaching the implementation of responsive practices, including information dissemination, supportive feedback, and sufficient planning time.
- Building capacity through multiple means, including reflective supervision, professional development, and use of consultants.



Perhaps most importantly, programs can develop their capacity for CLRP by partnering with parents and family members. Programs staff can observe interactions between infants and their parents/family members/other caregivers and use these observations as the foundations for a dialogue with parents/families on the infant and their development.

Implications for Policy

Culturally and linguistically responsive practices (CLRP) are an essential element of high-quality infant/toddler programs. Infant development is consequential to children's later achievement; and culture, in the words of the National Research Council, is consequential to all child development. Therefore, all programs enrolling infants/toddlers can and must create an organizational culture embracing a commitment to cultural and linguistic responsiveness as well as developing their capacity to implement relevant policies and practices. Latino infants benefit when policies and systems recognize the importance of dual language development, early literacy, and the cultural practices of their family and community—and when sufficient resources and supports are allocated to programs to develop and implement CLRP.



MATERNAL AND INFANT HEALTH

Although the prenatal period through the first three years of life is crucial to healthy development, Latino infants and their families are confronted by multiple disparities and inequities, including lack of access to quality health care, nutritious food, education, housing, and culturally relevant support services for families. Collectively, these disparities act as barriers to optimal well-being, learning, and development. This situation is especially true for Latino infants that live in poverty. In 2020, 27% of Latino children lived in poverty, three times the proportion of white children (9%).⁴⁶ To ensure a healthy start for Latino infants, these disparities and inequities need to be addressed comprehensively.

Prenatal Care and Latino Infant and Maternal Mortality

Prenatal care is essential. The benefits of prenatal care include reducing adverse fetal, birth, and maternal outcomes, controlling chronic maternal health conditions, promoting safe medication use during pregnancy, and screening for fetal abnormalities. However, existing barriers are preventing Latinas from getting the recommended services that ensure optimal development of their babies.

From a family-planning perspective, Hispanic women in the United States are less likely to use contraception than white women, with more than half (54%) of all pregnancies to Hispanic women being unintended. Additionally, the proportion of women who report taking a multivitamin prior to pregnancy is lower among Latinas than among non-Latina white women.⁴⁷ Similarly, after conception, nearly 30% of U.S. Latinas (vs. 18% non-Latina Whites and 22.5% of Asians) begin care after the first trimester and obtain less than the recommended number of visits, resulting in inadequate prenatal care.⁴⁸ Unplanned pregnancies and perceived lack of awareness about resources are only a few of the reasons Hispanic women are less likely to receive adequate prenatal care and services. Structural barriers to health care access include lack of child care, inadequate access to transportation, language barriers, inability to obtain timely pregnancy testing, work constraints for daytime appointments, and health literacy.

Additionally, while access to health care services for Latinas increased over the last several years, as a result of the Affordable Care Act, some of these gains do not reach segments of the Latina community equitably (such as undocumented, immigrant, Central, or South American Latinas), who often have intermittent health insurance coverage or limited experience with the health care delivery system in the United States. Nonetheless, the data is clear—prenatal care helps Latina mothers, especially when it comes to preventing infant mortality. Despite the disparities in access to prenatal services among Latina, Latino infants experience low birth weights and mortality rates that are generally lower than the national averages. In 2018, the Latino infant mortality rate was 4.9%, essentially on par with the white rate (4.6%).⁴⁹ Latina mothers experience lower maternal mortality rates, at 12.6% compared to 17.6% for white and 44% for Black women in 2019.⁵⁰

Latina Postpartum Maternal Care

While receiving prenatal care is key to supporting the healthy development of mother and baby, the postpartum period (often referred to as the fourth trimester) is crucial. Yet, many Latinas lack the health care and non-medical support needed after childbirth, especially around mental health. Research among U.S. and foreign-born Latinas indicates depression prevalence during or after pregnancy ranges from 23%-51%, which is double the prevalence for the general population. One survey of Latinas, of which 89% were first-generation immigrants, found that nearly a quarter of postpartum mothers self-reported depressive symptoms and felt they needed help, yet only half of them were assessed or provided resources for treatment from their health care provider.⁵¹ Stigma and a lack of recognition of symptoms and/or misconceptions about postpartum depression among Latinas and their service providers make early detection of depressive or anxiety symptoms challenging. Negative perceptions of mental illness and its treatment are present in Latino communities and result in stigma. Many of these findings contradict the “Latina paradox” which outlines cultural and social support factors that aid in favorable outcomes in Latina maternal health. These include community networks or informal systems of prenatal care that are composed of family, friends, community members, and community health workers. One possible explanation is that with acculturation, U.S.-born Latinas are increasingly losing this protection, although it could be maintained with the support of community-based informal care systems.⁵²

To further explore the Latina paradox, UnidosUS leveraged a partnership with an evaluation consultant, the Institute for Health Promotion Research (IHPR) at UT Health San Antonio, to carry out a set of interviews with seven representatives and four mothers from Federally Qualified Health Centers (FQHCs) and Migrant and Seasonal Head Start (MSHS) programs participating in UnidosUS's Healthy and Ready for the Future program. The interviews were conducted between December 2021 through January 2022 with outreach workers, family support workers, community outreach and public relations directors, women's health department managers, and mothers. Four mothers provided insights into their postpartum experience, three of whom were interviewed in Spanish and one in English.

Insights provided fell into three categories: 1) cultural and generational characteristics which centered on differences from an acculturation and immigrant status; 2) the importance of non-familial support networks; and 3) the role social determinants of health play for all mothers. The following is a list of common insights shared by interviewees:

Cultural and Generational Characteristics:

- Influence of Latino cultural attitudes and beliefs around not speaking freely and being secretive about personal feelings.
- Depression and self-harm being perceived negatively from a religious perspective, which act as barriers to seeking care.
- Younger mothers, especially second- or third-generation Latinas, being heavily influenced by social media and perceptions of what motherhood "looks like." These perceptions may place additional stress since they may positively or negatively align with messages and traditions received from their mothers, grandmothers, and other relatives.
- Shifts in social support networks and household dynamics over the last several decades. Traditionally, a Latina grandmother might have served as a caregiver for their grandchild, but more Latinas are entering and remaining in the workforce, which may be contributing to younger Latina mothers having and/or feeling that they have fewer support options.

As one interviewee shared "Us Latinos, we have many family members and [often] say that we have a lot of support, but when it comes to something more personal [such as postpartum depression], it is always that thing that you are like, if I tell them [my family], they are going to make fun of me, or they are going to be like 'why are you going through this?' They are always going to contradict you in your feelings."

Non-Familial Support Networks:

- Trust is critical for allowing Latina mothers to open up and discuss how they might be feeling and what might be occurring in the household.
- Postpartum home visiting programs by FQHCs and parenting programs by MSHSs are good opportunities to offer new mothers resources and a safe space to ask questions and request support. For mothers who received home visits, the support provided was seen as helpful.
- One mother indicated she found the information she received on how to care for her child as well as support with health care visits, vaccine reminders, and referrals to needed services was most helpful. When additional mental health support was needed, a warm hand-off to the behavioral health care team was made.

In all, the relationship created between home educators and parents helps parents feel supported and safe enough to speak up and ask for help. FQHCs and MSHSs staff interviewed described the strong bond they build with mothers during pregnancy and after the child is born. As one mother summed it up, *“Having your first baby is new, everything is new, not sleeping, not resting like before, everything changes completely in your life, and all this, little by little, makes you to feel desperate and frustrated for wanting to know if you are doing things right... After I had my second baby, I did have postpartum depression... the help [initially] received wasn’t that helpful but I asked the person going to my home if there was a program that could help me [with my depression] and she was able to help me get someone to talk to me for four sessions.”*

Social determinants of health:

- Access to affordable care, educational attainment, language barriers, income instability, and lack of transportation were consistently described as top barriers to Latina mothers receiving the care needed to manage postpartum depression.
- Half of the mothers interviewed stated that postpartum depression does not discriminate and can affect all mothers regardless of race/ethnicity, income status, immigrant status, or generational status. However, stressors and worries of not being able to find employment, not having enough money to pay bills, or not having reliable transportation contributed at times to feelings of stress and inadequacy with regards to being a mother.

UnidosUS believes that investing in expanding culturally and linguistically responsive community-based approaches to care, such as home visiting programs, is key to ensuring Latina mothers are connected with the resources they need—related to health care and other social determinants of health—to safely and adequately care for themselves and their infants.

Infant Mental Health

Infant mental health begins in the womb. The PN-3 period is an ideal opportunity to foster social-emotional well-being, the essential components of mental health and healthy development that impacts all facets of life. Since learning begins in utero, toxic stress experienced by Latinas during pregnancy is an urgent priority. The effects of toxic stress during and after pregnancy can negatively affect the genetic programming that occurs during fetal development, contributing to negative outcomes throughout the life of the child. However, toxic levels of stress and its effects in children can be significantly buffered by a stable and supportive relationship with a caregiver. Of the many connections that are being built within the first three years of life that set the foundation for infant mental health, one of the most important is the daily child-adult interactions. The quality of these interactions can have direct implications for the “development of an infant’s capacity for emotional connection, regulation, and expression.”⁵³ Developing a secure attachment and relationship with a mother/caregiver is critical to the social-emotional development of an infant, and when a mother’s mental health is compromised it can affect the way she parents or emotionally attends to her child, thus putting herself and the child at risk for difficulty with emotional attachment and regulation. As discussed above, when everyday responsibilities and stressors compound, including the financial need and pressure to return to work faced by many Latina mothers, it can affect the quality and time spent developing this secure attachment with an infant. Latinas make up a growing share of the U.S. workforce, at 16% of the female labor force, and the number of Latina mothers in the workforce is rising, with 62.8% compared with 71.2% for all moms.⁵⁴



In addition to the bond with the mother, an infant’s relationship with other family and household members also plays an important role in an infant’s mental health. This is especially true for Latinos, with an estimated 27% living in multi-generational family households in 2016.⁵⁵ The availability of high-quality, safe, and affordable housing affects health on many levels. Housing trends among Latinos related to lower homeownership rates and a greater proportion renting their homes have only increased in the midst of the pandemic, which has seen a rise in economic hardships and evictions as well.⁵⁶ The economic and health toll of the COVID-19 pandemic has impacted the Latino community’s mental health status, exacerbating existing disparities. Recent Centers for Disease Control and Prevention (CDC) data show that Latinos are experiencing higher rates of anxiety disorders, depressive disorders, and COVID-19-related trauma- and stressor-related disorders than others. These feelings carry over to how family members relate to and interact with their children.⁵⁷



Trauma and Adverse Childhood Experiences (ACEs)

Trauma is defined as resulting “from exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, and/or spiritual well-being.”⁵⁸ It can occur at any age but has particularly debilitating long-term effects on children’s developing brains. Often referred to as Adverse Childhood Experiences (ACEs), ACEs are commonly looked at and used to measure exposure to traumatic experiences ranging from psychological, physical, and sexual abuse.⁵⁹ Some common ACEs are divorce or separation of a caregiver, living in poverty, and violence. Poverty is the highest reported ACE score for both immigrant Latinos and U.S.-native families.⁶⁰ Children who experienced these adversities have shown immediate increases in stress, including feelings of intense fear, terror, betrayal, anger, and learned helplessness. Black and Hispanic children and youth in almost all regions of the United States are more likely to experience ACEs than their white and Asian peers. Within the Latino community, 51% of Hispanic children have experienced at least one ACE, compared to only 40% of white non-Hispanic children.⁶¹ Having just one ACE increases the risk for long-term challenges that can impact academic success and emotional and behavioral well-being; the accumulation of multiple ACEs during childhood is associated with damaging effects on the development of children. This is especially true without proper access to mental health care, support services, or key protective factors. Not all children who experience one or more ACEs are negatively affected; it greatly depends on the context in which they occur—particularly the context of positive relationships that can act as buffers and strengthen the ability to heal from trauma. Supportive relationships with family members, a teacher, or others in the community can help shield individuals from the effects of trauma and build resilience to help overcome adversity and confront challenges.

The Fear of Separation and the COVID-19 Pandemic

A recent example of trauma among Latino families and infants can be found within the ongoing COVID-19 pandemic. UnidosUS has participated in the National Advisory Council of the COVID Collaborative (a diverse and comprehensive team of leading experts in health, education, and the economy), which issued a report entitled *Hidden Pain: Children Who Lost a Parent or Caregiver to COVID-19 and What the Nation Can Do to Help Them*.⁶² The report showed that Latino children are 2.5 times more likely to have witnessed firsthand the loss of a least one caregiver due to COVID-19 as compared to whites. The grief and related mental health trauma that arises from this ACE often leads to a fear of separation from caregivers in general. In fact, even before COVID-19, caregiver separation is one of the most common forms of ACEs Latino youth encounter. More broadly, within mixed-immigration status families, the impact of threatened and actual deportation and family separation for Latino families play into the vulnerability of infants aged PN-3, especially within the context of the developing secure attachment and relationship to their primary caregiver (often the mother, but also the father). Especially as a result of separation, Latino youth have been reported to have an increase in frequency of crying, loss of appetite, sleeplessness, fear, and anxiety.⁶³ Family separation ultimately interrupts the child-caregiver relationship. Unfortunately, the more perceived threats concerning immigration and family separation that Latinos face, the less likely they are to seek vital resources such as health care, due to the worrying realities of family separation.

Food Insecurity and Nutrition

Another key factor in the healthy development of children is nutrition, playing a pivotal role from the time they are conceived to their second birthday, a period of time often referred to as the first 1,000 days. Having access to and consuming nutritious foods provides the essential building blocks for brain development, healthy growth, and a strong immune system. If the right nutrition is missing from the diet, the child's brain may not be able to properly develop.⁶⁴ Current research shows that while there is a lack of knowledge about fruits and vegetables and hunger satiation among Latino families, they are also more likely than their white counterparts to live in a food desert and experience food insecurity. Food insecurity impacts 40 million Americans, and Latino families are disproportionately affected. The pandemic has exacerbated long-standing disparities in food security. According to U.S. Census data, nearly 16% of Latino households reported food insecurity in October 2021, compared to about 6% of non-Hispanic white households.⁶⁵ When it comes to Latino children, one in four are at risk of hunger, compared with one in nine for white children.



Latino children are also more likely to experience obesity, with 38% of those aged 2-19 having an unhealthy weight compared to 28.5% of white children.⁶⁶ This puts them at risk for poorer health, including Type 2 diabetes and other chronic metabolic syndrome-related conditions throughout their lifetime. When babies are introduced to solid foods, as well as what foods they first eat, impacts both the short and long-term health of children and their risk for obesity. More than half of infants are introduced to solid foods too soon, and 85% of all infants and toddlers consume added sugar on a given day. Latino babies consume sugary drinks earlier and at higher rates than other non-Latino children.

One way to counteract obesity risk and food insecurity among Latino infants is to promote the multiple benefits of breastfeeding among expectant and new mothers and to provide support to them early on when challenges often arise. The benefits of breastmilk are well-documented in the role it plays in brain development, healthy growth and obesity prevention, and a reduced risk of some illnesses and infections. In 2015, 85% of Latinas initiated breastfeeding but by six months only 21% were exclusively breastfeeding.⁶⁷ The drop in Latina mothers breastfeeding could be the result of lack of support in navigating unexpected challenges offered to new Latina mothers, lack of access to lactation consultants who can help address any early issues, as well as the challenge to continue breastfeeding once they return to work.

Additionally, federal nutrition programs, like the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) are crucial safety net programs that promote good nutrition from the beginning. WIC provides states with funding for food, health care, and other service referrals, and nutrition education for low-income pregnant and postpartum women and children up to age five. WIC also provides eligible mothers with nutrition and prenatal counseling, which is associated with positive birth and infant outcomes. Approximately 42% of WIC participants are Latinas; however, one study found that while women who are eligible for WIC with unintended pregnancies and fewer social supports tend to participate in the program, those who experience more structural barriers (like transportation) are less likely to participate.⁶⁸ Thus, addressing the social determinants of health is important to remove participation barriers and maximize the benefits of WIC for all that are eligible.



Health Care, Vaccines, and Oral Health

Children with health coverage are more likely to show improved health, lower rates of disability, higher educational attainment, and greater financial security in adulthood. Hispanic children have long had high uninsured rates. Substantial progress in reducing uninsured rates among Latino children has been made over the past two decades, largely due to expanded enrollment in public insurance programs and the impact of the Affordable Care Act (ACA). But disparities remain, and progress in ensuring Hispanic children has reversed since 2017.⁶⁹ Between 2017 and 2019 the gap started to widen further and the uninsured rate for Latino children rose from 7.9% to 9.2%, the largest increase in the uninsured rate for any racial or ethnic group. Latino children disproportionately receive their health coverage through Medicaid or CHIP. Together, these programs provide coverage for more than one-third (37.6%) of all children, but more than half (52.1%) of Latino children.⁷⁰

According to the CDC, during the COVID-19 pandemic, many children missed preventive check-ups and recommended childhood vaccinations. In particular, Latino families' access and utilization of health care, child care, and social-service supports have dropped significantly during the pandemic.⁷¹ According to a poll conducted by UnidosUS, Latino parents are generally supportive of COVID-19 vaccines for their children. More than six in ten (62%) Latino parents have vaccinated their eligible children, despite over half (51%) of Latino parents experiencing difficulties during the vaccination process. Lack of information and issues with accessibility were among some of the obstacles Latinos have faced.⁷²



Well-Child Visits and the Seven-Vaccine Series

Well-child visits are preventive check-ups that are essential to the healthy development of infants. They allow for the tracking of key growth and developmental milestones, discussing concerns about the child with the pediatrician, and any referrals to early intervention if warranted. It also includes getting the recommended scheduled seven-vaccine series that helps protect them from contracting preventable diseases like measles and whooping cough. The seven-vaccine series has similar barriers and challenges to those Latinos face regarding vaccination for COVID-19. Despite these challenges, prior to the pandemic, Latino families were overall more likely to receive the seven-vaccine series for infants 19-35 months old than non-Hispanic whites. The increased rates of vaccination for Latino children could be attributed to the increased access to free vaccinations by federal programs.⁷³

Oral Health

Early well-child visits have also been shown to increase preventive dental health care, especially among Latinos.⁷⁴ Oral health has not historically been prioritized among infants and statistics show it. In the United States, 60% of children will have had a cavity by the age of five, and children living in poverty are twice as likely to experience tooth decay. Untreated cavities impact children's health, learning, and development, which can result in higher school absenteeism and lower self-esteem. Dental health care access is limited or nonexistent, and this is especially true for Latinos living in low-income, rural communities.⁷⁵ Dental disease is highly preventable, but programs that promote good health habits early in life and help tackle tooth decay need to be implemented within the Latino communities' safety net providers that are trusted and that already serve children,

such as schools, Early Head Start, and other child care settings. UnidosUS's Healthy and Ready for the Future program has seen this first-hand. Since 2016, UnidosUS and its Affiliate partners—local Federally Qualified Health Centers (FQHCs) and Migrant and Seasonal Head Starts (MSHS)—have served close to 80,000 Latino children living in poverty, especially those from migrant and seasonal farmworker families across rural America, with essential oral health care and services for social-emotional well-being.

Overall, growing up in poverty is one of the greatest threats to the healthy development of Latino infants. It increases the likelihood that they will be exposed to factors that can impair brain development and health, leading to poor academic, cognitive, and health outcomes, including emotional and behavioral problems. As a country, we have an opportunity to learn from and correct this failure. There is an urgent need to develop and support policies and practices in early childhood that promote equitable and effective solutions to improving the well-being of Latino infants. We must aim to achieve a vision of all infants growing up in healthy families and in strong, supportive communities so that they can become healthy, productive adults.





THE VOICES OF INFANT/TODDLER TEACHERS

The UnidosUS Latino Infant Initiative conducted a bilingual (Spanish, English) online survey of adults working in infant/toddler classrooms operated by our Affiliate organizations. The survey assessed teachers' attitudes and experiences across five major areas: early learning, cultural and linguistic responsiveness, health, workforce and professional development, and COVID-19 impacts. The survey was implemented via an online platform (Alchemic) and was offered with a low-vision mode for those who need it.

Survey Responses and Participants

UnidosUS received responses from 145 infant/toddler teachers (including five men) working in nine states (CA, DE, FL, IL, NC, OK, OR, TX, WA) and the District of Columbia. Almost three-quarters of the surveys were completed by teachers who identify as Latinas (72.7%). The largest percentage had earned an associate degree (41.3%), followed by a bachelor's degree (24.8%). Our survey respondents were an experienced group: the mean number of years of work experience in ECE settings was 13.3 years; the range spanned two to 38 years.

Professional Identity

How do adults working in infant/toddler classrooms want to be referred to? By a wide margin, the survey respondents indicated that they prefer to be called "infant/toddler teachers" (64.6%). The category "Other" was selected by the next largest segment of participants (13.5%). Respondents entered a variety of preferred terms, including Child Development Specialist; Early Childhood Educator; and Early Childhood Professional. One in ten respondents (10.4%) preferred to be called "infant educators." A small number of respondents chose the term "caregiver" (6.3%) while the remaining participants (5.2%) preferred not to answer.

Professional Priorities

A large majority of respondents indicated that the *main focus* of their work with infants is to promote their school readiness. Slightly more than four out of five teachers (81.1%) strongly agreed or agreed with the following statement: “My main focus when working with infants/toddlers is their school readiness.” About one in ten (11.6%) of teachers answered that they were “neutral” while 7.4% either disagreed or strongly disagreed.

Home Language

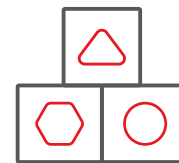
Teachers participating in the survey were overwhelmingly in favor of supporting the home language development of the infants/toddlers in their classrooms. Most respondents (94.7%) believe that it is “very important” to provide daily learning experiences to support children’s home language development. A similar proportion (93.6%) believe that it is “very important” for teachers to learn about the cultural and linguistic backgrounds of the babies in their classrooms.

Early Literacy

By an even larger margin, teachers indicated familiarity and support for implementing *daily learning experiences that promote the early literacy of the infants in their classrooms*. Almost all respondents (97.9%) indicated that they are familiar with the term *early literacy*; almost as many (92.4%) stated that they implement daily learning experiences to support infants’ early literacy.

However, only six in ten teachers (59.4%) indicated that they were familiar with the term “Infant Directed Speech” (IDS). Although current research emphasizes the importance of IDS for infant language development, 35.4% of teachers indicated that they were unfamiliar with the term (and 5.2% preferred to not answer).

When asked about the number of books in the classrooms, teachers provided widely divergent responses. On average, respondents’ classrooms contained 49 books; however, the range of responses spanned from two books to more than one hundred.



“My main focus when working with infants/toddlers is their school readiness.”

Strongly agree

55.8%

Agree

25.3%

Neutral

11.6%

D/SD

7.3%



We also asked about the percentage of children's books that were in Spanish. Responses ranged from 10% to 100%; fewer than 10% of respondents indicated a 50/50 balance. Finally, fewer than half of the respondents indicated that all of the books in their classrooms accurately portray Latino children and their families.

Health and Wellness

Respondents indicated that many issues negatively impact Latino infants' development. Housing concerns (including lack of affordable housing, unstable conditions, and overcrowding) were the most frequently identified issue (57.4%). Lack of transportation, which limits family access to services and resources, was second (46.8%). Lack of affordable health care (38.3%) and food insecurity (30.9%) were also identified as important issues.

Teachers indicated that they work to promote children's well-being and to include health information into their classrooms and daily learning experiences. Almost nine in ten teachers (89.4%) include health information appropriate for infants/toddlers through songs/stories. Four out of five teachers use posters and visuals (79.8%) to promote wellness and to teach health concepts and practices; and finally, eight out of ten (80.9%) indicated that they use dance and/or a movement curriculum.

Demands of the Job

Our survey asked infant/toddler teachers about the demands that their employment poses to them. Participants were asked about the frequency of physical, emotional, and mental demands associated with their jobs.

Almost one in five teachers indicated that their jobs were physically demanding on a daily basis (18.8%). About one in three responded that their employment was physically challenging several times a week (32%) or occasionally (36.2%). Teachers also indicated that their work as infant/toddler teachers is both mentally and emotionally demanding, although not necessarily every day.

| | My job is physically demanding | My job is emotionally demanding | My job is mentally demanding |
|----------------------|--------------------------------|---------------------------------|------------------------------|
| Everyday | 18.8% | 7.7% | 7.8% |
| Several times a week | 32% | 28.9% | 43.5% |
| Once in a while | 36.2% | 47.8% | 35.4% |
| Never | 13% | 15.6% | 13.3% |

Do Parents Ever Treat You Like a Babysitter?

During our prior research on the ECE workforce in 2018, UnidosUS heard some ECE teachers state during focus groups that they were sometimes “treated like babysitters” by one or more parents of the children in their classrooms. For some teachers, this was highly aggravating and a source of ongoing stress.

In our current survey, slightly more than half of respondents indicated that they have never been treated “like a babysitter” by the parents of children enrolled in their classroom. Three in ten participants reported that they are “sometimes” treated this way. Almost one in ten (9.4%) reported that this occurs “all the time,” while several participants preferred not to answer (4.2%).

Organizational Supports

We also asked participants if they received supports from their organization to help them deal with the physical, emotional, and/or mental demands of their job. Almost four in ten teachers indicated that they do receive supports and that these supports are sufficient/satisfactory to them. Slightly more than one-third of participants (36.7%) replied that they do receive support but wished that there was more of it.



Teacher Voices on Policy

Our final survey question asked teachers: What do you want policymakers to know about your work? Three examples are presented here:

- *The work we do makes a difference in the lives of infant/toddlers. What we are doing now shapes the children into future adults in society.*
- *I want policymakers to know that we teachers play a major role in the education system. We prepare and help children become ready for kindergarten. Specifically, we help them self-regulate and self-comfort—something that is highly needed for children in their elementary years. We need more teachers and assistants to help children even more. Early Head Start programs need more resources in order to make sure every child's needs are met.*
- *That our work should be valued more and recognized with better wages.*

The full list of responses UnidosUS received is included in Appendix B.

PROGRAM ADMINISTRATOR VOICES

The UnidosUS Latino Infant Initiative conducted interviews with infant/toddler program administrators operated by our Affiliate organizations. The questions assessed the multiple impacts of COVID-19 on children, families, program staff, and program operations. We received participation from 19 program administrators working in 12 states (AL, CA, DE, FL, GA, IL, IN, NC, OK, PA, TX, WA).

Q: What's it been like running your program as the pandemic continues?

- *"I'm as well as I can be, but it's obviously been overwhelming."*
- *"Our enrolled three-year-olds have spent half their life in a pandemic. Their developmental skills are lower, they lack the social cognition and the vocabulary to function in group settings."*
- *"There is just so much [to do], and it's all big. I get started on a big task but get distracted by 1,000 small, high-urgency tasks."*
- *"It's an 'all hands-on deck' approach. We have a severe staff shortage, and the administrative staff are filling in in the classrooms."*

Q: Impacts of COVID-19 on children?

- The impacts are huge. Our current three-year-olds have spent half their lives in a pandemic. It's literally all they know.
- Children are living in small apartments with families that are struggling across many issues: health, finances, housing, food, mental health, etc. The children experienced constant transitions as parents and family members went to work/changed hours/got sick/went back to work, and so on.
- There is a widespread impact of the pandemic on children's physical development. In general, children's physical skills are less well developed than before COVID-19. In one instance, a child that was walking before their center shut down came back not walking.
- We are seeing huge impacts on children's social-emotional development. They are challenged by being in a group. Many children demonstrate a sensitivity to the noise of the classroom, they need more quiet.
- There are visible attentional challenges visible in even the youngest children. The children seem to be experiencing an increased number of stressors in their home and they come to us with elevated stress and a wandering attention span.

Q: What are you seeing in the classrooms?

- Our three-year-olds are coming to their classrooms with little or no social cognition; reduced developmental skills; no vocabulary for social interactions.
- Some children take a full hour to enter our building because they don't want to separate from their parent or parents (parents cannot enter the building anymore).
- NO amount of virtual learning can provide the experiences children need to develop their social skills. It's NOT a good model for children with disabilities.
- We have children with significant and diagnosed disabilities who have never received services.
- Overall, there is a tremendous increase in the *intensity* of need.

Q: Impacts of COVID-19 on families?

- We are seeing a large increase in adult frustration and sometimes *anger*, which has become a large part of many children's growing up.
- Parents are challenged by job loss or by reduced hours which means reduced income. People are having to make difficult decisions about their family resources.
- It's stressful for parents and for us because some services require parents to be employed in order to be eligible for services.
- We are seeing a lot of *secondary trauma*. That is, Person A is directly traumatized, and then they pass their stress onto Person B.
- It is very difficult to have to open and close individual classrooms or to close down an entire center. We have had to do both over the last year. It's hard on the children and on the household.

Findings and Discussion

Infant/toddler program administrators shared a staggering amount of information with UnidosUS, all of which contributed to one overarching finding:

The pandemic is responsible for multiple, intersecting disruptions to Latino infants' learning and development: impacting teacher-child interactions, damaging family functioning, and undermining program capacity to implement high-quality services.



Teacher-Child Interactions

The pandemic has disrupted teacher-child interactions in the classroom, impacting attachment/bonding, continuity of care, communication, and language. In some states, children as young as two years old are required to wear masks in the classrooms. Teachers' masks and children's masks impair communication and language use in multiple ways. One, the vital aspects of facial expressions are missing from adult-child interactions. Children are unable to observe the teacher's mouths as they pronounce words, taking away from their processing of sounds as well as eliminating other important information. Two, both teachers and children miss out on the ability to use facial expressions to establish communication and sustain ongoing interactions.

Second, the pandemic has impacted children's expectations of their teachers and classrooms. Some children who experienced centers or classrooms opening and then closing (sometimes more than once in a calendar year) are reported to need more assistance with transitions (especially entering the classroom in the morning) and more assurance throughout the day.

In addition, distancing protocols restrict touch and the physical closeness that typically occurred between children and teachers. Quite simply, infants and toddlers need social interactions, physical movement, and touch. All of these aspects of the pandemic and its effect on program operations (COVID-19 protocols) degrade the ability of teachers to bond with children, form close relationships that support learning, and conduct "serve-and-return" interactions.



Family Functioning

The continuing pandemic has brought severe and disproportionate harm to the *families* of Latino infants, including:

- Loss of a parent or family member due to COVID-19 or one of its variants.
- Loss of a teacher.
- Illness of a parent or family member, in some cases involving extended periods of time (months) or repeated bouts of illness.
- Job loss or reduced hours of employment, thereby straining the family's financial situation.

Children's daily experiences occur in the context of these multiple and connected stressors. Latino infants see and hear their parents and family members confront, discuss, and respond to the challenges and hardships they face. They observe the emotional tones, listen to language spanning joy and despair, and watch as family members confront their own stress. As a daily, lived experience, the effects of the continuing pandemic include reduction or loss of typical family activities (shopping together, going to parks, having family and friends over), diminished access to food and other necessities, and often the worsening of housing situations.

Regrettably, the pandemic has also taken away many of the typical forms of family engagement programming that were formerly a key element of program services at UnidosUS Affiliates serving infants/toddlers. Families can no longer bring their children into their centers/classrooms, so morning transitions can be highly stressful for many children. Prior to the pandemic, families were able to communicate with their child's teacher(s) inside the classroom, observe children's artwork, and possibly exchange developmental information with the teachers. This is no longer an option. Finally, the pandemic has curtailed or eliminated parents' opportunities to volunteer in the classroom.

Program Capacity

This “domino effect” of pandemic impacts is compounded when considering how the effects of the continuing pandemic undermine program capacity to implement high-quality services. For one, the pandemic has brought severe stress and hardships to the *teachers* of young children, including:

- Implementing daily COVID-19 protocols is demanding. They add additional work and responsibilities to a profession previously characterized by the physical, emotional, and mental demands on its workforce.
- Teachers have been directly and indirectly impacted by COVID-19. Some teachers have become ill and had to miss work to recover. Regrettably, a center operated by the East Coast Migrant Head Start Project lost two staff members to COVID-19. Center staff were faced with the awful reality of children asking, “Where is Ms. M.?” while coping with their own grief and stress from losing a colleague.
- Teachers have had to cope with the necessity of caring for their own family members, including their children, spouses, and parents.

Another set of stressors that impact children’s learning and development stems from the impacts of the pandemic on ECE program operations. Children and their families are impacted by program closures, teacher illnesses, and staff turnover. At various times during the pandemic, entire programs have shut their doors. Once “reopened,” children and families may be faced with the subsequent closure of an entire facility (center) or the closure of one or more specific classrooms within the center. For example, the Gad Hill Center in Chicago was forced to close one center on two occasions in 2021, while closing 11 individual classrooms for varying amounts of time. Children’s ability to feel secure and to form attachments with their classroom teachers—long considered a fundamental aspect of healthy child development—has been severely impacted.

COVID-19 and the numerous protocols brought on by the pandemic have also disrupted many familiar family engagement practices in ECE programs. Before the pandemic, parents could walk into their child’s classroom, sign the attendance book, and perhaps chat with the teacher(s). This contact enabled exchanging developmental information about the child or discussing learning goals and activities. Parents could also come into the classrooms as volunteers: to read, lead activities, or take part in field trips. The pandemic made these types of interactions impossible.

Program administrators must confront the extensive list of COVID-19 protocols, which includes implementing as well as documenting compliance. These daily challenges are adapted as necessary whenever policies and procedures/guidance from local, state, and federal authorities is revised. Program administrators need to open and close centers and classrooms based upon continuing cases, manage staff turnover and illness, confront the lack of classroom continuity. To keep programs and classrooms open during staffing shortages, program administrators themselves are working in infant/toddler classrooms to fill in.

Q: What has been positive, successful, or uplifting during the last two years?

- During the pandemic, our staff have demonstrated perseverance and resourcefulness; they have had to learn new ways of doing things, like using technology.
- COVID-19 has been so traumatic, but our staff have demonstrated a *passion* for quality services.
- The lesson of COVID-19 is that Early Head Start is essential.
- We doubled down on our mission. We did not give up.
- Our strength is that our organizational culture supports our ability to confront challenges like the pandemic and to grow.

The pandemic has brought about severe disruptions to children's learning and development. It has had large and still largely unknown impacts upon all developmental domains: social-emotional functioning; movement and physical development; language and communication; and thinking skills. Masks and other pandemic protocols drastically impact teacher-child interactions, eliminating facial expressions and rendering language use far more difficult. Multiple family stressors, often including reduced finances, have become the daily context of infant/toddler development.

The pandemic has both created and extended sources of stress for children, families, teachers, and program administrators. The stressors are multi-directional and (all too often) reinforce negative trajectories. One administrator described this intersectionality as a "domino effect," albeit one in which the string of dominos is continuously falling over a two-year period.

At the same time, all program administrators UnidosUS interviewed described the “highly visible dedication” of their staff, their commitment to providing high-quality services to children and families, and their appreciation for this. Program administrators discussed the importance of their organizational cultures that prioritize the needs of children, families, and program staff, while at the same time recognizing and celebrating the strength, determination, and resilience of each individual. Finally, program administrators emphasized the value of core principles in early education: a whole-child approach, daily learning experiences for children that are language-rich in both the home language and English, culturally and linguistically responsive strategies for children and families, and the importance of workforce development.



What's been positive at your program during the last two years?

First, there is a visible passion and commitment for the work by many of our teachers. They work to meet children's and family needs with grace and elegance. Each day they leave exhausted, go home, and come back the next day.

Second, the continuing pandemic has solidified our leadership team. The spirit is: “If it needs to get done, I’m there.” These two pieces are what is sustaining us.



CONCLUSIONS

Developing informed policies and providing sufficient resources to build program capacity for supporting the healthy development of Latino infants is investing, not simply spending.

The demographic imperative has been unfolding over decades. Latino babies born in the United States are simultaneously driving the growth of the U.S. population, shaping the makeup of our child population, and establishing the future workforce. Under-recognized and addressed, the demographic imperative undermines the achievement of individual Latino children and collectively undermines the strength and capacity of the current and future U.S. workforce.

The basis for referring to the “demographic imperative” has become even more urgent over time, especially due to the arrival of COVID-19. In the view of UnidosUS, there is an urgent need for investments and resources to more fully support the optimal development of Latino infants and their families. Prior to the pandemic, several barriers to fully realizing the benefits of early education for Latino infants included:

- Lack of access to high-quality programs.
- Standards, regulations, and policies often do not address dual language development or cultural responsiveness at all, or not to the extent possible.
- Research findings are inaccessible to many Latino families.

After two years of the pandemic, there is a strong need for a new narrative and informed policies based on current research evidence and the skills, knowledge, and capacities developed by community-based organizations. Latino infants and their families are urgently in need of appropriate, high-quality early childhood education programs and experiences. It is essential that local, state, and federal policymakers respond effectively to the demographic and human capital imperative they constitute. **The issues and challenges Latino infants and their families confront argue for an urgent and effective engagement with the demographic imperative for Latino infants.**

LATINO INFANTS: A POLICY & ADVOCACY AGENDA

UnidosUS is committed to improving the well-being, development, and long-term achievement of Latino infants and their families. As they grow (individually and as a share of the total U.S. population), Latino infants require access to timely, equitable, and high-quality health care and early childhood education. The demographic imperative makes it essential to expand the opportunities and available resources for Latino infants and their families. The demographic imperative also compels urgent and strong action: local, state, and federal policymakers must work together to develop, finance, and implement equitable and effective policy solutions.

An explicit focus on racial justice and equity for Latino infants and their families is critical to achieving this vision. Investments and increased resources are essential to support Latino infants growing into healthy children who are confident and ready for school and life. **In turn, prioritizing the development of Latino infants PN-3 will benefit the nation, through improvements in long-term health outcomes and educational achievement.**

For UnidosUS, it is vital that *the voices of those most impacted (families and others with lived experience) are included at all levels of decision-making* within states and communities. Strategies that advance equity for Latino infants and their families require understanding and recognition of the historical and, in many cases, persistent (systemic) factors that create inequitable conditions and thus undermine children's optimal development.





RECOMMENDATIONS

Recommendation 1

Increase infant/toddler teacher compensation (salaries and benefits) to be commensurate with the demanding and challenging job responsibilities and the importance of infant development.

Recommendation 2

Increase funding to support infant/toddler teacher professional development and degree completion. Create a separate funding stream to support 1) experienced Latina practitioners to earn undergraduate and graduate degrees, and 2) program administrators' expertise in dual language development, culturally and linguistically responsive practices, culturally responsive family engagement, and/or culturally responsive disabilities services.

Recommendation 3

Review and revise teacher preparation programs to ensure that degree programs incorporate the most current research findings on infant development, dual language development, and culturally and linguistically responsive practices, culturally responsive family engagement, and/or culturally responsive disabilities services.

Recommendation 4

Increase funding for infant/toddler teacher professional supports to better empower them to confront the physical, mental, and emotional demands of their jobs.

Recommendation 5

Create a national Latino Infant Research-to-Practice (R2P) Center to develop and disseminate materials and technical assistance to support the capacity of programs serving Latino infants and toddlers to plan and implement culturally and linguistically responsive practices for children and their families. The Center would perform the following functions:

- Monitor and review the ongoing development of research evidence.
- Identify and disseminate information connecting key research messages and implications for parents and family members.
- Create specific, research-based materials for various audiences, including Latino families; programs serving Latino infants and their families; and policymakers at the local, state, and federal levels.
- Create and conduct a social media campaign to provide research-based messages and information to Spanish-speaking families, including such topics as: 1) importance of early language/home language development, 2) early literacy and school readiness, 3) early math development, and 4) health and child wellness.
- Create a project specifically for first-time/expectant Latino parents and provide information to expectant parents prior to the birth of their first child.

Recommendation 6

Increase funding for infant mental health services that are: 1) culturally and linguistically responsive and delivered in ECE settings serving Latino infants/toddlers; and 2) collaborative, ensuring that mental health professionals bring a collaborative approach to working with program staff and Latino families.

Recommendation 7

Pass paid family and medical leave. The positive effects on maternal and child health, parent-child bonding, families' financial security, and maternal workforce attachment are well-documented. Latinos are the least likely of any racial or ethnic group to have access to paid family leave through their employer, at half the rate of whites.

Recommendation 8

Strengthen federal programs and policies that promote early supports for families, such as adopting Medicaid and CHIP policies that remove barriers to participation and reduce gaps in coverage for Latino children. This includes 12-month continuous coverage which would advance health equity by promoting continuity of treatment for low-income children who experience disproportionate rates of health disparities.

**Recommendation 9**

Provide pilot funding to support program capacity to plan and implement effective screenings and assessments in children's/family's home language(s), including:

- 1) Data collection and interpretation
- 2) Instrument selection
- 3) Instrument development
- 4) Use of parent/family data

Recommendation 10

Increase funding for Early Head Start to support the enrollment of 500,000 children under the age of three years. Revise eligibility criteria to 150% of the federal poverty level.

Recommendation 11

Fund and evaluate pilot programs encouraging infant/toddler outreach by public schools and collaborations between public schools and ECE programs serving Latino infants/toddlers.

APPENDIX A: SURVEY RESPONSES

The UnidosUS online survey asked infant/toddler teachers: “What do you want policymakers to know about your work?”

Their responses are presented below:

- *The work we do makes a difference in the lives of infant/toddlers. What we are doing now shapes the children into future adults in society.*
- *We do a lot of paperwork.*
- *How very important it is to make sure every employee gets time to plan and create lesson plans*
- *I want them to know that I love what I do, I am committed, I want to make a difference in all the children I come in contact with and the parents.*
- *How stressful and demanding it is.*
- *We do it from our heart and put effort into educating ourselves to be better educators but are not compensated accordingly.*
- *Paperwork is important, but sometimes I feel that it supersedes the importance of taking care of [a] child's needs first.*
- *I have to worry about turning in paperwork on time and have my paperwork up to date. I would like to enjoy more of the children in my classroom and take breaks once in a while.*
- *I love to work with infants and toddlers and their families.*
- *That our salary doesn't match with our responsibilities and duties.*
- *Teaching is a hard work specially with children this small. Children are the future of our world. There should be more financial help for them.*
- *I want them to know that we work very hard and I feel all Infant/Toddler teachers deserve more pay as well as more empathy and praise because it's very hard work.*
- *As a Lead Teacher in an infant/toddler classroom I went to college and received my Associate Degree, to learn all the required information to help the children learn and develop their age-appropriate skills.*
- *Our work is very challenging and demanding and we love our program and children. We should be compensated with more incentives such as bonuses.*
- *La educacion temprana es la etapa mas importante para un nino.*

- *We can make a difference for these children right now that will affect their whole life.*
- *We take our career very seriously and want the best for children.*
- *We need more resources to support Latinos but specifically tools that will help them deal with some of the unknown. They need tools on how to have these tough conversations with their kids about everything that is happening in the world right now, like why they lost their housing or why they have to live with other relatives, or why their uncle died from a disease that we don't really understand.*
- *I LOVE MY JOB IT HAS ITS MOMENTS BUT IT'S REWARDING AND I LOVE TO WORK AND LEARN WITH CHILDREN AND PARENTS.*
- *I want policymakers to know that we teachers play a major role in the education system. We prepare and help children become ready for kindergarten. Specifically, we help them self-regulate and self-comfort something that is highly needed for children in their elementary years. We need more teachers and assistants to help children even more. Early Head Start programs need more resources in order to make sure every child's needs are met.*
- *It's such a rewarding feeling knowing you're making an impact on children and their families, however, we cannot do it alone, it takes a village and sometimes when we don't have that "village" it becomes extremely exhausting, both mentally and physically.*
- *I love working with children, but I also feel that we do not get paid enough for the work that we do.*
- *That our work should be valued more and recognized with better wages.*
- *It's not just babysitting there's so much work that's put into this job that they don't see or appreciate.*



APPENDIX B: WHAT IS HIGH-QUALITY AND WHAT IS ACCESS?

Latino Infants: What is “High-Quality” ECE? What Is “Access”?

Much has been written about Latino children’s “access” to high-quality early education programs. This issue is significant due to the multiple impacts that programs can have, for example, on children’s health and physical development, attention span and ability to focus, cognitive skills, communication abilities and language development, social-emotional skills, and well-being. Programs can also have positive impacts upon children’s parents and other family members in ways that support the enrolled child as well as additional children.

In our view, “high-quality” programs for Latino infants and their families include, but also go beyond, enrollment in classrooms in which research-based practices are required.

This includes:

1. Indoor and outdoor spaces that are safe, well-equipped, and designed to engage infants across all developmental domains.
2. Social environments that are active in welcoming and including all children and families.
3. Spaces and services, including daily curriculum implementation that is culturally and linguistically responsive and that actively and explicitly supports the continued development of a child’s home language(s) while facilitating the acquisition and development of English.
4. Addresses the family-child bond from a strengths-based perspective, and therefore collaborates with parents and family members to assess and understand the child’s prior and current behaviors and development.
5. Prioritizes each child’s sense of belonging in the classroom and each family’s sense of belonging in the program.

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