

THE TRUE EMERGENCIES: CHILDREN'S HEALTHY DEVELOPMENT



America's children are in crisis. No child deserves to grow up in poverty or suffering avoidable trauma and hazardous exposures; rather every child should have safe and healthy environments to play, learn, live, and thrive. Our children are at a crossroads. Over the past three years, the global pandemic and its economic fallout negatively affected every aspect of children's lives, and the full extent of the consequences for them will not be known for years. Certainly, poverty, hunger, homelessness, child health services, education, the mental and environmental health crises, and other issues faced by children were rising pre-pandemic concerns, but today are at epidemic proportions, emergencies in and of themselves, including profound learning losses. We urge congressional leaders to prioritize children and invest in their lives as FY2023 supplemental spending and FY2024 annual appropriations decisions are made.

A broad range of federal programs and services work together to support our nation's children, but additional investments are widely needed to meet their unique, urgent, and growing needs. [First Focus on Children's annual Children's Budget](#) tracks over 250 programs and illustrates that children historically have not received anywhere close to their fair share of government funds, dismissing evidence that investing in children results in near and long-term positive outcomes for them and benefits their families and the country's overall economy – [there is an estimated savings of \\$7 for every \\$1 dollar spent on reducing childhood poverty](#).

The pandemic drove action on issues that children had been experiencing for years and that came to a head during the political, social, and economic upheaval. As is often the case, children from historically marginalized and disadvantaged communities, such as children of color, children in immigrant families, and children with disabilities, experienced the deepest impact. Thanks to champions in the administration and congress coupled with advocacy efforts, lawmakers passed some of the most significant policies and investments for children to ever occur.

Fueled largely by the pandemic-related funding, [the share of federal spending on children increased to 11.9% in FY2021 and FY2022 – an unprecedented level of investment – up from a record low of 7.5% in FY2020](#). Unfortunately, analysis shows that the share of federal funding for children declines to 9.8% in FY2023 despite efforts by our congressional champions and an overwhelming need for support. Overall children's funding has experienced real year-to-year decline since FY2021, dropping nearly 16% in FY2022 and almost 17% in FY2023. For children ages zero to three, investments comprise a very small fraction of the federal budget — [consistently less than 2% and a mere 1.25% in FY2020](#) — despite it being a critical time in a child's development when investments can make a profound lifelong impact.

Programs and services supporting and protecting our children are disproportionately out of the discretionary budget – over 80% – leaving these supports particularly vulnerable to harmful

THE TRUE EMERGENCIES: CHILDREN'S HEALTHY DEVELOPMENT



cuts, and under the recently enacted Fiscal Responsibility Act, the children's share of discretionary investments is expected to drop significantly. The current House Appropriations subcommittee 302(b) allocations undercut the bipartisan debt ceiling agreement. In fact, some subcommittee allocations drop by more than 30% from FY2023 enacted levels, leading to a \$119B decrease in non-defense discretionary (NDD) resources compared to FY2023, spiking to nearly \$190B if use of additional resources under the full debt ceiling agreement is blocked. For example, the FY2024 House appropriations bill for [Labor-Health and Human Services and Education includes an 80% cut for Title I Grants to Local Education Agencies that support students from low-income households](#) and could force a nationwide reduction of 220,000 teachers from classrooms serving those students. Such dramatic cuts in NDD spending means we fail to address the numerous emergencies that we know inflict continued suffering on children and families, especially those facing the biggest barriers to economic mobility.

Historically, the United States has had a higher rate of child poverty than other wealthy nations, because we have failed to invest in our children, even though American voters understand the importance of these investments. In a [May 2022 poll by Lake Research Partners](#), by a 90-7% margin, parents believe that "investing in children helps improve their lives, development and outcomes." In addition, by a 91-3% margin, parents believe "investing in children has a large return in a healthy society and healthy economy."

Will we treat child poverty, hunger, homelessness, education, environmental hazards, child health coverage, and more as emergencies or continue to put our kids at significant risk? We urge lawmakers to prioritize children's best interests and their well-being in annual appropriations decisions, including any FY2023 supplemental funding along with extra spending for FY2024, and build off the recent successful increased investments to help give all our children the opportunity to be successful for themselves and our nation's future.

Below are examples of the emergencies too many children face in their everyday lives:

Nutritious Food for All Children

Consistent access to enough healthy food is foundational for the development, learning, health, and well-being of children. Food insecurity inflicts long-term damage on children and often compounds and exacerbates the problems associated with child poverty. Federal food assistance programs, such as SNAP, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the National School Lunch Program, the Summer Food Service Program (SFSP), and the Child and Adult Care Food Program (CACFP), positively impact the lives of low-income families, especially those with children, to get the food they need to fight child food insecurity and

THE TRUE EMERGENCIES: CHILDREN'S HEALTHY DEVELOPMENT



ensure better child nutrition. Addressing the crisis of child hunger in this country -- especially [for children of color, who are twice as likely to be food insecure](#) – requires urgent action.

We need immediate action taken to extend the provisions in the recently expired Keep Kids Fed Act (KKFA) to support CACFP and provide an additional reimbursed meal in the program. The CACFP is an essential component of federal support for child care providers, afterschool programs, and children and families served by child care and Head Start programs. Each day, [more than 4.2 million children have nutritious meals and snacks through CACFP](#). The early childhood workforce in Early Head Start, Head Start, child care centers, and family child care are working tirelessly to ensure children do not go hungry and continue to have opportunities to learn and grow, all while one out of three child care providers is food insecure. CACFP reimbursements help providers absorb some of the costs of providing meals and snacks.

Meals served in CACFP are known to be of higher quality than meals in early childhood programs not participating in CACFP, and CACFP has been shown to indicate higher early childhood program quality overall. In afterschool and summer learning programs, CACFP and SFSP increase access to and support the operation of programs that keep youth safe and improve academic and social outcomes, especially during the summer months [when childhood hunger spikes](#). The abrupt ending of stabilization dollars while family and early childhood workforce needs are acute will threaten access to child care for working parents. Without a continuation of these provisions, we will undoubtedly see an increase in young children and even providers themselves going to bed hungry. We also will see more burdens placed on families and the closure of child care programs during a time when access to quality, affordable child care is already threatened. [Providers can not absorb cuts of nearly 2/3](#) and continue to participate in the program.

As our nation continues to recover from the pandemic, [families are still struggling to put food on the table and children continue to go hungry](#). In fact, [nearly half \(47%\) of respondents](#) to the U.S. Census Household Pulse Survey said they used their first child tax credit payment to buy food, and according to USDA's Economic Research Service, at-home food costs rose 10.2% from 2022-2023. More recently, in the June 2023 Household Pulse Survey, over 12 million households with children reported not having enough to eat in the past 7 days. Unfortunately, much of that pandemic aid has expired, just as families face skyrocketing food prices.

Despite these challenges, House FY2024 Agriculture Appropriations bill dramatically cuts funding for WIC, potentially forcing eligible children and new moms onto waiting lists for the first time in nearly 30 years. The House proposal also slashed funding for WIC's enormously successful fruit and vegetable benefit, reducing access to fruits and vegetables by 56% for children and approximately 70% for pregnant women and new moms— marking the first time in the program's nearly 50-year history that Congress has suggested cutting WIC benefits for families in order

THE TRUE EMERGENCIES: CHILDREN'S HEALTHY DEVELOPMENT



to defray program costs. This comes at a time when the Department of Agriculture's data demonstrates [WIC enrollment is increasing beyond earlier projections for FY2024](#), with needs surpassing the funding level proposed in the President's FY2024 budget request. No child should go hungry and we know the positive developmental, academic, behavioral and health outcomes resulting from consistent and equitable access to food. We witnessed the success of pandemic policies and investment in federal food assistance programs and tax credits that resulted in a [decline in food insecurity](#). Now, child hunger is on the rise, and we urge Congress to correct this course, reject harmful cuts to food assistance programs and provide emergency resources in the near-term to help ensure all children have nutritious meals every day.

Child Care and Early Learning in Crisis

The enormous positive impact that early learning programs exert on children and their families, early learning professionals and employers, [and the U.S. economy](#) became crystal clear during the COVID-19 pandemic, as did our need to significantly increase investment in these programs. [High-quality early learning programs foster positive, on-time post-secondary educational outcomes for children](#); improved cognitive development, emotional development, and academic achievement; and less involvement with the criminal justice system. Early learning programs allow parents to work, receive training, and attend school, and the COVID-19 pandemic unequivocally proved that our country cannot function without it. The return on investment of high-quality early learning programs ranges from \$4-to-\$13 for each \$1 spent. However, current systems lack the structure and funding necessary to best meet the needs of children, their families, and early learning professionals. [The cost to a family of child care](#) for two children in a center in 2022 was more than annual mortgage payments in 41 states and the District of Columbia, and the cost of child care for an infant at a center was more than in-state tuition at a public university in 32 states and D.C.

[Child care is least affordable and accessible for Black, Hispanic, and low-income working parents](#). [Nearly 60% of Hispanic families live in a child care desert](#), meaning that an area has more than three young children for every licensed child care slot. [Child care workers](#), who are overwhelmingly women and disproportionately women of color, [in 2020 earned an average of \\$12.24 per hour](#), and 46% rely on one or more public programs such as Medicaid, food stamps, and Temporary Assistance for Needy Families each year. The most recent data available indicate the Child Care and Development Block Grant (CCDBG), Head Start, and Maternal, Infant, and Early Childhood Home Visiting programs serve just a fraction of eligible families –15% of eligible families received a subsidy under CCDBG, 36% and 11% of eligible children had access to Head Start and Early Head Start's comprehensive services, respectively, and 15% of eligible families received home visiting services. Despite these alarming unmet needs, the House Labor-HHS-

THE TRUE EMERGENCIES: CHILDREN'S HEALTHY DEVELOPMENT



Education FY2024 annual spending bill would eliminate the Preschool Development Grants and the Child Care Access Means Parents in Schools program, cut Head Start by \$750M [which could result in more than 80,000 children losing access to Head Start programs](#), flat fund CCDBG, and eliminate the Healthy Start program, which provides vital services to families with young children and helps improve infant mortality rates.

In addition, essential support for our nation's child care programs through Child Care Stabilization funds and supplemental CCDBG funding have ended. [Ninety-two percent of surveyed child care programs](#) that received these dollars said the grants helped keep their program open, and [one third said that without this funding, their program would have closed permanently](#). The additional federal investment helped bolster the child care sector, which experienced tremendous strain during the COVID-19 pandemic, but those resources are expiring. According to a [recent report by The Century Foundation approximately 3.2 million children could lose their child spots and 70,000 programs could close across the country](#). In addition, in six states – Arkansas, Montana, Utah, Virginia, West Virginia as well as Washington, DC – the number of licensed programs could be cut at least by half, and possibly more. In another fourteen states, the supply of licensed-programs could shrink by one-third. Furthermore, they estimate one of the slowest to recover from the pandemic and its economic fallout, the child care industry's workforce, could lose another 232,000 jobs.

Now is the time to prioritize investments in child care and early learning to increase the supply of child care and ensure parents have a range of reliable options so they can work or attend school. We have seen what can happen when federal investments are made – care becomes more affordable for families, more children are served in high-quality settings, and early learning professionals are adequately compensated. As important decisions are being made under the debt ceiling bill and FY2023 supplemental funding is considered, we urge lawmakers to prioritize funding for early learning and care programs in order to build upon existing federal investments to provide more early learning and care opportunities for families – anything short will surely move our tenuous system in reverse, holding back children, families, and our economy.

Unequal Access to Mental Health and Psychosocial Support Services for children

The mental health of a child is as integral to their overall well-being as their physical health. Prevention, early diagnosis, and treatment of mental health issues are critical to ensuring that a child remains healthy through childhood and grows into a healthy adult. Statistics about the scope of the mental health problem for American children are a wake-up call that the situation is serious and warrants immediate action. [Half of all mental health disorders](#) show first signs before

THE TRUE EMERGENCIES: CHILDREN'S HEALTHY DEVELOPMENT



a person turns 14 years old. Nationally, 60% of youth who experience a severe depressive episode do not receive treatment. Typically, 11 years pass between the onset of symptoms in a child and when they first receive treatment. [According to the Surgeon General, one in five students will develop a significant mental health problem between the ages of 3 and 17.](#) And [60% of children with major depression do not receive any mental health treatment.](#) American children do not have easy access to care. Unlike when a child falls and breaks an arm, the child would be taken to an emergency room to be treated immediately. However, when a child or teen is experiencing a mental health crisis -- anxiety, depression, eating disorders, contemplation of suicide, etc. -- they may have nowhere to turn. There aren't enough pediatric mental health professionals to see them, waiting lists are weeks and months long, some professionals only take cash payments and not insurance, and some health plans have outdated provider lists of doctors who are no longer seeing new patients.

School nurses are the essential bridge between the healthcare and education systems, serving as frontline healthcare providers. They act as public health sentinels, not only for schools but also for their communities. For under-resourced communities, the school nurse may be the only health care provider a child sees. School nurses are vital in monitoring infectious diseases, identifying and addressing students' physical and mental health needs, and conducting health screenings and school-located vaccinations and immunization compliance efforts. [According to national data, just over 65% of schools have access to a full-time school nurse \(greater than 35 hours per week\) and only 56% of rural schools employ a full-time school nurse, and over 25% of schools do not have a school nurse at all.](#) Every student deserves access to a full-time school nurse.

Similar to health care, disparities based on race, sexual orientation, and gender identity also exist in mental health care. Between 2007 and 2017, the suicide rate for Black children rose from 2.55 per 100,000 to 4.82 per 100,000, and suicide attempts are rising faster among Black youth than any other racial or ethnic group. As two authors noted in [First Focus on Children's Big Ideas 2023](#), "Pervasive inequities such as lack of access to high-quality, culturally sensitive mental health care; provider bias; and deficit-focused institutional practices harm children and families of color and deepen intergenerational and community trauma."

Rural Americans are facing a life-threatening physician shortage in their communities. Families travel longer distances and are less likely to have health insurance that covers mental health and psychosocial support services, this coupled with chronic shortages of pediatric psychiatrists throughout the country has created a scarcity problem. For the 12 million children who live in rural areas, there is nuanced stigma and isolation which leads to hesitation to care, and often there

THE TRUE EMERGENCIES: CHILDREN'S HEALTHY DEVELOPMENT



is an increased reliance on family, religious leaders, and community members who collectively attempt to navigate barriers to quality health care for children in mental health emergencies. Compared to their urban peers, children living in rural communities are more likely to have one to three adverse childhood experiences, such as living in persistent poverty, experiencing an incarcerated caregiver, and primary caregiver death. As the [University of South Carolina Rural Health and Minority Research Center](#) noted, “rural children disproportionately live in homes affected by current substance misuse or mental illness... and nearly all rural counties experience shortage areas for mental health care”.

We appreciate that mental health policy solutions are being discussed in a bipartisan fashion by federal policymakers. Last summer, Congress passed The Bipartisan Safer Communities Act, signed into law by President Biden. The legislation provides support for school-based mental health programs, Medicaid mental health services in schools, Medicaid and CHIP telehealth services, and the new 988 crisis lifeline. But to build a comprehensive pediatric behavioral health system, adequate resources are urgently needed to dramatically increase the pediatric mental health workforce, expand peer-to-peer support programs for teens and young adults, tailor 988 hotline services to teens and young adults, ensure that all schools have mental health coordinators, improve data on racial disparities in access to mental health in schools, and enhance access to mobile crisis response to serve more children. However, cuts in the House Labor- HHS- Education annual appropriations bill would negatively affect the 988 Suicide and Crisis Lifeline and result in fewer research grants at the NIMH for child and adolescent mental health research, plus the bill would cut more than \$2 billion from the Department of Education’s programs such as mental health funds in schools that provide school-based mental health services.

We call on you to provide urgently needed resources for these efforts. Our kids’ mental health crisis is real and growing, but we can tackle this emergency now by investing in prevention efforts to ensure that when children, teens, and young adults need mental health services, they can readily access them.

Environmental Health in Schools and Child Care Facilities Requires Immediate Resources

Education is a social determinant of health and school environmental health is an urgent need that demands a broad sustained response. Over twenty years of published research has shown that indoor environmental exposure to pollutants in schools can be more intense than outdoor exposures and that school facilities have been neglected for decades. The nation has learned that schools must be able to stay open longer or reopen quickly and safely after disasters and provide a safe environment to ensure our children’s healthy future. During the school year, about

THE TRUE EMERGENCIES: CHILDREN'S HEALTHY DEVELOPMENT



fifty million children in the US spend the majority of their waking hours when not at home in public schools.

[Numerous studies](#) have documented that school conditions such as polluted Indoor Air Quality, mold, dust and debris, high heat, poor sitting, proximity to hazards, noise, and poor lighting and sanitation can damage children's "health, thinking, and learning." Poor indoor environments in schools decrease seat time, attendance, and test scores, and increase asthma and other health events, and thus increase health costs. [Today, some 40% of school age children have one or more existing chronic health issues according to the Center for Disease Control and Prevention \(CDC\)](#), including asthma, which affects 1 in 13 school-aged children and remains the leading cause of school absenteeism due to chronic illness. Urgently, we should invest in the education and training of schools and child care facilities on child-safe and effective preventive management of facilities to ensure that schools (and child care settings) and their personnel, parents and communities are well aware of the deep impacts of failed buildings, and give them the informational tools and training to prevent problems or remediate quickly and effectively.

Schools' exceptionally long history of poor indoor air and environmental quality has worsened by decades of funding shortages, neglect, and a widespread lack of knowledge on how to address these alarming problems effectively. The poorest communities hardest hit by COVID and climate change are also the communities where children's health and learning are impacted by the worst conditions. An estimated 50% of public schools have outdated heating and ventilation systems, and thousands of schools likely contain PCBs and asbestos, among other risks posed by poorly managed chemicals and pesticides used in and near school buildings. Further, the nation's 100,000 public schools today are neither climate-ready nor pandemic-ready even though they contain over 8 billion square feet of learning space valued at over \$3 trillion, which means more frequent long-term school closures ahead.

This demands an immediate investment in building the knowledge among school leaders and communities on how to prevent or intervene effectively in facility problems before they become expensive repairs. The U.S. Environmental Protection Agency's (EPA) knowledge and 30 years of experience and effective guidance documents on the physical environment of schools and its impact on children is unmatched, yet the House FY2024 Interior and Environment appropriations bill proposes cutting the EPA's budget by 39%. EPA's Indoor Environments Division must have the resources to fully participate in federal efforts and ramp up a Clean Air in Schools campaign. To date, EPA's level of funding is embarrassingly far from sufficient considering the emergency state of environmental health and documented environmental problems in schools, and the lack of knowledge in communities and among local education leaders on how to address those issues.

THE TRUE EMERGENCIES: CHILDREN'S HEALTHY DEVELOPMENT



EPA's indoor air program has proven expertise, experience, and connections to help schools by providing tools, education, and training to the education field and to help schools and childcare facilities institute and invest in child-safe and preventive management practices. Unfortunately, EPA's indoor air program has received only a tiny fraction of the funding urgently needed for on-the-ground support to schools. We urge Congress to include emergency funding for EPA's Office of Air and Radiation/Indoor Environments Division in any FY2023 supplemental appropriations bill to protect school children and personnel from unhealthy environments in schools and child care facilities and specifically dedicate EPA funding to the emergency state of environmental health problems in our schools in FY2024.

End Child, Youth, and Family Homelessness and Housing Instability

[Federal data has long underestimated the prevalence of child, youth, and family homelessness](#) in the United States. Point-in-time counts have always undercounted the number of homeless children and youth since most of them do not experience the visible homelessness these counts capture. The pandemic only exacerbated this problem by resulting in fewer trained, willing and able volunteers to conduct these annual counts. In addition, children, youth, and families often have to stay where they can due to a lack of alternatives and/or fear of authorities and are often forced to bounce around.

Many communities do not have family or youth shelters, and even when they do, shelters are often full. Shelter policies also may prevent families from staying together or may restrict the length of stay. As a result, children and youth experiencing housing instability often end up staying in motel rooms or temporarily staying with friends or others, hiding them from the community and disconnecting them from assistance. The temporary nature of these situations creates frequent upheaval, volatility, and a loss of stability for children, disrupting their education, healthcare, and more.

[Oftentimes these families are not even eligible or prioritized for aid intended for households "at-risk of homelessness," such as emergency rental assistance or eviction moratoriums that were implemented during the outbreak of COVID-19.](#) Families living in hotel rooms or staying with others lack formal leases and often do not legally qualify as "tenants," making it very difficult for them to access rental assistance or eviction protection. [Children experiencing homelessness with their families or young people on their own therefore fall through the cracks of both the homeless and housing-assistance systems.](#)

The reverberations of the COVID-19 pandemic continue to be strongest for families with children who already were struggling. Rising rents and the high cost of food — combined with the expiration of the expanded Child Tax Credit and other pandemic aid — are driving our high

THE TRUE EMERGENCIES: CHILDREN'S HEALTHY DEVELOPMENT



rate of child and youth homelessness even higher. [More than 1 million school-age children were identified as homeless in the 2020-2021 school year](#), and [5% of all children under 6](#) were experiencing homelessness even before the start of the pandemic. Homelessness is even more [prevalent among children of color](#) — Black, Hispanic, Native American, Native Hawaiian, and Alaskan high school students disproportionately experience homelessness compared to their white or Asian peers. These numbers are staggering, yet still greatly underestimate the problem.

To truly address homelessness, lawmakers must adopt a holistic and coordinated approach. Poverty is inextricably linked to homelessness, yet policy makers often discuss and address these issues in different silos, as if children experiencing poverty and children experiencing homelessness are two completely separate populations. Families with children and young people on their own often become homeless due to traumatic experiences such as job loss, substance abuse, mental health issues, and domestic violence. [Increasing access to affordable housing is critical to fighting homelessness](#), as is improving access to affordable child care, physical and mental health care, educational support for children, and other services. Homelessness is both a symptom and a cause of trauma for children, youth, and families and access to trauma-informed services are critical to ensure that homeless children do not grow up to become homeless adults.

Children in households who receive housing vouchers benefit in a variety of ways. Yet current federal funding is not sufficient to assist all families with children who struggle to afford housing and [families with children are a declining share of recipients of rental assistance](#). In addition, families with children who are able to obtain vouchers too often struggle to find landlords who will accept these vouchers. It is critical that Congress make additional investments in housing vouchers and other federal rental assistance and modify policy to include families with children as a priority group along with other groups in need for vouchers, as well as fund landlord outreach and establish source-of-income protections that ensure families with children are able to secure housing after receiving a voucher.

Despite the emergency housing needs, the House FY2024 Transportation and Housing and Urban Development funding bill eliminates the Family Unification Program (FUP) that provides Housing Choice Vouchers to those for whom lack of adequate housing is a primary factor in the imminent placement of the family's children in out-of-home care, or a delay in the discharge of children back to their family. Additional funding for vouchers is urgently needed as are steps to ensure that any additional vouchers reach families with children, and investment in FUP must be maintained and increased.

The McKinney-Vento Act authorizes the Education for Homeless Children and Youth (EHCY) program which provides a number of services for students experiencing homelessness and

THE TRUE EMERGENCIES: CHILDREN'S HEALTHY DEVELOPMENT



supporting identification of these students and families. In 2021, the American Rescue Plan allocated \$800 million to support the identification and school enrollment of children and youth experiencing homelessness. [These flexible funds allowed student liaisons to provide wraparound services to students and their families](#), cover transportation costs for students to get to school, pay for motel rooms for families experiencing homelessness, support tutoring services, help to hire additional staff and support existing staff in finding students who fell off the radar during remote learning, and more. This fund provided urgently needed support to combat the growing crisis of youth homelessness. It is essential that Congress allocate another round of this funding in FY 2024, in addition to increasing investments for McKinney-Vento.

Build Upon Smart Investments in Children and Meet Public's Concerns

Through various pieces of pandemic legislation and the appropriations process, critical funding was provided to child care providers, public schools and Head Start centers to better support children and allow parents and caregivers to return to work. Investment was made in children's programs such as nutrition benefits and homeless children and youth wraparound services to address the problems that arose from increased unemployment and school closures. Legislation also expanded eligibility for essential programs such as the Children's Health Insurance Program and Medicaid health care coverage. In one of the most notable reforms, a more equitable tax code was created by strengthening the Earned Income Tax Credit and the Child Tax Credit (CTC) — with the CTC improvements resulting in more than a 40% reduction in childhood poverty and millions of children being lifted out of poverty. The 2022 Inflation Reduction Act and the 2021 infrastructure bill provided additional resources to address climate change and other environmental efforts all over the U.S while also prioritizing environmental justice. All of these critical investments work together to address the many urgent needs of children and families and help to ensure our children's healthy development, safety and overall well-being. We urge Congress to build off those investments, address the growing emergencies and challenges facing our children and families in every aspect of their daily lives and prioritize investments in all children to earn back the expired gains from recent years and build upon the lessons learned.

[Polling likely voters on investing in children](#), they overwhelmingly agree by a 90-8% margin (77% strongly agree), that "investing in children helps improve their lives, development, and outcomes." Those likely voters polled also agree with the argument that "investing in children has a large return in a healthy society and a healthy economy" (89-7% margin and 76% strongly agree). Other results are as follows:

THE TRUE EMERGENCIES: CHILDREN'S HEALTHY DEVELOPMENT



GOVERNMENT SPENDS TOO MUCH OR TOO LITTLE?

