
Building Back Better with a 1,000-Days Infrastructure Package

2021 may well see the largest public investments in U.S. infrastructure in more than half a century. The definition of “infrastructure” has evolved considerably over the decades since then. Physical infrastructure projects, such as building roads and bridges, may be the first examples that come to people’s minds, and these are certainly types of infrastructure. But national leaders are now aware that smart and timely investments in “human infrastructure” can benefit the country just as much or more.

What is a “1,000-Days infrastructure”? The concept focuses on infrastructure that is tailored to a specific period of about 1,000 days—between a woman’s pregnancy and a child’s second birthday. This is a time of tremendous potential for individuals, communities, and whole nations. Research in the fields of neuroscience, biology and early childhood development provides powerful insights into how nutrition, health, and education during the 1,000 days shape a person’s entire life. It is why several of the world’s leading economists have called for greater investments in the nutrition and well-being of mothers, infants, and toddlers.

The 1,000 days is also a period of enormous vulnerability. Setbacks during this period are far more difficult to reverse in children under 2 than in older kids. In our country,



racial inequities in particular have far-reaching effects.

The United States has a unique opportunity right now to enact a comprehensive 1,000 Days infrastructure package. This is because not only is there interest in investing in infrastructure among congressional leaders and the Biden-Harris administration, but also there is an increasing understanding of the importance of investing in human infrastructure so that the U.S. economy and its workers and families are able to prosper.

Bread for the World and 1,000 Days call on the Biden-Harris administration and Congress to build a 1,000 Days infrastructure according to the following principles.

Support Maternal and Child Nutrition

Pregnant women, new mothers, and young children everywhere need sufficient food and good nutrition during the 1,000 Days in order to thrive. Despite all that Congress and the White House have managed to do to stop, and begin to recover from, the economic fallout caused by COVID-19, the year 2020 was the worst U.S. hunger crisis since the modern nutrition safety net was established. Young children were not spared—nationwide surveys throughout the past year consistently reported families running out of food and children going hungry.¹

The two federal nutrition programs most integral to the 1,000

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Days infrastructure are the Supplemental Nutrition Assistance Program (SNAP), the nation's largest nutrition program, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

One in eight people in this country participate in SNAP. Nearly half of them are children. Researchers have shown that SNAP benefits lead to reduced rates of low birthweight births, developmental delays, and child poverty.

While SNAP enables people to have more regular access to food, the monthly benefit amounts are too low for most families to make them last the entire month. An Urban Institute report published before the pandemic found that in 99 percent of all counties in the United States, the maximum SNAP benefit per meal was not enough to afford a meal using a budget intended for low-income people.² SNAP benefits have been increased by 15 percent through September 2021, but this still falls short of what families need to buy sufficient nutritious food. The Urban Institute found that the average cost of a low-income meal was 27 percent higher than the maximum SNAP benefit per meal.

WIC provides nutritious foods, nutrition education, breastfeeding support, and health care referrals to low-income women who are pregnant or postpartum, infants, toddlers, and children up to age 5. Multiple studies document the benefits of WIC participation on maternal and child health outcomes. In fact, WIC is a sound fiscal investment even if calculations are based solely on savings in healthcare costs. As Congress works to help American families recover from the pandemic, one way to strengthen WIC is to certify families as eligible for the entire 1,000 Days period rather than requiring recertification every year or even more frequently. This will increase retention in the program. Participation in WIC peaks when children are infants, while nearly one-fourth of families leave the program between a child's first and second birthdays³—during the 1,000 Days.

One reason families drop out of WIC is that participation has significant barriers, including up to four or more

in-person appointments every year. The time and effort required for any working parent to keep an appointment is magnified by the likelihood that WIC participants have jobs that do not offer paid leave or paid sick days (more on that below). During the pandemic, states have been able to waive some requirements and allow WIC agencies more flexibility to conduct appointments online and over the phone. A second way Congress can improve WIC is to make these rule changes permanent.

Support Access to Quality, Comprehensive Health Care

Access to high quality health care leads to better maternal and infant outcomes. The principle of supporting access to health care is essential to the success of the 1,000 Days infrastructure. Without it, the entire effort is less effective.

WIC is associated with lower rates of maternal and infant mortality, and yet U.S. mortality rates in both categories are higher than in any other high-income country. Moreover, systemic racism that affects health care has led to far higher rates of maternal mortality for Black and Indigenous women—at least two to three times those for white women.⁴

More must be done to reduce inequities in health outcomes based on racial and ethnic bias, particularly during the 1,000 Days. The [Black Maternal Health Momnibus Act](#) includes a number of interventions designed to address such racial inequities. These include “critical investments in social determinants of health that influence maternal health outcomes, like housing, transportation, and nutrition.” Addressing these upstream factors that impact health outcomes has the potential not only to improve people's health, but also to achieve more with every dollar spent on health care.

All states are required to provide Medicaid coverage to income-eligible pregnant women and for 60 days of postpartum coverage, but too many mothers lose access to health care once that 60-day period ends. In order to help ensure that all mothers and babies are healthy throughout the 1,000 Days, Congress must extend postpartum

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Medicaid coverage for eligible women until a child turns 2 and must also guarantee coverage through the Children's Health Insurance Program (CHIP) for all low-income children.

Better coordination between WIC and Medicaid would improve services in both. The American Rescue Plan provided \$390 million for WIC to modernize its services. Some of these resources could be used to enable the two programs to share data effectively in order to identify families that are eligible for WIC and/or SNAP but not enrolled.

Another area of coordination between WIC and Medicaid that could be strengthened is in lactation support. Breastfeeding provides babies with all the nutrients they need for healthy growth and weight gain. Among its many other benefits, it helps prevent childhood obesity. Breastfeeding rates increase when women have access to lactation support professionals and peer counselors. WIC offices offer such peer support and can often offer counseling that is more culturally congruent than that of other providers.

Support Paid Leave

The United States is the *only* high-income country that does not guarantee workers paid leave to welcome a new child, attend to a serious health problem, or care for an ill loved one. One result is that almost one in four new mothers return to their jobs within two weeks of giving birth.⁵ The Family and Medical Leave Act (FMLA) guarantees 12 weeks of unpaid leave, but only about half of all workers are qualified to use FMLA leave, and realistically, low-income women who do qualify cannot afford to take unpaid time off. Some employers offer paid family leave despite not being legally required to, but the employees with such benefits are more likely to be higher-income workers than people who are eligible for WIC and/or Medicaid.

The lack of a national paid leave policy contributes to the much lower rates of breastfeeding in the United States than in peer countries.⁶ Infants who are not breastfed face significantly higher risk of mortality and adverse health outcomes. The American Academy of Pediatrics and oth-

er leading medical organizations recommend six months of exclusive breastfeeding.

Medicaid and WIC provide valuable support for breastfeeding, but the absence of a national paid leave policy undercuts all their efforts. Racial inequities in employment exacerbate the limitations on breastfeeding that most working mothers face. Discrimination in access to paid leave is as much a fact of life for working women of color as their wage gap with white counterparts.⁷

The recently-introduced [Building an Economy for Families Act](#) will provide families in the 1,000-day window and beyond needed access to comprehensive, equitable paid family and medical leave.

Support Child Care and Early Education

Affordable, high-quality child care is too often out of reach for families in the 1,000 Days. The American Rescue Plan made important investments to help childcare providers weather the economic consequences of the COVID-19 pandemic, but these investments still fall short of what is needed to reach every family in need. Of all those whose incomes qualify them for help paying for child care, only about *one in six* actually receives it,⁸ putting high-quality care out of reach for a vast majority. This forces many parents, particularly single parents, to accept unsatisfactory childcare arrangements or none at all. The lack of affordable, accessible child care drives many parents, again mostly mothers, from the workforce.

COVID-19 has exacerbated the crisis. Mothers are expected to assume disproportionate responsibilities for child care, and when schools and childcare centers shut down, it was disproportionately mothers who left the workforce.⁹

Child care and early education go hand in hand, but it is important to distinguish the distinct role pre-K plays within the childcare system. Head Start and Early Head Start are federally funded pre-K programs designed to reduce disparities in school readiness among low-income children. Early Head

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Start serves low-income infants and toddlers up to age 3, but the program enrolls less than 10 percent of eligible children.

A trove of research documents the long-term advantages low-income children gain by participating in pre-K. If funding for Early Head Start were commensurate with demand, this could have profound effects on reducing racial inequities, not only in school readiness but over the rest of a person's life. Children are more likely to stay in school and, as adults, to remain employed and be in better health.

The Child Care for Working Families Act would establish a ceiling: no family would pay more than 7 percent of its household income for high-quality child care. The bill scales up investment in pre-K for 3- and 4-year-old children. Investment in care for infants and young children is also badly needed to support families in the 1,000 Days.

Support Permanent Child Tax Credit Expansion

The American Rescue Plan included a one-year expansion of the Child Tax Credit (CTC), making the credit available to all low-income and middle-income families with children. Before the expansion, an estimated 27 million children under age 17 lived in families who did not earn enough to qualify for the full CTC because they did not have sufficient taxable income.¹⁰

Experts project that the CTC expansion will cut child poverty nearly in half and that 70 percent of the children lifted over the poverty threshold will be Black or Latino/a.¹¹ Providing the credit monthly, rather than in a lump sum

when families file their taxes as is now the case, is another change that will make it more effective in preventing hunger. Low-income households frequently run short of grocery money on a cyclical basis—for example, in the days before workers receive their next paycheck, or when SNAP benefits run out before the end of the month.

The CTC also responds to the fact that families with younger children are more likely to be food insecure and/or low-income than families with older children by setting the value of the credit higher for parents of children under 6 than for those with children 6-17. This gives CTC expansion even greater value for those in the 1,000 Days infrastructure. Congress and the administration must make this important new program to prevent child poverty permanent.

(The CTC) could be a monumental improvement in the 1,000 Days infrastructure.

Conclusion

The principles of a 1,000 Days infrastructure presented here cover a range of policies and programs—from nutrition to health care, child care, early education, paid leave, and tax credits. Individually, each one makes a difference; if they are more aligned, they would create synergies for better outcomes all around. The positive effects would be immediate and durable, ranging from fewer mothers and infants losing their lives and lower rates of preventable illnesses, to less hunger and poverty and improvements in brain development and learning. Taken together, the 1,000 Days infrastructure would be an investment in human capital that would advance racial equity and benefit everyone in our country.

Endnotes

1 <https://www.cbpp.org/research/poverty-and-inequality/tracking-the-covid-19-recessions-effects-on-food-housing-and>

2 <https://www.urban.org/research/publication/how-far-do-snap-benefits-fall-short-covering-cost-meal>

3 <https://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>

4 <https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system>

5 <https://www.theguardian.com/us-news/2020/jan/27/maternity-paid-leave-women-work-childbirth-us>

6 <https://www.oecd.org/els/family/43136964.pdf>

7 <https://www.nationalpartnership.org/our-impact/news-room/press-statements/paid-leave-is-critical-to-a-racially-just-pandemic-recovery.html>

8 <https://www.cbpp.org/research/housing/child-care-and-housing-big-expenses-with-too-little-help-avail>

9 <https://www.kff.org/womens-health-policy/issue-brief/women-work-and-family-during-covid-19-findings-from-the-kff-womens-health-survey/>

10 https://www.mobilitypartnership.org/sites/default/files/ctc_paper.pdf

11 <https://www.povertycenter.columbia.edu/news-internal/2019/3/5/the-afa-and-child-poverty>