## NATIONAL ACADEMIES

### Consensus Study Report Highlights

#### NATIONAL Engineer ACADEMIES

#### Closing the Opportunity Gap for Young Children



# Closing the Opportunity Gap for Young Children

Many young children in the United States are thriving and have access to the conditions and resources they need to grow up healthy. However, a substantial number of young children face more challenging conditions such as poverty; food insecurity; exposure to violence; and inadequate access to health care, well-funded quality schools, and mental health care. In many cases, the historical origins of unequal access to crucial supports for children's physical, emotional, and cognitive development are rooted in policies that intentionally segregated and limited various populations' access to resources and create opportunity gaps that intertwine and compound to affect academic, health, and economic outcomes over an individual's life course and across generations.

Recognizing these challenges, the Administration for Children and Families, the Bainum Family Foundation, the Bill and Melinda Gates Foundation, the Brady Education Foundation, the Foundation for Child Development, the Heising–Simons Foundation; and the W.K. Kellogg Foundation asked the National Academies of Sciences, Engineering, and Medicine to convene an expert committee to identify and describe the causes, costs, and effects of the opportunity gap in young children. The resulting committee, which included experts in public policy, health, sociology, early childhood and primary education, neuroscience, child development, demography, philanthropy, and economics, reviewed the research and available evidence on the potential causes and societal conditions that preclude equal access to opportunity in order to make recommendations on how to improve conditions and promote success for children—at home, in communities, and in schools. The committee's report, *Closing the Opportunity Gap for Young Children*, explores how disparities in access to quality educational experiences, health care, and positive developmental experiences from birth through age eight intersect with key academic, health, and economic outcomes. It identifies drivers of these opportunity gaps and offers recommendations for policy makers to address them.

#### **DEFINING THE OPPORTUNITY GAP**

The committee defines the opportunity gap as, **"The unequal and inequitable distribution of resources and experiences on the basis of race, ethnicity, socioeconomic status, English proficiency, disability, immigration status, community wealth, familial situations, geography, or other factors that contribute to or perpetuate inequities in well-being across groups of young children in health, social-emotional development, and education."** 

The report addresses opportunity gaps for children from historically marginalized communities, including Black, Latino, Asian, and Native American children; children with disabilities; children who speak a language other than English at home; immigrant children; and children from low-income communities.

### OPPORTUNITY GAPS IN EARLY CHILDHOOD CARE AND EDUCATION FROM BIRTH TO PRE-K

Before children enter kindergarten, opportunity gaps include differences in access to high-quality early childhood education (ECE) programs and disparate experiences within programs.

• Access. Despite well-documented benefits of highquality ECE, children from historically marginalized communities are less likely to have access. The major, publicly funded ECE programs lack funding to serve all eligible children, and families with lower incomes are less likely to enroll their child in publicly funded child care, pre-K, or Head Start. Parents and caregivers who work outside the home and who have non-standard work hours also are more likely to choose home-based ECE providers. **Experiences.** Children from marginalized communities who do have access to publicly funded ECE programs are more likely to have lower-quality experiences in those programs. Quality frameworks for ECE programs often do not attend to structural biases that disproportionately affect marginalized populations, such as the exclusive use of English in instruction; harsh, exclusionary, and developmentally inappropriate discipline policies; and the lack of inclusion, accommodations, high-quality services, and supports for children with disabilities. Classroom quality measures also typically do not address how children from marginalized populations might interact and form relationships with teachers.

#### **OPPORTUNITY GAPS IN GRADES K-3**

Opportunity gaps in the early elementary grades arise from funding differences, policies that disproportionately and negatively affect children from racialized and marginalized backgrounds, and various forms of bias they may experience in the education system.

- Funding. The K-12 education funding structure relies heavily on local funding, which varies within and across states. Federal funding to address the needs of children in low-income communities, English learners, and children with disabilities is not always sufficient to bridge gaps in state and local funding—resulting in underfunded programs. These deficits are more acute in states with lower per-pupil spending, and they disproportionately affect students of color and students in families with lower income levels. Research at the national level shows gaps between White and Black, White and Latino, and higher-income versus lower-income students.
  - **Biases.** Children from marginalized populations experience many biases in the early grades. These biases manifest themselves in adults' expectations of students' abilities and perceptions of their behavior. Biases can create opportunity gaps when they influence classroom experiences, relationships with teachers, and exposure to harsh and exclusionary disciplinary policies. Biases also can result in under- and over-identification of disabilities, which

can create gaps in access to inclusive learning opportunities by preventing some children from receiving legally entitled services and causing others to be diagnosed with conditions they do not have.

#### **OPPORTUNITY GAPS RELATED TO PHYSICAL HEALTH**

Opportunity gaps related to children's health begin before birth with prenatal conditions and care for the mother. Other opportunity gaps include health care and nutrition for young children and the availability of safe and healthy environments to support growth and development.

• **Prenatal conditions and care for the mother.** People of childbearing age—particularly those who have lower levels of income—are more likely to lack access to health insurance, receive inadequate prenatal care, give birth to children who are born low birthweight and preterm, and experience higher rates of mortality. These adverse conditions are typically higher for people of color, particularly Black women and their infants.

#### Health care and nutrition for young children.

- Beginning at birth, families from racial and ethnic minority groups and those with lower socioeconomic status have less access to quality health care and to affordable, nutritious food. Children from marginalized populations are more likely to receive fragmented medical services, episodic and limited care, or care that is not culturally or linguistically competent. They are also less likely to have a medical home—an approach providing comprehensive and coordinated primary care that is accessible, consistent, culturally effective, and that facilitates supportive partnerships between families and care providers. These inequities widen for children with learning and developmental disabilities.
- **Safe and healthy environments.** The association between neighborhoods and child health is complex and the literature is imperfect. However, young children's physical health is commonly linked to the extent to which neighborhoods are free from environmental contaminants and safe and free from violence. Children from marginalized populations are

more likely to live in closer proximity to pollutants, including those that place them at risk of asthma or lead poisoning. They also are more likely to be suspected victims of maltreatment; die as the result of injuries; and be exposed to or become victims of physical violence, gun violence, and police brutality.

## OPPORTUNITY GAPS RELATED TO SOCIAL-EMOTIONAL DEVELOPMENT AND WELL-BEING

Gaps in opportunities that facilitate positive parent and child mental health and well-being during the first years of life include access to community resources and young children's mental health.

- Access to community resources. Disparities that parents experience in housing, education, job opportunities, health care, and access to community resources create disparities in their readiness to parent and in the resources they have available to support essential growth and learning for their young children.
- Mental health supports. Chronic poverty has been associated with higher rates of mental health problems among young children. Young children from low socioeconomic and specific racial/ethnic backgrounds are less likely to have access to the resources and conditions that promote mental health, including sensitive and responsive caregiving, safe and stable home and neighborhood environments, and supports outside the home.

#### DRIVERS OF THE OPPORTUNITY GAP

*Closing the Opportunity Gap for Young Children* identifies three overarching drivers of opportunity gaps across the domains of education, physical health, and social–emotional development:

• Differential experiences and access to resources in early childhood. Drivers of opportunity gaps in health and health outcomes before birth and in the early years include access to health care, adequate nutrition, poverty, neighborhood safety, and environmental factors. These drivers are exacerbated by racism, segregation, implicit and explicit bias, and stigma.

- **Federal, state, and local policies.** Restrictive federal eligibility criteria and differences in state and local implementation of policies lead to vastly different experiences for children and families depending on who they are and where they live. These policies have created barriers to access that disproportionately affect communities of color, immigrant families, and families with low income.
- **Structural inequity.** Several social and structural factors have created and perpetuated opportunity gaps for young children. Systematic exclusion, structural racism, unequal allocation of resources and services, labor market inequalities, biases in access to services, and policies that create administrative burden for families affect the ways in which families experience opportunity, and they are associated with a variety of key life outcomes. While many of these structures have their origins in the past, they persist. The effects, now compounded, continue to pose obstacles to the well-being of children and families.

#### ADDRESSING OPPORTUNITY GAPS

*Closing the Opportunity Gap for Young Children* offers a detailed set of recommendations for policy makers, practitioners, community organizations, and

philanthropic organizations to reduce opportunity gaps in education, health, and social-emotional development. The recommendations include strategies related to:

- Poverty reduction
- Strengthening families' work supports
- Access to pediatric and family health care
- Screening and assessment for mental health and social determinants of health
- Eliminating inequities in access to and experiences in ECE programs
- Access to quality early intervention and preschool special education, and greater inclusion of children with disabilities in educational settings
- Identifying and addressing manifestations of institutional racism to reduce inequities in access to resources and quality services in early learning, K–12 education, and health care systems

Together, the recommendations address opportunity gaps, improve data collection, and identify future research needs.

COMMITTEE ON EXPLORING THE OPPORTUNITY GAP FOR YOUNG CHILDREN FROM BIRTH TO AGE EIGHT Larue Allen (Chair), New York University; Randall Akee, University of California, Los Angeles; Alfredo Artiles, Stanford University; Renee Boynton-Jarrett, Boston University School of Medicine; Kenneth A. Dodge (NAM), Duke University; Brenda P. Jones Harden, Columbia University; Pamela K. Joshi, Brandeis University; Shantel E. Meek; Arizona State University; Bela Moté, Carole Robertson Center for Learning; Milagros Nores, Rutgers, The State University of New Jersey; Cynthia Osborne, The University of Texas at Austin; Albert Wat, Alliance for Early Success

**STUDY STAFF** Natacha Blain, Senior Director, Board on Children, Youth, and Families; Rebekah Hutton, Study Director; Pamella Atayi, Program Coordinator; Ivory Dean, Program Officer (until October 2021); Sarah Perumattam, Research Assistant (October 2021–May 2022); Meredith Young, Associate Program Officer

FELLOWS Ashley Darcy-Mahoney, 2020-2021 National Academy of Medicine Distinguished Nurse Scholar-in-Residence and Consultant to the Committee, George Washington University School of Nursing; Rita Hamad, 2020–2022 James C. Puffer, MD/ American Board of Family Medicine Fellow, University of California, San Francisco

#### FOR MORE INFORMATION

The Report Highlights was prepared based on the Consensus Study Report *Closing the Opportunity Gap for Young Children* (2023). Copies of the Consensus Study Report are available from the National Academies Press at https://nap.nationalacademies.org/catalog/26743.

The study was sponsored by the Administration for Children and Families, Bainum Family Foundation, Bill and Melinda Gates Foundation, Brady Education Foundation, Foundation for Child Development, Heising-Simons Foundation, and W.K. Kellogg Foundation. Any opinions, findings, conclusions, or recommendations expressed in this publication do not necessarily reflect the views of any organization or agency that provided support for the project.

Division of Behavioral and Social Sciences and Education



Sciences Engineering

Copyright 2023 by the National Academy of Sciences. All rights reserved.