

Closing the Opportunity Gap for Young Children

RECOMMENDATIONS FOR CLOSING THE OPPORTUNITY GAP FROM BIRTH TO AGE EIGHT

RECOMMENDATION 1

Federal entities and agencies and private philanthropic organizations that collect data and fund research related to child health and development should create and adequately support an effective equity-focused policy- and services-monitoring data infrastructure (collection of both quantitative and qualitative data, data analysis, and program evaluation) to guide federal, state, and local policy decisions aimed at closing the opportunity gap across income, race/ethnicity, disability, gender, language background, and immigrant status. This data infrastructure should also be made available for research and learning.

To further a research agenda addressing the opportunity gap, actions such as the following could be taken by federal entities and private philanthropic organizations:

- All federal data (and data reported to the federal government by states and local communities) could be disaggregated for groups listed in Executive Order 13985, Advancing Racial Equity and Support for Underserved Communities through the Federal Government.
- Data could be shared across agencies that are responsible for individual safety net and social

insurance programs (e.g., the U.S. Department of Health and Human Services/Centers for Medicare & Medicaid Services for Medicaid, the Internal Revenue Service for the earned income tax credit/child tax credit, the U.S. Department of Labor for unemployment insurance) and linked when possible to create merged datasets. These data could be used by each agency to monitor program access, quality, and outcomes across groups known to experience gaps in opportunity through internal and external research studies.

- The Office of Management and Budget (OMB), with input from the Office of Science and Technology, could direct all federal agencies to conduct audits and examine disparate treatment and administrative burden in state and local service systems responsible for serving families and children.
- OMB could direct each federal agency with significant federal expenditures on young children to create an equity research, evaluation, and technical assistance center.
- OMB could direct federal statistical agencies to assess current data collection on families and young children and make recommendations on improvements aimed at addressing opportunity and

outcome gaps that can be evaluated and prioritized for investment.

- The U.S. Department of Labor could use its existing data to monitor differential trends in job quality, including wages, employer-provided benefits, schedules, and health and safety standards for all workers and working families with young children. With input from the relevant offices of the Executive Office of the President (e.g., the Council of Economic Advisers), the data could be used to formulate policy recommendations and set goals for improving job quality.
- The National Institutes of Health, National Science Foundation, and Institute of Education Sciences could prioritize studies that fill gaps in knowledge about policies, programs, and practices that reduce opportunity gaps for subgroups of young children that are underrepresented in the existing evidence base.
- The Internal Revenue Service and the Census Bureau could create a linked data system for use in analyzing all families' access to and take-up of tax credits—the most robust antipoverty programs, including the earned income tax credit and the child tax credit—in support of the development of a systematic outreach approach to reduce the burden associated with and increase take-up.
- The U.S. Department of Education could require the What Works Clearinghouse to report the evidence for subgroups of children and results from rigorous quasi-experimental studies.
- The Interagency Forum on Child and Family Statistics could evaluate each agency's existing systems for collecting data on young children and whether and how these systems could be linked. This assessment would lead to recommendations for improving these data systems so they could be used to evaluate and monitor developmental outcomes of young children, including disparities among groups in access, take-up, and outcomes across multiple programs.

- The philanthropic community could prioritize investments in further developing state and local data systems that include linked data on children's health and education outcomes, as well as measures of opportunity gaps by race/ethnicity, income, nativity, language, and disability, at a minimum. To monitor child opportunity across communities and target funding to communities with lower resources, a consistent set of state/local measures from these systems could be added to the Child Opportunity Index. Investments are also needed to bolster the evaluation efforts of community-based organizations aimed at identifying, piloting, and expanding evidence-based practices that make families' access to systems more equitable and user-friendly and their experiences within systems positive and promotive.

RECOMMENDATION 2

The federal government and states should establish early learning opportunities—accompanied by both legal accountability guaranteeing access and inclusive, intentional quality standards that are aligned with scientific evidence—as a right afforded to all children and families who need and want services.

RECOMMENDATION 3

The federal government—in partnership with states—should fully implement a voluntary universal high-quality public early care and education system using a targeted universal approach (i.e., setting universal goals that are pursued using processes and strategies targeted to the needs of different groups). Such programs should be responsive to community needs, reflect the true cost of quality, and have strong monitoring and accountability systems that specifically address gaps in opportunity.

Such a unified system would:

- Ensure that children and families from communities listed in Executive Order 13985, Advancing Racial Equity and Support for Underserved Communities through the Federal Government, are prioritized;

- Allocate greater resources to historically marginalized communities to compensate for historical and current inequities in resources, experiences, and opportunities;
 - Allocate greater resources for parts of the early care and education system that have traditionally received fewer resources;
 - Require evidence-based program standards that improve population outcomes and explicitly remedy opportunity gaps;
 - Build a corps of diverse, competent, well-trained, well-supported, and appropriately compensated early childhood educators and program leaders, across all age groups and program settings; and
 - Require disaggregated data collection that can be linked with other relevant data sources, as well as continuous quality improvement aimed at bridging opportunity and outcome gaps.
- Social-emotional and mental health supports and policies to explicitly reduce exclusionary and harsh discipline and eliminate disparities in such practices;
 - Full inclusion of children with disabilities in general education settings, with high-quality and individualized services and supports;
 - Bilingual learning opportunities for children who are English learners and dual language learners;
 - Structurally sound, safe, healthy, and engaging learning environments;
 - A well-qualified, fairly compensated, and supported workforce;
 - Data-driven continuous quality improvement efforts targeted at identifying and addressing opportunity and outcome gaps;
 - Authentic and meaningful family engagement and partnerships;
 - Strong partnerships with ECE systems that promote seamless transitions from ECE to the early grades; and
 - Community partnerships and engagement to promote holistic family wellness.

RECOMMENDATION 4

The federal government, states, local communities, and districts should adequately and equitably support elementary school education and out-of-school programs. Elementary school education should operate under a common quality framework, with quality benchmarks aligned with those in the early care and education (ECE) system and based on evidence-based policies and practices.

Such a system would:

- Address structural drivers of education opportunity, including segregation in learning settings by language, disability, race, and income; and
- Be adequately funded to support the implementation of high-quality benchmarks aligned with those in the ECE system, including:
 - High-quality instruction and asset-driven pedagogies, assessments, and curricula;

RECOMMENDATION 5

The U.S. Department of Education should fully integrate Individuals with Disabilities Education Act programming with general early childhood and K-12 education. As part of achieving this goal, the U.S. Department of Education, states, and districts should undertake specific reforms explicitly addressing opportunity gaps identified in this report, including:

- Uneven access to early intervention and preschool special education;

- Uneven quality and dosage of early intervention and preschool special education;
- Inclusion of children with disabilities across age groups, especially preschoolers, who are the most likely to be served in separate settings;
- Nonbiased, accurate identification, specifically addressing over- and under-identification of specific groups of children, such as children of color, English learners, and others; and
- Prohibition of harsh forms of discipline, including suspensions, expulsions, all forms of corporal punishment, seclusion, and inappropriate restraint for all students with disabilities, with special attention to students of color, who are disproportionately subject to these practices.

RECOMMENDATION 6

The U.S. Department of Health and Human Services (HHS) should create, lead, and be accountable for coordinating an interagency group focused on children’s mental health and social-emotional well-being that includes the several HHS operating divisions, including the Administration for Children and Families, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, the Centers for Disease Control and Prevention, and the Centers for Medicare & Medicaid Services, among others, as well as the U.S. Department of Education, the U.S. Department of Justice, the U.S. Department of Housing and Urban Development, and other relevant agencies, for the purpose of designing, implementing, and evaluating a comprehensive system of primary psychosocial care for young children and their families.

Such a comprehensive system of primary psychosocial care for young children and their families would include:

- Universal support from the prenatal period through third grade, consisting of regular screening and identification of needs in mental health and social-emotional development for both families and

children, followed by facilitated access to community resources that address those needs;

- Sufficient community capacity to address young children’s needs through a comprehensive array of well-funded, evidence-based intervention programs and resources;
- An integrated data system, much like a child’s electronic medical record, that charts a child’s needs and interventions across the life course, to facilitate cross-agency communication and program and policy evaluation, and serve as a resource for future providers; and
- An evaluation plan and support for research to understand systemic and structural drivers (e.g., racism) that create or worsen physical and mental health challenges among young children from historically marginalized communities.

RECOMMENDATION 7

The U.S. Department of Labor and the U.S. Department of Health and Human Services, in partnership with other relevant federal agencies, should review, update, and enforce existing labor standards and employment policies to address disparities that disproportionately affect working families with young children.

To implement this recommendation, the federal government could:

- Build on the current job protections offered under the unpaid Family Medical Leave Act to create a paid social insurance program, administered by the Social Security Administration, to support parents needing time away from work to care for infants and newly adopted children and attend to their own and their family members’ serious health issues; address documented issues in access to paid family and medical leave for low-income families and families from marginalized communities by implementing progressive wage replacement rates, making coverage more inclusive by eliminating firm-size

requirements, and using existing hours and duration criteria for Social Security Disability Insurance or Medicare Hospital Insurance;

- Develop recommendations on the definition of good-quality jobs for families with children, an effort that should include setting standards for family-sustaining wages and family-friendly employer practices;
- Update existing labor standards and policies, raise the minimum wage floor, make work schedules more predictable, budget more resources for enforcement, and incentivize employers to provide training and career ladders; and
- Partner with philanthropic organizations to conduct research on job quality standards and metrics to guide policy and employer-based interventions.

RECOMMENDATION 8

The federal government, in partnership with state and local governments, philanthropy, and relevant public and private organizations, should support policies and interventions targeting social determinants of health that create and perpetuate opportunity gaps at the community level.

To further the development of targeted policies and interventions for addressing the opportunity gap at the community level, the following actions should be taken by federal, state, and local entities and private philanthropic organizations:

- Federal and state governments should expand existing safety net programs that have been shown to address poverty and food insecurity as social determinants of health, including the Special Supplemental Nutrition Program for Women, Infants, and Children, the Supplemental Nutrition Assistance Program, and the earned income tax credit, as well as the 2021 expanded child tax credit. Eligibility applications for these programs could be unified and streamlined to reduce administrative hurdles to take-up.

- As with other programs such as child care subsidies, to reduce disruptions in insurance and health care access, the federal government should ensure continuous coverage with Medicaid for a minimum 12-month period even if families experience temporary changes in income during the year that make them ineligible, and Medicaid should be provided to women for at least 12 months postpartum.
- Federal, state, and local governments should increase the supply of affordable high-quality housing, which would include access to green spaces, playgrounds, and parks.
- Local governments should engage in urban planning improvements to enhance traffic safety and eliminate road hazards (e.g., legislate speed limits), especially in marginalized communities.
- Governments at the federal, state, and local levels and philanthropy should prioritize support for communities with a level of high need and low resources, as measured by the Child Opportunity Index, program administrative data, and historical budget data.
- Early learning, education, and health care systems should act as anchor institutions and be coordinated through shared data systems and integrated service delivery to promote family wellness and community development by offering onsite or providing connections to health, mental health, after-school, nutritional support, and economic wellness services. The federal government should build on and expand existing programming that can facilitate this anchor organization approach, such as full-service community schools, Head Start, and federally qualified health centers.
- Community organizations, philanthropy, and local governments should support evidence-based programs for young people, such as those that include tutoring or mentoring; sports; and early childhood mental health programs, including parent-child interaction and cognitive-behavioral therapeutic approaches.

RECOMMENDATION 9

Early learning and K–12 education systems, health care systems, and employers should test and institute policies and protocols for identifying and addressing manifestations of institutional racism to reduce inequities in access to resources and quality services in education, health care, and public health.

To identify and address manifestations of institutional racism that create and perpetuate the opportunity gap, the following specific actions should be taken to reduce inequities in access to resources and quality services in education, health care, and public health:

- Systems leaders and administrators across all levels of government (federal, state, local) should work to address institutional racism and increase culturally and linguistically appropriate health care, public health, early care and education (ECE), and early grade education.
- Policy makers should take into account historical inequities in resource distribution and current

manifestations of racism and marginalization in developing policy and making budgetary decisions.

- Federal research agencies (e.g., the National Institutes of Health, the National Science Foundation) and philanthropic organizations should support and prioritize historically marginalized communities and groups to improve their access to professional development programs, apprenticeships, and scholarships, and to diversify the pipeline of health care professionals, public health practitioners, teachers, early educators, and early childhood researchers.
- National professional organizations and accreditors should improve curriculum training and require minimum competencies in antiracist approaches; social determinants of health inequities; and culturally competent, trauma-informed, and resilience-building health care, ECE, and early grade education.

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FOR MORE INFORMATION

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