

# ROADMAP TO APPLY THE SCIENCE OF EARLY DEVELOPMENT

JULY 2019 • VIBRANT AND HEALTHY KIDS: ALIGNING SCIENCE, PRACTICE, AND POLICY TO ADVANCE HEALTH EQUITY

Roadmap	Specific Action	Actors
<b>Intervene early</b>	Implement programs that ensure families have access to high-quality, cost-effective community programs, including interventions to foster strong attachments and group-based supports in communities (Recommendation 4-4)	Policy makers at the federal, state, tribal, territorial, and local levels; philanthropic organizations
	Routinely track levels of risk among mothers and children over time using periodic assessments (Recommendation 4-5)	Health care providers
<b>Support caregivers</b>	Strengthen and expand evidence-based home visiting programs (Recommendation 4-3)	Federal policy makers; HRSA; ACF; federal, state, territorial, tribal, and local agencies overseeing program implementation
	Implement paid parental leave (Recommendation 6-1)	Federal, state, tribal, territorial, and local policy makers
<b>Reform health care system services to promote healthy development</b>	Increase access to preconception, prenatal, postpartum, and pediatric health care (Recommendation 5-1)	HHS; Medicaid agencies; public and private payers; federal, state, local, tribal, and territorial policy makers
	Expand accountability and improve quality of preconception, prenatal, postpartum, and pediatric care (Recommendation 5-2)	Public and private payers; HRSA, CDC, CMS, perinatal and pediatric quality collaboratives, and health-care-related workforce development entities
	Adopt policies and practices that improve the organization and integration of care systems from preconception through pediatric care and that focus on the caregiver and child together as the unit of care (Recommendation 5-3)	HHS; state Medicaid agencies; health systems leaders; federal, state, tribal, and territorial policy makers
	Transform preconception, prenatal, postpartum, and pediatric health care to address the root causes of poor health and well-being (Recommendation 5-4)	HHS; public and private payers; medical accreditation bodies; WPSI, Bright Futures, ACOG, AAP, AAFP, and others
<b>Create supportive and stable early living conditions</b>	Reduce barriers to participation to WIC and SNAP benefits; do not tie these benefits to parent employment for families with young children or for pregnant women (Recommendation 6-2)	Federal, state, local, territorial, and tribal policy makers
	<ul style="list-style-type: none"> <li>• <b>Address economic, food, and housing security</b></li> </ul>	
	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>• Increase the supply of high-quality affordable housing that is available to families (Recommendation 6-3)</li> </ul> </li> </ul>	Federal, state, tribal, territorial, and local agencies
	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>• Develop a comprehensive plan to ensure access to stable, affordable, and safe housing in the prenatal through early childhood periods (Recommendation 6-4)</li> </ul> </li> </ul>	Secretary of the HHS in collaboration with HUD and other relevant agencies
	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>• Test new Medicaid payment models that engage providers and other community organizations in addressing housing safety concerns, especially focused on young children (Recommendation 6-5)</li> </ul> </li> </ul>	Center for Medicare and Medicaid Innovation
	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>• Address the critical gaps between family resources and family needs through a combination of benefits that have the best evidence of advancing health equity, such as SNAP benefits, increased housing assistance, and a basic allowance for young children (Recommendation 6-6)</li> </ul> </li> </ul>	Federal, state, tribal, and territorial policy makers

NOTE: All acronyms are defined in the report at [nationalacademies.org/VibrantHealthyKids](http://nationalacademies.org/VibrantHealthyKids)

## Roadmap

## Specific Action

## Actors

**(continued)**

**Create supportive and stable early living conditions**

Support and enforce efforts to prevent and mitigate the impact of environmental toxicants during the preconception through early childhood periods (Recommendation 6-7, 6-8, and 6-9)

Federal, state, territorial, tribal, and local governments; CDC, EPA, FDA, the U.S. Consumer Product Safety Commission; health care providers

**Maximize the potential of ECE to promote health outcomes**

Develop a comprehensive approach to school readiness that explicitly incorporates health outcomes and leverages ECE systems and programs, including home visiting (Recommendation 7-1)

Federal, state, local, tribal, and territorial governments and other public agencies (e.g., school districts, city governments, public–private partnerships); Office of Child Care and Office of Head Start; Health and human service entities, the federal Early Learning Interagency Policy Board, state Early Childhood Advisory Councils, and federal, state, and local, tribal, and territorial agencies; HHS; OPRE; DOE

Develop and strengthen coursework or practicums that focus on competencies of educators, principals, and ECE program directors that are critical to children’s health, school readiness, and life success (Recommendation 7-2)

Degree granting institutions, professional preparation programs, providers of ongoing professional learning opportunities

Develop and implement a strategic plan to (1) improve the quality of ECE programs by adopting the health-promoting standards and (2) expand access to comprehensive high-quality and affordable ECE programs across multiple settings (Recommendation 7-3)

Federal, state, tribal, and territorial policy makers in coordination with HHS, the Office of Head Start, and Office of Child Care

**Implement initiatives across systems to support children, families, and other caregivers**

Develop cross-sector initiatives that align strategies to address barriers to data sharing and integration, cross-sector financing, and other challenges to cross-sector collaboration (Recommendation 8-1)

For all actions in this section: policy makers and leaders in the health care, public health, social service, criminal justice, ECE/education, and other sectors who frequently interact with children and their families

Enhance detection of early-life adversity and improve response systems (Recommendation 8-2)

Develop trauma-informed systems (Recommendation 8-3)

Build a diverse, culturally informed workforce in all relevant systems (Recommendation 8-4)

Improve access to programs and policies across systems that provide parental or caregiver supports and help build or promote family attachments and functioning. For families with intensive support needs, develop programs or initiatives designed to provide comprehensive wraparound services (Recommendation 8-5)

Integrate care and services across the health continuum, including the adoption of models that provide comprehensive support for the whole person by leveraging and connecting existing community resources (Recommendation 8-6)

**Resources need to be integrated and coordinated to translate science to action**

Support payment reform to allow for upstream investment (Recommendation 8-7)

Policy makers and leaders in the health care, public health, social service, criminal justice, ECE/education, and other sectors who frequently interact with children and their families

To read the full report, please visit [nationalacademies.org/VibrantHealthyKids](https://nationalacademies.org/VibrantHealthyKids)

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