

ALIGNING SYSTEMS:

Aspen Early Childhood Development and Health
Forums, 2017–2020



Ascend at the Aspen Institute: Ascend is the national hub for breakthrough ideas and collaborations that move children and the adults in their lives toward educational success and economic security. We take a two-generation (2Gen) approach to our work and embrace a commitment to gender and racial equity.

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Dear Colleague,

When it comes to giving families the best chance for success, the impact of access to quality health care and early child development is undeniable. Yet silos and inefficiencies among these systems — along with a host of disparities and outdated or insufficient approaches — make it challenging for families to access the health and early child development supports and services they need.

For the past four years, Ascend has hosted an annual Aspen Early Childhood Development and Health Forum (ECD Health Forum). Bringing together leaders, parents, researchers, practitioners, and philanthropists of state, federal, and local systems, the convenings set out to surface new innovations to inform and support a comprehensive early childhood system and advance federal efforts to align early childhood and health systems in order to strengthen family outcomes across agencies. These forums have identified vital gaps in systems; the power of parent voice in shaping policies for families; and new ways of collaborating to improve outcomes.

In early 2020, we were planning our fourth ECD Health Forum when Covid-19 began to spread throughout the United States and all in-person convenings were cancelled. We pivoted to a series of virtual roundtables, action-focused discussions on opportunities among key federal agencies to support early childhood development and health and well-being, including but not limited to leaders from the Administration for Children and Families (ACF); the Maternal Child Health Bureau (MCHB); and states leaders, some of which participated in prior Forums.

The 2020 virtual roundtables focused on a set of objectives and surfaced recommendations outlined in this brief, which is designed to equip policymakers and practitioners with a deeper understanding of ways to better blend funding streams, create parent feedback loops, partner with community-based organizations, and maximize federal resources for states.

This brief, *Aligning Systems: Aspen Early Childhood and Health Forums, 2017-2020*, provides an overview of lessons learned and opportunities ahead. As Amber Angel, a parent representative and the program coordinator for the Family Resource Center at Los Angeles Valley College, noted during a roundtable, *“When we think about child care and education and the health and wellbeing and families, we have the power to make change instead of being siloed in our own space. We need to look for partnerships and the collaboration we can have when we come together and have a shared North Star.”*

A shared North Star for our participants has been stronger outcomes for families fueled by the tremendous 2Gen progress happening at the community and state levels. From an executive order in Maryland to create a 2Generation Commission, to legislation in Connecticut to improve coordination and outcomes, to judicial responsiveness in Utah to bring systems together to work with families, more and more states are identifying opportunities to bring programs together on behalf of families, contributing to a vibrant 2Gen movement with strong and ever-growing support throughout the United States.

At the same time, key needs have emerged that are now opening up new areas of study, including increasing momentum for reimagining the child welfare system through a preventative lens; centering new leadership and equity in the early childhood field; and ensuring we have bold and effective policies and practices to support the critical prenatal to age three period for children and their caregivers.

As a result, Ascend is embarking on a [2Gen Prenatal to Three Learning and Action Community](#) (2GP3 LAC), which is designed to identify and advance short and longer-term policy and practice recommendations to advance two-generation (2Gen) child and family welfare and well-being at the federal, state, and county levels. The 2GP3 LAC will tap the expertise of Aspen Ascend Fellows, select Network partners and cohort of Parent Advisors to ensure for the strongest, equitable start for young children, their parents and families with a focus on long-term economic mobility and well-being.

The 2GP3 LAC will be grounded in equity and address the impact of poverty and economic impacts wrought by COVID on families at the most critical stage of development. Further, the 2GP3 LAC will serve as a vehicle to reframe our approach to child welfare to reflect a strengths-based and whole family approach and share advances from early child, brain science and family development. The recent policy changes resulting from the Family First Prevention Services Act and state and local efforts to more effectively align early childhood, health and human services funding, systems, and services have created a timely window of opportunity.

We want to thank the valued members of our planning committee, who contributed important ideas, feedback, and insights to both the agendas and the conversations. Their names are:

Dina Lieser, Senior Medical Officer, Division of Home Visiting and Early Childhood Systems, Maternal and Child Health Bureau, US Health Resources and Services Administration; Melissa Brodowski, Deputy Director, ACF Office of Early Childhood Development; Cindy Phillips, Director, Division of Home Visiting and Early Childhood Systems, Maternal and Child Health Bureau, US Health Resources and Services Administration; Amanda Innes, Acting Senior Advisor, Chief of Staff, Maternal and Child Health Bureau, US Health Resources and Services Administration; Danial Lanford, Senior Research Associate, Georgia Health Policy Center; Kristin Bernhard, Senior Vice President, Advocacy & Policy, Start Early; Lori Pfingst, Senior Director, Economic Services Administration, Washington State Department of Social and Health Services; and Elisabeth Burak, Senior Fellow, Georgetown University Health Policy Institute, Center for Children and Families.

The events of 2020 have reinforced Ascend's commitment to advancing 2Gen approaches to increase economic security, educational attainment, and health and well-being for all families, centering their voices and with a focus racial and gender equity. We hope this brief provides tangible ideas and innovations for you to tap as you walk this 2Gen path with us.

Sincerely,



Anne B. Mosle
Vice President, the Aspen Institute,
and Executive Director,
Ascend at the Aspen Institute



Marjorie R. Sims
Managing Director,
Ascend at the Aspen Institute



Sarah Haight
Associate Director for
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As the national hub for two-generation (2Gen) approaches and systems, Ascend at the Aspen Institute is building a new wave of public policy culture and collaboration focused on moving families toward educational success, economic security, and strong health and well-being by meeting the needs of children and their parents or other caregivers together. Guided by the knowledge and expertise of our partners in the field, including more than 400 Ascend Network Partners and 80 Ascend Fellows, Ascend promotes intentional implementation across state and local agencies, funding streams, and services to put the health and well-being of children and families at the center. Leading with an equity lens, Ascend's work consistently reflects a commitment to racial equity and is rooted in the voices of parents.

When it comes to giving families the best chance for success, the impact of access to quality health care and early child development is undeniable. Yet silos and inefficiencies among these systems — along with a host of disparities and outdated or insufficient approaches —

make it challenging for families to access the health and early child development supports and services they need. For the past four years, Ascend has hosted an annual Early Childhood and Health Forum. Bringing together state, federal, and local systems leaders, parents, researchers, practitioners, and philanthropists, the convenings set out to surface new innovations to inform and support a comprehensive early childhood system and advance federal efforts to align early childhood and health systems in order to strengthen family outcomes across agencies.

The pandemic required Ascend to pivot to a series of strategic, virtual roundtables. In March, we kicked off the three-part **Aspen Virtual Roundtable Series: Stronger Early Childhood Systems for Better Child and Family Outcomes.**



“WE CAN'T DO THIS WORK ALONE. WE HAVE TO HAVE FAMILIES DRIVING THIS WORK AND THINKING WITH US ABOUT THE SOLUTIONS. AND WE NEED TO WORK WITH STATE AND LOCAL PARTNERS.”

— Dr. Michael Warren, Associate Administrator, Maternal and Child Health Bureau



“IT’S IMPORTANT TO SHOW PARENTS HOW THEIR INPUT TRANSITIONS TO CHANGE.”

– Rynn Sango, Ascend Parent Advisor

Building on the goals, lessons, and next steps of previous Early Childhood and Health Forums in [2017](#), [2018](#), and [2019](#), this virtual roundtable series focused on these objectives:¹

1. Identify policies and practices to address structural inequities in early childhood and health systems;
2. Explore opportunities and challenges to creating holistic early childhood systems that support child and family well-being from a federal perspective;
3. Surface challenges and barriers to effective planning and/or implementation of federal efforts to strengthen, streamline, focus, and align early childhood and health federal programs, public funding, and technical assistance to build stronger state and local early child development systems and family supports;
4. Identify needs, will, and potential mechanisms for ongoing coordination and alignment of philanthropic investments and initiatives;
5. Identify elements of a comprehensive early childhood system;
6. Deepen collective understanding of current population outcomes and needed data;
7. Identify leading/emerging state innovations and develop a cadre of models and strategies that states can implement to align systems and achieve stronger outcomes for families; and
8. Capture and communicate innovations and ideas to influence and inform the work of the federal, inter-agency Council on Economic Mobility (the Council).

This memo assesses our progress toward these objectives and highlights key takeaways and recommendations from these discussions. A majority of this content is drawn from the recent virtual convening. Highlights from earlier convening reports are included where helpful to measure progress toward each objective. Learn more about the previous convenings in these briefs:²

- [Aligning and Streamlining Systems to Secure Better Outcomes for Families \(2018\)](#)
- [Putting Children and Families on a Path to Success \(2019\)](#)

Collectively, Ascend and our partners surfaced a variety of innovations for aligning early child development and health services at the federal, state, and local level. Throughout all of the convenings, discussions about what is needed to create a comprehensive childhood system that truly works for families centered on these themes: coordinating services and supports; promoting a shared vision; improving data sharing; integrating the authentic voices of families; and addressing inequities.³ These themes consistently show up in this assessment.

As Ascend continues to hone recommendations that inform the work of practitioners and policymakers, we anticipate innovations in these areas will help advance policies and programs that account for both the ever-changing makeup of families and the far-reaching benefits of allowing all families to thrive.

¹ Objectives are numbered to correspond to the following sections, which offer deeper analysis of progress toward each objective, but do not indicate a priority.

² Ascend did not publish a public-facing report from the 2017 convening.

³ See Appendix A for ideas that surfaced among Forum participants within each of these themes.



OBJECTIVE ONE: Identify Policies and Practices to Address Structural Inequities in Early Childhood and Health Systems

The pandemic is highlighting the severity of structural inequities in early childhood and health systems that limit the scope of opportunity and access to critical systems, services, and supports for children and their families across rural, suburban, and urban communities. For example, as schools transitioned to online learning, many children, especially those in rural areas, did not have a strong enough internet connection to keep up with their classes. Even before the pandemic, a lack of resources was driving disparities in young children, including preventing equitable access to preschool. Comprehensive national data aren't available yet, but [reporting by NPR](#) and its member stations, along with media reports from around the country, shows enrollment declines in dozens of school districts across 20 states. Large and small, rich and poor, urban and rural, in most of these districts the decline is a departure from recent trends. Over the past 15 years, data from the U.S. Department of Education show that small and steady annual increases in public school enrollment have been the rule.⁴

Addressing these systematic disadvantages and barriers — which are shaped by race, gender, ethnicity, and sexual orientation — has been a core focus of discussion throughout the Early Childhood and Health Forums and a critical factor for needed redesign and “inclusive innovation.” Participants at the recent Forum offered these recommendations:

Make funding more flexible. In response to the COVID-19 outbreak, the White House Office of Management and Budget instructed all federal agencies to review funding flexibilities. As a result, the Maternal and Child Health Bureau (MCHB) was able to work closely with its grant manager to identify allowable flexibilities in administration and spending of grant funds and use some funds to help families stay connected as they made the switch to virtual services. Agencies will need to track the outcome of these changes and may need to reassess and/or reset their funding guidelines permanently to ensure they are able to support families where they need it most.



“ANY TIME COST IS PART OF THE DECISION-MAKING PROCESS, SOME KIDS WILL BE LEFT BEHIND.”

— Melissa Sagness, North Dakota State Superintendent Family Engagement Cabinet, North Dakota Department of Public Instruction

⁴ Anya Kamenetz, Marco A. Trevino, and Jessica Bakeman, “Enrollment is Dropping in Public Schools around the Country,” NPR Morning Edition, October 9, 2020, <https://www.npr.org/2020/10/09/920316481/enrollment-is-dropping-in-public-schools-around-the-country>.

Embrace innovations that communities find helpful. As suggested by Dr. Michael Warren, associate administrator, MCHB, addressing inequities in early childhood and health requires looking at new approaches and embracing innovation. Dr. Warren identified the medical home approach as one opportunity to address inequities in child health services, citing data from the [National Survey of Children's Health \(NSCH\)](#) that found that less than half of children have this ongoing, consistent "hub" of care with additional potential to build and coordinate needed services. He recommends exploring innovations that are working to determine how to take them to scale.

Ensure children and their families access health prevention and promotion services early, with a broad view of health that encompasses social determinants of health. Given the tremendous link between early childhood development and later health outcomes, early interventions aimed at preventing health challenges before they happen can help decrease inequities in the health care system. In addition to making vaccines, well-child check-ups, and other recommended preventive care widely available, an increased effort to prevent adverse childhood experiences (ACEs) is also needed.

In 2016, Ascend and its partners supported efforts by the Centers for Medicare and Medicaid Services (CMS) to encourage states to allow maternal depression screenings to be claimed as a service for the mother's child under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit. A 2Gen state policy opportunity, this Medicaid benefit reflects evidence that maternal depression is a significant risk factor for children and demonstrates how young children's development and their mothers' health can be addressed simultaneously through maternal screenings, including depression screening and treatment. As the country focuses on "building back better," policies that promote 2Gen referral and access to supports are critical.

Tap into the parent/family experience. Fully embracing a preventative approach — and eliminating the punitive and deeply inequitable lens used in the past — will enable agencies to serve families respectfully, more holistically, and effectively while focusing on family resiliencies and most appropriate care, rather than making families feel like they have done something wrong. This must start by regaining the trust of families by joining them where they dream, not where they have already been put under a microscope. Engaging and empowering parents requires an adequately trained workforce and strong investment in promising and emerging practices, such as compensation for parents' time to share lived experiences and recommendations as well as new models of governance and family feedback channels.

Authentically engage families in identifying solutions that work for them. At the Forum, parent participants noted that subsidies only go so far and pointed to full funding for universal access to quality pre-K as critical to promoting racial equity and ensuring all children have the best start in school.

The pandemic also highlights the need for regular communication with parents and a commitment to transparency.

"Families are scared and want to know how they can be assured things will be OK," noted Beth Bye, commissioner of the Connecticut Office of Early Childhood (OEC). "Every day, something changes and the guidance we had goes out the window. We have to keep up with these changes while being transparent with families and communicating with them as often as we can." To keep its response grounded in the needs of families, OEC is developing a parent cabinet, made up of parents from across the state, to offer input on how to improve experiences for children and their families.

Transform the child welfare system. The current system is designed to treat children during a crisis or after the harm is done. As Jerry Milner, former associate commissioner at the Children's Bureau noted, "Our system is set up to get the outcomes we are getting. To get better outcomes, we have to transform our work, and we need to do that on the wisdom and knowledge of people who have experienced the system."

Using the lessons and learned experiences of people who have experienced the child welfare system, there is an overdue opportunity to shift the focus to prevention and deliberately embrace a 2Gen approach to proactively get children and parents the support they need before an intervention is required or their stress or condition is exacerbated. This will require bringing together the health, early learning, and family support community partners that impact children's lives every day.

Improve data collection. As data becomes increasingly restricted, due to privacy and other concerns, it is challenging to consistently collect, aggregate, and analyze data and outcomes, especially in terms of race, ethnicity, gender, age, and economic status. However, comprehensive data is essential to ensure stronger, more equitable outcomes for children and families and build aligned, data-driven, just systems that direct funding toward children and families in greatest need. Policymakers, public agency leaders, and practitioners must invest in and commit to building comprehensive, family-centered outcomes and data/research capacity to develop truly effective and equitable systems.



OBJECTIVE TWO: Create Holistic Early Childhood Systems that Support Child and Family Well-Being from a Federal Perspective

The Ascend Forums encouraged federal agencies to share insights and hear from policymakers and practitioners at the state and local level about the opportunities and challenges they face. The recent Forum featured presentations from Dr. Michael Warren, associate administrator, Maternal and Child Health Bureau, Health Resources and Services Administration; Dr. Deborah Bergeron, former director, Office of Head Start and Office of Early Childhood Development, Administration for Children and Families; Shannon Christian, former director, Office of Child Care, Administration for Children and Families; and Jerry Milner, former associate commissioner, Children's Bureau, Administration for Children and Families.

These federal partners shared their insights on what is needed to create a more holistic early childhood development system that supports child and family well-being.

Collaboration. Stronger collaboration will help federal agencies support integrated early childhood systems that result in equitable health and well-being for young children and their families. This could include developing and using measures of collaboration and adopting [evidence-based frameworks](#) for systems coordination and implementation.

Partnerships. Federal agencies cannot do it alone. Dr. Warren discussed the need to have families at the table to talk through the issues they face and work with agencies to develop solutions. He also noted the need for strong partnerships with national organizations to help coordinate federal efforts with those of state and local agencies. Additionally, community partners can help bring families to the table.

Dr. Bergeron also pointed to the need for stronger partnerships, particularly between Head Start programs and local public school systems. [MOUs with the association for superintendents and the association of school](#)

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“COLLABORATION IS KEY. THE MORE THERE ARE TURF WARS, THE LESS OPPORTUNITY THERE IS FOR COORDINATION, COOPERATION, AND COLLABORATION. WE NEED TO BUILD THAT TRUST AND MAKE TIME TO BUILD TRULY COLLABORATIVE COLLABORATIONS.”

— Dr. Michael Warren, Associate Administrator, Maternal and Child Health Bureau, Health Resources and Services Administration



[principals have helped Head Start open better lines of communication with principals](#) and superintendents to create stronger transition strategies as families leave Head Start and enter the local school system. The pandemic has made partnerships with superintendents and principals more important than ever as Head Start programs work to keep their summer reading, literacy, and writing programs intact to avoid an achievement gap and ensure all of their students are kindergarten-ready. Building stronger relationships between Head Start programs and school systems will also help parents stay engaged in their children's education as they transition from Head Start to the local school system.

Shared funding strategies. Silos among agencies and federal systems make it challenging for states to braid available funds. Funding shortfalls are also restricting some agencies from joining the conversation around prevention. For example, child welfare agencies are not always at the table as they are focused on responding to families that are already in the child welfare system and may be in crisis. To have the capacity to also work proactively with a focus on prevention, they need more funding. This funding must be available to support alignment efforts and professional development, not just more programming.

Return on investment. Dr. Warren also expressed the value in demonstrating a return on investment for upstream approaches and ensuring that strategies and interventions reflect the best and most effective use of resources across a population.



OBJECTIVE THREE: Use Federal Levers and Aligned Public and Private Resources to Effectively Plan and Implement Federal Efforts to Advance Early Childhood and Health Systems

To strengthen and align early childhood and health systems, practitioners need both the ability to design frameworks and strategies that work for whole families and the resources to operationalize these ideas. Dr. Allison Metz, director of the National Implementation Research Network (NIRN) at the University of North Carolina, discussed how [implementation science](#) can create space to connect data sets and align outcomes. This approach focuses on achieving both acceptability (buy-in for the strategy intended to create equity for children and families) and appropriateness (fits with the history, culture, and values of the community).

Dr. Metz outlined four stages necessary to successfully plan and implement programs to support families: assess need; examine fit; assure resources; and develop supports. She cautioned that when groups move too quickly through the initial phases, they risk putting supports in place before fully

understanding the need or making sure they have the right fit and resources to sustain the services. This makes it hard to meet population results. Funders can help correct for this by ensuring that reporting expectations allow for ample lead time for planning and infrastructure, including time to identify and build relationships with partners.

Roundtable participants recommended setting a universal bar for basic services, and requiring all federal agencies to come together to meet that bar, while giving states the option of going beyond the bar. They also noted the need to remove silos and restructure the way child and family programs are administered to ensure they are designed to meet the needs of families.



“MOST LEADERS ARE NOT RESISTANT TO CHANGE, THEY JUST AREN'T READY. THINK ABOUT THIS AS PREPAREDNESS AND PARTNERSHIP, NOT RESISTANCE.”

– Dr. Allison Metz, Director, National Implementation Research Network (NIRN) at the University of North Carolina at Chapel Hill



OBJECTIVE FOUR: Coordinate and Align Across Funder Initiatives

Philanthropic investment and collaboration is critical to creating a more comprehensive early childhood system. Foundations are integrating 2Gen approaches into their funding strategies and joining discussions about the role they play in strengthening these systems. Over the past four years, several foundations — including the Annie E. Casey Foundation, Bill and Melinda Gates Foundation, Chambers Family Fund, David and Lucile Packard Foundation, Doris Duke Charitable Foundation, Imaginable Futures, Pritzker Children's Initiative, Robert Wood Johnson Foundation, and Rose Community Foundation — have participated in the annual Early Childhood and Health Forum, where they have shared updates about their programs and gathered insights from participants about how to strengthen their support. The following examples are illustrative of the types of work foundations are supporting:

- Through funding and participation, the **David and Lucile Packard Foundation** supported all four early

childhood convenings and frequently shared insights gained from its Insuring America's Children Reaching the Finish Line (Finish Line) program.¹ Led by grantee and partner Georgetown University's Center for Children and Families (CCF) — also a valued Ascend collaborator and participant at these convenings — Finish Line provides research and policy analysis to expand and improve health coverage for children and families and offers related support to state-based grantees. Through Finish Line, the Packard Foundation funds state-based organizations that are well-positioned to advance health coverage and improve access to quality care for children and their families. Over the past 12 years, the foundation has expanded the program to more than 20 states in an effort to safeguard children's health coverage, particularly during the current federal policy environment, which threatened to jeopardize insurance coverage and access to health services.



“WE WERE ABLE TO MOVE QUICKLY AND GARNER ANOTHER \$850,000 SO FAR TO GET THINGS GOING WHILE WAITING FOR FEDERAL AND STATE FUNDS TO COME IN. PHILANTHROPY COMING TOGETHER AS THAT ONE, COLLECTIVE VOICE REALLY HELPED US MEET THE LOCAL NEED FAST.”

— Kimberley Russo, Executive Director, The Fund for Great Hartford, and Co-chair, Connecticut Early Childhood Funder Collaborative

¹ The Finish Line program is also supported by the Robert Wood Johnson Foundation, W.K. Kellogg Foundation, and several state funders.

- The **Robert Wood Johnson Foundation** supports several policy priorities aimed at promoting the health of children and families. To promote a culture of health, it also funds groups like [InCK Marks](#), which develops resources aimed at achieving health equity through better integration and better services in health care, public health, and social services. InCK Marks focuses on children and child health and the specific role and responsibility of the child health care system in contributing to health equity.
- Funders interested in building and sustaining early childhood systems in Connecticut came together to form the **Connecticut Early Childhood Funder Collaborative**, which works to align relevant policies and practices among state agencies while building the capacity of its partners. Created by the state's Office of Early Childhood (OEC), the collaborative identifies, adapts, and employs best practices happening throughout the country. The OEC is working to expand its efforts by bringing in the Office of Early Education. Its ultimate goal is to build an entire system around the needs of Connecticut families.

At the onset of the pandemic, Dalio Philanthropies made a [\\$4 million commitment](#) to support organizations working to provide medical care, food, and critical services to individuals across Connecticut. The pledge included \$3 million to provide child care services for hospital workers.
- Visionary and effective leadership in the social service sector is essential to successfully strengthen communities and help them meet the complex needs of children and families. To promote a whole-family approach, the **Doris Duke Charitable Foundation** supports a portfolio of leadership and professional development programs to benefit mid- and senior-level professionals who reflect the diversity and lived experiences of those they serve and who lead programs and influence policies that serve the well-being of children. This support helps leaders implement, document, and disseminate new strategies for putting into practice approaches that simultaneously support the well-being of children and their families.
- Working across public, private, and social sectors, **Imaginable Futures** supports a 2Gen approach to improving outcomes for both birth-to-five and adult learners. For the past four years, Imaginable Futures has worked with partners in the field and a group of 24 Ascend Student Parent Advisors to build a movement around successful student parents. It recently launched the [Aspen Parent-Powered Solutions Fund](#) to support organizations working to increase postsecondary success for parents.

In response to the pandemic, Imaginable Futures is shifting some of its programming to:

- Improve access to technology for both young and adult learners;
- Focus on the well-being of whole families (rather than child outcomes); and
- Explore how the intersectionality between programs impacts families (e.g., health and child welfare, criminal justice and education, and mental health and education).

Earlier this year, Imaginable Futures joined with the Lumina Foundation and a group of [partner organizations](#), including Ascend, to launch [The Rise Prize](#), which is offering 14 awards totaling \$1.5 million to solutions that drive economic mobility and well-being for parents who are students, particularly as they work to address the unprecedented uncertainty resulting from COVID-19.

Pritzker Children's Initiative is providing capacity-building support, communications assistance, and peer-learning opportunities to [coalitions in 21 states](#) as they work to increase the number of infants, toddlers, and their families receiving high-quality services by 50 percent over the next five years.

In Illinois, funding from Pritzker helped establish the [Chat2Learn](#) program, which aims to establish a habit among parents of engaging in the development of their children's foundational skills for school readiness at home. This is especially important while in-person learning at early childhood centers remains limited due to the pandemic. Created by the Behavioral Insights and Parenting (BIP) Lab at the University of Chicago Harris School of Public Policy, and led by Ascend Fellow Ariel Kalil, the program draws on behavioral science to reduce informational and cognitive barriers to parents' engagement in their children's learning. Chat2Learn applies behavioral tools to prompt natural conversations between parents and children that inspire learning, exploration, social-emotional connection, and creative thinking.



OBJECTIVE FIVE: Build a Comprehensive Early Childhood System

Efforts to build a comprehensive early childhood system must begin prenatally and account for research demonstrating the impact of environment (nurturing caregivers, parental health, adverse experiences) on early brain development and well-being. A focus on prevention is critical to advancing this work. Furthering these efforts requires a high-quality early learning system, standards-based content and curriculum, qualified providers with access to continuing professional development, fair compensation, and opportunities for whole-family engagement and appropriate government oversight. Other key issues include expanding Medicaid, ensuring access to prenatal care, addressing structural racism and its impact on access to health care, securing health care policy and funding support for IECMH (infant and early childhood mental health), integrating mental health into the medical home (which, according to the American Academy of Pediatrics, is an approach to providing comprehensive primary care that facilitates partnerships between patients, clinicians, medical staff, and families), expanding access to and use of child care and mental health consultants, and strengthening oral health care.

Success relies on:

- Developing an effective 2Gen leadership and management culture by fostering partnerships among human services agencies and child development and education programs;
- Aligning 2Gen policies and funding streams by promoting greater collaboration among federal, state, and local policymakers;
- Establishing a 2Gen research and data agenda by targeting family-level outcomes that are clearly identified to inform systems change; and
- Viewing parents as partners and creating systems and approaches that value parents' well-being as much as their children's.

Forum participants also recommended:

- Ending silos to create **cross-sector aligned goals and a shared vision** that leads to shared resources and cultures and a shared focus on better outcomes for families.
- Incorporating the **authentic parent voice** and engagement in identifying approaches that work for whole families and strengthen the network of economic, health, and education opportunities for families. Parent participants noted the importance of showing parents how their voices and ideas translate into changes and solutions, citing Head Start as a good model for collaborating with families and considering the needs of families as a whole. The Center for the Study of Social Policy shared a link to its [Parent Leader Network](#). To authentically engage with parents, organizations also need to communicate data in a way parents can understand. This means eliminating technical language and jargon and working together to create an action plan and next steps.
- Promoting **science-driven approaches and improved access to data** that demonstrate outcomes for children and their families. The Family First Prevention Services Act supports efforts to collect data to meet data requirements, one of the many promising potential outcomes of this comprehensive law. Stronger data sharing is needed at the federal and state levels to accelerate prevention efforts outside of child welfare and encourage more agencies to work together.
- Taking the time needed to **foster complete cross-sector collaboration**. As Daniel Lanford of the Georgia Health Policy Center noted in his presentation, this includes bringing health care, public health, and social services work together; committing to a shared purpose, governance, finances, and data; and giving communities a voice.
- Ensuring all policies and programs are designed with an **equity lens**.



“EARLY EDUCATION IS PARAMOUNT TO FUTURE EMPLOYMENT. AS WE SIT IN THIS SPACE, READY TO REOPEN, WE NEED TO FIGURE OUT HOW TO GET THIS RIGHT. THIS AREA WAS ALREADY IMPACTED BY POVERTY BEFORE IT WAS IMPACTED BY COVID-19. WE CAN’T FORGET ABOUT THE CIRCUMSTANCES THAT ALREADY EXISTED AND WERE DESIGNED TO KEEP PEOPLE THERE. TO FIX THE SYSTEMS, WE HAVE TO HAVE PEOPLE LISTENING WHO ARE ABLE TO LEVERAGE POWER AND POSITIONS.”

– Dr. Monette Ferguson, Executive Director, Alliance for Community Empowerment, Inc.



OBJECTIVE SIX: Deepen Collective Understanding About Current Population Outcomes and Needed Data

To meet children's physical and emotional development needs, strengthen the health and mental health of parents, and improve and grow family relationships, policymakers, service providers, practitioners, funders, and others must come together to develop structures that produce measurable, long-term population outcomes. This requires identifying ways to link data sets in order to measure education and health outcomes together. Ascend Fellow Wendy Ellis stressed the importance of including data about housing, public education, and employment — and the ways in which they interact and impact population outcomes.

Attaining shared, integrated data about families across generations requires policymakers to fund and put into place robust data collection, analysis, and reporting systems that include both human and technological methods. Improved data sharing will enable agencies to streamline and coordinate benefits, making it easier for families to access the supports they need and also increasing the efficiency of the offices that administer these services. Additionally, removing obstacles to data sharing will enable policymakers to gather the data they need to assess the effectiveness of their efforts across generations, make improvements, and continue to track their progress.

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“IN MARCH, HEAD START IMPLEMENTED A DATA COLLECTION TOOL THAT GAVE US A DAILY LOOK AT WHICH CENTERS WERE CLOSING DOORS AND GOING TO REMOTE SERVICES. THIS ENABLED US TO SENSE THE GRAVITY OF THE SITUATION AND KNOW WHAT KIND OF SUPPORTS WERE NEEDED. WE HAD TO QUICKLY FIGURE OUT HOW TO REMOTELY DELIVER NOT JUST INSTRUCTION, BUT ALSO THE FAMILY AND PARENT SUPPORT ASPECT OF HEAD START.”

– Deborah Bergeron, PhD, former Director of the Office of Head Start and the Office of Early Childhood Development

Agencies can start by:

- Matching participant data across child-focused and parent-focused programs and systems;
- From this matching effort, exploring opportunities to target eligible customers to increase family use of economic supports;
- Reviewing the need for standardized definitions across programs;
- Reviewing tools that measure more comprehensive family outcomes and assessing the feasibility of using them across programs;
- Measuring systems development and collaboration; and
- Conceptualizing measurement and outcomes related to 2Gen strategies.

The pandemic has added more urgency to the need for data as agencies try to understand the impact of COVID-19 on families and address their immediate needs.

For example:

- MCHB analyzes data across multiple sources to identify emerging needs in maternal and child health and explores new ways to stratify data to better understand those needs. Looking across data sets — employment, vital statistics, health, housing — could help federal agencies identify and more proactively address specific health determinants.
- At the start of the pandemic, Head Start programs relied on a data collection tool to understand where centers were closing their doors and switching to remote services. This helped the agency determine what kind of support was needed to not only continue providing instruction, but also maintain a connection with parents.
- The Connecticut Office of Early Childhood (OEC) relied on data sharing across systems to respond to community needs during the pandemic. By assessing the status of child care programs — closed, open, or reopening — OEC was able to match families in Connecticut that needed child care with sites that were open and also direct critical funds toward disinfectant and other supplies that child care centers need to stay open. Through the data it collected, OEC noted a need for child care among hospital workers and created [CTCARES \(Connecticut Cares\) for Hospital Workers](#). The data also showed a need for child care among frontline workers, such as grocery store clerks, which led to CTCARES for Frontline Workers.

- OEC is also using the data to improve communication and alignment among systems. This includes working with the Governor's Workforce Council to determine how to make SNAP funds available to families who need child care to participate in job training programs. Through a 211 system, OEC is assessing community needs to inform the entire state government's response and more directly meet the needs of families.

Transforming systems will require different types of data. For example, refocusing the child welfare system on prevention rather than intervention requires data that demonstrates the return on investment in early intervention programs and shows how shifting from a reactive to a proactive family support system will improve child and family well-being. This must start by creating a shared definition of child, parent, and family well-being. The Children's Bureau is funding [demonstration projects](#) to show how prevention programs make a difference.

To create more rapid-cycle learning and foster scaling of proven approaches, Frank Alexander, director of Boulder County Colorado Department of Housing and Human Services, presented the concept of establishing birth cohorts and studying the outcomes of children in these cohorts over time. Assessing milestones of the same group of children would enable the field to grow and change together and hold one another accountable for critical outcomes each year. Participants responded favorably to the concept and expressed a need for further discussion.



OBJECTIVE SEVEN: Introduce Models and Strategies that States Can Implement to Align Systems and Achieve Stronger Outcomes for Families

Each year, Ascend's Early Childhood and Health Forum features representatives from states that are leading the way in demonstrating what it takes to ensure more children and their families are able to reach their full potential. Over the past four years, state teams from Colorado, Connecticut, Georgia, Maine, Mississippi, North Dakota, Ohio, Oregon, South Carolina, and Washington have participated in Ascend's Early Childhood and Health Forums and shared models and strategies that are working to align systems in their states. Many of these approaches could be expanded and replicated to achieve stronger outcomes for families throughout the country. Several states are accelerating this work by designating a 2Gen coordinator to focus on aligning systems in their state.

Lessons shared at previous convenings are included in prior reports (see links above). Following are highlights from the

states that participated in the recent virtual series, including Connecticut, North Dakota, and South Carolina:

- As **Connecticut** works to address the immediate needs of families throughout the state, 2Gen policies and systems, including a statewide 2Gen interagency plan that features an integrated data system, are critical to the state's economic recovery. Led by Connecticut's 2Gen statewide coordinator, Connecticut is establishing a workforce and education network across all of its agencies. It is also forming a resident advisory board modeled after the 2Gen advisory board.
- To balance the need for access to quality child care with the need to ensure all of the state's kids are ready to learn, **North Dakota** is focused on building a stronger relationship between early child care and



“LEADERSHIP MATTERS. IN VARIOUS TIMES IN OUR STATE, WHEN DIFFERENT LEADERS HAVE TRIED TO COME TOGETHER, IT COMES DOWN TO HOW COLLABORATIVE THE LEADERSHIP WANTS TO BE. THAT AND PUTTING THE FAMILY VOICE AT THE CENTER OF WHERE WE ARE GOING IS CRITICAL.”

— Sue Williams, CEO, Children's Trust of South Carolina

school systems that not only ensures kids show up ready to learn, but also makes sure schools are ready to work with a broad spectrum of students. This includes using a kindergarten assessment as the foundation for individualized learning and addressing behavioral health through the integration of early intervention, child care inclusion, and child protective services. The state has also created a model to help local child care providers partner with local school systems.

- Featured in all four Ascend ECH Forums, **South Carolina** is implementing a variety of public, private, and quasi-government initiatives anchored in a 2Gen approach. Most recently, the state hired its first-ever two-gen coordinator. Tasked with working from within the state to break down silos, build relationships, link and optimize funding, and shift policies and approaches toward a 2Gen approach, the two-gen coordinator will start by establishing the state's first Family Voice Council, which will provide opportunities for families to influence cross-agency policies and procedures impacting their daily lives.

Other models and strategies for aligning systems shared by South Carolina include:

- Creating an Early Childhood Council at the cabinet level to coordinate services related to children as well as a 2Gen coordinator at the state level to promote 2Gen across all state agencies;
- Establishing the [Children's Trust of South Carolina](#), a public-private nonprofit organization that awards grants to private nonprofit organizations and qualified state agencies;
- Mapping federal dollars that reach into state agencies and serve young children and their families to identify new funding opportunities;
- Ensuring families are aware of the multiple supports and services they are eligible for and creating one portal to serve as a one-stop shop that helps families access those supports and services;
- Developing [Palmetto Pre-K](#), a portal that offers families throughout South Carolina a one-stop shop to find free local pre-k programs;
- Collaborating beyond the early childhood and health space to leverage all available resources; and, most recently,
- Launching the [South Carolina Early Childhood Advisory Council](#) — a compendium of what all the agencies in the state are doing to support families with young children in response to COVID-19.



OBJECTIVE EIGHT: Surface Innovations and Ideas that Influence and Inform the Federal Inter-Agency Council on Economic Mobility

The U.S. Department of Health and Human Services (HHS) is leading the development of an interagency Council on Economic Mobility. Composed of the heads of member agencies (HHS; the U.S. Departments of Agriculture, Education, Labor, Housing and Urban Development, and Treasury; the Social Security Administration; and the Council of Economic Advisors), the effort seeks to create an accountable and effective structure for interagency collaboration to help Americans pursue family-sustaining careers and economic mobility.

Shortly after the 2020 Ascend ECH Forum, the council issued a [Request for Information](#) intended to gather feedback from its stakeholders to inform its priorities, activities, and programs. This is an important opportunity to advocate for 2Gen approaches, including recommendations shared during the recent and previous Forums. Recommendations for the council stemming from Forum discussions include:

- **Carving out a critical role in connecting disparate data points related to various health determinants.** Understanding what is working (and what could work) and allowing agencies to make recommendations and set policies in real time will be important as communities throughout the country adopt new innovations — particularly in telehealth, teleintervention, and tele-human services — in response to the pandemic.

In some instances, the pandemic has disrupted data collection methods in a way that presents new opportunities, but the current lack of real-time data makes it difficult to assess the impact of these approaches, identify what is working, and inform what changes should be adopted and expanded on a more permanent basis. For example, as the pandemic leaves pregnant women reluctant to go to a hospital, some states are offering more flexibility with birthing centers and introducing other birthing arrangements.



“FOR THE FEDERAL AGENCIES WHO ARE LISTENING, IT IS HARD TO OVERSTATE THE CRISIS EARLY CHILDHOOD EDUCATION IS FACING.”

— Beth Bye, Commissioner, Connecticut Office of Early Childhood

With no way to measure the outcomes of this approach over the long term, it is unclear how best to determine whether it should be continued and expanded. Head Start was successfully providing virtual comprehensive services to families well before the pandemic and could provide these new virtual services with a model for establishing a baseline and measuring success moving forward.

- **Making it easier to share and access data across systems and programs.** This will also enhance state and local 2Gen approaches by helping policymakers make decisions based on the needs of the families they serve and strengthening impact measurements that are used to improve services.
- **Leaning into the individual strengths of its members to address broader inequities that exist across systems.** For example, Head Start programs have tremendous reach and an ability to focus on an issue, find a solution, and disseminate it nationally. They also have strong systems integration and requirements around family engagement and health care access. At the same time, the freedom to develop a tailored approach to meet local needs is baked into Head Start's approach. With its broad reach and flexibility in how it administers funds, Head Start programs are well-positioned to work with other agencies to address broader inequities.
- **Prioritizing engaging and listening to the voices of families.** Including the family voice — from program design through implementation — will yield stronger outcomes, increase family participation, and help families build social capital, an important factor in supporting economic mobility. When families engage in service delivery and design, they connect with other families and build a support network that strengthens their social capital, which is a powerful predictor of economic development, strong schools, safe neighborhoods, responsive governments, and people's health and happiness. Making parent advisory boards common practice across agencies and systems will help ensure consistent representation from families and shift the conversation to one happening *with* families rather than *about* them.
- **Taking a coordinated approach to addressing structural problems that create gender and/or racial and ethnic disparities.** This includes ensuring funding streams and policies reflect the demographic realities of 21st century American families, where one in four U.S. children grows up in a single-parent family, many headed by women, and where children and parents of color are disproportionately low income.

- **Moving beyond population centers.** Public and private efforts to close disparities and meet the needs of traditionally underserved citizens have shown far more success in population centers with more robust infrastructure and institutions than in areas without a core infrastructure. These strategies must be adjusted to ensure they also extend health and social intervention models to rural areas as well as communities that lack strong infrastructure supports.
- **Taking a systems view of funding.** Although all states have access to the same federal funding, they implement it differently and need support to determine how best to make available funds work for their unique state and local needs. Efforts to help states and local entities align and link systems — eligibility standards, performance benchmarks, and coordinated administrative structures — while simultaneously pursuing improved outcomes for both parents and children, are also needed.

APPENDIX A: RECOMMENDATIONS FOR INTEGRATING SYSTEMS TO CREATE STRONGER OUTCOMES

Throughout all of the convenings, discussions about what is needed to create a comprehensive childhood system that truly works for families centered on these themes: coordinating services and supports; promoting a shared vision; improving data sharing; integrating the authentic voices of families; and addressing inequities. Participants of the recent Aspen Virtual Roundtable Series offered these thoughts on what is needed to lift up and integrate systems to achieve stronger outcomes for children.

Coordinating services and supports:

- Aligning universal home visiting, advanced medical home, and coordination with local community supports.
- Embedding evidence-based mental health solutions into government systems in order to advance social and economic mobility.
- Incorporating both health and mental health consultants into child care and pediatric practices on a regular basis.
- Incorporating maternal mental health into Medicaid well-baby visits.
- Taking a team-based, family-centered approach to primary health care (e.g., HealthySteps, DULCE) as well as mental health.
- Investing in partnerships between child/family advocacy organizations and state government to build capacity inside and outside government that can help build will, identify/align solutions, and support transformative change.
- Providing flexible funding to allow tailored system alignment based on where families are coming from and the challenges they are facing.
- Increasing focus on the intersectionality between early care and education, health, criminal justice, child welfare, housing, and other supports and services that touch families.
- Simplifying the intake and screening process to create family-friendly, cross-program referral systems that improve access to early care and learning, health, and family support services.
- Developing innovative financing strategies to bring partners together.
- Creating a communitywide early childhood planning process that looks across sectors and data and works with parents to develop a plan to make the community the best place to raise children.
- Combining early care and education with food and nutrition programs.

Promoting a shared vision:

- Identifying a focus.
- Using strategic foresight tools to think rigorously about future transformation.

Improving data sharing:

- Elevating shared data for shared interrogation.
- Using data for good, not to deepen inequities.

Integrating the authentic voices of families:

- Taking the lead from children and families and leaning into meeting those needs across systems, models, and programs.
- Ensuring that the people most affected by the systems are part of the decision-making process.
- Creating whole-family approaches that are focused on strengthening family resilience.
- Decentering bureaucrats and centering families and providers.

Addressing inequities:

- Infusing hope and opportunity into the transformation agenda and focusing on prevention.
- Addressing the structural racism that intentionally produces inequity.
- Crafting a narrative that highlights the essentiality of child care as part of community infrastructure.
- Creating an Equity Accountability Commission and mechanisms to set goals, track progress, report results, and share learning.



The Aspen Institute is a global nonprofit organization committed to realizing a free, just, and equitable society. Since its founding in 1949, the Institute has been driving change through dialogue, leadership, and action to help solve the most critical challenges facing communities in the United States and around the world. Headquartered in Washington, DC, the Institute has a campus in Aspen, Colorado, and an international network of partners.

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