

Prenatal-to-Three Outcomes Framework



The National Collaborative for Infants and Toddlers (NCIT) is committed to advancing policies and programs to ensure all families have the support they need to give their infants and toddlers a strong foundation for success in school and life. The goal is to expand high-quality services nationally to at least one million low-income families with children prenatal to age three by 2023.

Anchoring the work of communities, states, and national partners is the **NCIT Prenatal-to-Three Outcomes Framework**. Drawing from research evidence, the framework identifies systems-level, policy/program-level, and child/family-level outcomes in the goal areas of: **Healthy Beginnings, Supported Families, and Quality Care and Learning**. Collectively, efforts in these goal areas can promote the environments that help children and families thrive and ensure children are making developmental progress toward school readiness.

USING THE FRAMEWORK

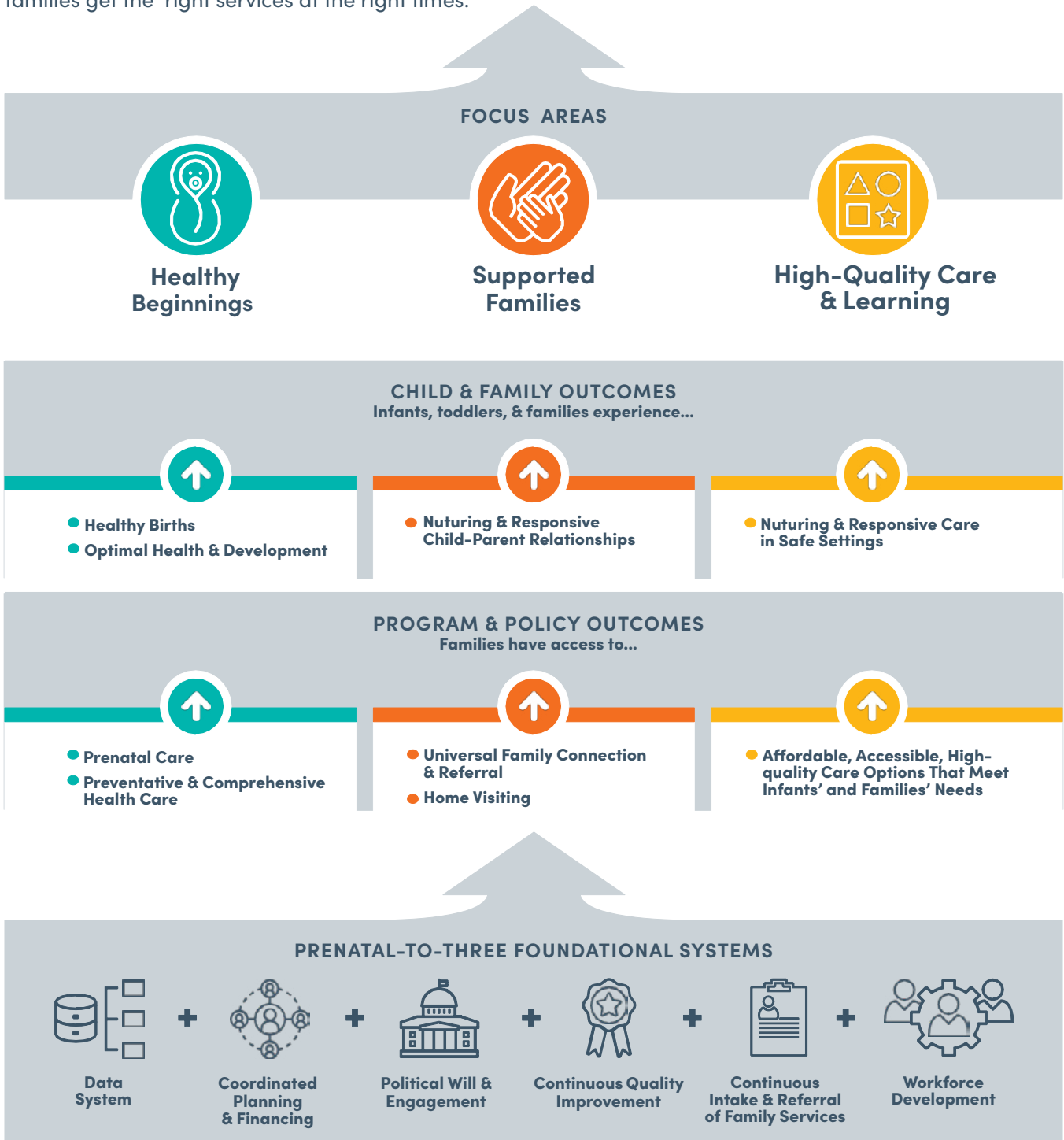
The framework can be used by state and community-level initiatives as a roadmap for supporting infants, toddlers, and their families.

- The framework can be used as an **organizing tool** to plan and implement **prenatal-to-three** initiatives. The framework can help states and communities chart areas of strength and areas of opportunity. It can help identify the work of new partners who can be included in planning and implementation as the initiative proceeds.
- The framework can be used to guide **continuous improvement**. The framework identifies high priority indicators for targeting and monitoring over time. As programs and services are launched, the framework can guide projections and calculations of the number of children reached by the initiative. It can help focus on challenges and areas in need of improvement.
- The framework can be used as a **communications tool** to demonstrate the goals and work underway to support prenatal-to-three efforts. It can be used to develop common language and vision across stakeholders.



MEASURING SUCCESS: HEALTHY CHILD DEVELOPMENT BY AGE 3

With a focus on equity, states and communities can build and sustain locally responsive programs, policies, and systems that meet the needs of infants, toddlers, and their families. Policy outcomes support child and family outcomes, and prenatal-to-three systems create a sustainable infrastructure to ensure families get the right services at the right times.

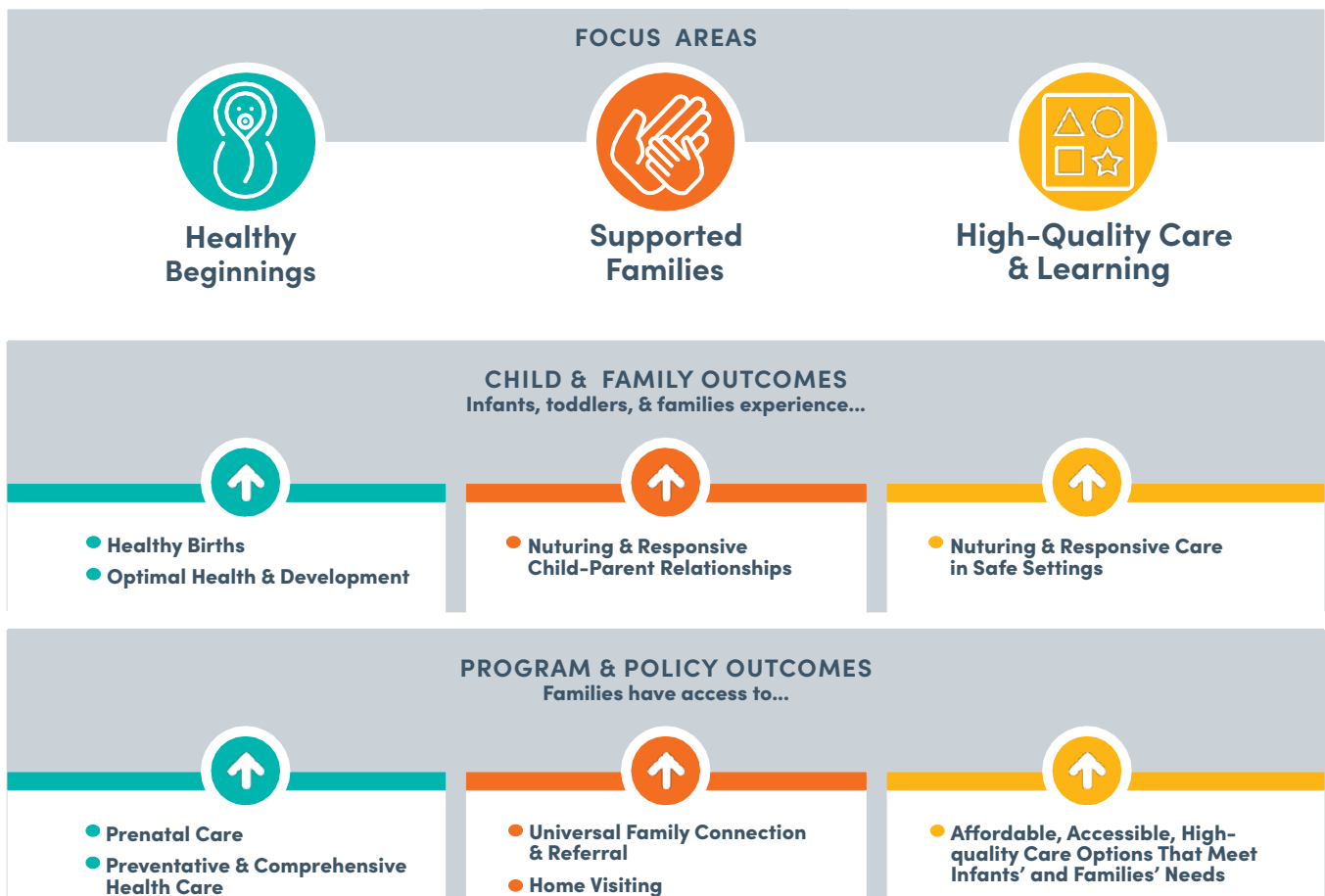




This brief provides more detail about each element of the framework. The [NCIT Data Guidebook](#) contains detailed recommendations for the data sources and calculations needed for each indicator in the Framework.

OUTCOMES AND INDICATORS OF A ROBUST PRENATAL TO AGE 3 EARLY CHILDHOOD SYSTEM

The NCIT has identified a set of research-based outcomes that contribute to the long-term goal of children being healthy and on track for kindergarten readiness by age three. These child and family outcomes are identified in the middle row of the framework and are identified for each goal area. These outcomes are defined by a set of indicators that can be tracked over time, across state and communities and most importantly, are sensitive to policy and programmatic interventions. Policies and programs that may have a strong influence on these child and family outcomes are identified in the bottom row of the outcomes framework.





HEALTHY BEGINNINGS

A healthy beginning starts before birth. To improve chances for a strong start in life, access to prenatal care during pregnancy, and preventative and comprehensive health care early in a child's life are critical. Preventative and comprehensive health care includes not only regular well-child visits, but also screenings and referrals to any necessary services to ensure optimal development in a child's earliest months and years.

In the healthy beginnings goal area, the selected child and family outcomes include ensuring that infants, toddlers and families experience healthy births and optimal health and development. To support this outcome, all families need access to prenatal care, as well as preventative and comprehensive healthcare. Preventative and comprehensive health care is needed not only for the child, but for family members as well, for example parental health and mental health supports.

SUPPORTED FAMILIES

A child's brain develops faster from birth to age three than at any later period in life, forming the foundation for all future learning, behavior, and health. Stimulating learning opportunities and nurturing, responsive relationships fundamentally shape how a child's brain develops. Supports such as parent education, screening for maternal depression or preventive screenings for infants can help parents navigate the challenges of raising young children and nurturing their healthy development during the critical early years. Building a strong infrastructure of coordinated supports can help meet the range of needs that families may have. This infrastructure includes better coordinating home-visiting programs that already exist, expanding the capacity of new or existing home visiting programs, or utilizing universal screening and referral programs to help identify the needs of families and children at birth.

In the supported families goal area, the selected child and family outcome includes ensuring that all infants and toddlers experience nurturing and responsive child-parent relationships. These relationships may be best supported by providing access to universal family connection and referral services and/or access to home-visiting services.

QUALITY CARE AND LEARNING

High-quality child care must be accessible and affordable to every family who needs it. Whether it is in a child care center or with friends, family, or neighbors, stimulating learning opportunities and nurturing, responsive relationships with caregivers are crucial to support healthy brain development in infants and toddlers. Young children who do not experience caring, responsive relationships early in life are more likely to experience adverse effects as they grow and develop.

In the quality care and learning goal area, the selected child and family outcomes includes ensuring that infants and toddlers experience nurturing and responsive care in safe settings. To support this outcome, families need access to high quality, affordable care options that meet infants, toddlers and families' needs.



PN-3 SYSTEMS COMPONENTS



A critical step in working towards PN-3 goals is for states and communities to assess the strengths and opportunities for improvement in PN-3 systems. Data from a systems assessment can be used to set goals and target specific populations. During this process, communities and states should also collect and review data on high-priority contextual factors such as the percentage of infants, toddlers and their families living in poverty; with unstable housing; with food insecurity; or without access to a medical home. For more information about these contextual factors, see the section on *Social Determinants of Health*. The foundation for successful policy and programmatic outcomes starts with a strong and coordinated prenatal-to-three system that can address the needs of infants, toddlers and families who face barriers to well-being. The key components of a strong PN-3 system include:

- **Data systems** that coordinate with one another to help identify and meet the needs of young children and their families;
- **Coordinated planning and financing** that adequately supports child and family support services;
- **Political will and engagement** of community leaders ready to commit and sustain resources for prenatal-to-three priorities;
- A community-wide **continuous quality improvement** strategy for monitoring and addressing implementation challenges to ensure high quality PN-3 programs and services;
- A **coordinated intake and referral system** that can help ensure families receive the best services for their needs, minimize the duplication of services, and maximize the effective use of local resources;
- A strong PN-3 **workforce** that has the skills and competencies to deliver high-quality PN-3 programs and services.



EQUITY

With a focus on equity, states and communities can build and sustain locally responsive systems, programs, and policies that meet the needs of infants, toddlers, and their families.

Equity provides the foundation for PN-3 initiatives. A focus on equity guides initiatives in setting goals and targeting the work to address the unique needs of all children. States and communities can collect and disaggregate data by characteristics such as race, income, and language to understand baseline disparities and progress that is made as the initiative proceeds toward improving outcomes for subgroups and for the overall population. This layer of the Framework reminds state and community planners that understanding the characteristics of the families and children they serve and addressing disparities are critical steps in developing responsive programs and policies.

DEFINING ACCESS

The NCIT Outcomes Framework identifies a set of outcomes and indicators focused on access to policies, programs, services and supports. This includes having access to prenatal and preventative and comprehensive health care to support healthy beginnings; universal family connection and referral programs and home visiting services to support families; and access to affordable, high-quality care options that meet children's and families' needs. Having access to these policies and programs is more than just determining if specific services are available in a geographic area. Recent efforts to define access in a family-centered way focus on articulating multiple, inter-related dimensions that provide a more complete picture of access from a family's perspective. Four primary dimensions of access are relevant to the NCIT Outcomes Framework¹:

- Requires only reasonable effort: There is an adequate supply or availability of the program or service within a particular geographic location, with sufficient information available to parents to identify services and make decisions.
- Is affordable: The costs of the program or service are feasible both for the family as well as for the provider.
- Supports the child's development: The services are designated as high quality; supportive or specialized services are available for children with disabilities or vulnerable children; services are coordinated; and, there is a stability of services offered.
- Meets the parents' needs: Programs and services take into account the preferences and context of families including their location, language, ages of children, employment schedules and transportation needs.

¹ The approach to access in the NCIT Prenatal to Three Outcomes Framework is adapted from a guidebook for policymakers and researchers: [Defining and Measuring Access to High Quality Early Care and Education \(ECE\): A Guidebook for Policymakers and Researchers](#).



SOCIAL DETERMINANTS OF HEALTH

In addition to the outcomes and indicators noted in the NCIT Outcomes Framework, it is important to consider contextual factors that also have an impact on children and families. Social determinants of health are commonly defined as, “the conditions in which people are born, grow, live, work, and age that shape health.”² These factors can influence, but are not absolute determinants, of the economic, social, and physical contexts that affect development and health and overall quality-of-life outcomes. Addressing these factors is critical for improving health outcomes and reducing inequities in child and family well-being.

There are both social and physical determinants of health that affect people’s well-being. Social determinants of health include access to health care services, or educational opportunities, as well as discrimination or racism. Physical determinants of health include the conditions of buildings, housing and neighborhoods, or exposure to toxic substances. Placing an emphasis on the systemic nature of these determinants emphasizes the magnitude of the barriers they create and reinforce. For example, an individual’s racial identity alone does not determine health outcomes; it is the context of systemic racism that does.

Social and physical determinants of health can usually be grouped into five main areas. According to Healthy People 2020, the five areas are:³

- Health and Health Care (e.g., access to and quality of health care, health literacy)
- Social and Community Context (e.g., discrimination, civic participation, social cohesion)
- Education: (e.g., early childhood education and development, high school graduation)
- Economic Stability (e.g., employment, food insecurity, housing instability, poverty)
- Neighborhood and Built Environment (e.g., housing quality, environmental conditions, crime and violence)

There are several organizations that have developed frameworks and identified outcomes and indicators associated with social determinants of health:

- [Healthy People 2020](#): In addition to developing an organizing framework identifying the areas of social determinants of health, Healthy People 2020 also has an online, interactive data tool that provides state-level data on each of the indicators when available.
- [World Health Organization](#): The World Health Organization’s page on social determinants of health discusses systems at the global, national, and local levels. It includes evidence reports for each domain, key publications, tools for learning, and action steps for addressing health disparities globally.
- [Kaiser Permanente](#): The Kaiser Family Foundation’s brief on social determinants of health includes an overview, as well as descriptions of specific initiatives aimed at addressing health disparities.

² Artiga, S. & Hinto, E. (2018). Beyond health care: The role of social determinants of health in promoting health and health equity. Kaiser Family Foundation. Retrieved from <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>

³ Healthy People 2020. (2019). Social determinants of health. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>



- [Centers for Disease Control and Prevention](#): Sources for data, research publication, and tools and policy resources are included on the CDC's comprehensive website on social determinants of health. Data sources include the Social Vulnerability Index, National Environmental Public Health Tracking Network, and Atlas of Heart Disease and Stroke.

Across each layer, the Framework provides a roadmap for states and communities to develop, monitor, assess progress, and improve their work for infants, toddlers, and their families.

The National Collaborative for Infants and Toddlers brings together national partners, early childhood leaders, philanthropy, policymakers, and practitioners inside and outside state and local government to create and strengthen promising policies and programs and share what works, so that more states and communities can support the healthy development of our youngest children.

The PN-3 Outcomes Framework was developed by Child Trends in collaboration with the national partners including: Joan Lombardi; Center for the Study of Social Policy; NICHQ; Strive Together; National League of Cities Institute; National Association of Counties Research Foundation; and Sorenson Impact Center. For more information and support in using the Framework, please email NCITSupport@childtrends.org.