



Nurture  
Connection

# How to Communicate Effectively with Policymakers about Early Relational Health

January 2024

## Acknowledgements

Building upon the work of Nurture Connection—including focus groups and input from families, professional leaders, and network partner organizations—that guided development of [key messages related to Early Relational Health](#) (ERH), the ERH Policy Team sought advice on how to communicate effectively with policymakers.

The group of ten reviewers included people who formerly held roles related to child and family policy, including prior public service as: elected officials (e.g., governor, state legislator) or as federal and state agency directors (e.g., federal Children’s Bureau, state Medicaid director, state maternal and child health agency, state early childhood agency). One additional review was completed by a leading expert in child and family policy, with 60 years of experience including as a federal advisor to multiple administrations.

The suggested messages below reflect their combined input on how best to communicate to policymakers about ERH. (To avoid potential conflicts of interest, no policymakers currently in public service were asked for review or comment.)



## Goals for Communicating with Policymakers

Supporters and advocates for ERH seek to:

1. Educate policymakers on the importance of ERH for advancing health, development, and well-being for children and families and the research that supports effectiveness and impact.
2. Emphasize the key role public policies can play in rectifying economic and racial injustices that heighten family stress and jeopardize ERH.
3. Motivate policymakers to adopt multiple policies that support parent/caregiver efforts to nurture their infants and young children.

## Why Focus on Policy?

The foundational early relationships that babies and toddlers experience with their parents shape the health and well-being of two generations. Early Relational Health (ERH) is the state of emotional well-being that grows from safe, stable, and nurturing relationships in the first months and years of life. Such relationships foster young children's growth and development and can help to heal after challenges or adversities.

While parents and family play the most critical role in fostering ERH, they cannot do it alone. Public policies that support parents, strengthen protective factors, and promote ERH have been shown to have lifelong impacts and clear returns on investments. Alternatively, policies that exacerbate challenges to parents or fail to support ERH can make it harder for children to grow up healthy and for parents to provide positive experiences in raising them.

Many different types of policies can advance ERH, and, in turn, affect the health, development, social, and mental well-being of both the parent and the baby, perhaps for a lifetime. These include an array of policies that support family economic security, recognize the need for families to spend time with their children, and advance community safety and cohesion. They also include policies that directly support services that promote ERH, such as access to: high performing medical homes, high quality early care and education programs, a continuum of home visiting, early childhood mental health services, family support programs, and a community-based workforce.

## Key Messages

For far too long, our nation has failed to enact policies for young children and their families that recognize and support ERH. The United States lags behind other countries in providing paid family leave, early care and education services, health care, and family support for its youngest children. While research-informed policies and programs exist that are proven to reduce family stressors and remove the structural barriers that affect parents' capacities to develop strong nurturing connections and early relationships with their infants and toddlers, such policies and programs currently serve only a small fraction of those who could benefit.

Policies should respect and bolster family strengths and support adults' efforts to create safe, stable, and nurturing relationships and environments for young children in the context of their cultural traditions and communities. Policies and programs should be designed to reduce the stressors and remove the structural barriers (e.g., limited time, income, racism, safety) that affect parents' capacities and opportunities to develop strong foundational relationships with their infants and toddlers.

More than 10 million children under age 18—including 22% of Black, 22% of Hispanic, and 37% of Indigenous/Native American children—lived in poverty in 2022. Widespread food insecurity, the lack of stable housing, and other unmet basic needs associated with poverty can increase caregiver stress and impede early relationships and optimal child health and development. Parents of color also contend with the compounding stressors of racism and discrimination. Social, racial, and economic injustices and challenges can overload families, taking a toll on parents' efforts to help young children develop and thrive.

## Supporting Points for the Key Messages

### 1. ERH Supports Lifelong Well-Being:

- a. The relationships children build in the first three years of their lives help to lay the foundation for future well-being, including healthy brain development, which supports their ability to learn, engage in positive behaviors, and have lifelong well-being.
- b. ERH promotes resilience and helps to protect against and to heal from the harmful effects of poverty, family stress, and adverse childhood experiences (ACEs).
- c. The long-term benefits of ERH span optimal physical health, social-emotional development fostering educational success, and avoidance of costs for health and mental health treatment.

## **2. Supporting ERH is an Investment in the Next Generation:**

- a. The promotion of ERH is basic for building the health, educational capacities, and mental well-being of children. The return on public investments will be in reduced need for costly mental health, education, and health interventions.
- b. Our nation's policies can promote strong nurturing relationships and community environments, providing the opportunity to build health, protect from adversity, and help to heal those affected by trauma and toxic stress.

## **3. Investment in ERH is Needed in Multiple Areas of Public Policy:**

- a. Many types of policy can support and promote the foundational early relationships that shape the health, development, and mental well-being of both the parent/caregiver and the baby or toddler.
- b. Policy changes offer major opportunities to promote and protect ERH by strengthening health, mental health, early care and education, income support, nutrition, child welfare, and other systems serving families with young children.
- c. Public programs can finance evidence-informed interventions that promote ERH, such as high performing medical homes, early childhood mental health services, and a diverse relational workforce (e.g., community health workers, doulas, and home visitors).

## **4. Remove the Barriers and Stressors Many Families Face that Get in the Way of ERH:**

- a. Well-designed policies and programs can reduce stressors related to poverty, racism, and living in underserved communities (e.g., limited income, lack of access to services) and can enable parents/caregivers to focus on nurturing their babies and toddlers. This includes policies to address insufficient food, housing, income, and other concrete needs.
- b. Becoming a parent is one of the most powerful motivators for personal growth and change—parents' brains change with the birth of a child to open new pathways to nurture and protect their family. To be effective in this role, parents need the support, time, and opportunity to provide strong, positive, and nurturing homes. Public policies and programs can support them.

## **5. ERH as a Recovery Strategy for the Mental Health Crisis:**

- a. Virtually all families with young children were negatively affected by the COVID-19 public health emergency. The greatest impact was felt by

those in under-resourced communities, where services such as child care and health care may already have been limited. Many families are still struggling to recover.

- b. Investments in the mental health and well-being of our youngest children and their parents/caregivers are the foundation for mental health and well-being as young children enter school and continue their growth into adulthood.

#### 6. ERH Advances Equity:

- a. We know that quality health care, support for mental health, housing, transportation, and other community resources for families are not evenly distributed or available. This can be changed with improved policies and program implementation.
- b. Inequities in our society and systems—perpetuated by discrimination, racism, and poverty—can negatively affect health and relationships between babies and toddlers and their parents/caregivers.
- c. Public policies and programs that promote ERH also can support greater equity in access to services and reduce disparities in health and well-being outcomes of children and families.

#### When Communicating with Policymakers:

- **Start with “why”** – Reinforce the importance of ERH for optimal health, development, and well-being of the next generation, including preventing and healing from the harmful effects of adverse events and trauma.
- **Augment with “how”** – Describe more specifically the types of policy change that can support ERH, including the recognized research base about effective policies and programs. (See Nurture Connection ERH policy agenda and goals below.)
- **End with inspiration** – Share with policymakers local stories about how policies supporting Early Relational Health can promote the lifelong health, success, and well-being of children.

**To learn more about Nurture Connection’s work on public policy, see these resources:**

- Johnson K, Howard K, & Willis D. Policy Change to Promote Early Relational Health. July 2022.  
<https://nurtureconnection.org/resource/policy-change-to-promote-early-relational-health/>
- Johnson K, Nagle G, Willis D. State Leadership and Policy Action to Advance Early Relational Health. October 2023.  
<https://nurtureconnection.org/resource/policy-early-relational-health/>
- Early Relational Health Infographic (national data on family well-being and ERH)  
<https://nurtureconnection.org/resource/erh-infographic/>

## Early Relational Health Policy Agenda and Goals



- Aim to **advance equity** in the design of all policies.
- Support family **economic security** and mobility for two-generational success, including paid family leave, child tax credits, and assistance to address insufficient food, housing, income, and other concrete needs.
- Train multiple types of **providers serving families** in ERH principles and best practices, focusing on how they can promote early relationships.
- Scale up and sustain **evidence-based interventions and community system innovations** that promote ERH.
- Develop a diverse and well-trained **relational workforce**, including community health workers, doulas, home visitors, and others.
- Advance **high performing medical homes** using team-based, family-driven approaches, with relational care coordination and linkage to other services.
- Increase access to **parental, infant, and early childhood mental health**, beginning prenatally and including promotion, prevention, and treatment for parents and children together.
- Strengthen **early childhood systems** in communities, with linkages and coordination among health, early care and education, home visiting, early intervention, mental health, housing, child welfare, family support, and other services and informal supports.





“Public policies that support parents, strengthen protective factors, and promote ERH have been shown to have lifelong impacts and clear returns on investments.”

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# Thank you!



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