



NINE WAYS TO SHRINK THE OPPORTUNITY GAP IN EARLY CHILDHOOD



They start before birth, with unequal access to prenatal care.

From there, these opportunity gaps grow along with the child, as educational, legal, housing, labor market, and healthcare systems widen disparities between more and less advantaged populations.

In a [report](#) published earlier this year, the National Academies of Sciences, Engineering, and Medicine take aim at addressing these factors, putting forth the recommendations of the Committee on Exploring the Opportunity Gap for Young Children from Birth to Age Eight. The dozen scholars forming the Committee included NEPC Fellow [Alfredo Artiles](#) of Stanford University.

The report is significant in that it represents a consensus of top experts and is based on decades of research from fields as diverse as medicine, education, and law. “The nation’s racialized opportunity gaps start early and often,” explains NEPC Director Kevin Welner, co-editor of the 2013 book, [Closing the Opportunity Gap](#). “The recommendations of this new report are not radical. Nor are they sufficient. But if fully implemented, these recommendations would meaningfully move the nation toward its ideals of equal opportunity for all children.”

Here are the report’s nine recommendations.

1. **Establish evidence-based early learning as a universal right:** This federal-state initiative would require that early learning be made available to all families that want it.
2. **Establish an early-care and education system:** This federal-state initiative would replace the current patchwork of unevenly allocated opportunities with voluntary, universally available programming with sufficient resources to provide research-based education and care.
3. **Equitably support elementary education, aligning it with early childhood programming:** This recommendation calls for increasing funding, especially for schools serving low-income and minoritized families, offering opportunities for emerging bilinguals to become biliterate, and implementing social-emotional supports.
4. **Integrate programs for students with disabilities into general early childhood and elementary education:** This will require increasing federal funding (which currently provides 18 percent of the cost of educating students with disabilities) and prohibiting harsh discipline such as expulsion and corporal punishment for students with disabilities—who are disproportionately likely to receive such punishments.
5. **Address children’s mental health and social-emotional needs:** This includes helping children and families cope with the stress of racism and discrimination.
6. **Reform the workplace:** Changes might include paid time off for family members caring for infants, newly adopted children, and those with serious health issues; ensuring wages that can sustain families; and requiring work schedules that are more predictable so that families can better plan for childcare needs.
7. **Attend to physical health:** This might be accomplished by expanding programs such as the federal Supplemental Nutrition Assistance Program; reducing disruptions to Medicaid eligibility; and improving traffic safety and access to parks and other green spaces to encourage walking, playing, and other outdoor exercise.
8. **Collect and monitor data:** Examples of new information that the committee recommends tracking include an Internal Revenue Service/Census Bureau effort to examine which families access tax credits such as the earned income credit and child tax credit; U.S. Labor Department data on families with and without young children; and a philanthropic initiative to create a state-level “opportunity index” to help identify areas that need additional resources.
9. **Reduce institutional racism:** Measures supporting this recommendation would include accounting for and addressing inequities in access to resources; providing professional development that emphasizes anti-racist approaches; and supporting efforts of members of marginalized communities to become health care professionals, public health practitioners, teachers, early educators, and early childhood researchers.

The report acknowledges that many of its “findings and challenges . . . are not new,” but the

authors intend the recommendations to “highlight ways in which changes to the status quo hold the potential to improve the quality of care and education children receive from birth through age 8.” As the report concludes,

Differential access to high-quality experiences, services, programs, and other resources is the result of a diverse array of factors, both historical and current, which have led to disparities in educational outcomes, physical health, mental health, and healthy social-emotional development and well-being that persist and compound. Indeed, these disparities will continue to persist in the absence of investments in increasing equitable access to opportunity.

NEPC Resources on Early Childhood Education

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