



## PSP Background & Overview

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### Vision and Core Values

Social and emotional development and nurturing relationships are critical components of the healthy development needed for children's early school success and positive life outcomes. The well-child visit (from birth to age three), presents a nearly universal access point for pediatricians and parents to partner in promoting and supporting young children's social and emotional well-being and nurturing relationships. [Pediatrics Supporting Parents](#) (PSP) seeks to transform pediatric well-child visits to strengthen early relational health and create lasting change that helps children succeed. By setting a universal goal to support children's healthy social and emotional development and nurturing relationships, and using strategies that center on Black, Indigenous, and People of Color (BIPOC) families experiencing the impacts of systemic racism and community disinvestments, which manifest as health inequities, we will transform care for all families.

PSP is a multi-year initiative guided by a set of five core principles to transform pediatric practice to better serve all families in supporting children's social and emotional development and fostering early relational health.

1. Parents are the experts of their children
2. Effective solutions inside pediatrics can only be developed in collaboration with parents
3. Pediatric health care can and should serve the family, not just the child
4. Nurturing parent-child relationships are core to healthy child development
5. Racial equity and community engagement are essential to developing solutions that serve all families, especially those least well-served by health care

### Commitment to Racial Equity and Community Engagement

- **Centering equity and community** - In our work, PSP intentionally centers on those experiencing the impacts of historical and institutional racism and community disinvestment. To achieve true and equitable population-level change, PSP follows a targeted universalism approach—in which universal goals are achieved through a targeted set of strategies, designed in response to how different groups are situated within structures, culture, and across geographies.
- **Families as partners** - PSP honors the centrality of family in child well-being. Families are the experts on their children. We are committed to co-creating solutions with families throughout all aspects of this work.
- **Systems set the context** - Structural forces play a critical role in shaping families' access to and the experience of health care, as well as their capacity to develop nurturing relationships with their children. PSP focuses on the key systemic barriers, as well as social determinants of health, while ensuring that our investments do not exacerbate those inequities.

### Focus on Social Emotional Development and Early Relational Health

The first years of life, marked by rapid brain development, are a period of both opportunity and sensitivity. Healthy social and emotional development centers on very young children's emerging ability to form secure relationships, experience and regulate their emotions, explore the world around them,



and learn. A child’s social and emotional well-being affects their capacity to thrive in school and shapes their ability to lead a healthy life—physically and emotionally—into adulthood.

Nurturing relationships between parents<sup>1</sup> and children are a key driver that influences a child’s healthy development. Through these close bonds, babies and toddlers learn to develop their sense of self and regulate their emotions. When children have strong, healthy bonds with their parents, those relationships also serve as a buffer against everyday stressors as well as more chronic adversity children may experience due to structural racism and poverty.

## Strategy

Ultimately, PSP seeks to transform pediatric well-child visits to support social and emotional development and strengthen early relational health to create lasting change that helps children succeed. To achieve this vision, the initiative focuses its efforts on two interdependent, mutually reinforcing levers: “Centering on Communities” (which means this work must be local) and “Creating the Conditions” (which means we must change the systems in which the work lives).

### **1. Centering on Communities**

We believe that health care transformation happens at a local level based on the community conditions that create fertile ground for innovation. We believe in order to gain traction and transform pediatric well-child care, the work needs to happen community by community and state by state.

PSP is working directly in five communities (listed on the following page) to champion change that meets families’ and providers’ needs and is informed directly by the experiences of children, families, providers, and local partners. In doing so, PSP is establishing five “proof point exemplar” communities, who can demonstrate what it will take to shift pediatric practice to focus on early relational health at the community level. These five communities will serve as examples to directly inform policy and systems change at the state and national levels.

When local contexts and strategies are elevated and acknowledged, when parent and family voices are centered, and when cultural values are recognized, we believe communities will be able to generate the change necessary to integrate established and innovative social and emotional development and early relational health practices into well-child visits and to sustain the change beyond PSP’s investment.

### **2. Creating the Conditions**

We know that limited visit time, insufficient provider reimbursement, incompatible electronic medical records and technology inefficiencies, and insufficient clinician training all make it challenging for providers to embrace a focus on social and emotional development and early relational health. Rather than see these as roadblocks to children’s health care transformation, we are asking the question, what are the conditions that enable change to take hold? We refer to these as “enabling conditions.”

To date, PSP’s grantee partners have produced a summary of [14 common practices](#) for promoting social and emotional development in pediatrics, a [Financing Blueprint](#) for Medicaid and the Children’s Health Insurance Program, including specific policies and strategies that nine states have employed to leverage public dollars, and a [Guide](#) to help states leverage opportunities between [Title V and Medicaid](#). These

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<sup>1</sup> We define “parent” as any adult who is serving in the primary caregiver role. In some families that person may be a grandparent, relative, foster parent, or guardian.



resources and more can be accessed through the [PSP website](#). In the coming years, the communities will work to identify further opportunities to advance the common practices and enabling conditions that will allow the pediatric care transformation we seek to accelerate.

Across both levers, PSP applies a “targeted universalism”<sup>2</sup> approach, where universal goals that seek to create population-level change—in this case, supporting the healthy social and emotional development and early relational health of all families—are achieved through a targeted set of strategies, designed in response to how different groups are situated within structures and culture, and across geographies.

We recognize that many BIPOC families experience the effects of systemic racism and community disinvestments, which manifest as health inequities; if we create solutions that better serve families that are routinely poorly served by health care, we will ultimately transform pediatric care for all families.

In tandem, PSP is working at the national and state levels to address structural barriers in children’s health care so that more communities will be well-positioned to incorporate practices that support families in promoting social and emotional development and early relational health.

## Approach

PSP started in 2017 as a funder collaborative, however, it has taken on a new approach with the work now designed to be driven by the field and led by families and communities. With investments in five “proof point” communities, PSP has centered the strategy on communities and co-designed a collaborative [governance structure](#) and investment strategy where communities and families directly inform PSP’s approach to meet the outcomes we collectively care about.

More specifically, PSP is implementing a collaborative Learning Community model in which parents, pediatricians, community leaders, and funders co-create the initiative’s strategic priorities. The Learning Community is rooted in the wisdom of the five local communities in order to achieve concrete changes in pediatric well-child care.

The five communities were selected to represent a diversity of geographic locations and types of local health care systems. All five have community-based partners work closely with the health care systems who share a commitment to social and emotional development of young children. In addition, the states represented are ones with supportive Medicaid policies that create a path for long-term sustainability. The five Proof Point Communities (PPCs) are:

- Durham Collaborative Network for Early Relational Health | Durham County, NC
- Early Childhood Alliance Onondaga | Onondaga County, NY
- LIFT / ACEs LA Medical Financial Partnership and Network of Care | Los Angeles, CA
- UCSF - The Ready! Resilient! Rising! Network (R3 Network) | San Francisco and Alameda Counties, CA
- First Year Families - Washington Chapter of the American Academy of Pediatrics (WCAAP) and Pediatrics Northwest | Pierce County, WA

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<sup>2</sup> <https://belonging.berkeley.edu/targeted-universalism>