

Early Relational Health

Building Foundations for Child, Family, and Community Well-Being

INTRODUCTION

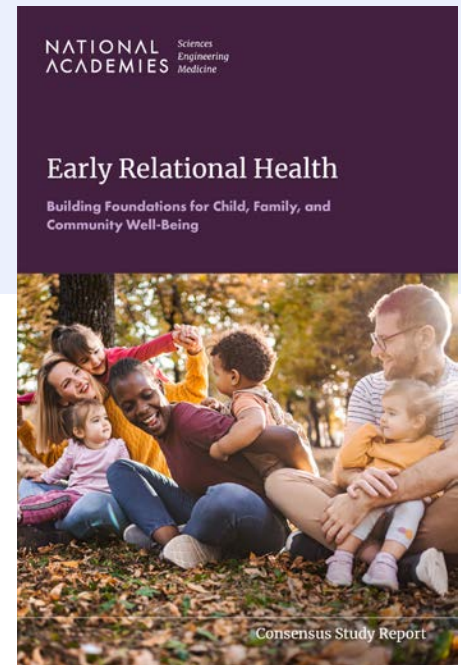
Early relational health (ERH), or the dynamic process of mutual, meaningful, and affirming moments of connection in the youngest relationships, is foundational in shaping lifelong physical, behavioral, and mental health. These early relational experiences, expressed through varied cultural pathways, serve as a key ingredient of early learning and well-being.

Recognizing the centrality of relationships in early development, the National Academies of Sciences, Engineering, and Medicine convened a committee to review the ERH drivers of future health and well-being for infants, children, and families and identify opportunities for practice, policy, and research to advance ERH. Because the development of ERH cannot be separated from the broader health of families and communities, the report emphasizes that advancing ERH requires collective commitment across health care, education, social services, and community systems.

BACKGROUND ON EARLY RELATIONAL HEALTH

ERH begins with mutual, meaningful, and affirming moments of connection. These moments of connection can occur in any context where children spend time, such as in families, in care settings, and in communities. They may include activities such as reading aloud, storytelling, play, or interacting with nature.

Early relationships provide the context in which young children experience trust and coregulation; build and sustain secure attachment; and learn the concepts of social reciprocity. Better ERH



predicts better outcomes in social-emotional well-being and mental health, relational outcomes, cognitive development, and physical health. ERH also affects children's development by serving as a protective factor that can buffer against the adverse impacts of stressors, challenges, and adversities.

ERH is not a fixed trait. Cycles of relating, rupture, and repair are inevitable in relationships, and children and caregivers can heal the relationship and reconnect. The inherent plasticity of the young brain means that early childhood experiences, both beneficial and adverse, have a profound ability to influence the long-term structure and function of the brain.

Reducing adversity is important but insufficient to promote ERH. ERH is enhanced when families are part of communities with a wide range of trusted resources. Public policy can both create the conditions for connectedness and provide the investments needed to seed and scale family-driven and community-based resources and solutions when problems occur.

KEY MESSAGES

- Early relationships shape lifelong health and development. Nurturing relationships support brain development, resilience, and long-term learning and health outcomes.
- Individual, relational, community, and societal factors influence ERH. Supportive relationships, even in adverse contexts, can support healthy development and contribute to resilience.
- A tiered, multifaceted, and cohesive approach can promote ERH and prevent and mitigate barriers to ERH. Building on a public health approach, supports for ERH include societal, universal supports for promoting healthy relationships; preventive and targeted interventions across sectors; and indicated treatments in case of difficulties.
- Systems, programs, and initiatives intended to promote ERH need to facilitate and maintain

connections at multiple levels (interpersonal, familial, community, and societal).

- Investments are needed to ensure that resources and solutions are family-driven and community-based and available to all families.

PROMOTING ERH IN EARLY CHILDHOOD SYSTEMS

An ERH approach that attends to the needs of every child and family requires shifting from a deficit to an asset-based approach, recognizing and nurturing unique and varied strengths of each family and community, and their cultural values. The report identifies 5 key principles for embedding ERH in child health system transformation, early childhood programs, and initiatives:

1. Co-design with family participation, local resources and solutions to challenges in a way that is community driven and culturally specific.
2. Prioritize relationship-building and relational-practices within clinical and program design and evaluation, implementation studies, and improvement science.
3. Provide sustainable reflective supervision and practices, including reflective video feedback, to practitioners at all levels of the early childhood system.
4. Adopt a relational abundance and positive family and community assets-based mindset using relationally focused practices for communities.
5. Strengthen and sustain family leadership infrastructures in communities

These principles can inform programs, practices, and initiatives that aim to promote ERH within a tiered and integrated public health approach. The public health framework emphasizes that population-level approaches to ERH need to go beyond identifying individual risks and instead focus on designing communities and systems that make strong relationships easier to form and maintain.

- Individual- and family-level: pediatric primary care (e.g., HealthySteps, Smart Beginnings), evidence-based home visiting
- Community-level: early care and education (e.g., native language immersion), community and perinatal peer supports, community design and planning (e.g., proximity to green spaces, safe streets and traffic calming measures), and public awareness and education efforts
- System-level: federal efforts such as Essentials for Childhood, Transforming Pediatrics for Early Childhood Program
- **Opportunities to support workforce development and well-being:** policies that address compensation, benefits, and other well-being supports; livable wages; clear trajectories for career advancement

FUTURE RESEARCH NEEDS

Identifying measures that are strengths based, and that reflect what families and communities value is a top priority. Defining and understanding relational processes through the lens of the cultural values and practices of families and communities across the nation is also needed. Longitudinal studies are essential to understand how ERH interventions influence health, education, and well-being across the life course.

Implementation and improvement science can guide efforts to scale interventions in real-world settings, identifying the conditions that support sustainability and effectiveness. Research moving forward will need to be interdisciplinary and supportive of participatory research designs that center families and communities. Finally, systems-level research can examine models of cross-sector collaboration that integrate ERH across child health and early childhood systems.

CONCLUSION

ERH is a powerful driver of child development and lifelong well-being. Early relationships foster resilience and provide the foundation for learning, health, and social connection. ERH demands a reorientation from assessing a wide array of risks toward recognizing, uplifting, and supporting the strengths and development of families and communities. It requires supporting families and communities across the United States—in all their varied and vibrant forms—to engage in the moment-to-moment interactions that forge strong and enduring connections. ERH must be supported within families and across communities and systems; every system and sector has a collective responsibility to invest its promotion.

POLICY OPPORTUNITIES

Health care financing, early childhood systems, and social safety net programs can be structured to recognize relationships as foundational to well-being. Embedding relational health in guidelines, performance measures, and funding streams can sustain attention to ERH across systems.

- **Financing opportunities through Medicaid:** refocusing from the individual to the relationship through relational reimbursement; supporting team-based care models of primary care; modernize EPTSD benefits and rules; finance community-based perinatal supports, including doulas; support perinatal substance use disorder treatment and peer supports; and braid funding streams for family support and home visiting
- **Opportunities to help families meet basic needs:** paid family leave; poverty reducing tax credits such as the EITC and CTC, policies to increase minimum wage, expanded support for early care and education, and programs to reduce food insecurity like SNAP and WIC
- **Opportunities for collaboration across sectors:** High-performing medical homes can be gateways that provide comprehensive, relational, and team-based care, meeting families where they are

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SPONSORS Centers for Disease Control and Prevention and Trust for Learning/New Venture Fund. Any opinions, findings, conclusions, or recommendations expressed in this publication do not necessarily reflect the views of any organization or agency that provided support for the project.

FOR MORE INFORMATION

This Highlights was prepared by National Academies' staff based on the Consensus Study Report *Early Relational Health: Building Foundations for Child, Family, and Community Well-Being* (2025).

To read the full report, visit <https://nap.nationalacademies.org/catalog/29234>.

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