As a graduate student, I had the best training available in developmental research and clinical practice. Still, I felt far removed from the systemic issues faced on the ground, like lack of access to primary prevention for maltreatment. I wanted to better understand the policies that shaped the daily lives of the families and young children with whom I was working. Seeking to add this third prong to my training, I became a Doris Duke Fellow for the Promotion of Child Wellbeing. Through this experience I gained a foundational knowledge of early childhood policy and how it can be informed by research. In my very first fellowship meeting, I was captivated by a former Doris Duke fellow who described her experience as a Society for Research in Child Development (SRCD) postdoctoral fellow and single-mindedly pursued the fellowship myself until receiving it last year. As a SRCD State Policy Fellow working on the Perinatal and Early Childhood Health team in the Rhode Island Department of Health (RIDoH), I have had the privilege of working at the intersection of research, policy, and practice to effect policy changes that have tangible effects on the lives of young children.
As a clinical scientist, it can be discouraging to watch evidence accumulate and live almost exclusively in academia, inaccessible to the policymakers, providers, and families for whom it could have such meaningful impact, as we claim in the Conclusions and Future Directions sections of our papers. Eager to shift from investigating why children are at risk for physical and mental health problems following adversity to preventing such adversity in the first place, I jumped at the chance to join RIDOH’s efforts to expand evidence-based family home visiting across the state. Family Home Visiting leadership sought to supplement existing Maternal Infant and Early Childhood Home Visiting (MIECHV) funds from the federal government and state dollars with Medicaid funds to expand the reach of Nurse Family Partnership (NFP) and Healthy Families America (HFA) into the most underserved communities in Rhode Island. To help RIDOH understand the steps needed to access Medicaid funds, I facilitated conversations with Medicaid and home visiting experts at Zero to Three, technical assistance from the U.S. Health Resources and Services Administration (HRSA), and policy makers from states including Vermont, Connecticut, and Oregon. I formed a partnership with RI’s Medicaid office and worked with colleagues there to build the required infrastructure.

During the last year working with my colleagues on this Medicaid initiative, I have learned a great deal about the resources needed to translate research into meaningful policy change. Research is a vital first step; it is necessary but not sufficient for crafting and implementing impactful early childhood policy. Without the decades of David Old et al.’s research on the effectiveness of NFP or Heckman’s work on the massive return on investment in early childhood interventions, Rhode Island would not devote this much time and energy to expanding NFP. What I have learned in my year with RIDOH, however, is that there is a need for as much investment in the financial and human resources at the state and local levels as there is in randomized control trials. When state agencies have the needed expertise (e.g., an understanding of the program, funding mechanisms, intricacies of translating a program from the research arena to the community) and when local implementation agencies have the funds to scale a program across their communities, research can be effectively translated from academia to families’ homes.
During my fellowship, I have also had the unique experience of learning about the structure and workings of Rhode Island’s prenatal-to-three landscape via complete immersion in the first year of a five-year federal systems grant. I am the co-director of the Early Childhood Comprehensive Systems (ECCS) grant, which supports RI’s efforts to strengthen connections among early childhood programs to ensure more equitable access for children and families across socioeconomic and ethnic backgrounds. I have enjoyed both learning and leadership roles on this project. My colleagues on the ECCS leadership team—my fellowship mentor and a long-time RIDOH consultant—both have over 20 years of experience in the Rhode Island early childhood sphere. They have facilitated my introduction to early childhood governance and advisory bodies; leveraged their knowledge of RI government to guide policy mapping and analysis; and encouraged me to take the lead on the design and implementation of the ECCS performance measurement plan and program evaluation, for which I have been able to draw most directly on my research expertise.

Together these projects have contributed to a richly rewarding fellowship experience, during which I have exercised and honed my research and policy skills. I have valued this chance to work with researchers, state policy makers, and service providers to find meaningful solutions to the real problems faced by families with young children.

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