Economic Coaching: Addressing Poverty as a Means of Improving Early Child Development

Suzy Tomopoulos, MD, Carol Duh-Leong, MD, MPP, Arthur H. Fierman, MD

Can a parent-centered coaching program aimed at promoting economic self-sufficiency in families living in poverty improve early child developmental outcomes? In this issue of *Pediatrics*, Homer et al[1] studied whether Mobility Mentoring (MM), an economic coaching program, improved the developmental outcomes of children 3 to 4 years old enrolled in an income-qualified multisite prekindergarten program in Washington State. MM paired parents with coaches to identify goals in 6 key domains hypothesized to lead to economic self-sufficiency: family and housing stability, well-being, financial management (debts and savings), education and training, employment, and career management. Homer et al used a quasi-experimental pre-post design to assess developmental outcomes of all children in sites assigned to receive MM to all children in unassigned sites. No differences were found between sites. The study also assessed within sites offering MM, comparing children whose families participated to those that did not. Within sites, children whose families chose to participate scored significantly higher on literacy and math domains than children in families who did not, with an overall 60% improvement in all 6 domains using a single construct assessing school readiness.

MM is designed to reduce family-level financial difficulties, a well-established contributor to early childhood health and developmental disparities. Parent stress from financial difficulties negatively impacts parent-child interactions by interfering with positive parenting practices that lead to optimal child developmental and behavioral outcomes.[2] Current interventions aim to decrease family poverty by optimizing clinical screening and referral programs to connect families to community resources.[3,4] Previous evidence has also found that providing direct financial assistance to parents living in poverty improves school performance in older children.[5] A key innovation of the MM program is that it does not provide direct financial assistance, nor does it provide resources such as traditional social determinants of health "screen-and-refer" programs.[3] Rather, MM trains parents to identify and prioritize their own financial, professional, and personal goals to prevent potential financial difficulties and subsequent poverty-related social determinants of health.

Homer et al's findings demonstrate that economic coaching has promise as an intervention to improve child developmental outcomes. To expand on the authors' findings, future studies of economic coaching models should consider enhancements in the intervention design. One strategy would be to consider the use of peer coaches for the program, thereby involving and empowering the communities of the target populations. The MM model depends on a one-to-one coaching relationship using trained family

Department of Pediatrics, NYU Grossman School of Medicine, New York, New York

DOI: https://doi.org/10.1542/peds.2021-053479

Accepted for publication Oct 21, 2021

Address Correspondence to Suzy Tomopoulos MD, Department of Pediatrics, NYU Grossman School of Medicine/Bellevue Hospital Center, 462 First Ave, New York, NY 10016. E-mail: tomops01@nyulangone.org

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

FINANCIAL DISCLOSURE: The authors have indicated they have no financial relationships relevant to this article to disclose.

FUNDING: None.

POTENTIAL CONFLICT OF INTEREST: The authors have indicated they have no potential conflicts of interest to disclose.

COMPANION PAPER: A companion to this article can be found online at www.pediatrics.org/cgi/doi/10.1542/peds.2020-018473.

To cite: Tomopoulos S, Duh-Leong C, Fierman AH. Economic Coaching: Addressing Poverty as a Means of Improving Early Child Development. *Pediatrics*. 2022;149(1):e2021053479

support staff, without specifying whether these staff members reflect the communities they serve. Previous studies show that the use of peer mentors in programs can enhance the effectiveness of interventions. For example, Special Supplemental Nutrition Program for Women, Infants, and Children programs that use peer nutrition educators have improved breastfeeding outcomes.[6] It therefore may be worthwhile, considering the use of MM program coaches who reflect the communities they serve, to employ parents who have completed the program themselves.

Another potential approach would be to intervene earlier in childhood by using the pediatric primary care setting as a platform for engaging families starting in early infancy. MM currently takes place in a preschool setting starting at age 3 years. Given the critical timing of brain development in early childhood,[7] targeting parents of an even younger age group, among children 2 years or younger, for example, or even during the prenatal period, could enhance MM child developmental outcomes by optimizing parenting capacity earlier in life. Pediatric primary care, a universal platform for interventions that supports child development beginning from birth, provides population-level access with frequent encounters throughout infancy and early childhood. Therefore, MM could consider partnering with pediatric primary care by serving as a valuable referral option to existing social needs screening and referral programs based in the primary care setting.

Lastly, future studies should explore the impact of integrating an economic coaching program into existing early childhood development programs that target families in poverty. The use of the pediatric primary care setting to enhance child developmental and behavioral outcomes beyond usual care has been demonstrated by several successful primary prevention programs such as Healthy Steps, home visiting programs, Reach Out and Read, and the Video Interaction Project.[8–11] It would be important to understand the degree to which an economic coaching program would add to the demonstrated positive outcomes of these existing early child development programs.

Homer et al evaluate a novel economic coaching program with broad implications for researchers and stakeholders who aim to reduce family-level poverty to improve early child development outcomes. Given the complexity of addressing poverty and the importance of parent-child interactions on early childhood developmental outcomes, successful strategies require multilevel approaches that promote parent-centered support in addition to traditional child-centered programming. Homer et al's findings show that MM is a promising program to improve early child development by improving the economic well-being of families. Studying adaptations of economic coaching models that consider how, when, and in what settings they are delivered will be an important next step in defining the optimal use of these programs to enhance early child development.

ABBREVIATION

MM: Mobility Mentoring

REFERENCES

1. Homer CJ, Winning A, Cummings K. A coaching model to promote economic mobility and child developmental outcomes. *Pediatrics*. 2022;149(1):e2020018473
2. Gershoff ET, Aber JL, Raver CC, Lennon MC. Income is not enough: incorporating material hardship into models of income associations with parenting and child development. *Child Dev*. 2007;78(1):70–95
3. Fierman AH, Beck AF, Chung EK, et al. Redesigning health care practices to address childhood poverty. *Acad Pediatr*. 2016;16(3 Suppl):S136–S146
4. Garg A, Toy S, Tripodis Y, Silverstein M, Freeman E. Addressing social determinants of health at well child care visits: a cluster RCT. *Pediatrics*. 2015;135(2):e296–e304
5. Duncan GJ, Magnuson K, Votruba-Drzal E. Boosting family income to promote child development. *Future Child*. 2014;24(1):99–120
6. Assibey-Mensah V, Suter B, Thevenet-Morrison K, et al. Effectiveness of peer counselor support on breastfeeding outcomes in WIC-enrolled women. *J Nutr Educ Behav*. 2019;51(6):650–657
7. Garner AS, Shonkoff JP; Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics. Early childhood adversity, toxic stress, and the role of the pediatrician: translating developmental science into lifelong health. *Pediatrics*. 2012;129(1):e224–e231
8. Minkovitz CS, Strobino D, Mistry KB, et al. Healthy steps for young children: sustained results at 5.5 years. *Pediatrics*. 2007;120(3):e658–e668
9. Shaw DS, Mendelsohn AL, Morris PA. Reducing poverty-related disparities in child development and school readiness: The Smart Beginnings tiered prevention strategy that combines pediatric primary care with home visiting. *Clin Child Fam Psychol Rev*. 2021;24(4):669–683
10. Klass P, Dreyer BP, Mendelsohn AL. Reach out and read: literacy promotion in pediatric primary care. *Adv Pediatr*. 2009;56:11–27
11. Mendelsohn AL, Cates CB, Weisleder A, et al. Reading aloud, play, and social–emotional development. *Pediatrics*. 2018;141(5):e20173393