Examples of what states are doing for young children:

Vermont, Governor Dean: Established a program called Success by Six which provides support services that prepare children for school, including health screenings, parenting classes, family literacy programs. Also created the State Early Childhood Work Group to improve coordination across early care and education programs.

Colorado, Governor Romer: First Impressions, Governor Romer's early childhood initiative, includes a preschool program, family centers in high-risk neighborhoods, family literacy programs and the "Read to Me, Colorado" campaign that encourages parents to read to their children daily. To better integrate early care and education services within the state government, Romer created the Colorado Children's Cabinet (a number of states have children's cabinets). Also initiated Bright Beginnings, a public-private project that trains volunteers to make home visits to parents of all newborn babies in the state. The Governor also has a plan to improve the quality, affordability and accessibility of child care throughout Colorado.

Ohio, Governor Voinovich: The Ohio Family and Children First Initiative promotes coordination and collaboration among state and local governments, nonprofit organizations, businesses, and parents for the benefit of Ohio's children to meet three goals: ensuring that infants and children are healthier, increasing access to quality preschool and child care, and improving services to aid family stability. Ohio enrolls more children in Head Start than any other state. Also expanded health coverage to children, set up school-readiness resource centers in urban school districts, created Ohio Early Start that identifies children from birth to age three who are at risk of child abuse, neglect or developmental delay.

Minnesota: The state funds parent education, early care and education, locally designed school readiness strategies and other programs for young children and families. For example, the Early Childhood and Family Education Program provides parent education, home visits, early screening for health and developmental problems and information on other community resources for all families with children under the age of four.

Put in line about Governor Chiles State of the State -- his eloquent and impassioned case for investing in our youngest children -- for ensuring quality child care, promoting adoption, preventing child abuse and neglect.

Remarks By
GOVERNOR LAWTON CHILES
1997 State of the State Address
March 4, 1997

President Jennings, Speaker Webster, members of the Supreme Court, my friend and partner, Lt. Governor Buddy MacKay, members of the Cabinet, members of the Senate and the House of Representatives, my fellow Floridians:

We're blessed to be Floridians and live in this time of great opportunity for our state.

We have much to be proud of this morning: Our crime rate is down for four years in a row; our welfare reforms are taking root -- 23,000 families have left the welfare rolls since last July; and job creation and personal incomes are up.

Yes, the State of our State is strong. But, there is more work for us to do.

This Session is a historic one. For the first time, in a long time, both the House and Senate are in the control of the Republicans.

But, I'd like to remind my Republican friends that, to truly lead, you're going to need the help and experience of your Democratic colleagues. And let's remember, a Democrat still sits in the Governor's chair.

Our government power may be divided -- but our work doesn't have to be divisive. More than ever, we need each other. Our people expect us to work together.

I believe we've already proven that we can. Together we've worked to reform workers' compensation, end welfare, strengthen our economy and promote jobs.

We've taken major steps to hold criminals responsible and make them serve time for their crimes -- and we've created a new juvenile justice department.

We did these reforms not as Democrats and Republicans -- we did them as Floridians.

During this session let's continue this good bipartisan work. Let's work to promote safe neighborhoods; safeguard our environment; and protect our elders.

And let's make this the year we begin to restore the people's trust by passing meaningful election reform.

I want to discuss all these issues with you -- but not today.

Today, I want to speak with you about a journey I've been on. It started in the Florida House, where I served for eight years. Then four years in the Florida Senate.

I took a walk that led me to the U.S. Senate for 18 years.
And now for the past six years I've been proud to serve as your Governor.

I thought I was pretty darn good. I had a lot of answers -- and I proposed a lot of solutions. I knew how to play the game.

But now, 36 years later, I find I didn't even know where first base was.
First base is our children. The answer to our most pressing problems begins with the child.

Every one in this chamber, together with all our business leaders, knows that if we want Florida to be a great state... if we want to maintain a high standard of living... if we want to preserve our wonderful quality of life... we must have high-skilled, high-paying jobs.

We also know for Florida to get there, we must greatly improve our education product.

But in this quest for improving education, where do we start?

Many would say first grade or kindergarten. Some would say prekindergarten.

I submit to you the evidence is now overwhelming. Education must start at gestation.

BRAIN RESEARCH

We've known intuitively that children who are loved and nurtured get along better and are smarter.

But now, with a revolution in brain research, we can observe the day-to-day growth of the brain.

We're learning about the tremendous explosion in brain development that occurs from ages 0 to 3. The facts are very compelling.

While a child is growing in its mother's womb, its brain adds 250,000 neurons per minute.

At birth, a baby's brain contains 100 billion neurons -- about the same number of nerve cells as there are stars in the Milky Way.

From birth to age 1, the number of brain connections mushrooms from about 50-trillion to 1,000-trillion.

This vast number of connections helps ensure the child can adapt to any environment. The connections that aren't stimulated -- through voices, sight, touch and other nurturing -- will eventually die off.

The more words a child hears by the age of two, the larger that child's vocabulary will be.

A three-year-old exposed to music every day has a head start in developing problem solving skills that later become complex math and engineering skills.

This phenomenal growth continues through age 3. These connections are the critical foundation for a child's future learning.

By age 10, the majority of the brain's building process has taken place. Once this window of opportunity closes you have to play catch up -- and the cost of that is very high.

These discoveries should inspire us to change the way we develop public policy -- from child care, education and welfare reform through criminal justice.

This morning, the United Way of Florida and I had a packet of information on this revolutionary research delivered to your offices.

Read this information. You will find that it's not just the scientists, it's not just the children's advocates, and it's not just Lawton Chiles.

I'm including the report of the Committee of Economic Development -- a group of America's top C-E-Os. The top business leaders of this country are beginning to understand how this research can impact their bottom lines.

This is not social "do goodism." This is bottom line common sense.
This brain research can help us get way ahead of our greatest problems.

As Florida's leaders, you owe it to yourselves -- and to your constituents -- to learn as much as you can about this research because the implications are so dramatic.

Science is lighting a new path that shows how nurturing our children can begin to change the destructive cycle so many of our people are on. Let's follow that path.

PROMOTING FAMILIES

A child is the most wonderful gift in the world. We know successful children start with good parents.

Parenting can be a very tough job. And, parents need all the help they can get.

For today's parents, Grandma is a thousand miles away and the neighbors are at work. The support system that we grew up with is not there.

Government doesn't raise children -- parents do. The state has a role, but the state can't be a parent.

The state CAN invest in community-driven programs to help.

If we want kids to be ready to achieve when they start school, then we must ensure all kids are loved and nurtured before they turn five. Whether they stay at home or are in child care.

We can do this by promoting quality child care, fully funding prekindergarten and supporting parents in their role as a child's first teacher.

There are some wonderful models working in our state where communities have partnered with the private sector and are doing great things for our kids.

Let's work to replicate them and challenge our business community to play an even greater role and support parents in raising healthy children.

We need more good ideas from the private sector like Take Stock in Children. More businesses need to follow the lead of firms like Honeywell and Barnett Banks who have made a commitment to support their workforce with parent education and child care assistance.

QUALITY CHILD CARE

Babies who aren't nurtured, stimulated and loved, develop brains 20 to 30 percent smaller than normal.

On the other hand, studies show you can raise a child's I-Q 20 points by exposing them to an enriching environment.

Just think of the implications this has for our welfare reform effort.

We know adequate child care is critical to making welfare reform work. That's why I'm asking to use WAGES savings to provide child care for those transitioning off welfare.

Yet, if we are going to require a mother transitioning off welfare to put her three-month-old in child care, we have to ensure that setting is a good place for that child to be.

It can't be CUSTODIAL day care -- it must be QUALITY child care.

But, while we promote child care for WAGES participants, we also must help workers on the welfare margins.

We shouldn't punish people who stay off welfare by working hard and struggling to make ends meet. We know that, for these families, affordable quality child care is an oxymoron. Quality child care is expensive.

For an office assistant earning minimum wage, with two children, child care can eat up most of that working mom's paycheck.

If we want to make work pay, let's fund our subsidized child care waiting list. That's the best way to keep people off welfare.

TEEN PARENTS

As a country and as a state, we are deeply divided on the question of abortion... whether it should be permitted at all... and if so, when it should be allowed and under what circumstances.

But, we do not have to be divided on the issue of teen pregnancy. One third of teen pregnancies end in abortion.

We know children born to teens are more likely to live in poverty, to be raised by a single parent and are more likely to become teen parents themselves.

The federal government is challenging the states to reduce teen pregnancy without increasing abortion. And they're offering the carrot of $20 million to the first five states who make the greatest progress.

Work with me to develop a strategy to accomplish this goal.
This is the kind of challenge that both Democrats and Republicans ought to be able to take up.

PROMOTING ADOPTION

We've also worked hard to promote adoption in Florida. I'm proud that we've found homes for nearly 1,600 kids last year. That's an 80 percent jump over 1990.

We established an internet home page and it's been a very popular site. Since July, we've had 12,000 hits on our web site. I'm pleased to tell you that we're about to have our first adoption off of the home page.

Angelo and Marion Figueroa, of Fort White, were interested in adoption and found a four-year-old child named Nate on our home page. It was love at first sight.

Nate has been placed with the Figueroas since January and the adoption should soon be finalized. We need to help more people like Angelo and Marion Figueroa adopt Florida children.

Let's fund the adoption subsidy that helps families provide a loving home for a child who has been abused, neglected or abandoned.

PREVENTING CHILD ABUSE

Science is finding that violent experiences in early childhood can lead to brain dysfunction.

That's why we must ensure our children grow up in nurturing homes free from violence and abuse.

There is a cycle of abuse that grips too many families -- with the abused becoming the abuser. We must end that cycle.

Often, where there is domestic violence, there is child abuse. Even when domestic violence is only witnessed by a child -- that is child abuse just the same.

Thank you for helping place Florida in the forefront of preventing family violence. Our good work has led to a higher awareness of domestic and sexual violence -- and it's helping to prevent child abuse.

However, last year, 91 Florida children died from child abuse.

The facts on these cases are heart-wrenching. But, their stories are real -- and they're repeated time and time again.

Bradley McGee, Lucas Clambrone and more recently Kendia Lockhart. With each of these high profile cases, we ask "Why? How could this happen?"

The names change, the answers stay the same.

We must strengthen the corps of people working in our communities to keep our children safe and sound.

I recently had the opportunity to shadow a few of our child protective services workers for part of their day. It was an eye-opening experience.

I encourage you to take some time and go out with these workers. See where they have to go and what they are dealing with.

You'll find that they are not the Gestapo -- they're closer to guardian angels.

Go see for yourself. They are overworked and don't get the support they need.

We need to invest in these workers and pass a training and pay plan that rewards competency. This will help us retain the best workers in this most critical job and help them make the smart decisions we demand they make.

STRENGTHENING EDUCATION

Education is the primary children's issue that we'll address during this session.

We all have our individual lists of what SHOULD be done to improve our schools. Perhaps we could focus on a short list of what MUST be done.

I think we would all agree that we must:

- increase school standards;
- reduce crowded schools; and
- make schools a safe place for our kids.

PROMOTING HIGHER STANDARDS

We need to start by challenging every parent to have their children reading by the end of the first grade.

We can help by providing one-on-one instruction for first graders who need help learning to read. Let's do this. We can't afford to leave any child behind.

We've all seen the studies that show only 54 percent of students have the math, reading and writing skills to succeed in college. We know that, more than ever, students need higher skills to succeed in the workplace.

That means we must expect more of them throughout their school days.

How long will we pay $57 million per year to remediate students at the community college level who don't have adequate reading, writing and math skills?

How long will we pay $126 million for drop out prevention programs?

Florida is ahead of the nation on setting standards. Our efforts in math are already receiving national attention. We can do better.

- Kids ought to be able to read, write and do math at their grade level. Those who don't should receive the help they need.
- Our children ought to have critical thinking skills, and ought to be able to apply that knowledge in their studies -- and in their lives.
- And every high school graduate in Florida should know and understand basic Algebra.

If you send me a clean bill to raise school standards, I will sign it. Let's make that the first piece of business this session.

ENDING SCHOOL OVERCROWDING

Last year, after I returned from the National Education Summit, I asked Lt. Governor MacKay and Dr. Jack Critchfield, C-E-O of Florida Progress Corporation to lead a Governor's Commission on Education.

This two-year citizen's panel is made up of some of the state's top leaders.
Its first recommendation is that we take immediate action to end overcrowding in our schools.

You'll recall, this isn't the first time Florida's faced an overcrowding problem. Less than four years ago, we faced an overcrowding problem in our prisons. The need was so urgent that I called you back in a special session to address it.

We made room for CRIMINALS in our PRISONS. Now, I challenge you to make room for CHILDREN in our SCHOOLS.

I understand the concerns that many of you have when you say waste helped put our schools in this hole. But, I don't think our schools wasted $3 billion.

We must take action. Standing room only classrooms are a roadblock to our children's education.

Let's adopt the Education Commission's recommendation. Let's EXPAND the gross receipts tax as a tool to SHRINK class sizes in our state. Let this be the session where the districts get every tool they need to end school overcrowding.

PROMOTING SAFE SCHOOLS

Our schools also must be "safe zones" for our children to learn. Recently, I attended a town meeting on school safety in West Palm Beach.

At that meeting, I heard from the mother of Johnpierre Kamel. Her 14 -year-old son was shot to death recently during a school yard argument over a watch. She gave moving testimony on why we must stop the violence.

I was impressed that this mother, who just lost her son, spoke with love -- and not vengeance -- in her heart.

Whether it's fists or firearms, this tragedy illustrates why we must expand our safe schools program. We must provide a secure place for teachers to teach and children to learn.

OPENING THE DOOR TO HIGHER EDUCATION

Higher standards; smaller classrooms and safe schools are the basics when it comes to helping our kids learn. But, our economy demands that we also must provide a quality higher education for our children.

I trust we will move forward and increase college tuition. This will continue our goal to create a world-class university system.

Last year, the Legislature took a great step to restore the Lottery's promise. I want to thank you for creating the Lottery Scholarship program. But, there was a slight oversight.

There were no dollars provided for the program. I've taken care of that in my budget. I know you will, too.

With the higher college tuition though, we must ensure we don't price out our neediest students.

It's important to reward educational achievement but, we need to look at all our financial assistance programs -- including the lottery scholarship -- to provide more for needy students.

FIGHTING TOBACCO

As we are talking about how to promote our children's education, we must ensure that they learn about being healthy.

Every year, 40,000 of our Florida kids start smoking. That's the equivalent of three classrooms full of kids that start smoking every day. One-third of those children will die from a smoking-related injury. Why is this happening?

"Tobacco is a "highly... effective and cheap drug"
and cigarettes are "a 'drug' administration system."

That's not me talking. That's a quote from a memo written by a researcher for British American Tobacco Industries -- the parent company of Brown & Williamson Tobacco Corporation.

That, and a number of other "secret" documents are coming to light from our lawsuit and others around the nation.

They're showing that the tobacco cartel has known for a very long time how addictive its products are.

Last year, tobacco became the leading cause of death in our state -- killing more Floridians than murders, car crashes, suicides, AIDS and fires combined.

And cigarettes have served as a gateway to illicit drugs for too many of our children. A study of Florida teens who smoke or use other tobacco products show they are:

-- three times more likely to drink alcohol;
-- six times more likely to use marijuana; and
-- eight times more likely to use cocaine.

We know there are ways to protect our kids from tobacco. California has shown the way by implementing a comprehensive tobacco education program. That program has helped decrease smoking in the state by 40 percent.

I've proposed a 10-cent hike in the cigarette tax to help educate our kids about tobacco. If we could decrease smoking in this state by 40 percent, we would realize tremendous savings. Please join me in protecting our kids from tobacco.

MAKING INVESTMENT ON THE FRONT END

Can we afford to experiment with these front-end investments? Our experience demonstrates that these front-end investments save dollars.

Six years ago we made a commitment to prenatal care and established Healthy Start.

We've brought infant mortality down by 23 percent to well below the national average. And we've saved at least 1,500 lives because of our investment in prenatal care.

More than that -- we have thousands of kids born healthy at full-term. The savings from this are great.

I had the pleasure of being escorted to the chamber this morning by some of the children whose futures are brighter because of our smart investment that we started five years ago.

We need to expand this ground breaking effort to help even more of our children.

Since 1990, through community partnerships with Kiwanis of Florida, Healthy Start and the Department of Health, we've increased immunization levels among two-year-olds by 21 percent.

Now, more than 80 percent of our two-year olds are immunized.

For every dollar we spend to immunize our child from measles, mumps and rubella we save more than $14 in health care costs.

More than that, we don't have to worry about a massive outbreak of these preventable childhood diseases anymore.

To improve education, we also must ensure our kids are healthy when they get to school. We know a sick child can't learn. That's why I'm asking you to help us expand the Healthy Kids program.

We've reduced emergency room visits by up to 70 percent in Healthy Kids counties. School attendance and grades are up among children participating in the program.

We currently serve nearly 30,000 children in 16 counties. Let's boost the program and triple the number of kids in the program and expand it to 12 more counties this year.

Does your county have a Healthy Kids program? If it doesn't, maybe this is the session you need to ask "Why Not?"

We've seen our front-end programs that bear tremendous fruit. But, it's the back end programs that are gnawing away at our budget year after year.

Over the past six years, funding for prisons has grown by two-thirds and juvenile justice funding has jumped by half. We've taken the necessary steps to keep criminals locked up for at least 85 percent of their sentences. There are no waiting lists for admission to our prison system.

We do have a waiting list for prekindergarten -- and there are 13,000 children on it.

We do have a waiting list for women who need Healthy Start -- there are 30,000 mothers on it.

We do have a waiting list for child care so parents can go to work -- there are more than 30,000 children on it.

When you look at the budget, you see we've got it backwards. For every dollar Florida spends on prevention services for kids, we spend $2.50 directly on prisons, juvenile justice and other back end items.

It's not an either or. We can't stop the back end programs. They deal with the results of our neglect. But, do we want to do something that will reduce the percentage of our budget that goes to these programs?

Let's take a hard look at the way we develop our budget. And let's ensure our kids have a seat at the table when conference committee time comes around.

I know many of you sincerely believe that we can't afford to pay for these things. But, none of us said we can't afford to make felons serve longer sentences.

We don't say we can't afford to build the level 8 and 10 beds to take dangerous juveniles off the street.

We had to do that. I submit we can't afford not to fund these front-end programs for our kids. It's pay now or pay more later. And we are paying more later. Too much more.

STATE OF THE STATE: STATE OF OUR CHILDREN

As Governor, it is my privilege to be able to address the Legislature each year and discuss the state's most important issues. Although this is called the "State of the State" I think the real question is: What is the state of our children?

Today the answer is poor. But, the answer for the future lies in the action you take during this session.

500 kids are born in Florida every day. So, 30,000 will be born during this Legislative Session.

How they fare will answer the questions of whether we will have that higher-skilled, higher-paid workforce... or a mediocre state rife with problems and unhappy people.

My journey has made a big circle. It has brought me back to the beginning. All my years, all my gray hair, all my failures and successes tell me children is where it's at.

My message is simple: To be a successful state, we must nurture successful children. And that begins at gestation.

Today, the game begins.

Let's not forget first base.

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Rhode Island

Rhode Island Governor Lincoln Almond has made young children's well being a top priority. A Children's Cabinet, composed of state agency directors and chaired by the governor's director of policy, is taking the lead in reforming the state's health and human service system to make it more responsive to community and family needs.

Rhode Island has a strong track record in ensuring high-quality health care for disadvantaged children. Its Department of Health has created a universal screening system for identifying the health and social risks of all newborns. A model statewide tracking and follow-up system for child immunizations is now being developed with funding from the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation. Medicaid coverage of uninsured pregnant women and preventive health care for children is among the best in the nation, and community outreach programs offering continuous health care and parent support are promising. Rhode Island's linkages between school restructuring and comprehensive health education are very strong.

Rhode Island's project will connect its strong public health infrastructure to an emerging system of comprehensive family centers that are being established by the governor, the state legislature, and the private sector. With $2 million in federal, state, municipal, and private funding for "child opportunity zones" that have been developed in twenty low-income communities since early 1994, family centers typically focus on meeting the social and health needs of families with school-age children. The state's Starting Points project will test the feasibility of focusing these centers on meeting the needs of young children before they enter school. In the first year, four family centers, including two in Providence, will receive incentive grants and technical assistance to concentrate on improving the quality of child care, promoting responsible parenthood, and ensuring good health care. Two more centers will receive support in the second year of the project. The Children's Cabinet will commission an independent evaluation of the performance of the family centers; the evaluation will include recommendations for policy and program reforms.

Public education about the Starting Points project will aim both to inform the public and to develop leadership in critical sectors. Public hearings and community meetings focusing on young children's needs will include government officials, consumer advocates, corporate executives, and representatives of professional, civic, and social organizations. Stakeholder mobilization will be led by the Lt. Governor's Partnership for Early Childhood Education.

The project is codirected by staff from the Department of Elementary and Secondary Education and the Department of Health, with the former overseeing the management of the project. The state, the Rhode Island Foundation, and the United Way of Southeastern New England are providing matching funds.

- multi-agency
- public educ.
- stakeholder mobilization

* ensuring high-quality health care infrastructure in place; link to
* child opportunity zones in 20 low-income communities

Rhode Island

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Ohio

Governor George V. Voinovich and the Ohio legislature have made a strong commitment to families and young children. With the creation of the Ohio Family and Children First Initiative (OFCF) in 1992, the state began a fundamental restructuring of its education, health, and social services system; the goal of the restructuring was to ensure that all of Ohio's young children start school ready to learn.

A cornerstone of this restructuring is the creation of county-level OFCF Councils, whose work informs the state's financing, organization, and delivery of children's services. Most of Ohio's eighty-eight counties have established councils, and thirty have received special state and federal funding to implement a new program, Ohio Early Start, that seeks to support families with children under age three who are at risk of abuse, neglect, or developmental delay. The councils coordinate many other early childhood programs, such as family support centers and the state's expansion of Head Start to meet the needs of all eligible three- and four-year-olds. The OFCF Councils have proven to be an innovative statewide public-private partnership program. Help Me Grow is an example of a statewide public education initiative financed by a public-private partnership which provides information and assistance to all new parents through a telephone hotline service, parenting guidebooks, and incentives to use preventive health care.

Ohio's Starting Points project will create five regional technical assistance teams that will use the new Ohio Early Start initiative to further integrate various early childhood programs and funding. Each Starting Points team will serve as a clearinghouse of information about program design and services integration, effective professional training models, methods of financing programs, and quality review techniques. Each team will serve as a liaison between the state departments and local county councils of OFCF. Parent involvement coordinators will be part of each team. They will serve as part of the technical assistance teams to ensure that parent needs are being met and that their expertise is used well in designing new programs or services.

The project will also conduct an evaluation of the Ohio Early Start and related policy innovations. An evaluation steering committee—consisting parents, state and local child-serving agency representatives, faculty from Ohio State University and the University of Cincinnati, and other program and policy experts—will be responsible for suggesting the evaluations to be conducted, overseeing the evaluation design, and making policy recommendations based on the findings.

Ohio's Starting Points project is managed by the Ohio Department of Health and OFCF through the governor's office. The state provides matching funds.

coordinating
county level Councils

Ohio

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Highlights of National and State Initiatives for Young Children

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The earliest years of a child's life have a decisive, long-lasting impact on his or her development. The following national and state programs help lay the foundation to enable children to become healthy, responsible, and productive citizens.

National Programs Serving Young Children

Healthy Families America seeks to ensure that all new parents, particularly those facing the greatest challenges, receive the education and support they need to help their children get a healthy start in life. The program provides services through home visits that focus on parenting skills, child development, child health, and other aspects of family functions. It uses intensive, comprehensive, long-term, flexible, and culturally respectful approaches. The national program model is based on two decades of research and the experience of the Hawaii Healthy Start program. More than 100 local programs have been established in 20 states.

Parents and Teachers (PAT) is a home-school-community partnership based on the philosophy that parents are children's first and most influential teachers. Trained PAT professionals offer parents timely information on their children's development and learning through regularly scheduled home visits, parenting education, group meetings, screenings, and referrals to other social service agencies. The Parents as Teachers National Center was established by the Missouri Department of Education, and local programs are operating in forty-four states, the District of Columbia, and five foreign countries.

Head Start was launched by the federal Office of Economic Opportunity in 1965 to help break the intergenerational cycle of poverty by providing low-income preschool children with a comprehensive program to meet their emotional, psychological, social, health, and nutritional needs. Program components include education; health, including medical, dental, nutritional, and mental health services; social services; and parent involvement. Communities adapt these components to meet the needs of local children, but they must meet national performance standards. Some states supplement the federal funds available to their Head Start programs to enable them to serve additional children or to extend Head Start services from a half day to a full day. The federal Head Start Bureau administers 1,700 Head Start programs that are run locally by community-based nonprofit organizations and school systems.

Early Head Start expands the successful Head Start model to serve children from birth to three years of age. To meet the unique requirements of infants, the program will test new services, including a special three-generational model with grandparents, parents, and children; and new parent-child interactive models. Some programs will target families with particular needs, such as teen parent families and families with histories of substance abuse. There are 142 Early Head Start programs in 42 states and the District of Columbia.

State Efforts to Coordinate Early Care and Education Initiatives

With so many different early childhood programs targeting services to the same children, Governors have endeavored to improve coordination and collaboration among the programs. For example, coordinating councils for early care and education have been established in Arkansas, Colorado, Florida, Georgia, Oklahoma, Oregon, and Vermont. In Alaska, Ohio, and West Virginia, coordinating committees are operating out of Governors' cabinet councils for children's services. In Indiana and North Carolina, Governors have encouraged and supported coordinating structures for early care and education at the local level. The ultimate goal of these gubernatorial initiatives is to build systems of integrated and comprehensive early childhood services that support all families. Existing resources can be maximized through shared staff training and other services. Integration of the various early care programs also eliminates the segregation of poor or disabled children in separate programs and classrooms. If carefully constructed, these systems could eliminate duplication and better serve more children and families.

The following states provide examples of efforts to coordinate early care and education.

Colorado

First Impressions, Governor Roy Romer's early childhood initiative, oversees several projects designed to improve the state's capacity to respond to the needs of families with young children. To better integrate early care and education services within state government, the ~overnor created the ~olorado ~hildren's ~abinet.

care and education services within state government, the Governor created the Colorado Children's Cabinet. Members of the Responsible Fatherhood project work with community leaders to address issues related to fatherless children. Bright Beginnings is a public-private project that trains volunteers to make home visits to the parents of all newborn babies in the state. In his state-of-the-state address, Governor Romer defined a twelve-point plan to improve the quality, affordability, and accessibility of child care. The plan builds on several years of work that has included establishing a career development system for early childhood teachers, creating a seamless child care subsidy system, planning for a more integrated system of early care and education, and developing a child care financing plan.

Georgia

Georgia is moving rapidly to develop a comprehensive, integrated system that serves children and families. In 1995 state legislation established both the Georgia Policy Council for Children and Families and local community partnerships as change agents for children and families. The nineteen-member council includes five key agency heads and business, religious, and local community leaders. The council has identified twenty-six benchmarks in five results areas to track the state's progress in improving outcomes for children and families. Many of these benchmarks have a prevention focus, encouraging communities to invest in the health and development of young children. The policy council builds on Georgia's community-based Family Connection initiative. Each of the seventy-one Family Connection communities has developed plans to build collaborative groups to assess the needs and assets of the community, integrate comprehensive services for children and families, and assume accountability for results. Originally funded through a private foundation, Family Connection now receives state funding because of the support of Governor Zell Miller and state legislators. Governor Miller also has sponsored two statewide initiatives for young children. All four-year-olds are eligible for a voluntary prekindergarten program, and screening and followup services are provided for all new parents and their young children through the Children 1st initiative. Followup services include family support, health, and child development services through the first three years of the children's lives.

Minnesota

A state children's cabinet and interagency technical assistance team provide planning grants, service delivery grants, and technical assistance to support local planning efforts on behalf of children and families. Local family service collaboratives assess community needs and design plans to integrate services for children and families, which must include explicit provisions for serving pregnant women and young children. The state also funds parent education, early care and education, locally designed school-readiness strategies, and other programs for young children and families. For example, the Early Childhood and Family Education Program provides parent education, home visits, early screening for health and developmental problems, and information on other community resources to all families with children below age four. The Children's Services Report Card measures children's progress by tracking twenty-one indicators in each county. The report card is a part of the state's larger effort, Minnesota Milestones, which identifies indicators and benchmarks to measure achievement in improving the lives of children and families.

North Carolina

Smart Start is North Carolina's initiative to help all children enter school healthy and ready to succeed. It is designed to provide quality early childhood education, health care, and other family services for every child in the critical first five years of life. The hallmark of Smart Start is local control and accountability. Local Partnerships for Children is an organization that brings together parents, educators, child care providers, churches, businesses, and nonprofit organizations to design programs that meet the needs of children and families. The North Carolina Partnership for Children is a state-level, public-private partnership that provides guidance and technical support to local communities. It also assumes fiscal control over Smart Start through a strict accountability plan. Since Governor James B. Hunt Jr. created Smart Start in 1993, more children are receiving child care subsidies so that their parents can work, and the number of quality child care centers has increased 60 percent in the thirty-two Smart Start counties. Immunizations, early intervention, and preventive health screenings have also increased dramatically for young children. In addition to the state funds that each Smart Start county receives, the private sector has contributed more than $15.6 million in cash, in-kind services, and volunteer time. Smart Start partnerships currently exist in 55 counties, and Governor Hunt has set a goal of expanding the initiative to all 100 North Carolina counties.

Ohio

The Ohio Family and Children First initiative promotes coordination and collaboration among state and local governments, nonprofit organizations, businesses, and parents for the benefit of Ohio's children. The cabinet council is composed of directors of human service-related agencies, and focuses on three key objectives: ensuring that infants and children are healthier; increasing access to quality preschool and child care for families desiring enrollment; and improving services to aid family stability. At the local level, each of Ohio's eighty-eight counties has established a Family and Children First Council whose membership includes representatives from public child-serving systems and families who have received services. Local councils review all existing programs for children; retool programs to produce better results; fill services gaps; and invent new approaches, as needed. They also are responsible for developing countywide service coordination plans for all children and family services. Technical assistance to local councils is provided by a state management team composed of executives loaned from each of the human service-related agencies. Ohio leads the nation in state funding for Head Start, enrolling more children than any other state. In addition, extensive investments have been made in expanding health care coverage to children; establishing school-readiness resource centers in urban school districts; establishing mechanisms to identify children from birth to age three who are at risk of child abuse, neglect, or developmental delay; and creating incentive funding to reduce the number of out-of-home placements.

Vermont

The State Early Childhood Work Group is an interagency state-level workgroup that facilitates state-level linkages and flexible resource allocation to improve program coordination across early care and education programs. Its activities include holding collaborative training sessions for early care providers, integrating state child care and Head Start resources, and streamlining intake and eligibility regulations and reporting. Vermont's Success by Six initiative encourages local communities to develop a comprehensive vision and service plan for young children and families. Communities apply to the state for flexible funding to support their vision, and the State Early Childhood Work Group informally helps communities to design and implement their plans. Local program strategies range from literacy programs for a few families to universal home visiting for all pregnant women and families with young children. Sixteen parent-child centers also provide statewide support to all families with children up to age three. Services include child care, home visiting, play groups, crisis intervention, parent education, and information and referrals to other services. Parent-child centers receive funding from a variety of sources, but core funding is provided by the state.

More information on state initiatives for young children is available in:

- National Center for Children and Poverty, *Map and Track: State Initiatives for Young Children and Families* (New York, N.Y.: National Center for Children and Poverty, 1996). *Map and Track* is a biannual report that tracks state initiatives and investments in young children, as well as state indicators of child well-being.

  The Families and Work Institute, *Community Mobilization: Strategies to Support Young Children and Their Families* (New York, N.Y.: Families and Work Institute, 1996). The Families and Work Institute is a lead organization in the "I Am Your Child" public engagement campaign.

4/24/97 REVISED

FIRST LADY HILLARY RODHAM CLINTON
REMARKS AT EARLY CHILD DEVELOPMENT SYMPOSIUM
PRINCETON UNIVERSITY
PRINCETON, NEW JERSEY
APRIL 25, 1997

Acknowledgments: Princeton, Woodrow Wilson School of Public and International Affairs, the New Jersey Legislature.

First, in the interests of saving a lot of people a lot of time, I do want to make one announcement: I cannot tell you where my daughter is going to college. Because, believe it or not, I do not know where my daughter is going to college.

I can tell you, however, that my good friend Eleanor Roosevelt, on behalf of her good friend Ellen Wilson, President Wilson's first wife, has been lobbying me heavily on behalf of this wonderful institution.

My husband and I have been thinking quite a bit about our daughter's childhood -- not just because she will be leaving us for college somewhere in the United States, but also because of the exciting national discussion that has begun about child development in the earliest years. Science now confirms what many parents have instinctively known all along -- that the song a father sings to his child in the morning, or a story a mother reads to her child before bed, help lay the foundation for a child's life, and, in turn, for our nation's future.

As many of you know -- for many of you were there or with us via satellite [including people at Rutgers] -- we held a conference at the White House last week to give the leading experts in the field of early childhood development -- the scientists, pediatricians, researchers, and others -- the opportunity to explain their discoveries and to put this invaluable body of knowledge at the service of America's families.

But not just America's families. This information is indispensable for anyone in the position of leaving an impression on a young child's growing mind -- day-care workers, teachers, doctors and nurses, television writers and producers, business leaders, Presidents and First Ladies, [pause] and state legislators.

So this morning, I would like to share a bit about what we learned at the conference last week, and then speak about where we might go next. How do we turn this body of knowledge into sound policy that will enable the next generation of Americans to live up to their God-given promise? What should the federal government do? And what can state governments do -- what, for example, can you in the New Jersey legislature do to see to it that our children get the right start in life, one that will enable them to grow into the good, productive citizens our country is going to need in the next century?

It is astonishing what we now know about the young brain and how children develop. Just 15 years ago, we thought that a baby's brain structure was virtually complete at birth. Now, we understand that it is a work in progress, and that everything we do with a child has some kind of potential physical influence on that rapidly forming brain. As one participant said at the conference, "nature and nurture don't compete -- they cooperate."

A child's earliest experiences, their relationships with parents and care-givers, the sights and sounds and smells and feelings they encounter, the challenges they meet, determine how their brains are wired. And that brain shapes itself through repeated experiences. The more something is repeated, the stronger the neuro-circuitry becomes. And those connections, in turn, can be permanent. In this way, the seemingly trivial events of our earliest months that we are unable to remember -- hearing a song or a story, getting a hug after falling down, knowing when to expect a smile -- are anything but.

Experiences in the first three years of life can determine how well a child can learn. When we speak, read, or play with an infant, we activate the connections in that child's brain that will one day enable her to think and read and speak and solve problems herself.

Experiences in the early years also have tremendous bearing on whether or not these children will grow up to be peaceful or violent citizens, focused or undisciplined workers, attentive or detached parents themselves -- for it is during this time that children learn to soothe themselves when they're upset, to empathize, to get along with others.

As the President said, "babies understand more than we have understood about them." Well, I walked out of the East Room confident that we're going to be able to close the gap.

If I were to summarize the conference, I would distill its lessons to four points.

First, the earliest years of a child's life are critical. They cannot be overlooked, ignored, minimized, shoved to the side. The first three years can set the course for a lifetime.

Second, the activities that are the easiest, cheapest, and most fun to do with a child are also the best for his or her development -- playing games, reading, story-telling, just talking and listening. Bill and I loved reading to our daughter. We hope it was fun for her. But we had no idea back then that what we were doing was literally turning on the power in her brain, firing up the connections that would enable her to speak and to read.

Third, we have this information because of the work of scientists, doctors, and researchers. But we also have it because of the federal government. The government supports more than 90% of all children's research. Since 1993, our investment in this work at the National Institutes of Health increased 25%. This year, NIH will spend $904 million on research of young children. Without the commitment of our government, much of this critical information would remain undiscovered. We do have a role to play.

And fourth, not only do we know how the brain develops in the early years, we also know what we can do to support that development. There are programs out there that work.

Healthy Families America is one example. This national effort, with 16 programs in New Jersey, sees to it that at-risk children in at-risk families get help and guidance right from birth. Parents, many of whom are living under the intense pressure of poverty, are shown how to care for their children, to meet their infant's physical and emotional needs. Home visitations are constant. The community is encouraged to get involved. The result? Fewer incidents of child abuse and neglect. Stronger bonds between parents and children.

States are devising their own cutting-edge initiatives to protect our youngest children. Minnesota's Early Childhood and Family Education Program provides parenting education through home visits. It also works to screen health and development problems for children under four. Ohio's Family and Children First Initiative marshals government and community groups to provide a full-range of health-care and child-care for infants and toddlers. In Colorado, there's a campaign to encourage parents to read to their children every day. And in Florida, child care, adoption, and abuse prevention programs work together in a comprehensive, integrated effort to promote the well-being of young children. The list goes on. These initiatives are backed by Republicans and Democrats alike. And they are making a difference.

We know this. In fact, on the day of the conference, the President's Council of Economic Advisers issued a report spelling out, in great detail, that modest investments in the sound development of our children now, will yield great returns tomorrow -- in terms of increased prosperity, better health, fewer social ills, and ever-greater opportunities for our citizens.

That's why the President has made such an effort to strengthen the public programs that bear directly on early childhood development -- creating Early Head Start, expanding Head Start by 43% over the last four years; expanding the WIC program by nearly 2 million participants.

So we are making progress. But I think we all know that we have a lot more to do to strengthen the foundation of security for our youngest children. We must act in a number of areas -- from seeing to it that all pregnant women have access to quality prenatal care to expanding health care for children to teaching community police officers how to care for very young children who have witnessed or been subject to violence.

But there is one area of signal importance that I would like to focus on today: Child care. Child care is about to play a greater role than ever before in the social, intellectual, and emotional development of America's children.

Why?

First, because we now know for certain that child care works, that it can be beneficial to young children. According to new studies, good care is good care -- whether that care is given at home or at a day-care center. Child care merits our investment.

Second, welfare reform is going to increase demand for child care. Parents are going to go back to work. And when they do, they are going to need good, safe places for their young children go. Think about how important quality care is in this light. Parents struggling to get back into the workplace cannot afford to worry about whether or not their child is being looked after properly. And our nation cannot afford to take risks with the development of our children.

It would be the cruelest of ironies: To help a generation of welfare recipients find new meaning in a life of work, and at the same time to place their children in second-rate, cut-rate child care -- care that could slow their development, limit their intellectual growth, put them at risk, and decrease their chances of escaping the American underclass.

Our responsibility here is tremendous. That is why the President fought so hard to get Congress to add $4 billion for child care to the welfare reform bill. And that is why state governments, who will now administer that money under the new law, have to think very carefully about how they are going to spend it.

I think there are reasons to be optimistic. States are getting money for welfare reform based on the peak case load in 1994. Since then, however, the welfare rolls have been reduced by 2.8 million people. So, for a time, states may have extra funds that can be put into child care. This could give states an unprecedented opportunity to train more child care workers, to use funds to help even more people move from welfare to work, and even to provide additional support for low-income workers to make child-care more affordable.

If focused on child care, the welfare reform bill has the potential to create a more comprehensive quality system of child care than we have ever had before.

I was pleased to learn that yesterday, your governor, Christie Todd Whitman, announced an important initiative to improve the quality and quantity of child care in New Jersey. I hope more states follow New Jersey's lead.

I believe the federal government can be an important partner in these efforts -- especially when it comes to helping states develop high safety and quality standards for child care. In fact, last week the President issued an executive memorandum to do just that. He directed the Department of Defense, which has created what many experts consider to be the best child care system in the country, to share its success with state and local governments.

The military's child care system has everything parents would want for their children. High standards, including a high percentage of accredited centers; a strong enforcement system with unannounced inspections; a toll-free number for parents to call and report whatever concerns they may have; mandatory training; good wages and solid benefits, which result in lower turnover and a more experienced staff.

The President asked the military to work with civilian child care centers to help them bring this level of quality to all American children. We hope the military will show civilian child care providers how to improve quality, become accredited, and operate successfully. We hope the military will work with state and local governments to give on-the-job training and child care to people moving from welfare to work.

I hope all states will take advantage of the military's wisdom. And I challenge New Jersey to be the first state to build one of these partnerships. You have terrific resources right next door. At McGuire Air Force Base. At Fort Dix. At Fort Monmouth. These installations are your neighbors. And I very much hope you will reach out to them.

I hope, too, that this is only the first step in a larger effort. We need to have an honest discussion about the strengths and weaknesses of child care in our country. And then we need to translate that discussion into action. It is for this reason that the President announced a special conference devoted exclusively to child care that will take place at the White House this fall.

Before I close, want to say a special word about adoption. The President has made adoption a priority -- setting a goal of doubling the number of adoptions by the Year 2002. The findings presented at last week's conference only underscore the urgency of this mission. Because so much development takes place so early, it is vital that we move children out of the limbo of foster care as quickly as possible.

But the conference told us something else, too: We cannot give up. The early years are not the only years. The brain is the last organ to become fully mature anatomically. The neurological circuitry for many emotions isn't completed until a child reaches 15. That means that adoptive parents can make an enormous difference not just for very young children, but for older ones, too.

It also means that the good work we do to promote development in the first 3 years must be continued over a lifetime of learning -- from grade school, to high-school, to college, and beyond. Anyone who was here for last year's commencement knows that this is something my husband feels strongly about.

Requiring our students to meet world-class standards is essential to meeting this goal. I applaud New Jersey for its efforts to put in place rigorous standards for its students. And I hope you will build on this commitment by participating in the national tests the President is advocating -- reading in 4th grade, math in 8th grade. These tests will complement your efforts and enable us, truly, to measure our progress against the world.

Of course, proper care in the first three years of life will make it easier for our children to meet these standards. That's pretty much what it comes down to: Invest now, or pay later. Start right, or run the risk of spending a lot of time playing catch up. If we commit ourselves to the health and sound development of our children now -- including our very youngest children -- we will pass on to America a future with fewer drugs, less violence, lower crime, less poverty, better lives. In short, we will have lived up to our bedrock values.

We have reached the point where our understanding of a child's mind is catching up with our understanding of a child's body. During the first part of the 20th century, science built a strong foundation for the physical health of our children: Clean water and safe food; vaccines for preventable diseases; an understanding of nutrition. The last years of this century are yielding similar breakthroughs, but for the brain. We are coming closer to the day when we will be able to ensure the well-being of children in every domain -- physical, social, intellectual, and emotional. We can complete the job of primary prevention. Let us act.

· Chiles
Healthy Start
· Rutgers Satellite
✓ Minn. - R?

Jeanne Brooks-Gunn

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DAVID SHIPLEY [redacted]
04/23/97 11:55:12 AM

Record Type: Record

To: Carrie E. Greenstein/OPD/EOP

cc:
Subject:

Mrs. Clinton wanted me to get in touch with a professor at Columbia to talk about her Princeton speech. Problem is, we don't have this woman's name. Would you be kind enough to get it for me by early afternoon?

Her name is Jean Brooks-Gann (or Gunn). She teaches at Columbia in NYC. You could try there. Or you could try to get her number through the person who recommended her to Mrs. Clinton: Melissa Ludke at 617-354-1728.

Thanks,

David

- Creanne Brooks

Gunn

Columbia U

212-678-3369

assistant Veronica Holdy

Prince

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TEACHERS COLLEGE COLUMBIA UNIVERSITY

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FAX

TO: David Shipley

FR: Jeanne Brooks-Gunn

DT: 4/23/97

RE: As requested.

PAGES: 19 **INCLUDING COVER PAGE**

TEACHERS COLLEGE
COLUMBIA UNIVERSITY

JEANNE BROOKS-GUNN
VIRGINIA AND LEONARD MARX PROFESSOR
CHILD DEVELOPMENT AND EDUCATION

April 23, 1997

David Shipley
Office of The First Lady
The White House
Washington, DC

Dear David,

We are attaching a few pieces that might be helpful to you. I have circled the key pages to read (knowing that you have a quick turn-around).

POINTS:

Different types of programs for young children and families

All focus on supporting parents in the daily tasks of rearing healthy youngsters

Most also focus on providing children the experiences necessary for learning and for entering school.

Home visiting for pregnant women & new parents-Healthy Families America Healthy Steps--evidence from Hawaii that Healthy Families American home program reduces child abuse and neglect and promotes better relationships between parent and child-- the Elmira Project, another perinatal program, reduced the incidence of low birthweight and smoking in pregnant women.

Home visiting for parents of toddlers and preschoolers--HIPPY and PAT New evidence from Jeanne Brooks-Gunn (JBG) of Center for Young Children at Teachers College--that HIPPY's literacy program is associated with better reading achievement scores in 1st grade and less grade failure (repeating grade).

Center-based programs for 2 and 3 year old children, coupled with home visiting over the first three years of life--Infant Health and Development Program has found significant sustained effects on IQ and math achievement at age 8--5 years after the program ended. This is largest study of early intervention--8 sites with about 1000 families followed by JBG and colleagues at Teachers College, Columbia University (effects for children who were not very low birth weight--i.e., works for vast majority of children, but not the most biologically vulnerable--but too much for a speech). This program also found increased maternal emotional well-being (decreased depressive symptoms) and increased ability to cope with life's daily hassles--both of these were related to lower behavior problems in the children in the treatment group.

Early Head Start major initiative by feds with home visiting and center based care--like the IHDP. Being evaluated by Columbia University--JBG and Mathematica, Inc (located in Princeton, NJ).

Quality of Child care in centers and in family homes makes a difference (from White House conference and Galinsky).

WHAT CAN STATES DO?

- Healthy Families America programs funded by about 30 state departments of health

- Child care block grant money to provide wrap-around care, or more openings in EHS and HS-like programs in communities

- State technical centers and outreach to help existing centers to improve--a pilot conducted in Patterson, NJ a few years ago on this model. In part funded by NJ State.

Call if questions (212-678-3369 today and 609-258-5868 thursday)

Sincerely,

JBG

The Effectiveness of Early Intervention:

Examining and Pathways to Enhanced Development

Jeanne Brooks-Gunn & Lisa Berlin
Teacher's College, Columbia University

Cecelia McCarton
Albert Einstein School Medicine

Marie McCormick
Harvard School of Public Health

Early Human development: Vulnerability and Opportunity

Early human development is at once a time of great vulnerability and great opportunity. Humans' first three years comprise a longer period of immaturity and dependence than is experienced by any other species. At the same time, this period is characterized by rapid and dramatic physical and mental developments. These developments, in turn, are increasingly being viewed as the principal building blocks of adult cognitive and emotional functioning. Evidence of the current, widespread interest in understanding and enhancing early development include the Carnegie Corporation's recent pair of reports (Starting Points [1994] and Years of Promise [1996]),[1] the cover article of a current Time ("How A Child's Brain Develops" [February 3, 1997]),[2] and the President's recently-established Early Childhood Initiative[3]. A theme common to each of these endeavors is the importance of early experiences--especially supportive relationships and intellectual stimulation--for later development.

The current interest in early development originated in part from a series of early intervention programs implemented in the 1960's as part of the Johnson administration's "war on poverty." Many of these programs drew on the writings of contemporary scholars emphasizing the power of early experiences for shaping individual development.[4] According to this perspective, early development lays the groundwork for cognitive and perhaps emotional development. Although individuals can change over the life course, once a trajectory is initiated, changes are difficult to implement and even hard to sustain. During the 1970's and 1980's, developmentalists questioned whether this focus on the first few years of life was too rigid, suggesting instead that limited or injurious early experiences do not necessarily doom people to a lifetime of limited competence. Instead, later life changes can and do occur.[5] The current perspective on early development and intervention takes an even more nuanced approach. This approach eschews determinism but at the same time presumes that altering the life trajectories of people who have not had supportive early experiences is more difficult than providing these experiences in the first place.[6]

Recent findings from some of our work on the effects of income poverty further illustrate this perspective. Specifically, income poverty, as has long been assumed, has negative consequences for children.[7] These negative consequences span the life course from birth (e.g., low birthweight) through toddlerhood and the preschool years (e.g., cognitive test scores), to adolescence (e.g., high school completion, literacy, and teenage childbearing). The effects of poverty have been documented above and beyond the effects of other demographic and social indicators including single parenthood, parental education, parental occupation, neighborhood poverty/affluence, and ethnicity.[8] To build on and add to this knowledge, members of our research team have recently drawn on data for 1300 youth from the nationally representative Panel Survey of Income Dynamics.[9] Specifically, we have

examined the question of whether the timing of income poverty effects high school graduation and entrance into post-secondary school education.[10] We investigated three developmental periods: early childhood (one to five years), middle childhood (six to 10 years), and early adolescence (11 to 15 years). Only income poverty during the early childhood period was associated with high school graduation rates.

The Promise of Early Intervention

As the "Synthesis and Profile" report will illustrate, to date, many evaluations of early intervention have focussed principally on outcomes related to children's cognitive development and have neglected outcomes centering on children's socioemotional development. Similarly, although parents are generally viewed as playing a pivotal role in early intervention programs, relatively little attention has been paid to parenting beliefs and behaviors as either outcomes or mediating pathways.[24] Finally, the "Synthesis and Profile" report will emphasize the importance of researchers looking beyond intervention group differences to examine the extent to which early intervention effects are more pronounced for some children and families than others and to examine the processes underlying children's and families' participation in early intervention programs. In the subsequent sections of this article we will summarize findings from the Infant Health and Development Program that help address these outstanding issues.

The Infant Health and Development Program

Background

The Infant Health and Development Program served a particularly vulnerable group of infants--low birthweight, premature infants. Low birthweight premature infants are disproportionately likely to face a host of difficulties including major neurosensory handicapping conditions, neurodevelopmental deficits, cognitive delays, academic failures, and social and psychological problems.[25] Currently ongoing, the IHDP evaluation is a longitudinal, eight-site randomized trial of the effectiveness of early child development and family support services for approximately 1000 low birthweight premature infants from birth to age three. The IHDP's large, heterogeneous sample and the availability of a randomly assigned comparison group make the IHDP data a singularly rich source of information on early intervention and on early development, on the whole.

Eligible low birthweight premature infants were those who weighed 2500 or less grams at birth, who were 37 weeks or less post-conceptional age between January, 1985 and October, 1985, and who were born in one of the eight participating medical institutions.[26] Shortly after hospital discharge, eligible infants were stratified by two birthweight groups, "lighter" (< 2001 grams) and "heavier" (2001-2500 grams), and then randomized into either the "intervention" or the "follow-up only" group. Two thirds of the sample came from the lighter group and one third of the sample came from the heavier group. In addition, one third of the infants within each birthweight group was randomly assigned to the intervention group, and two thirds were assigned to the follow-up group. Of the 1302 eligible participants, 985 were successfully randomized and have since constituted the principal sample. The sample is racially and socioeconomically diverse, with 52% African-American families, 37% European-American families, 11% Hispanic-American families, and a broad range of family incomes represented.

The Intervention Program

The IHDP intervention program began immediately following hospital discharge and continued until three years corrected age. All infants received a pediatric follow-up of medical and developmental assessments and were referred for other services as needed. The Intervention infants received three types of additional services: (a) home visits designed to provide the family with health and child development information and family support were conducted on a weekly basis during the first year and a bi-weekly basis during the infants' second and third years; (b) child development centers provided the intervention children with an enriched extrafamilial education from 12 months for approximately 20 hours per week; (c) parent groups designed to provide child-rearing information and social support met at the child development centers every other month from the time the centers opened until the end of the program.

The Effectiveness of the Infant Health and Development Program for Children and Their Parents

Intervention Effects on Young Children's Cognitive Development

Significant intervention effects emerged for children's cognitive development, according to the Bayley Scales of Infant Development[27] at 24 and 36 but not 12 months (the Bayley Scales and all other cognitive tests have a mean of 100 and a standard deviation of 15 or 16, based on normative samples). At 24 months, intervention group children scored 9.75 points (about 60% of a standard deviation) higher than follow-up group children. This effect persisted even after controlling for children's 12-month Bayley scores.[28] Similarly, at 36 months, intervention children scored 9.31 points (60% of a standard deviation) higher than follow-up children on the Stanford-Binet Intelligence Scale.[29] Finally, at 36 months, children in the intervention group also received higher scores than follow-up children on the Peabody Picture Vocabulary Test, Revised Version.[30,31]

Another view into the role of both child and family characteristics in moderating the effects of the intervention has come a study focussing on the intersection of the intervention with (a) families' multiple risk factors (13 factors including birthweight, maternal education, and maternal mental health) and (b) family poverty.[35] The intervention was found to be equally effective in enhancing children's cognitive development for children with few and many risk factors. There was, however, a different intervention effect in poor than non-poor families: in poor families, the intervention was more effective for those children with fewer than 5 risk factors; there was no such effect for non-poor families. These findings imply that the when there was an extreme accumulation of risk, the usefulness and/or effectiveness of the intervention may have declined.

Intervention Effects on Parents and Parenting

With regard to changes in parenting, intervention effects were observed across four domains: (a) intellectual stimulation in the home environment; (b) warmth in the home environment; (c) the quality of mothers' assistance to their children during problem-solving; (d) mothers' disciplinary practices with their sons. Specifically, at 36 months, intervention families' homes were found to provide more opportunities for learning and to be emotionally "warmer" than follow-up families' homes, as assessed by an adapted sub-scale of the Home Observation Measurement of the

Environment.[43,44] Moreover, at 30 months, in the mother-child problem-solving assessment, intervention mothers provided higher quality assistance to their children than follow-up mothers; intervention children and their mothers also received higher scores than follow-up dyads on "mutuality" (extent to which the interaction appeared mutually satisfying). Finally, for boys only, there were intervention effects on mothers' disciplinary practices: at 36 months, intervention mothers were less likely to hit and harshly scold their sons than follow-up mothers.[45]

Sustained Intervention Effects: The Five- and Eight-Year Follow-ups

Age 8 Findings

The five- and eight-year follow-up inquiries indicated that initial successes of the IHDP intervention were sustained into early childhood for the heavier but not lighter low birthweight children.[49] Specifically, at age five, heavier intervention children had higher full-scale IQ scores (by 3.7 points) and higher verbal IQ scores (by 4.2 points) than the follow-up children. At five, the heavier low birthweight children in the intervention group also received higher scores (by 6.0 points) on the PPVT-R assessment of receptive language and marginally lower scores ($p < .07$) on mother-reported behavior problems than the heavier low birthweight children in the follow-up group. Similar findings emerged from the eight-year follow-up: heavier low birthweight children in the intervention group had higher full-scale IQ scores (by 4.4 points), higher verbal IQ scores (by 4.2 points), higher performance IQ scores (by 3.9 points), higher mathematics achievement scores (by 4.8 points, and higher receptive language scores (by 6.7 points) than the children in the follow-up group.

Conclusion and Policy Implications

In conclusion, the data we have shared illustrate the value of early intervention. Effective interventions, however, increasingly require striking a fine balance among the characteristics of the participants, the characteristics of the services, and service use (especially participants' active involvement). Policy-makers, moreover, cannot expect early interventions to inoculate vulnerable infants to future difficulties. Rather, as a nation we must support multi-faceted early intervention programs and evaluations that will, in turn, continue to shed light on enhancing development throughout the lifespan.

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Storytimes: Mother and Child Book Reading in the Context of Literacy Intervention Programs

Pia Rebello Britto & Jeanne Brooks-Gunn
Center for Young Children & Families
Teacher College, Columbia University

Summary of findings presented for the Committee on the Prevention of Reading Difficulties in Young Children, National Academy of Science, Washington, D.C., March, 1997.

Storytimes: Mother and Child Book Reading in the Context of Literacy Intervention Programs

Pia Rebello Britto & Jeanne Brooks-Gunn
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As per the Commission on Reading of the National Academy of Education (1985), "the single most important activity for building the knowledge required for eventual success in reading is reading aloud to children". Numerous researchers, have documented the positive associations between mother and child shared book reading and language development, reading achievement and school readiness. Children from economically impoverished backgrounds are considered to be at high risk for illiteracy. There is ample evidence linking poverty and limited maternal education to low levels of academic achievement. Scholars have attributed, in part, the literacy difficulties of poor youth to their lack of participation in storyreading interactions with their parents during the preschool years. Several types of programs address child and family literacy skills both directly and indirectly.

In this presentation we discusssss an evaluation of a home based literacy program, the Home Instruction Program for Preschool Youngsters (HIPPY), conducted by Amy Baker at the NCJW Center for the Child; Chaya S. Pjotrkowsi at the Graduate School of Social Work, Fordham University; and Jeanne Brooks-Gunn at the Center for Young Children and Families, Teachers College, Columbia University.

The Home Instruction Program for Preschool Youngsters (HIPPY) is a home-based early intervention program that helps educationally and economically disadvantaged parents provide an educationally stimulating environment and activities for their preschool-aged children. As of 1996 HIPPY programs served over 15,000 economically disadvantaged families in 28 states and Washington D.C. The HIPPY Program spans 90 weeks over 2 to 3 years. It serves families with children between the ages of three, four, and five years. The core elements of the program are bimonthly home visits by paraprofessionals and bimonthly group meetings with parents and paraprofessionals led by a HIPPY program coordinator.

The evaluation of Home Instruction Program for Preschool Youngsters (HIPPY) demonstrates the effectiveness of this program on improving children's academic achievement, and classroom adaptability and the home educational environment, parental involvement in two cohorts across two sites, Arkansas and New York. In Arkansas, in the first months of school following the HIPPY program completion, teachers rated the HIPPY children as better adapted to the classroom. In New York, adjustment to the classroom was a sustained effect of participation in the HIPPY program as HIPPY children were rated as better adapted to the classroom both at the end of the program and one year later. Additionally, HIPPY children performed significantly better on standardized testing one year after the end of the program.

The findings from this study suggest that participation in HIPPY does impact having more literacy materials in the home (Arkansas) and higher parental expectations of their children's school performance (New York). Thus overall, these positive findings lend support to the HIPPY program's goals of preparing children for school, and that of enhancing the parent's role in their child's school life and promotion of an educationally stimulating environment in the home.

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HFA RESEARCH NETWORK
FIFTH MEETING
MARCH 4 AND 5, 1997
SUMMARY OF PROCEEDINGS

Efforts to enhance early parent child bonding and child development are widespread. Indeed a significant number of early intervention and support programs have emerged throughout the country, supported by educational systems, health care systems and numerous community-based agencies. Looking across all such interventions, a general consensus is emerging regarding the unique benefits and potential of home visitations services. Extensive review of the literature by a number of Governmental and private organizations have consistently identified home visitation as perhaps the most promising strategy for developing or improving access to early intervention services that can help at-risk families become healthier and more self-sufficient.

The National Committee to Prevent Child Abuse (NCPCA), in partnership with Ronald McDonald Children's Charities, launched Healthy Families America (HFA) in February, 1992 with the goal of laying the foundation for a nationwide, voluntary home visitor program for all new parents through state level organizations. At present, HFA programs are operating in over 230 communities in 36 states and the District of Columbia. While much of our existing knowledge suggests the further proliferation of this model is the correct course of action, our knowledge is incomplete. More importantly, very little systematic exchange of information has occurred across those conducting research on these topics at various sites. Evaluators, both those with the resources to conduct randomized trials of the method as well as those numerous program and policy managers implementing more modest quasi-experimental designs, have had limited opportunities to exchange information or build upon each others efforts. As the momentum for home visitation continues to grow, it remains prudent to promote extensive program evaluations and to foster greater collaboration among these diverse research activities.

In response to this need, the National Center on Child Abuse Prevention Research, an NCPCA program, requested and received funding from the Carnegie Corporation of New York in 1994 to establish a research network of those evaluating the effectiveness of Healthy Families America pilot sites and other home visitation initiatives. Given the potential importance of the overall HFA effort, we believed it was critical for each site to include as comprehensive and as rigorous an evaluation component as possible. The funding of this network has provided an excellent opportunity for researchers assessing individual programs to come together to address a broad range of methodological and policy concerns.

At present, over 50 evaluators representing research projects underway in 25 states are active Network members. NCPCA Research staff have played a major leadership role in the management and supervision of all Network's activities, assisted by the ongoing input from our Technical Advisory Panel. Members of this panel include: Dr.

Larry Aber, Director of the National Center for Children and Poverty at Columbia University; Dr. Jeanne Brooks-Gunn, Professor of Child Development at Columbia University; Dr. Byron Egeland, Professor of Child Development, University of Minnesota; Dr. Gary Melton, Director of the Institute for Families in Society, University of South Carolina; and Dr. David Olds, Director, Prevention Research Center for Family and Child Health at the University of Colorado Health Sciences Center. These individuals have worked with the Network in addressing a wide range of issues central to the effective assessment of comprehensive prevention efforts, paying particular attention to the issues of risk assessment, measurement and research questions and design. In addition, Network activities have enhanced the overall development of Healthy Families America by providing empirically-based guidance to changes in the initiative's training strategies, refinement of the program's critical elements, development of a quality assurance system and enhancement of the overall relationship between research and practice at the individual HFA sites.

The purpose of this document is to summarize the content of the Network's most recent two day meeting. As summarized in the agenda provided in Attachment A, Network members spent the majority of their time focusing on the Network's three committee issues and related products (e.g., risk assessment, measurement and research questions). The Network's discussions in each of these areas were informed by Roundtable discussions held on each of these topics during the larger HFA Conference which proceeded the Network meetings. In addition to committee work, the Network meeting included a formal presentation and discussion on the role of neighborhoods and community context in defining the HFA target population and in influencing parental capacity. The meeting also provided an opportunity for Network members to review Phase I of the proposed HFA Program Information and Management System (PIMS) and other HFA programmatic concerns.

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CENTER FOR YOUNG CHILDREN AND FAMILIES

Young Children's Education, Health, and Development: Profile and Synthesis Project

What are the current large-scale research initiatives on early childhood development? How have these initiatives drawn on and expanded on the findings of past research? How is the current generation of studies breaking new ground and, once concluded, how will these studies transform out knowledge and our thinking? What will be the implications of the findings vis-a-vis research, practice, social service, and social policy? These are questions presently being addressed by the "Young Children's Education, Health, and Development: Profile and Synthesis Project."

The Profile and Synthesis Project focuses on selected contemporary large-scale federally funded initiatives on young children's health, development and education as well as selected privately funded initiatives. The initiatives are of two general types. Initiatives of the first type are major longitudinal studies of children and their families. Initiatives in this category include (but are not be limited to) the following: the Early Childhood Longitudinal Study (ECLS); the NIMH Multi-Site Study of Service Use, Need, Outcome, and Costs in Child and Adolescent Populations (UNOC-CAP); the NICHD Study of Early Child Care; the Project on Human Development in Chicago Neighborhoods (PHDCN); initiatives of the U. S. Department of Education's recently established National Center for Early Development and Learning. The second set of initiatives to be profiled are major demonstration programs designed to assess both the effectiveness of a set of services on child and family well-being as well as the development of children within specific community settings. As such, these initiatives will yield key knowledge not only about program efficacy, but about how families, schools, and other community institutions are interconnected and work together to enhance child well-being. The five programs in this category include (but are not be limited to) the following: Early Head Start (EHS); Healthy Start; the Comprehensive Child Development Program (CCDP); Home Visiting 2000; the Job Opportunities and Basic Skills (JOBS) Evaluation.

The Profile and Synthesis Project will be devoted to the preparation of a report that may be disseminated as a stand-alone document. It may also be used as a starting point for other phases of this work. For example, subsequent documents may focus more explicitly on methodological issues or on specific populations of families or programs. Additionally, smaller summaries of the report may be developed for groups such as parents, service providers, community school districts, community health districts, state and local policy makers, and federal policy makers.

The Profile and Synthesis Project is part of a research collaboration among the National Institute on Early Childhood Development and Education of the U.S. Department of Education, the Family and Child Well-Being Research Network of the National Institute for Child Health and Human Development, and the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Development. The contacts for this project are Naomi Karp (National Institute on Early Childhood Development and Education), V. Jeffrey Evans (NICHD), and Martha Moorehouse (ASPE). The project is being directed by Jeanne Brooks-Gunn (Virginia and Leonard Marx Professor, Teachers College, Columbia University) and Lisa Berlin (Research Scientist, Center for Young Children and Families, Teachers College, Columbia University) with wide collaboration from scholars and practitioners with expertise in early childhood development and social policy.

OVERVIEW OF THE EARLY HEAD START RESEARCH AND EVALUATION PROJECT

Mathematica Policy Research, Inc.
Princeton, New Jersey

The Early Head Start Research and Evaluation project launches an intense study of the new Early Head Start program and simultaneously begins a far-reaching longitudinal study of infants and toddlers in low-income families. The Early Head Start study will include approximately 3,400 families living in 17 diverse communities that reflect the socioeconomic and political context of low-income families in the United States in the late 1990s. We will measure a broad range of outcomes, collect extensive information about the programs and the individual families' experiences with them, and conduct state-of-the-art analyses to link experiences with outcomes. The findings from this national evaluation and longitudinal study will have the potential to influence policies affecting the lives of low-income American families with young children.

Responding to the "Quiet Crisis"

Early Head Start comes at a time of increasing awareness of the "quiet crisis" facing families with infants and toddlers in the United States, as identified in Carnegie Corporation of New York, *Starting Points* report. The Administration on Children, Youth and Families (ACYF) designed the Early Head Start program in response to the 1994 Head Start reauthorization, which established a special initiative setting aside 3 percent of 1995 Head Start funding for services to families with infants and toddlers (and 4 percent of 1996 and 1997 funding and 5 percent of 1998 Head Start funds). Secretary Shalala's Advisory Committee on Services for Families with Infants and Toddlers then set forth a vision and blueprint for Early Head Start programs to address the fragmentation of community services and expand programs to serve more families with infants and toddlers. This comprehensive, two-generation program includes intensified services that begin before the child is born and concentrate on supporting families during the critical first three years of the child's life. Early Head Start programs are designed to produce outcomes in four domains: (1) children's development (including health, resiliency, secure attachments, social competence, and cognitive and language development); (2) family development (including parenting and relationships with children, the home environment and family functioning, family health, parent involvement, and economic self-sufficiency); (3) staff development (including professional development and relationships with parents and children); and (4) community development (including enhanced child care quality, community collaboration, and service integration to support families with young children). Sixty-eight local programs were funded in September 1995 and another 74 in September 1996 to serve about 75 families each; 17 of these have been selected as sites to participate in the national evaluation, and 15 will participate in additional site-specific research studies.

Structuring a National Research and Evaluation Project

A comprehensive national evaluation conducted in tandem with a cluster of local research and evaluation studies will address a broad range of issues. ACYF has articulated four central purposes for the Early Head Start Research and Evaluation Project: (1) create a system for continuous program improvement through formative feedback; (2) conduct a rigorous cross-site impact study; (3) encourage

a new generation of research for understanding the role of program and contextual variations; and (4) create the foundation for a series of longitudinal research studies.

To fulfill these purposes, the Early Head Start Research and Evaluation Project encompasses four major components:

1. ***An implementation study*** to examine service needs and use for low-income families with infants and toddlers, assess program implementation, illuminate pathways to quality, examine program contributions to community change, and identify and explore variations across sites

2. ***An impact evaluation*** to analyze the effects of Early Head Start programs on children, parents, and families in depth, using an experimental design and state-of-the art analytic methods, and to assess changes in outcomes for program staff and communities

3. ***Local research studies*** by local researchers to learn more about the pathways to desired outcomes for infants and toddlers, parents and families, staff, and communities

4. ***Feedback for continuous program improvement*** to systematically provide information on indicators of program implementation and operations that will be useful to local programs in developing program improvement plans

Creating a Strong Evaluation Team

Following a competitive procurement process, ACYF contracted with Mathematica Policy Research, Inc. (MPR) of Princeton, NJ, and its subcontractor, the Center for Young Children and Families (CYCF) at Columbia University, Teachers College. MPR and CYCF have national reputations for the quality of their work and their commitment to working with program operators and policymakers to plan and implement research and evaluations that address central policy issues for low-income families and their young children. Dr. John M. Love and Dr. Ellen Eliason Kisker of MPR and Dr. Jeanne Brooks-Gunn of Columbia University are leading the national evaluation team.

By drawing on nationally known experts in key areas related to Early Head Start program and evaluation issues, MPR and CYCF have created a cadre of consultants to work closely with the national contractor so that the Early Head Start evaluation capitalizes on the best knowledge available. A Technical Work Group of nationally known experts is providing further input and review to the contractor. We are working closely with ACYF to guide the study and maximize its policy relevance.

Enriching Research and Evaluation Through Collaboration

A national evaluation contractor could not effectively conduct the Early Head Start evaluation alone. ACYF has also funded local research grants at 15 of the EHS sites. In addition to conducting their own research on issues especially central to the local program, the local researchers will participate in many national evaluation activities, including providing field support for the national data collection. MPR has worked with ACYF and the local researchers to create an Early Head Start research consortium to facilitate collaboration on issues relating to policy, assessment, and the use of research and evaluation data.

Collaboration among the many stakeholders is essential. Drawing upon examples of program collaborations and the experiences of other national research collaborations, we have developed 15 principles for successful collaboration and a structure and process involving a steering committee and subcommittees to conduct the work of the national-local research consortium. Shared commitment, bolstered by written policies and procedures, will ensure effective collaboration.

Conceptualizing Program Implementation and Outcomes

Strong research requires a sound conceptual base. We have developed preliminary conceptual frameworks for understanding Early Head Start programs during startup and the early phases of mature implementation and for thinking about the causal connections between program participation, receipt of services, and the intermediate-term outcomes for children and families. Our conceptual frameworks also consider the forces likely to influence staff development and community change. Relationships are central to the study's conceptual frameworks. The frameworks describe in broad terms the important intrafamilial relationships (parent-child, parent-parent, child-sibling) and the other relationships that create the context for child and family development. These include staff-parent and staff-child relationships; family-family and family-community relationships; and staff-community relationships. Highlighted in our thinking are the role of contextual variables and the reciprocal nature of all relationships. Throughout this process, we are working with ACYF, the EHS programs, and the local researchers to identify the theories of change describing how programs seek to achieve their outcomes. These theories will have particular salience for future Head Start policies on services to families with infants and toddlers.

Describing and Analyzing Early Head Start Implementation

The implementation analysis serves three major purposes: (1) gaining a picture of the new Early Head Start program across all 142 sites; (2) understanding program dynamics; and (3) providing contextual data that are essential for interpreting findings from the cross-site impact study. Rich descriptive data on service needs and use will provide a basis for promoting the process of continuous program improvement that Early Head Start hopes to achieve. The implementation study will place Early Head Start in its community context by describing the characteristics of the community population, the nature and extent of community resources and services, and community strengths and weaknesses. We will create a dynamic analysis of Early Head Start programs by describing the implementation of program components and variations within (and across) programs, and also charting how local programs create quality and adapt to their local context in a changing policy environment. We will create criteria for identifying "fully implemented" programs for the impact study. We will also identify program characteristics that will enable us to cluster programs that fit model profiles. Systematic qualitative analysis procedures will provide information at the level needed to understand program implementation and pathways to quality and to guide future program decisions.

Studying Early Head Start Impacts on Children, Parents, and Families

A true experimental design is critical for a sound impact analysis. As programs recruit their families, we are randomly assigning them to the Early Head Start program group or a comparison group. Comparison-group families will not be eligible for Early Head Start services but can receive all other services available in the community. We have worked with local programs and their research partners to

design random assignment procedures that are sensitive to program concerns while attending to possible threats to the integrity of the design.

To measure child and family outcomes, we are choosing (with input from the Technical Work Group, consultants, and the local researchers) a comprehensive array of measures that will support a rich impact evaluation but also permit investigations by local researchers and the broader research community into a wide range of hypotheses, both in the short term and longitudinally. Our measurement plan relies on proven, state-of-the-art instruments and procedures yet remains open to promising innovations. We are especially sensitive to the need for measures that are appropriate for the racial/ethnic and cultural diversity of Early Head Start program participants. An annual review of measures will provide the opportunity to adapt measurement plans on the basis of new measures that become available. We plan to use multiple data collection methods--parent reports, direct assessments of children, observations by trained observers, and coding of videotaped mother-child interactions in problem solving and free-play situations.

Careful, rigorous training and monitoring of local data collection staff are critical in a multisite, multiyear study. We have developed a strong program for training and monitoring field staff within the context of a management process that ensures coordination of complex data collection activities in multiple sites and guarantees the highest quality cross-site data for the evaluation. In this endeavor, we are working closely with the local researchers in each site.

We are training local staff to conduct assessments with children at their 14-, 24-, and 36-month birth dates. Staff from the communities will interview parents at the same times to obtain information about family functioning and their children's development. We will measure parents' use of services and children's health at 6-month intervals after enrollment (except for 30 months) to ensure that information for comparison-group families is comparable to program data on Early Head Start families. In addition, we will ask parents about progress toward economic self-sufficiency, involvement in the program, and family health annually after enrollment. We will also develop design options for a 48-month assessment (which could be conducted under a subsequent contract).

Analytic models that include growth curve analysis, hierarchical linear models, and adjustments for selection bias will enable us to (1) examine the overall impact of Early Head Start on children and families, (2) assess differential effects for families with certain characteristics living in particular contexts, (3) explore differential impacts related to differences in program implementation across sites, and (4) investigate how within-program variations in services received affect child and family outcomes.

Studying Outcomes for Program Staff and Communities

To ensure that Early Head Start families and children receive high-quality services, programs make staff development and compensation integral parts of their ongoing program improvement plans. Early Head Start programs also forge strong relationships with staff of other community-based agencies to foster the development of comprehensive, high-quality services for families with young children.

As part of the impact study, we will systematically measure the most important outcomes for staff and communities. For staff, we will assess (1) their professional development, continuity, and health through surveys of Early Head Start program directors and of key staff working with children and families; and (2) staff-parent relationships, which may influence the success of parenting education efforts, through parent surveys. For communities, we will gather qualitative information about the process of building

relationships among families and service providers and building collaborative service networks. In addition, because Early Head Start programs are also expected to influence the quality of services in the community, we have singled out child care--the most important community service for children--for special investigation. We plan to conduct observations of the quality of both EHS and comparison-group children's nonparental child care arrangements when children are 14, 24, and 36 months of age. This study of child care will provide an assessment of all forms of infant, toddler, and preschool child care in the community over the entire period of the study. It will also provide important information on children's environments and their relationships with caregivers for the impact study of families and children.

Producing Policy- and Program-Relevant Reports

We will document all plans, designs, procedures, and results of the national evaluation in periodic reports. At appropriate times, we will incorporate reports of local research activities so that the story of Early Head Start will benefit from both local and national perspectives. The central principles guiding our proposed reports are relevance and timeliness. We will prepare annual reports on all implementation and impact data collection and analysis activities, as well as periodic reports covering activities of the national-local research consortium and TWG. For the evaluation to be useful, its findings must be accessible. We will direct our reports to audiences of federal policymakers, local program staff, and the research community. In a series of reports, we will integrate findings of local researchers with cross-site data to present reports on (1) an interim picture of impact findings, (2) a complete longitudinal impact analysis in the fifth year, (3) characteristics of Early Head Start programs, (4) formats for continuous program improvement, (5) program variations, (6) pathways to quality, and (7) special reports on topical policy concerns. We will hold special ACYF briefings for timely communication of significant findings, and we will look for other means of dissemination to the wider policy and research community.

Obtaining Additional Information

For more information on the Early Head Start program, contact Mireille (Mimi) Kanda, Head Start Bureau, Administration on Children, Youth and Families, 2227 Mary Switzer Building, 330 C Street SW, Washington, DC 20201 (202-205-8308). For more details on the national research and evaluation project, contact Helen Raikes, Research, Demonstration and Evaluation Branch, Administration on Children, Youth and Families, 2411 Mary Switzer Building, 330 C Street SW Washington, DC 20201, 202-205-2247 heraikes@acf.dhhs.gov. or John M. Love at Mathematica Policy Research, P.O. Box 2393, Princeton, NJ 08543, 609-275-2245, jml@mprnj.com. For more information on the local research projects, contact Esther Kresh (202-205-8115, ekresh@acf.dhhs.gov).

For information about the local studies contact: <Add local research directory...>

9/25/96

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Dr. Jeanne Brooks-Gunn is Virginia and Leonard Marx Professor of Child Development and Education at Teachers College, Columbia University. She is the first director of the Center for Children and Families, which was founded in 1992, at Teachers College. In addition, she has directed the Adolescent Study Program at Teachers College and the College of Physicians and Surgeons at Columbia University for the past 15 years. She is also a Visiting Scholar at the Princeton Child Research Center at Princeton University.

Formerly, she was a Senior Research Scientist at Educational Testing Service and was a Visiting Scholar at the Russell Sage Foundation. She has served on three National Academy of Sciences Panels (one on child abuse and neglect, one on preventing HIV infection, and one on defining poverty). She is a member of the Social Science Research Council Committee on the urban underclass focusing on neighborhoods, families and children. She is past president of the Society for Research on Adolescence and is a fellow in the American Psychological Association and the American Psychological Society.

Author of over 250 published articles and 15 books, she has been awarded the John B. Hill Award for her life-time contribution to research on adolescence, from the Society for Research on Adolescence (1996). She has also received the Nicholas Hobbs Award from the Division of Children, Youth, and Families of the American Psychological Association, for her contribution to policy research for children (1997).

Her specialty is policy-oriented research focusing on family and community influences upon the development of children and youth. Her research centers around designing and evaluating interventions aimed act enhancing the well-being of children living in poverty and associated conditions. She is conducting the national evaluation of the Early Head Start program and the middle childhood and adolescent follow-up of the Infant Health and Development Program. Both are early childhood and family support intervention programs. She has contributed to the design of several national longitudinal studies for children and families -- the National Longitudinal Study of Youth (child supplement); the Panel Study of Income Dynamics (child and youth supplement); and the Early Childhood Longitudinal Study. Currently, with her collaborators, she is conducting two long-term (30 year) longitudinal follow-up studies of children, youth and families in the Baltimore area.

Her books on these topics include Consequences of Growing up poor (1997); Escape from poverty: What mak s a difference for children? (1995); Adolescent mothers in later life (1987), and Neighborhoods Poverty: Context and consequences for children. Six studies of children in families in neighborhoods, Volume 1. Conceptual, methodological, and policy approaches to studying neighborhoods, Volume 2. (in press).

In addition, she also conducts research on transitional periods during childhood and adolescence, focusing on school, family, and biological transitions in childhood, adolescence, and adulthood. She is interested in the factors that contribute to positive and negative outcomes, and changes in well-being over these years.

Her books on transitions in childhood and adolescence include, He and she: How children develop their sex role identity (1979); Social cognition and the acquisition of self (1979); Girls at puberty: Biological and psychosocial perspectives (1983); The encyclopedia of adolescence (1990); Transitions through adolescence: Interpersonal domains and context (1996); Depression in adolescence (in press); and Family conflict and cohesion (in press).

Profile

Center for Young Children and Their Families Teachers College, Columbia University

Jeanne Brooks-Gunn

Photo courtesy of Suzanne Szasz

The goal of the Center is to conduct high-quality, policy-relevant, and interdisciplinary research on the development of children and families, to train young scholars and policy analysts, to provide information to those working directly with children and families, and to take a leadership role in national and state policy on children and families. The importance of the Center's work is particularly relevant given that the needs of families with young children (and, indeed, all children) will be a major social and educational issue in the 21st century.

The Center is located at Teachers College, Columbia University. It brings together scholars from developmental psychology, educational psychology, health and nutrition education, early childhood education, family studies, and special education. The Center also has affiliates in other Columbia University schools and departments—social work, psychology, anthropology, sociology, public health, pediatrics, child psychiatry, and economics.

Research, Policy, and Practice

Under the direction of Dr. Jeanne Brooks-Gunn, Virginia and Leonard Marx Professor in Child Development and Education, Teachers College and College of Physicians & Surgeons, Columbia University, the Center emphasizes the importance of both biological and environmental circumstances that render young children vulnerable to deficits in health and developmental well-being. Biological and environmental issues under current investigation by the Center include family circumstances, parenting behaviors, child care, schooling, and neighborhood influences. The Center addresses these issues within a framework that links research, policy, and practice.

The Center's research mission promotes theory construction, a better understanding of child and family well-being, and empirically tests the efficacy of various child and family interventions. The policy product of the Center's research is guidance relating to public decisions made regarding the well-being of children and their families.

The Center's policy function facilitates linking the probable impact of empirically tested interventions that can be initiated through public decisions. The Center's practice objectives include a variety of interdisciplinary training experiences such as Graduate Fellowship appointments, Summer Institutes, a Summer Fellowship in Child and Family Policy, a Columbia University Seminar Series, and various national and New York City consortium opportunities. The Center also has an archive for secondary data analysis relevant to child and family policy.

The practice mission takes many forms, including practicums in intervention programs (which stress various aspects of health, development, and education), training early childhood educators to become leaders in the preparation of child care workers, and examination of "best practices" in the field.

Themes

The research, policy, and practice framework of the Center emphasizes four specific themes. The first theme, **Child Care and Early Intervention,** examines the types of child care decisions parents make, the availability of options supported by the community, and how these affect child and family interaction outcomes. The efficacy of early child care intervention programs are also examined under this theme. Additionally, the consequences of policy initiatives such as the Family Support Act are investigated. The second theme, **Families and Parenting,** probes how health and developmental outcomes are affected by parenting styles, parental characteristics, interactions, cultural beliefs, and available economic and social resources. The third theme, **Vulnerable Families,** focuses on a variety of risk factors including poverty, low birth weight, teen parents, single mothers, and drug-abusing pregnant women and their offspring. Work within this theme investigates the effects of these risk factors on health and developmental outcomes and how various interventions have affected child health and development, and family interaction and function outcomes. The fourth theme, **Neighborhood and Community Influences,** addresses the influence of economic and social environments, culture and literacy, and schools on child and family outcomes. This theme considers how neighborhoods with concentrated poverty, joblessness, and limited social resources support or constrain optimal child and family outcomes.

Training

The Center provides training in research, policy, and practice to members of the Columbia community, as well as to university graduate students and associates throughout the country. Graduate and postdoctoral fellowships are available. The Center is part of the NIMH Family Research Consortium. ◆