

Box 4 of 12

Office of the First Lady
Domestic Policy Council
The Files of Jennifer Klein
File Inventory

File Type: Loose Files
File Size: Letter
File Contents: Early Childhood Issues

- Early Childhood Education
- White House Conference on Early Learning
- Headstart
- Home Visiting
- Prescription For Reading
- Safe Start

ENCLOSURES FILED OVERSIZE ATTACHMENTS

13526

NADA 10926

WH CONF. ON EARLY LEARNING

CLINTON LIBRARY PHOTOCOPY

cc Jen Klein
Nicole Rabner

Very helpful, no?

Elena



215590
THE SECRETARY OF COMMERCE
Washington, D.C. 20230

APR 17 1997

'97 APR 24 AM 9:45

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

I have enclosed a summary of Department of Commerce policies and programs that are targeted to children in their earliest years. While this is not the primary focus of most of our activities, several of our bureaus have programs which support the cognitive or physical development of very young children.

As a Department, we are particularly pleased to provide statistically valid data on the demographic characteristics of children in their earliest years, to develop measurement standards that can be used for their safety in areas such as lead poisoning, and to support public television programs and facilities which provide opportunities for their cognitive growth.

We agree that the earliest years of life are critical to cognitive, emotional, and physical development and support efforts to ensure a strong foundation for children to participate fully in society.

Respectfully,


William M. Daley

Enclosure

INVENTORY OF COMMERCE DEPARTMENT POLICIES TARGETED TO CHILDREN IN THEIR EARLIEST YEARS

Census Bureau

The Census Bureau conducts several surveys which provide data and estimates of the numbers and characteristics of children in their earliest years. The most notable surveys include:

- The Survey of Program Dynamics:

This is a new survey which came about as the direct result of the welfare reform legislation signed by President Clinton in August 1996. A portion of that legislation directed the Census Bureau to "collect data . . . (that) will enable interested persons to evaluate the impact of the amendments made by Title I of the Personal Responsibility and Work Opportunity Reconciliation Act."

The survey is based on a random, national sample of low income families, many of whom participate in State assistance programs. The Census Bureau was directed to pay particular attention to out-of-wedlock births, the status of children, and dependence on welfare. In 1998, the survey will ask parents a number of questions about their children. The 1999 version of the survey will ask some questions directly of children.

- Small Area Income and Poverty Estimates

The Small Area Income and Poverty Estimates (SAIPE) is an initiative, begun in 1994, designed to provide information on six key income and poverty statistics for small geographic areas--all counties and states. One of these statistics, estimates of school-age children in poverty, is mandated for use in allocation of Department of Education FY '97 Title I funds unless the Secretaries of Education and Commerce decide they are inappropriate for that purpose.

The first estimates from SAIPE, which will be released in April, indicate an increase in the numbers of children in poverty when compared to the most recent county-level measures of children in poverty (drawn from the 1990 decennial census).

- **Current Population Survey:**

This monthly survey is the source of much of the nation's general knowledge about children. For example, since the mid-1960s, the Census Bureau has collected data about the school enrollment of children from ages three on up. The annual rate of children in poverty also comes from this survey.

- **Survey of Income and Program Participation:**

Among the data gathered in the Survey of Income and Program Participation (SIPP) is information on child care arrangements and costs. These data are used to assess Federal and state programs for child care availability and needs. Additionally, SIPP gathers information about children who are part of families that receive various forms of public assistance, child well-being, and children's health insurance coverage.

- **Federal Interagency Forum on Child and Family Statistics:**

The Census Bureau is a founding member of this Forum. The Director of the Census Bureau, Dr. Riche, is our official representative. Mr. Bob Kominski, Ms. Cindy Taeuber, and Mr. Ken Bryson serve on Forum committees on Planning, Data Collection, Reporting, and State and Local Data. This Forum will issue its first annual report, "Children 1997: Key National Indicators of Well-Being," probably in June of 1997.

National Institute of Standards and Technology

The National Institute of Standards and Technology (NIST) provides the nation with unique research and services in measurement and standards matters that impact U.S. citizens, including the nation's children in a variety of ways. Examples of these activities which impact children in their earliest years include:

- **Lead Poisoning:**

NIST provides measurements and standards to the nation's efforts to manage and reduce lead poisoning of children. Unexpectedly low amounts of lead in the bloodstream elicit brain-damaging physiological changes in children. The ongoing nationwide effort to manage the problem of lead-containing paint relies upon NIST-certified measurement materials for detecting and monitoring lead levels in paint, dust and other potentially hazardous samples. NIST contributes by developing Standard Reference Materials (SRMs) which laboratories use to determine the amount of lead in paint samples. The tests are used to protect our children from potential lead poisoning.

- **Nutrition Requirements:**

NIST provides measurements and standards that support nutrition requirements of children. NIST chemists have developed an infant formula Standard Reference Material (SRM). This SRM has assigned values for fat, carbohydrates, protein, and calories, as well as for a variety of minerals and vitamins which help food manufacturers meet the requirements of the Nutrition Labeling and Education Act and the Infant Formula Act.

- **Physical Characteristics of Children:**

NIST provides reference data on physical characteristics of children. In a cooperative effort between NIST and the Consumer Product Safety Commission (CPSC), NIST developed a Kid-Sized database located on the World Wide Web at <http://www.nist.gov/itl/div894/ovrt/projects/anthrokids/>. This information, the only public domain electronic database of child anthropometric data, should prove to be a valuable resource for designers of safe products, such as bicycle helmets.

Economic Development Administration

The Economic Development Administration's mission is to act as a catalyst to assist distressed communities in achieving their long-term competitive economic potential through strategic investment of resources.

- **Coordinating "Meals on Wheels", day care voucher, and other Federal programs:**

The Economic Development Administration (EDA) inspired and funded the establishment of multi-county economic development districts (EDDs) all across the country to promote regional cooperation and economic development. Over the past 30 years, almost all of the EDDs have taken on the responsibility for coordinating many other Federal Government services in their regions, and their funding has diversified to include funding from many other Cabinet agencies. So, for example, most EDDs coordinate the "Meals on Wheels" programs, day care voucher programs, and other Federal childhood development programs in their multi-county regions.

- **Day Care Centers:**

From time to time, EDA's public works and infrastructure program has funded the construction of day care centers where the centers were deemed essential for the attraction or retention of jobs and employees in industrial parks.

National Technical Information Service

The mission of the National Technical Information Service (NTIS) is to collect, store, and disseminate Federal Government research results, and other information primarily focused on health, business, and environment. NTIS's collection spans nearly three million titles from World War II to the present. NTIS also provides customers with numerous on-line services to access information free of charge and through on-line subscriptions.

The NTIS database includes a wide range of current government-owned inventions available for breathing disorders, videotapes about understanding childhood injuries, and computer (data files) diskettes for youth risk behavior. The following list illustrates topics from the NTIS database on children and their earliest years of life.

- Birth defects - environmental/radiation exposures
- Child transportation safety
- Childhood asthma
- Childhood immunizations
- Childhood lead poisoning
- Children and HIV/AIDS
- Children and tobacco
- Day care resources
- Disabilities and special needs
- Drugs (behavioral studies of drug-exposed offspring)
- Education
- Emergency medical services for children
- Health care studies
- Infants and breast feeding
- Nutrition
- Public health/clinical medicine
- Surveys and statistics
- Welfare -- aid for families with dependent children

National Telecommunications and Information Administration

The National Telecommunications and Information Administration (NTIA) is the principal adviser to the President, Vice President, and Secretary of Commerce on domestic and international communications policy. NTIA's mission is to promote the development of an advanced telecommunications and information infrastructure that efficiently serves

the needs of all Americans, creates job opportunities for American workers, and enhances the competitiveness of U.S. industry in the global marketplace.

- **Telecommunications and Information Infrastructure Assistance Program**

The Telecommunications and Information Infrastructure Assistance Program (TIIAP) is a merit-based grant program which brings the benefits of an advanced national information infrastructure to communities throughout the United States by connecting schools, libraries, hospitals, and community centers to the information superhighway. Grants are used to fund projects that improve the quality of, and public access to, education, health care, public safety, and other community-based services. Program benefits extend to all age groups, including children in their earliest years.

- **Public Telecommunications Facilities Program**

The Public Telecommunications Facilities Program (PTFP) supports the planning and construction of public radio and television facilities to extend delivery of services to as many citizens as possible. Public broadcasting provides a wide range of educational programming specifically aimed at young children. Programs such as Sesame Street, Barney and Friends, and Wishbone are designed to stimulate and educate children.

The program annually awards about \$20 million in grants and cooperative agreements. In 1995, the program awarded 142 grants totaling almost \$28 million. Grants were awarded in 44 states, American Samoa, Puerto Rico, the Virgin Islands, and the District of Columbia. The grants will enable public broadcasting organizations, as well as many nonbroadcast operations, to buy equipment to activate new services, extend the range of present services, and improve existing facilities. The awards will extend a public radio signal to almost three million people for the first time and a first public television signal to approximately 500,000 people.

National Oceanic and Atmospheric Administration

The National Oceanic and Atmospheric Administration comprises the National Ocean Service, the National Marine Fisheries Service, the Office of Oceanic and Atmospheric Research, the National Weather Service, and the National Environmental Satellite, Data and Information Service.

- **Publications:**

"Owlie Skywarn, Watch Out Storms Ahead!" is a 28-page brochure that is targeted to children from kindergarten through about fourth grade. The publication, which is a coloring book that helps children understand about hazardous weather, has several

short companion publications. About 2,500 Owlle Skywarn booklets are mailed annually to parents and teachers who request weather information for their young children.

Another booklet, "Adopt the Coast", is prepared for very young children and is popular with teachers who are teaching very young children.

A related packet, released within the last year, focuses on fisheries and has classroom activities for children from kindergarten through fourth grade. This packet was originally created by the Auke Bay Laboratory in Juneau, Alaska.

- **National Marine Sanctuaries and Estuarine Reserves**

Many National Marine Sanctuaries and Estuarine Reserves have visitor centers which meet the educational needs of families. Programs at the Centers and Reserves include films, exhibits, and hands-on experiences which are designed to stimulate the interest and imagination of all ages, including children in their earliest years.

ID# 215590

THE WHITE HOUSE
CORRESPONDENCE TRACKING WORKSHEET

INCOMING

DATE RECEIVED: APRIL 23, 1997

NAME OF CORRESPONDENT: THE HONORABLE WILLIAM M. DALEY

SUBJECT: ENCLOSURES A SUMMARY OF THE DEPARTMENT OF
COMMERCE POLICIES AND PROGRAMS THAT ARE
TARGETED TO CHILDREN IN THEIR EARLIEST YEARS

ROUTE TO: OFFICE/AGENCY	(STAFF NAME)	ACTION		DISPOSITION	
		ACT CODE	DATE YY/MM/DD	TYPE RESP	C COMPLETED D YY/MM/DD
KATHRYN "KITTY" HIGGINS		ORG	97/04/23		
REFERRAL NOTE:					
<i>Todd Stern</i>		A	97/04/23		
REFERRAL NOTE:					
REFERRAL NOTE:					
REFERRAL NOTE:					
REFERRAL NOTE:					

COMMENTS:

ADDITIONAL CORRESPONDENTS: MEDIA:L INDIVIDUAL CODES: _____

MI MAIL USER CODES: (A) _____ (B) _____ (C) _____

```

*****
*ACTION CODES:          *DISPOSITION          *OUTGOING          *
*                      *                      *CORRESPONDENCE:  *
*A-APPROPRIATE ACTION  *A-ANSWERED          *TYPE RESP=INITIALS *
*C-COMMENT/RECOM       *B-NON-SPEC-REFERRAL  *      OF SIGNER   *
*D-DRAFT RESPONSE      *C-COMPLETED          *      CODE = A     *
*F-FURNISH FACT SHEET  *S-SUSPENDED          *COMPLETED = DATE OF *
*I-INFO COPY/NO ACT NEC*                      *      OUTGOING    *
*R-DIRECT REPLY W/COPY *                      *                      *
*S-FOR-SIGNATURE       *                      *                      *
*X-INTERIM REPLY       *                      *                      *
*****

```

REFER QUESTIONS AND ROUTING UPDATES TO CENTRAL REFERENCE
(ROOM 75, OEOB) EXT-2590
KEEP THIS WORKSHEET ATTACHED TO THE ORIGINAL INCOMING
LETTER AT ALL TIMES AND SEND COMPLETED RECORD TO RECORDS
MANAGEMENT.

White House Conference
on Early Learning
and the Brain

Agency Responses to the Presidential Memorandum

cc: Ten Klein
Pauline Abunathy
Nicole Rabner



**Investing in Our Future: A National Research Initiative
for America's Children for the 21st Century**

**Committee on Fundamental Science
Committee on Health, Safety, and Food
National Science and Technology Council**

March 1997

About the National Science and Technology Council

President Clinton established the National Science and Technology Council (NSTC) by Executive Order on November 23, 1993. This cabinet-level council is the principle means for the President to coordinate science, space and technology policies across the Federal Government. NSTC acts as a "virtual" agency for science and technology to coordinate the diverse parts of the Federal research and development enterprise. The NSTC is chaired by the President. Membership consists of the Vice President, Assistant to the President for Science and Technology, Cabinet Secretaries and Agency Heads with significant science and technology responsibilities, and other White House officials.

An important objective of the NSTC is the establishment of clear national goals for Federal science and technology investments in areas ranging from information technologies and health research, to improving transportation systems and strengthening fundamental research. The Council prepares research and development strategies that are coordinated across Federal agencies to form an investment package that is aimed at accomplishing multiple national goals.

To obtain additional information regarding the NSTC, contact the NSTC Executive Secretariat at 202-456-6100.

About the Office of Science and Technology Policy

The Office of Science and Technology Policy (OSTP) was established by the National Science and Technology Policy, Organization and Priorities Act of 1976. OSTP's responsibilities include advising the President in policy formulation and budget development on all questions in which science and technology are important elements; articulating the President's science and technology policies and programs, and fostering strong partnerships among Federal, State and local governments, and the scientific communities in industry and academe.

COMMITTEE ON FUNDAMENTAL SCIENCE

Dr. Neal Lane
Co-Chair

Director
National Science Foundation

Dr. Harold Varmus
Co-Chair

Director
National Institutes of Health

Dr. Clifford J. Gabriel
White House Co-Chair

Acting Associate Director for Science
Office of Science and Technology Policy

Executive Secretary

Dr. Judith Sunley
National Science Foundation

Members

Dr. Marshal S. Smith (Mike)
Under Secretary
Department of Education

Dr. Martha Krebs
Director for Energy Research
Department of Energy

Dr. Elkan Blout
Food and Drug Administration

Dr. Thomas E. Lovejoy
*Assistant Secretary for Environmental
and External Affairs*
Smithsonian Institute

Dr. Wesley T. Huntress, Jr.
Associate Administrator
Office of Space Science
National Aeronautics and Space
Administration

Mr. George C. Koch
Technology Advisor
Office of the Assistant Secretary for
Employment and Training
Department of Labor

Dr. Bonnie McGregor
U.S. Geological Survey

Dr. Peter Preuss
Environmental Protection Agency

Dr. T.J. Glauthier
Associate Director
Natural Resources, Energy, and Science
Office of Management and Budget

Dr. Fenton Carey
Deputy Administrator
Department of Transportation

Members, Continued

Dr. Anita K. Jones

Director

Defense Research and Engineering
Department of Defense

Dr. Catherine E. Woteki

Acting Under Secretary

Research, Education, and Economics
U.S. Department of Agriculture

Dr. Eve Bither

Department of Education

Dr. Alfred M. Beeton

Acting Chief Scientist

Office of the Chief Scientists
National Oceanic and Atmospheric
Administration

Mr. John Feussner

Department of Veterans Affairs

COMMITTEE ON HEALTH, SAFETY AND FOOD

Dr. Philip R. Lee
Chair

Dr. Catherine E. Woteki
Vice-Chair

Dr. David A. Kessler
Vice-Chair

Dr. Clifford J. Gabriel
White House Co-Chair

Executive Secretary

Dr. Dalton G. Paxman
Department of Health and Human Services

Assistant Secretary for Health
Department of Health and Human Services

Acting Under Secretary
Research, Education, and Economics
U.S. Department of Agriculture.

Commissioner
Food and Drug Administration

Acting Associate Director for Science
Office of Science and Technology Policy

Members

Dr. Wendy Baldwin
Deputy Director for Extramural Research
National Institutes of Health

Dr. Claire Broome
Deputy Director
Centers for Disease Control and Prevention
Department of Health and Human Services

Dr. Mary E. Clutter
Assistant Director
Directorate for Biological Sciences
National Science Foundation

Dr. Nils M. Daulaire
Deputy Assistant to the Administrator
U.S. Agency for International Development

Dr. Lynn Goldman
Assistant Administrator
Office of Prevention, Pesticides and Toxic
Substances
Environmental Protection Agency

Dr. Kailish Gupta
Medical Officer
Directorate for Health Sciences
Consumer Product Safety Commission

Dr. Judith Heumann
Assistant Secretary
Office of Special Education
and Rehabilitative Services
Department of Education

Dr. Richardo Martinez
Administrator
National Highway, Traffic, and Safety
Administration
Department of Transportation

Members, Continued

Dr. Arnauld Nicogossian
*Deputy Associate Administrator for Life
and Microgravity Sciences and Applications*
National Aeronautics and Space
Administration

Dr. Joseph Osterman
Director, Environmental Life Sciences
Department of Defense

Dr. Tara O'Toole
*Assistant Secretary for Environment, Safety,
and Health*
Department of Energy

Mr. Rolland Schmitten
Assistant Administrator for Fisheries
Department of Commerce

Dr. Raymond Sphar
*Associate Chief Medical Director
for Research and Development*
Department of Veterans Affairs

Mr. Richard Turman
Chief, Health Programs and Services Branch
Office of Management and Budget

March 18, 1997

Dear Colleague:

I am pleased to introduce the National Science and Technology Council (NSTC) report *Investing in Our Future: A National Research Initiative for America's Children for the 21st Century*. Produced by a multiagency working group under the direction of the Committees on Fundamental Science, and Health, Safety, and Food, this report assesses the current scope of federal research on child and adolescent development, identifies significant needed research, and makes recommendations for efforts not only in the research area but also in linking research and policy development.

By increasing the attention of our Nation's creative and thoughtful research scientists on the needs of children, we can enhance the likelihood that when today's children become the adults of the 21st century, they will be the healthiest, safest, best educated, most productive and creative generation this Nation and the world have ever seen.

The subcommittee's co-chairs, Drs. Duane Alexander of the National Institutes of Health, and Lynn Goldman of the Environmental Protection Agency, and other members of the multiagency group are to be commended for their efforts on this report.

Sincerely,

John H. Gibbons
Assistant to the President
for
Science and Technology

CONTENTS

Executive Summary	1
Overview	7
I. Snapshot of the Federal Research Portfolio	18
II. Gaps in the Knowledge Base: Examples of Research Opportunities	23
III. A Key Element of the Research Enterprise: Links to Policy Makers and Service Providers	46
IV. Next Steps: Options for Phase Two of the Children's Initiative	58
Endnotes	61
Appendix A	A-1
Subcommittee on the Children's Initiative	
Appendix B	B-1
Methodology	
Appendix C	C-1
Selected Bibliography	
Appendix D	D-1
Examples of Successful Research-Policy or Research-Services Linkages Submitted by Agencies	

Executive Summary

Preparing America's children for the 21st century is among our most important national priorities. On the one hand, today's children face the promise of a new century of unparalleled opportunity in which new technologies, improvements in health, expanding economies, and other advances create the hope that their future will be the brightest of any generation in history. On the other hand, too many of them face obstacles that obscure that bright future, including poverty, violence, child abuse, limited educational opportunity, and unhealthy behaviors. The devastating economic and social costs of these obstacles are indisputable. Addressing these challenges to their future and investing in opportunities so that all children can reach their full potential is a high priority of the Clinton Administration. An essential component of a strategy to do so is research to provide new knowledge of ways to improve their futures and to provide sound guidance for policy makers to assure that efforts to help are likely to succeed.

Numerous indicators of the well-being of our children and families paint a mixed picture of successes and shortcomings. Our national infant mortality rate is declining rapidly and is at a record low, but is still higher than that of many other countries. Our children's test scores in reading and science are improving but still trail those of several other industrialized nations, and our school dropout rate is unacceptably high, costing over \$250 billion each year in lost earnings and foregone taxes, as well as lost human potential. Our teenage pregnancy rate is declining slightly, but is still the highest in the developed world. Our national vaccination coverage is the highest ever, but in many areas less than 50% of two-year-olds are adequately immunized. A similar picture of gains and unmet goals exists with respect to youth violence, child poverty, smoking, and substance abuse.

Much of the progress achieved in these and other areas grew out of critical research efforts that have advanced our understanding of how children and youth develop into healthy and productive individuals. Research has helped to inform policy decisions and program development, track outcomes, and identify strategies that work and those that do not. The federal investment in research has clearly paid dividends in terms of improved outcomes for children and a healthier and brighter outlook for the nation as a whole. Despite such important achievements, much remains to be done: There continue to be significant gaps in our understanding of how children grow up to be healthy, well-educated, and responsible members of society. Given the rapidly changing nature of our communities and nation, strengthening the federal research enterprise on child and adolescent development and expanding its role in shaping relevant policy is especially crucial.

The Children's Initiative Subcommittee

In May 1996, the National Science and Technology Council's Committee on Fundamental Science and Committee on Health, Safety, and Food formed the Children's Initiative

Executive Summary

subcommittee to explore the federal investment in research focused on the biological, cognitive, and social development of America's children. Representatives from 23 federal agencies involved in child and adolescent research programs came together to examine the federal investment in this area and to foster coordinated efforts. The major goals of the subcommittee were to:

- Assess the size and scope of the federal research portfolio on children and adolescents;
- Identify important research issues in children's biological, cognitive, and social development; and
- Strengthen research-policy linkages and develop a sustainable process for collaboration and communication of scientific knowledge about childhood and adolescence within the federal government.

The Federal Research Portfolio

In fiscal year 1995, all levels of government combined spent an estimated \$500 billion on children and adolescents, almost two-thirds of which was devoted to K-16 education. Most of the remaining funds were allocated for social welfare (including AFDC, Medicaid, Head Start, WIC, and food stamps), criminal justice (including police, courts, and prison expenditures), health care, and other programmatic expenses. Of this amount, approximately \$2 billion, representing less than four-tenths of one percent of the total governmental expenditures on children and youth, was spent on research and development. The estimated \$2 billion investment, less than three percent of the total federal research enterprise, is aimed at understanding the growth and development of 30 percent of the nation's population — over 80 million children and adolescents under age 21. In contrast to other areas where non-government sources provide the larger share of the investment in research, the federal investment represents most of the research targeted toward children: private foundations add approximately \$75 million to the total, and state and local governments somewhat larger amount. These comparisons call into question whether the current federal research investment related to child and adolescent health and development is consistent with federal investments in research in other areas and is adequate to meet the need.

Important Research Issues and Opportunities

Although a great deal of knowledge about young people has been gained from past research in the social, behavioral, and life sciences, a clear need exists to further advance our understanding of what enables all children to grow up to be healthy and active members of society. As general themes, this research should focus on developmental processes beginning before birth and extending through adolescence; should address the relationships among

Executive Summary

biological, cognitive, social, and emotional aspects of development; should include racial and ethnic minority and non-minority groups and address influences of families, peers, schools, communities, media, and social institutions on development; and should address enhancing positive outcomes rather than just avoiding negative ones. Within these themes, six examples of particularly important research opportunity areas were identified.

1. **Influence of Families and Communities on Development.** Important questions include how children and families access community resources and find out about their availability, how communities can facilitate an adolescent's safe passage to adulthood, how changing families and communities are affecting children and adolescents, and how families and communities as well as children are being affected by major policy innovations taking place at all levels of government.
2. **Health and Behavior.** With increasing recognition of the major impact of behavior on health, important research questions include what influences children to avoid or engage in risky and adverse behaviors, the nature of the health behavioral change process for children and youth, the cumulative effects of adverse and risky behaviors on child development, age group differences in health risk behaviors, influences of family and situational factors on health risk behaviors, how children and adolescents perceive the risks of engaging in health compromising behaviors, and what approaches would help them adopt health enhancing behaviors.
3. **Children and Environmental Hazards.** With children facing a wide array of environmental threats to their health, it is important to learn how best to understand the healthier implications of these threats, understand the cumulative effects of hazardous substances, identify hazards that are particular threats to children, and learn when children are most vulnerable to these hazards.
4. **Learning.** New knowledge about the brain processes involved in learning provides opportunities to study the relationships among learning and intelligence and creativity, the use of technology to assist children's ability to learn and create, the effects of multimedia technologies on children's development, and the role of nutrition in influencing ability to learn.

Executive Summary

5. Policy Research. In this emerging field of research, important questions to address are the effects of variations in health care and welfare reform on children and families, the combined effect of policy changes on child well-being and service delivery, approaches to prevention and intervention that best foster health and well-being of children, and data sources needed to monitor change.

6. Longitudinal Studies. Long-term follow-up studies of children provide the best means for assessing how child development in "normal" conditions compares to what occurs in adverse conditions, how families and social institutions can help children become economically productive adults, how childhood experiences affect later adult behavior and risks of chronic disease, and how childhood and adolescent interventions can be most effectively targeted to the childhood antecedents of adult disease to prevent or delay onset of problems in adult life. To achieve the latter objective, studies could address interventions during childhood to reduce the likelihood of osteoporosis, cardiovascular disease, obesity, injury, smoking, mental health problems, learning disabilities, AIDS, and other conditions.

Linking Research to Policy Makers and Service Providers

Knowledge gained through research on children can and should inform and facilitate action to solve our nation's urgent and costly social and economic problems. But for federal research to be more effectively used in policy and program development, researchers must improve the ways in which they communicate and disseminate important findings to decision makers. The scientific research community must work to establish new and strengthen existing links with policy makers and service providers. Likewise, policy makers and service providers, for their part, must not only assist researchers to identify key research questions concerning children, youth, and families, but also take responsibility for acting on relevant research findings. When successful, such connections can have powerful and beneficial results on children's well-being.

Given the complex issues affecting child and adolescent development, improved connections between researchers and those who develop policies and programs concerning the future of young people must be an essential part of the federal research strategy. These connections should be thought of in terms of a *continuing feedback system*, with multiple entry points for feedback and modification in the decision making process at the federal, state, and local levels. Such a strategy would enable researchers not only to inform initial policy and program development, but also to monitor and evaluate the implementation of these policies and programs — and their effects on child, adolescent, and family status — on an ongoing basis. Sustained research could provide knowledge that is essential to further shape and refine policies and programs so that they more effectively address the problems facing our children and nation.

Executive Summary

An essential stepping stone to success is increased multi-agency collaboration and coordination of research on national priorities related to children's health, education, and well-being. Just as linkages should cut across public and private sectors and span all governmental levels, the federal government's collaborative approach should also strive to tap the knowledge and experiences of non-governmental researchers. Strategic partnerships with interested public and private sources will be instrumental to addressing the current and emerging needs for relevant data and knowledge concerning children and adolescents.

A specific linkage issue is how the federal research investment in child and adolescent development can be more effectively used to inform our nation's domestic policy. Two fundamental questions are involved. The first is how to create and strengthen the linkage between two key agencies within the Executive Office of the President — the National Science and Technology Council (NSTC) (which coordinates the diverse parts of the federal research and development enterprise) and the Domestic Policy Council (DPC) (which oversees the development and implementation of the President's domestic policy agenda), in a way that fosters important research, and uses the results of that research to guide policy development. The second is how to use this linkage between OSTP and DPC to create effective collaboration among federal agencies that support research on children and adolescents.

Recommendations for Next Steps

To meet this challenge, the Children's Initiative subcommittee recommends that the NSTC and DPC jointly establish an Interagency Working Group (IWG) consisting of representatives of relevant federal departments and agencies to identify activities within their research portfolios that support, inform, and facilitate the achievement of the Administration's key goals regarding the optimal health, education, and well-being of all American children and youth. The IWG's responsibilities should include, but not be limited to, the following:

- Provide directly to the NSTC and DPC on an ongoing basis — the results of their research activities that relate to these goals and have implications for policy.
- Develop and implement a long-term strategic planning process — to advance a multi agency federal research and development effort related to the optimal development of children and adolescents. This process should include the identification and recommendation of appropriate partnerships among public and private sector parties interested in ensuring the healthy and productive development of children and adolescents.
- Identify key research investment opportunities regarding children and adolescents — to achieve the overarching goals outlined in the strategic plan. These investment opportunities should highlight the need for and the benefits of a multi agency.

Executive Summary

coordinated approach in scientific research concerning young people. The Office of Science and Technology Policy (OSTP) and the Office of Management and Budget (OMB) would play an integral role in working with the IWG to develop a coordinated strategy, including budgetary issues, in which agencies can collaborate on research problems of national concern. These problems include strengthening the collection of reliable indicators of child and adolescent well-being and the research that provides us with knowledge of the factors that influence these indicators over time. A coordinated research strategy on optimal human development from early childhood into young adulthood, particularly on factors supporting learning, should be a high priority.

- Identify mechanisms to strengthen research-policy linkages — not only among NSTC, DPC, federal agencies and state and local government, but also among relevant non-governmental organizations and other public and private sector parties at the national, regional, and community levels. Such extensive linkages are needed to ensure that research knowledge generated by federal agencies and other researchers is effectively used to inform policy and program development regarding children, youth, and families.
- Consider appropriate means for conducting an outside assessment of the IWG's work — to ensure that the federal government's strategic plan and identification of key research investment opportunities, potential strategic partnerships, and mechanisms for strengthening research-policy linkages regarding children and adolescents are on target.

In conclusion, it should be reemphasized that our nation has a clear stake in ensuring that all of America's children grow up to be healthy, educated, productive, and contributing adults. Doing so requires removing barriers to achieving their full potential, including the barrier of inadequate knowledge. Scientific research is and will continue to be a catalyst for achieving that goal; it serves as a fundamental tool to gain knowledge needed for informing, developing, implementing, and refining policies and programs that address the pressing needs of children and adolescents. As such, research must be at the forefront of the highest level of decision making. The federal government is faced with an opportunity to embark on a path that will lead to creating and sustaining conditions that optimize human development. Now is the time to take that first step — to establish a coordinated multi agency research approach that emphasizes partnerships among the public and private sectors and linkages between the research and policy making communities. We owe our children, our families, and our nation nothing less than this sound investment in our future

OVERVIEW

Preparing America's children for the 21st century is one of the top priorities of President Clinton's second administration. Children growing up in America today face the promise of a new century of unparalleled opportunity in which new technologies, improvements in health, expanding economies, broader educational opportunity, and other advancements create hope that their future will be the brightest of any generation in history.

At the same time, too many of our children, adolescents, and their families face obstacles that obscure that bright future, including poverty, violence, child abuse, lack of education, and substance abuse. Addressing these challenges to their future and investing in opportunities to ensure that all children reach their full potential is a central priority of the Administration. The devastating economic and social costs of not responding to these challenges for both individuals and society are indisputable.

The Administration's commitment to children and youth was demonstrated in its first term. It launched a number of initiatives critical to children and youth, including increasing Head Start enrollment by almost 200,000 in 1997, curbing the sales and marketing of tobacco to children (the Children's Tobacco Initiative); reducing teen pregnancy rates; providing safer food and drinking water; and expanding opportunities for children to improve their skills, maximize their potential, and prepare them for the 21st century workplace (the Educational Technology Initiative, the America Reads Initiative).

Due in part to these efforts and the President's commitment to "cherish our children and strengthen the American family,"¹ the nation has taken some modest, but significant steps toward solving these daunting challenges. Yet progress in these areas must often be measured incrementally, as problems and solutions often take years or even generations to emerge. Still, it is important to acknowledge our successes. For example:

Infant Mortality²

What We Have Accomplished: The infant mortality rate reached a record low of 7.5 infant deaths per 1,000 live births in 1995, a 6 percent decrease from the previous year.

What Remains to be Done: Despite these improvements, the United States still has one of the highest infant mortality rates of any developed country. In some urban areas, the infant mortality rate exceeds that in some developing countries. In addition, from 1985 to 1994, the rate of low birth weight babies steadily increased. Low birth weight infants account for nearly two-thirds of all deaths under 28 days of age; those babies who survive are at increased risk of suffering severe physical and developmental complications.

Education³

What We Have Accomplished: American fourth graders outperformed students from all other nations, except Finland, in the latest International Assessment of Reading, while American eighth graders have demonstrated rising math and science scores in recent years.

What Remains to be Done: Despite one national goal of being first in the world in math and science by the year 2000, U.S. 8th graders scored below the average of 41 countries in the 1995 TIMSS study. In science, students in nine countries out-performed U.S. 8th graders. And in 1994, 40 percent of fourth graders failed to attain the basic reading level, while 70 percent did not attain the proficient level (i.e., competency with challenging reading materials). Poor reading performance is an important predictor of school dropout. Each year's class of dropouts will, over the course of its lifetime, cost the nation about \$260 billion in lost earnings and foregone taxes, in addition to lost human potential.

Teen Pregnancy⁴

What We Have Accomplished: The teen birth rate has declined for the fourth straight year, while the unmarried birth rate has decreased for the first time in nearly two decades.

What Remains to be Done: However, the teen birth rate is still higher than it was 20 years ago and the U.S. rate remains the highest in the developed world. Every year about 1 million adolescents become pregnant, most of whom are unmarried teens.

Immunization⁵

What We Have Accomplished: In 1995, three-quarters of all two-year-olds were fully immunized — a historic high. The incidences of Haemophilus influenzae type b invasive disease, symptomatic hepatitis B and measles among infants in the highest-incidence groups have been reduced by over 95 percent.

What Remains to be Done: However, vaccine coverage among the economically disadvantaged in inner-city areas is about 50 percent. Further, public health measures require an immunization rate of 80 to 90 percent of all children to prevent the spread of outbreaks.

Youth Violence⁶

What We Have Accomplished: The juvenile crime arrest rate decreased approximately 3 percent in 1995, while the juvenile murder arrest rate dropped over 15 percent,

marking the largest one-year decrease in more than a decade.

What Remains to be Done: Still, our nation can do better. In 1995, the cost of maintaining our prison system reached about \$50 billion; in some states, prison system costs exceed the cost of supporting the state's higher education system. It is less costly to educate than incarcerate.

Child Poverty⁷

What We Have Accomplished: Since 1993, the child poverty rate has declined from approximately 23 percent to 21 percent — the biggest two-year drop since 1968. And with the recently-passed "Personal Responsibility and Work Opportunity Reconciliation Act of 1996," the stage is set for a fundamental reconstruction of the welfare system, giving states increased flexibility to move families off welfare.

What Remains to be Done: Much more progress is needed to reduce poverty and its short- and long-term impacts. Consider, for instance, that children living in poverty more often are inadequately nourished, live in overcrowded and unsafe environments, and experience academic underachievement, violence, and greater unemployment of adult family members.

Smoking and Substance Abuse⁸

What We Have Accomplished: Beginning in the early 1980s, the number of teens who smoked, used marijuana, or consumed alcohol declined or remained flat — for about a decade.

What Remains to be Done: While use has not returned to peak levels of the 1970s, teenage tobacco and drug use has continued to climb over the last several years, and alcohol use remains unacceptably high. More than 5 million of today's underage smokers will eventually die because of tobacco-related illnesses and if current patterns of teen smoking persist, their health needs will cost about \$200 billion in health care costs alone. Alcohol and drug use, on the other hand, is a major factor in injuries — in particular, motor vehicle injuries, the leading cause of death for persons every age from 6 to 27 years.

Alcohol-Impaired Driving

What We Have Accomplished: Young drivers age 15 to 20 have historically represented a high risk group, involved in more fatal crashes per licensed driver than drivers of any other age group. Alcohol has been a major factor in these fatal crashes. Working to reduce the alcohol-related fatal crash rate for young drivers has proven successful, so that from 1982 through 1995

these fatalities for young drivers declined by 59 percent, while adult alcohol-related fatalities dropped by 28 percent during the same time period.

What Remains to be Done:

While this is good news, other reports are disturbing. How long can this decline continue when drinking and drug use is on the rise? Even if the current rate holds, population increases will mean increased fatalities in coming years. State legislatures need to pass zero tolerance laws, mandating strict license suspension for underage drinking drivers. Police need to be more active in enforcing underage drinking laws. And we need to support efforts by various sectors and young people themselves to curb underage drinking and impaired driving.

Much of the progress achieved in these and other areas is grounded in critical research efforts that have advanced our understanding of how children and youth grow into healthy and productive individuals. Research has helped to inform policy decisions and program development, track outcomes, and identify strategies that work and those that do not. The federal investment in research has clearly paid dividends in terms of improved outcomes for children and a healthier and brighter outlook for the nation as a whole.

Consider, as examples, the pivotal role research has played in the development of early childhood education, the reduction and prevention of childhood lead exposure, the reduction and prevention of childhood injuries, iron deficiency anemia, the identification of protective factors that help children overcome adverse conditions such as poverty, and the understanding of how child nutrition contributes to health and educational attainment (see sidebars).

Despite such important achievements, much more research must be conducted. There continue to be significant gaps in our understanding of how children grow up to be healthy, well-educated, and responsible members of their communities and nation. Coordination across the federal government as well as among Federal, State, and local governments needs to be improved. Linkages between researchers and policy makers must be strengthened. And changes in policy must be informed by policy-relevant research and assessments. These challenges must be addressed if our nation is to develop policies and programs that meet the complex needs of today's children and youth. Strengthening the federal research enterprise on child and adolescent development and its role in shaping relevant policy is especially crucial given the changing nature of our communities and nation.

The United States is experiencing significant changes in the diversity of its population, fundamental shifts in the structure of families, and an increasingly global economy that demands a highly-skilled workforce to achieve an adequate standard of living. At the same time, our society is undergoing changes in longstanding social policies; these changes include the devolution of responsibility for income support programs (e.g., welfare) from federal to

state governments and the restructuring of our health care financing system. Our nation has learned how to invest in and profit from research; now we must extend those efforts to meet the challenges of the next century.

Maximizing the Nation's Investment: Essential Research-Policy Linkages

Those who shape our nation's policies and programs related to children, youth, and families are searching to find ways by which all of America's children can achieve their full promise. Conducting research is a critical step toward increasing our knowledge of child and adolescent development; such knowledge can inform and facilitate action to solve our nation's urgent and costly social and economic problems. Yet the information gained through research efforts must be integrated into policy development to enable our society to address its difficult challenges.

To achieve meaningful progress, research on children and adolescents must be used more effectively to inform our nation's domestic policy makers. This means the scientific community must better communicate and disseminate significant research findings to policy makers. Policy makers, too, must work with researchers to help identify key questions concerning children, youth, and families that need to be addressed through research.

Understanding the forces that shape young people's development and using that knowledge to influence public policy and service delivery should be a cornerstone of the federal government's research enterprise. To neglect this fundamental building block risks compromising national goals of security, economic prosperity, and quality of life for all.

About This Report

This report, coordinated by the White House National Science and Technology Council (see "About the Children's Initiative" sidebar), provides starting points for the federal government over the next few years as it evaluates the research investments to be made on key issues affecting the health, education, and well-being of children and youth. This report also makes the case for strengthening the use of research findings to inform policy and program development and for establishing productive partnerships among public and private sectors. Taken together, the steps recommended in this report should leverage federal investment in scientific research on children and youth, and the enhanced effectiveness of the policy development process.

While *Investing in Our Future: A National Research Initiative for America's Children for the 21st Century* provides several examples of important research issues concerning children and adolescents, a dynamic research framework and agenda is needed that would involve partnerships among research and policy groups in the federal government, in collaboration with non-governmental researchers and practitioners. This report should be considered the

first phase of a sustained effort directed towards that end.

Organization of Report

This report is organized into four sections. Section I is a *Snapshot of the Federal Research Portfolio*, which briefly describes the current federal investment in research on children and adolescents. The purpose of a current assessment of activities is to provide the basis for identifying gaps (Section II) in knowledge and federal research investment.

Section II, *Gaps in the Knowledge Base: Examples of Research Opportunities*, provides examples of research needs in understanding children's biological, cognitive, and social development and a basis for establishing research priorities.

Next, Section III, *A Key Element of the Research Enterprise: Links to Policy Makers and Service Providers*, discusses the need for establishing stronger links among researchers, policy makers, and service providers to develop policies and programs that meet the needs of children and adolescents.

The report concludes with Section IV, *Next Steps: Options for Phase Two of the Children's Initiative*, which provides recommendations for building on the work of this first phase.

ABOUT THE CHILDREN'S INITIATIVE SUBCOMMITTEE

In May 1996, the National Science and Technology Council's Committee on Fundamental Science and Committee on Health, Safety, and Food formed the Children's Initiative, a subcommittee to explore the federal investment in research focused on the biological, cognitive, and social development of America's children. Representatives from some 20 federal agencies involved in child and adolescent research programs came together to examine the federal investment in this area and to foster coordinated efforts. The major goals of the subcommittee were to:

- ✓ Assess the size and scope of the federal research portfolio on children and adolescents, and identify gaps in the current knowledge base and in the research funding.
- ✓ Identify important research issues in children's biological, cognitive, and social development.
- ✓ Strengthen research-policy linkages and develop a sustainable process for collaboration and communication of scientific knowledge about childhood and adolescence within the federal government.

(A list of representatives and a chronology of their discussions is included in Appendix A.)

EARLY CHILDHOOD PROGRAMS: THEY CAN MAKE A DIFFERENCE⁹

Each day, some 13 million children attend early childhood programs — such as preschool, Head Start, prekindergarten, nursery school, and child care programs. The role of children's experiences in these programs in shaping their developmental outcomes can no longer be neglected. For most children, their long-term prospects depend to a great extent on what happens to them during their early years.

For three decades, researchers have documented the many practices that have been shown to foster learning among children. Research on experimental early childhood programs in the early 1960s, followed by Head Start in the mid-1960s, led to increased public understanding about the importance of such programs. As the research body of knowledge grew, so did evidence showing that quality early childhood programs result in long-term educational and economic gains — including higher reading scores, reduced likelihood of being held back a grade or placed in special education, increased chances of graduating from high school and likelihood for employment.

Since the 1960s, research in the developmental neurosciences has produced compelling evidence about the importance of the first three years on brain development. Research indicates that a child's social and cultural environment affects not only the number of brain cells and connections among them, but also the way these connections are "wired." Scientific findings document the positive impacts of being raised in a healthy, caring, nurturing environment, as well as the negative impacts of inadequate stimulation and impoverished surroundings.

The Ypsilanti Perry Preschool Project of High/Scope, a well-known longitudinal study of low-income, African American children enrolled in preschool, reported significant short- and long-term gains in the children's school achievement, health, social adjustment and economic prospects. The study, which began in 1962 and continued into 1996, concluded that a high-quality preschool program creates the foundation for adult success. A solid body of similar longitudinal research on high-quality early childhood programs for low-income children in different parts of the country supports these findings.

Recognition of the school readiness and possible longer term benefits that good early childhood experiences can provide to youngsters has prompted a growing public investment in early childhood programs. Today, state and federal governments invest about \$10 billion annually in early childhood programs. *Still*, less than half of all 3- to 5-year-olds with family incomes of \$40,000 or under were enrolled in preschool in 1995, compared with 82 percent of children from families whose annual incomes were more than \$75,000.

Since most of these studies began in the 1960's and 1970's, what remains to be seen is whether such programs can still produce similar advantages for today's young people, given the changing nature of families and communities. Continued research on the impact of early childhood programs, especially as they relate to family and community influences, is needed to advance our understanding of the long-term outcomes of these early learning experiences (see page xx in

OVERCOMING ADVERSITY: IT CAN BE DONE¹⁰

An alarmingly high number of children live in poverty, come from fragile families, and are exposed to violence and other adverse circumstances. Despite such obstacles, many go on to become healthy, well-adjusted, productive adults. What enables some children to flourish in the face of adversity, while others experience significant setbacks?

A three-decade, continuing longitudinal study of all children born on the island of Kauai, Hawaii, provides important insights about what makes children resilient to adverse conditions they face in growing up. Of the children designated as "high risk" because they were born into chronic poverty, had experienced perinatal stress, and lived in families plagued by conflict, divorce, alcoholism, or mental disorders, one-third did not develop problems during childhood or adolescence. This "vulnerable, but resilient" group of children emerged as competent young adults who were gainfully employed, involved in stable relationships, and active in their communities.

Three clusters of protective factors distinguished this group from the other two-thirds who did develop problems by adolescence. The results of the Kauai study and more than 250 other studies of children growing up in adverse circumstances present a consistent picture of the common factors that enable young people to beat the odds:

- ▶ *Temperamental characteristics and social skills, which involve family members and others, and at least average intelligence.* Individuals who achieve social competence, including life skills, are much more likely to flourish as adults, regardless of the conditions in which they grew up. More children, especially those in high-risk situations, must be provided with various opportunities to develop the competence and skills they need to succeed.
- ▶ *Strong attachments with parents or parental substitutes, including grandparents, kin, and siblings.* The commitment of nurturing, competent adults is crucial in a child's life. This has important implications not only for the role that mentors, tutors and other adults can play in helping shape the successful development of children and adolescents, but also for how to increase opportunities for young people to develop close relationships with such adults.
- ▶ *A vital community support system such as a church, youth group, or school that offers stable support and consistent guidance.* Community and social institutions have a special opportunity to help children and youth foster healthy lifestyles. Yet for many young people, these kinds of support systems simply do not exist in their neighborhoods; even those who do have access to such institutions often feel alienated or disconnected from them. More needs to be learned about how to tap the underlying potential of community institutions and how they can be more supportive of children and youth.

Longitudinal studies, such as that of the children of Kauai, are key to increasing our

REDUCING CHILDHOOD LEAD POISONING: SIGNS OF PROGRESS¹¹

Efforts to understand the extent of lead poisoning in America's children began to flourish in the 1950s, as people became more aware of the harmful effects of lead exposure and its sources. Lead poisoning adversely affects three major organ systems in the human body: the central nervous system (specifically, the brain), the kidney, and the blood-forming organs.¹² Children can experience lead exposure not only from lead based house paint, but also from leaded gasoline, drinking water, and household products.

Numerous federal agencies — the Environmental Protection Agency (EPA), the National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), Agency for Toxic Substance and Disease Registries (ASTDR), Department of Housing and Urban Development (HUD), and the Consumer Product Safety Commission (CPSC) — have cooperated to generate the data to understand the consequences of lead exposure to infants and children as well as how to prevent and treat it. One of the greatest steps in protecting children's health occurred 20 years ago, when the EPA phased out lead in gasoline and the CPSC also banned lead in residential paint, coatings, and certain other consumer products.

In the 1980s, studies tracking children from birth showed that levels of lead in children's blood previously thought to be safe were, in fact, associated with serious neurological and behavioral problems such as impaired coordination, increased aggressiveness and hyperactivity, and lower IQ scores. CDC revised their screening guidelines for acceptable blood lead levels in children, from 60 μ g/dL in the 1960s to 10 μ g/dL today. In 1991, CDC recommended that virtually all children be screened for lead exposure and poisoning.

CDC, HUD, EPA and CPSC issued strategies for elimination of lead poisoning. Together, these efforts have led to a 98 percent reduction in lead levels in the air and the protection of millions of children from serious, permanent learning disabilities. From 1976 to 1993, the percentage of children ages 1 to 5 with blood lead levels higher than acceptable levels decreased from 88 to about 4 percent.

Though lead levels in children have significantly declined, this environmental health hazard currently affects as many as 0.9 million children age five and under. The fact remains that lead exposure is an entirely preventable childhood health problem and there is still much to be done to protect children — particularly those living in lower income areas or in older homes threatened by chipping or peeling paint and excessive amounts of lead-contaminated dust. What is more, there are a host of other environmental hazards whose effects on child and adolescent development are still not fully understood; even less is known about their *cumulative* effects and the risks they pose to children (see page xx in Section II).

U.S. EXPERIENCES DRAMATIC DECLINES IN CHILDHOOD IRON DEFICIENCY ANEMIA¹²

Iron deficiency, a widely prevalent condition in America that causes anemia, has serious effects on the health and development of infants and children. Infants with iron deficiency anemia have been shown to score lower on tests of mental and motor development than their healthy counterparts. Evidence also points to long-term effects of iron deficiency at young ages including impairment in general intelligence, language capability, fine and gross motor skills, and visual integration.

Public policy efforts to reduce iron deficiency date back to the 1940s, when the National Academy of Sciences endorsed the addition of iron to white flour and the Food and Drug Administration established Standards of Identity for enriched flour. By 1990, 95 percent of grain products in the food supply were enriched, contributing to a 50 percent increase in per capita consumption of iron.

Food assistance programs directed toward specific populations have also succeeded in improving the iron status of these groups. The U.S. Department of Agriculture's Special Supplemental Food Program for Women, Infants, and Children (WIC), established in the early 1970s, is especially noteworthy. WIC provides highly-nutritious, iron-fortified food to low-income women who are pregnant or breast-feeding and to their children up to the age of 5. The program also provides nutrition education and increased access to other health care and social services, including prenatal care. One of the goals of the WIC program is to reduce the incidence of iron deficiency among this high-risk population.

Research shows that the overall prevalence of anemia in children from low-income families who participated in WIC declined from 8 percent in 1975 to about 3 percent in 1985. Among inner-city infants who were given an iron-fortified formula during the first year of life, only 1 percent suffered from iron deficiency anemia as compared to about 9 percent of infants who did not receive an iron-fortified formula.

Despite these improvements, iron deficiency anemia in infants and children remains a public health concern. To assure the health and well-being of America's children and infants, continued monitoring of iron levels as well as dietary interventions are needed.

I. SNAPSHOT OF THE FEDERAL RESEARCH PORTFOLIO

The Current Federal Investment

One question the Children's Initiative sought to answer was "How much does the federal government spend on research and development related to children and adolescents?" To identify the portfolio of federal research related to children and adolescents, RAND's Critical Technologies Institute (CTI) conducted an analysis using a newly developed database (RaDiUS) of research and development activities across the federal government (see "About the Data Analysis" sidebar). This analysis was refined by additional input from federal agencies. These research and development (R&D) efforts address a broad range of issues affecting children's biological, cognitive, emotional, and social development, as well as the factors shaping their behavior from conception to their entry into the labor force.

The CTI analysis was intended to be an approximation of the federal portfolio; it is not a comprehensive, in-depth examination of each federal research and development project related to child and adolescent development.

CTI found that, in fiscal year 1995, the federal government spent an estimated \$2 billion on research and development directly related to children and youth. These funds were distributed among 12 federal departments (including 8 agencies within the U.S. Department of Health and Human Services and 21 funding components within the National Institutes of Health) and 3 independent federal agencies. The National Institute of Child Health and Human Development (NICHD), the National Institute of Mental Health (NIMH), and the Department of Education (ED) account for about half of the research. However, each of the 15 federal departments and independent agencies has a specific mission for its research and development efforts, which is often linked closely to its service programs, and provides valuable findings to enhance the knowledge base about children and adolescents. A key challenge lies in collecting, analyzing, and synthesizing what this knowledge base tells us about what the nation can do to ensure the healthy development of all American youth.

There are several ways to put in perspective the estimated \$2 billion federal research investment in children and youth. Initially, the share of total federal investment in R&D that goes to research on children and the share of total national R&D that goes to research on children was estimated. The share of expenditures for children directed toward R&D on children was estimated and compared to R&D shares in health, transportation and energy.

When compared to the total federal R&D budget, which includes research on defense, energy, health and other topics, federal R&D on children represents less than three percent of the total federal research investment of \$71 billion, and about six percent of the \$33 billion non-defense R&D budget (Chart 1).

It is equally important to place children's R&D in the context of the nation's total R&D expenditure--including all levels of government and the private and nonprofit sector. The private and nonprofit sectors provide more total R&D funding than the federal government--an estimated \$100 billion in FY95. However, little of this private and nonprofit research is directed toward research on children (excluding product-oriented marketing research). Foundations spent an estimated \$75 million on research for children in FY95, and the remaining nonprofit sector and state and local governments probably contributed less than \$300 million. Thus, the share of total national R&D directed toward children is less than 1.2 percent!

Unlike other areas of research, the federal government bears almost total responsibility for R&D on children. For instance, the private sector provides over 50 percent of health and energy R&D funding and over 90 percent of transportation R&D. In contrast, the federal government provides approximately 90 percent of children's R&D. Thus, it is even more essential that what is in the federal research portfolio is well coordinated across agencies and is adequate to address the critical social, educational and health issues for children.

A second way to consider the investment in R&D for children is as a proportion of total expenditures on children. The U.S. investment in R&D is between 2 and 3 percent of national expenditures (Gross Domestic Product). In the areas of health, energy and transportation, the nation invests between 2 and 3 percent of expenditures in health, energy and transportation in R&D. This R&D commitment of 2 to 3 percent is directed toward making the expenditures in each area more effective and efficient.

In contrast to the 2 to 3 percent commitment in other areas, less than three-tenths of a percent of the expenditures on children is spent for R&D on children. Total government expenditures for children and youth in fiscal year 1995, were an estimated \$500 billion, almost two-thirds of which was devoted to K-16 education. Most of the remaining funds were allocated for social welfare (including AFDC, Medicaid, Head Start, WIC, and food stamps), criminal justice (including police, courts, and prison expenditures), health care, and other programmatic expenses (**Chart 2**). Private sector expenditures for children are far larger than public sector expenditures, so our total R&D commitment to children of \$2 to \$2.4 billion is certainly less than three-tenths of a percent of public and private expenditures for children.

Given these comparisons, an obvious question is whether the nation's investment related to child and adolescent R&D is consistent with our research investments to solve other social, economic, energy, transportation and health problems. Put another way, the estimated \$2 billion investment is aimed at understanding the growth and development of 30 percent of the nation's population---over 80 million children and adolescents under age 21. One wonders whether our lack of dramatic progress on some youth-related problems stems from having limited R&D funding that must be spread across the spectrum of developmental problems arising during the first 20 years of life.

This research investment in children must address not only all developmental issues (social, emotional, cognitive and health) from before birth to age 21, but also address a wide range of social issues (education, welfare, delinquency, etc.). In addition, this research seeks not only to address the developmental issues and problems which arise during childhood, but uncover the origins of health conditions that are manifested later in life but have their genesis and means of prevention in childhood. The annual health care cost of four such conditions alone (atherosclerosis, osteoporosis, diabetes, and obesity) exceeds \$100 billion.

It should be noted, that many programs do not have younger Americans specifically as a target group of beneficiaries, but do benefit them. The funding for these programs is not included in the estimate of the amount directed at child research.

Chart 1: Federal Research and Development Spending in FY95

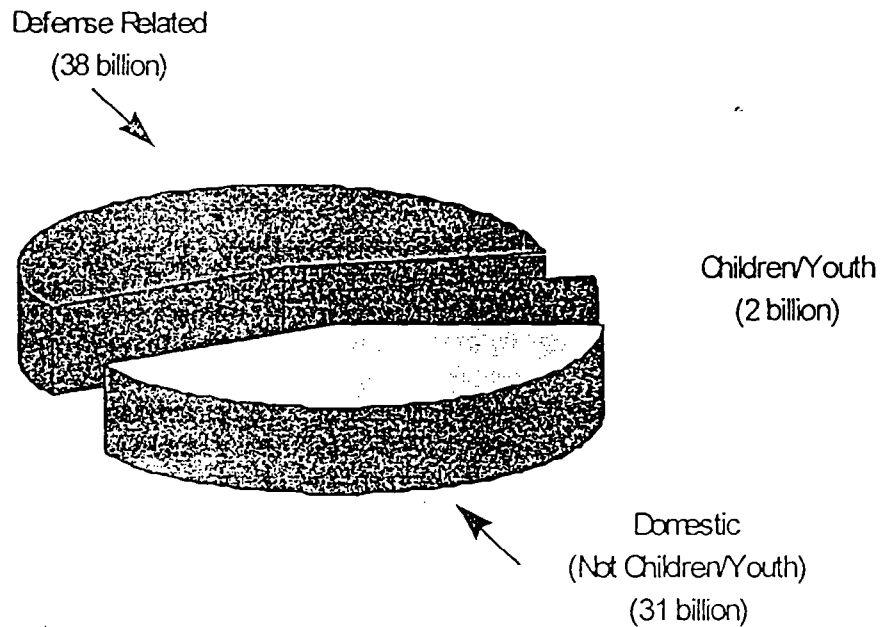
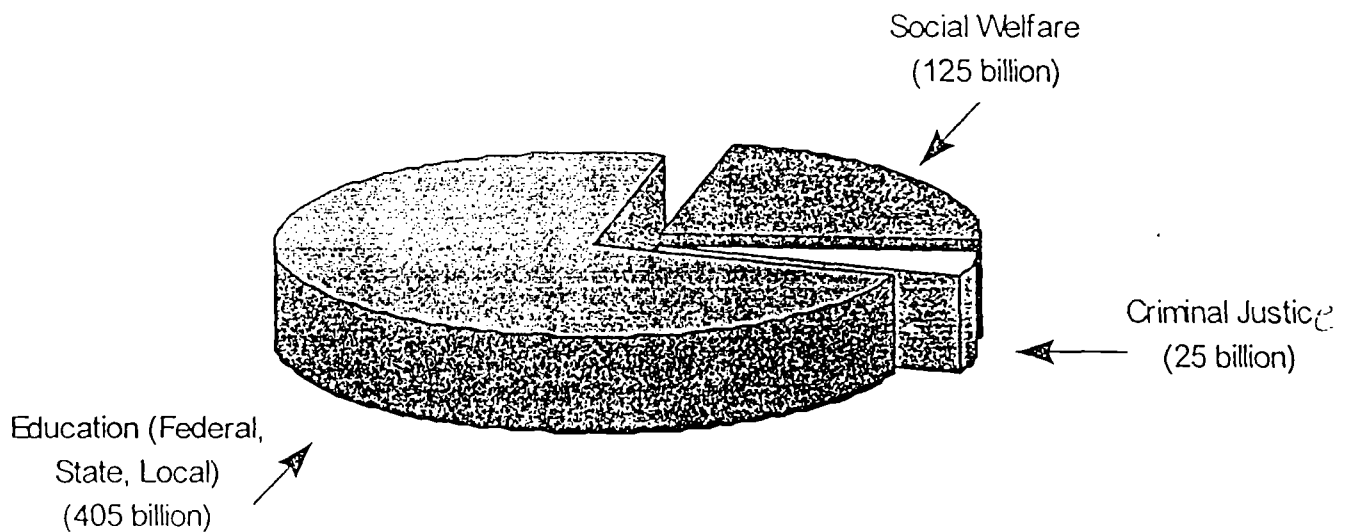


Chart 2: Government Services on Behalf of Children/Youth



ABOUT THE DATA ANALYSIS

RAND's Critical Technologies Institute (CTI) conducted its analysis using a database (RaDiUS) that contains information submitted annually to the U.S. Office of Management and Budget (OMB) by all federal agencies about their research and development (R&D) projects. The database currently contains approximately 80 percent of all federal domestic R&D projects related to children and adolescents. A number of agencies also provided information directly to CTI to supplement the RaDiUS data. "Children's research" encompasses the life cycle period from prenatal to entry in the labor force and includes research directly related to the physical, cognitive, psychological, and social development of children and youth.

Care must be taken, however, in the interpretation of the data. Some agencies may report program evaluation studies to OMB as part of their R&D, while others may not. Because reporting is not consistent across all federal departments, the agency-specific CTI figures cited in this report should be interpreted with some caution.

CTI identified R&D projects for children and adolescents by reading agency project abstracts. For each project identified as focusing on children and adolescents, CTI characterized the research along four dimensions:

- age group focus (prenatal, 0 to 2, preschool, K-12, and post-secondary);
- disciplinary focus (biological, medical, psychological, sociological/economic);
- type of research (basic, applied-problem oriented, applied-integrative); and
- outcome orientation (physical health, cognitive/educational, social/economic, and emotional/developmental).

Each project could be classified in more than one category within each dimension. For instance, some studies spanned several age ranges or included both cognitive and emotional aspects.

Appendix B contains a more detailed description of CTI's methodology and a list of the federal departments and agencies included in the analysis.

II. GAPS IN THE KNOWLEDGE BASE: EXAMPLES OF RESEARCH OPPORTUNITIES

Although a great deal of knowledge about young people has been gained from past research in the social, behavioral, and life sciences, a clear need exists to further advance our understanding of what enables all children to grow up to be healthy and active members of society. To develop effective policies and programs regarding children, adolescents, and families, an integrated, multidisciplinary approach is essential. The Children's Initiative identified the following cross-cutting, interrelated themes as among those that should characterize such an approach.

- ❖ ***Recognize the importance of basic, hypothesis-driven research on developmental processes.*** Fundamental research on developmental processes during the prenatal period, infancy, childhood, adolescence, and young adulthood should be a cornerstone of the child and adolescent research enterprise. Such knowledge provides an essential foundation from which to design programs, inform public policy, and conduct applied research. This research yields information that can help address problems not only in childhood, but also those that do not appear until later in life but have their antecedents in childhood. Such problems in the health area include atherosclerosis, diabetes, osteoporosis, obesity, and some cancers.
- ❖ ***Understand a child's overall development over the long term.*** Research should address the relationships among biological, cognitive, social, and emotional aspects of human development. Though research is making strides in this regard (for instance, there are links between social and cognitive development research), insufficient efforts have been made to link cognitive, social, and emotional domains to biological factors. The multiplicative effects of risk factors are rarely considered. Our understanding of how the whole child develops during the first two decades of life, therefore, remains limited.
- ❖ ***Examine child and adolescent development in the context of their families and communities.*** A multidisciplinary research approach should create, improve, and sustain longitudinal studies on representative samples of all children over at least the first two decades of life and preferably into adulthood. (Minority and poor children have been the primary focus of problem-oriented research, but, they are too often neglected in normative developmental research, which typically focuses on children from white, middle-class families.)—Such a long-term strategy will help to increase our understanding of how families, peers, schools, community organizations, media, and other social institutions interface and together influence aspects of child and adolescent development.

Recognition of such influence is critical to the design of programs and formation of public policy.

- ❖ *Attend to "positive" outcomes for children and adolescents.* Mission-oriented research, by definition, focuses on problems and deficits. For example, research efforts — as well as policies and programs — are often centered on health-threatening or compromising behaviors; comparatively few efforts examine health-enhancing behavior. However, many children and adolescents *do* adopt positive behaviors and more attention is needed on finding ways to help teens, families, schools, communities, and the media encourage such behaviors. Health promotion approaches are inextricably linked to knowledge about how key environmental and situational influences facilitate or hinder young people's efforts to ensure their health and well-being. Policies oriented toward helping more young people succeed will require knowledge about how health-enhancing behaviors can be achieved in diverse populations.

Illustrative Research Issues

This section of the report provides starting points for how the federal government can focus its research efforts to address high-priority issues affecting the health, safety, education, and development of all American children and youth. As a first step in identifying research opportunities, a selected literature review was conducted of reports that summarized relevant research and recommended areas for future study (see Appendix C for selected bibliography). To broaden the perspective, each federal agency represented in the Children's Initiative was asked to submit its top research priorities for the coming years. Several subcommittee discussions about research issues then ensued.

During the discussions to identify illustrative research issues, the Children's Initiative considered the following criteria: the nature and importance of the issue's impact on children, youth, families, and larger society; the degree of public concern about the issue; the extent to which the scientific community is prepared to advance knowledge of this issue; and the potential for improved research understandings to effectively inform policy (i.e., does a "policy window" exist?).

Working from the above cross-cutting themes and principles, the Children's Initiative identified six research opportunity areas concerning the development of children and adolescents that merit further exploration in the next phase. These six areas are: (1) influence of families and communities on child and adolescent development, (2) health and behavior, (3) children and environmental hazards, (4) understanding learning, (5) policy research, and (6) longitudinal studies. An overview of each area follows, outlining current knowledge in this area, topics that need to be explored further, anticipated benefits of advancing the knowledge base, and suggestions for which federal agencies could work together to act on these research

opportunities. Taken together, the six research areas create a functional path that enables us to look at all facets — biological, cognitive, social, and emotional — of children's development.

These six research opportunity areas should be considered illustrative *starting points* for thinking about the federal research investment strategy. They are not meant to be the final word on the federal research agenda, nor do they represent an exhaustive list of all research questions that will inform policies and programs regarding young people's development. As an example, two of the six issue areas — policy research and longitudinal studies — overlay the other four areas.

Research leading to reliable, useful indicators of child and family well-being is a key element of any research enterprise; however, this initiative did not address this element because it concluded that there was sufficient current activity in this area by the Federal Interagency Forum on Child and Family Statistics, Partnerships for Stronger Families, and the National Institute of Child Health and Human Development's (NICHD) Child and Family Well-Being Research Network. Improved communication among these and other related public and private-sector research efforts should be established to further enhance the knowledge base about children and adolescents.

1. INFLUENCE OF FAMILIES AND COMMUNITIES ON CHILD AND ADOLESCENT DEVELOPMENT

What We Know. Families and communities make a difference at every stage in a child's development, beginning even before a child's birth and continuing into adolescence. Research is significantly advancing our understanding of the complex ways in which families and communities provide children with opportunities for healthy development or expose them to risks for serious problems. (The term "community" should be broadly interpreted, encompassing various public and mediating institutions such as schools, community groups, religious institutions, and the media and popular culture.)

Research involving infants, for example, is identifying how their interactions with responsive caregivers (parents and other adults) provide the foundations for developing a healthy sense of self, forming trusting relationships, and taking pleasure in learning and exploring the world. In middle childhood and adolescence, research also is documenting the importance of children's direct interactions with their parents as well as mentors and peers. Findings are shedding new light on important variations in parents' and other adults' abilities to structure and influence how children access resources — human and institutional — in their communities. Such adult mediation of the community influences and affects children's involvement in positive experiences or in high risk behaviors such as substance abuse and violence.

There also is new evidence of the importance of building networks of relationships that provide an expanding circle of support for both child and family. Research results on early intervention strategies to promote responsive caregiving and healthy infant development underscore the importance of focusing on both child and family development, i.e., a two-generational strategy, *and* attending to the role of community conditions and resources. Studies involving families with similar signs of stress indicate that lower child maltreatment rates are associated with the presence of community supports (e.g., churches, Boys and Girls clubs, school-based community programs). In addition, findings show that parenting practices known to be effective in communities where there are many resources and few problems are not as effective when community conditions undermine parents' goals, expectations, and interactions with their children. As demographic changes bring about greater cultural diversity, studies are beginning to map both the similarities and the differences among cultural groups in the influences of family and community in children's lives.

This growing knowledge base is beginning to stimulate a broad range of policy approaches that emphasize working with families and communities to provide children and adolescents with the social networks and supports they require to make a successful transition into adult life. For instance, research has played a vital role in the design and implementation of the new Early Head Start program. Based on principles drawn from research on service delivery, Early Head Start enables communities to design flexible and responsive programs to provide comprehensive child and family support services to low-income families with children under the age of three. Longitudinal research is built into the program to generate knowledge that can be used both to improve services and to assess impacts on children, their families, and their communities.

Further, projects supported by the National Institute on Drug Abuse (NIDA) are applying knowledge about childhood predictors of drug use to the development and refinement of preventive interventions that focus on involving schools, families, and peers. In another example, the Centers for Disease Control and Prevention (CDC) is developing HIV interventions involving at-risk adolescents and their parents based on research that shows strengthening familial communication increases the likelihood that adolescents will adopt HIV risk-reduction behaviors. Also, CDC is documenting the positive role of comprehensive school-based health education in influencing the health-risk behavior of adolescents.

What We Need to Know. Given the challenges facing our families and communities, it is essential to build on our current knowledge base and focus on how changes in families and communities can be harnessed for the benefit of children, taking into account gender and racial/ethnic variations. Here are several pressing questions for which answers are needed:

- ☐ How do families and children (or youth) access community resources? There is limited knowledge about how community-based support structures are established and how families and children (or youth) access available resources. In addition, scientific

information is lacking about how contemporary media and popular culture influence children and youth and what that means for how families, community groups, and others should interact with youth to convey important information about their health, education, and well-being. Little is known, for example, about when, where, under what conditions, and at what ages various communication strategies are effective with different child and adolescent groups.

- ❑ How do different components of the community contribute to the development of safe behaviors in children and adolescents? Understanding the roles played by parents, caregivers, preschool and school teachers, coaches, older siblings, peers, and others in the development of safe behaviors could lead to strategies to foster development of such behaviors early in life. Longitudinal behavioral studies that assess relevant characteristics and influences of these groups of people on the development of safe behaviors in children are essential in the development of sound policies and programs.
- ❑ How can communities facilitate an adolescent's safe passage to adulthood? Understanding this transition cannot be achieved without linking adolescence to development that occurs during early and middle childhood. Thus, longitudinal research that captures individual development over time and also assesses the characteristics and influences of families and communities is essential to advance our knowledge and better inform policy and practice.
- ❑ How are families and communities changing and how does such change positively *and* adversely affect children and adolescents? The scientific literature strongly suggests that instability in the lives of children and adolescents can adversely affect their development and well-being. Research indicates that frequent changes in residence or the adult composition of the household can prevent children and adolescents from establishing stable relationships in the community. Children undergoing such changes may also lack supervision in their homes and communities. Observed results should be explored for their utility in policy interventions. The dynamics of positive changes in communities and neighborhoods are also critical to understand.
- ❑ How are children, families and communities affected by major policy innovations now taking place at national, state, and local levels (e.g., in health care delivery, family income support, and economic self-sufficiency)? For example, Pprovision of income support by the states (rather than the federal government) may result in powerful policy incentives that induce impoverished families to change their residence and household structure frequently. These changes could occur because of the availability of state funding, time-limited benefit structures, and different programs that might arise out of welfare experimentation at the state and local levels. Such residential mobility will challenge research on welfare reform experiments at the local level. It will require tracking changes in residence and how those changes affect children. Longitudinal

designs that are robust enough to account for these changes over time and a diversity of state and local policies are needed to evaluate adequately the effects of welfare experiments at the state and local levels and to support states in developing welfare policies that enhance child and adolescent development while preventing serious problems.

- How do policy choices regarding physical infrastructure and urban and rural economic development, impact children? While about 70 percent of this country's poor live in central urban or rural areas (U.S. Bureau of the Census, March Current Population Survey, 1995) most job growth is occurring in the outer suburbs, resulting in a spatial mismatch between jobs and poor people. Research should include efforts to analyze: (1) the importance of transportation and mobility for children's and families' overall well being, and (2) how lack of access to transportation may hinder child and family social, educational, and emotional development.

How Federal Agencies Could Work Together in this Area. Both researchers and those involved in designing preventive programs share an interest in family and community supports for children and adolescents. These support systems are often referred to as "contexts" for development to be understood in their own right and for engaging them in influencing positive outcomes in young people. Thus, a broad range of federal research agencies are now supporting projects in this area, including the U.S. Department of Education through its research institutes that aim to connect families and communities in supporting the optimal educational achievement of children and its reorganized elementary and secondary education programs which confer a greater decision making role at the school level in exchange for accountability for higher student achievement. The U.S. Department of Health and Human Services through its research and prevention programs, including comprehensive community-based health promotion programs in substance abuse, mental health, and cardiovascular health; and the U.S. Centers for Disease Control and Prevention in their efforts to promote health and prevent violence and diseases.

Collaborations among these research agencies, especially those that strongly connect educational and health outcomes in children and adolescents, are needed. Those young people who are healthy are more likely to benefit from educational opportunities. Existing research shows that children and youth who are doing well in school and have supportive families are more likely to engage in health-enhancing behaviors (and less likely to engage in those risky to their health) than those who are doing poorly in school.

2. HEALTH AND BEHAVIOR

What We Know. The coming century will witness the expansion of research in behavioral

medicine. Children and adolescents will be a special focus of biobehavioral research and initiatives based on such research that informs efforts to promote health and safety and prevent injury and disease. This focus on young people is imperative because disabilities and chronic diseases resulting in adult morbidity and mortality can be traced directly to behavioral patterns that are often established during childhood and adolescence.

Research has established that a number of personal behaviors are major determinants of long- and short-term health outcomes in children and youth. For instance, the initiation of unhealthy behavior or risky such as substance abuse (including tobacco use), drinking and driving, early or unprotected sexual intercourse, poor nutritional choices, lack of exercise, violence, not wearing safety belts, and not using bicycle and motorcycle helmets is related to poor outcomes during early adolescence and beyond. Given this knowledge, the federal government collects information to indicate the general health and well-being of children and youth. The Youth Risk Behavior Survey, for example, monitors serious health-risk behaviors (e.g., unintentional and intentional injury, tobacco, alcohol and other drug use, sexual behaviors, dietary behaviors, physical activity) that contribute to the leading causes of mortality, morbidity, and social problems among young people.

Research also has provided evidence on the effectiveness of particular prevention strategies designed to modify or prevent certain health-risk behavior. Environmental interventions such as child safety seat, seat belt and motorcycle helmet laws, requirements for child-resistant packaging for certain chemicals and pharmaceuticals, and restrictions on the availability of harmful substances to minors have proven successful in reducing risk. Education interventions, particularly those that involve life skills training, can also lead to reduced risk; for example, studies have shown an association between school-based health education and the reduction of tobacco use in children. While information-based interventions are important, they are insufficient to sustain changes in behavior. Interventions that involve multiple sources of influence within a child's physical, social, and psychological environment (via family, school, church, peers, and other social institutions) are more likely to be effective than approaches that stem from a single institution. Furthermore, cultural and gender factors may influence the effectiveness of particular prevention strategies.

What We Need to Know. Major strides have been made during the past few decades in understanding how health problems of children and youth develop, but the following gaps in our knowledge, while not an exhaustive list, remain:

- What influences children and adolescents to avoid or engage in risky and adverse behaviors? To increase the likelihood of healthy youth and adult development requires a better understanding of what prevents young adolescents from engaging in adverse behaviors in the first place, and if they do adopt risk-taking behaviors, what influences them to do so and how such actions can be effectively modified. This requires a more advanced understanding of 1) the factors that influence negative risk behaviors — for

example, the incentives within a child's or adolescent's environment that serve to sustain these behaviors; and 2) the factors that influence positive, healthy behaviors and the conditions in which such factors thrive. Knowledge about how to strengthen and maintain the impact of positive forces in young people's lives is essential to developing policies and programs that facilitate health-enhancing behaviors.

- ☐ What is the nature of the health behavioral change process for children and youth? Research is needed not only to capture what contributes to health-compromising and health-promoting behaviors, but also to understand the process of behavioral change in children and adolescents. Existing models of health that are related to behavioral change have focused mainly on adults. Very little is known about behavioral change for young people, for whom the process may be even more complex given the wide variation in child and adolescent developmental levels.
- ☐ To what extent does maternal nutrition influence whether a child will develop chronic diseases later in life? The influence of maternal nutrition on fetal brain development, hormones, and blood supply has enormous public health implications. However, little is known about the effects of a specific micronutrient deficiency-macronutrient imbalance or overconsumption of calories during pregnancy on the development of chronic diseases in later life.
- ☐ What are the cumulative effects of adverse and risky behaviors on child and adolescent development? Research is needed that looks beyond specific problems of injury, violence, delinquency, teen pregnancy, substance abuse, and other risky behaviors in isolation to consider how these problems intersect and connect. For instance, knowing whether common behavioral mechanisms are contributing causes of multiple health risks would provide the basis for developing more effective intervention strategies. There is a need for research on the social, cultural, and behavioral factors influencing "risky behaviors" which result in trauma injuries to children and youth. Transportation-related examples include (1) drinking and driving, (2) failure to wear bicycle or motorcycle helmets, and (3) improper use of or failure to use child restraint systems or seat belts.
- ☐ How do health risk behaviors compare among different age groups? The majority of research conducted and data collected on youth and health-risk behaviors focuses on older adolescents. Our capacity to monitor younger children's health and well-being is currently limited — especially in the areas of social and behavioral development. Information on such development for different age groups is very much needed; in particular, research that focuses on middle childhood. Such research will help to inform the timing of intervention strategies. Although it may be more difficult, the optimal time to study children in relation to health-risk behavior is during the transition from middle childhood to becoming a teenager. To teach children about the potential

effects of current behavior and help them develop the necessary skills to postpone the initiation of risky behavioral patterns requires more extensive knowledge about social relationships that children form during middle childhood and the influence that peers and the media can have on experimentation and acquisition of adverse or positive health behaviors. The contribution of gender, ethnicity, and socioeconomic status to understanding age-related development should also be considered.

- ❑ How do environmental, family, and situational influences affect child and adolescent health risk behaviors? Research shows that how parents interact with their children can affect the extent to which young people engage in risky behaviors. Research is needed to identify the most effective strategies families can use to support their children's healthy development. This is particularly true during middle childhood, when parents can play a critical protective role in guiding children's acquisition of healthy behaviors. Research is also needed on the effects of other environmental and situational influences — such as the media and popular culture, peer groups, schools, community organizations — on the health risk perceptions and behaviors of children and adolescents. All of these influences are potential tools in effective health promotion.
- ❑ How do children and adolescents perceive the risks of engaging in health-compromising behavior and what approaches would help them to adopt more health-enhancing behavior? Though most youth who engage in health-compromising behavior understand the long-term consequences of their actions, they may not consider such repercussions relevant and, therefore, are unlikely to change their behavior. Research, which takes into account different socioeconomic backgrounds and different ethnic or racial groups, should address questions related to children's understanding of potential risks and outcomes and what their developmental capacities are concerning relationships between their actions and the short- and long-term consequences. For example, children who smoke may not consider the long-term consequence of cancer to be as relevant as the short-term consequences of bad breath or stained teeth. For some, immediate social acceptance may be a more powerful influence than poor health, especially if it occurs during their adult years.

How Federal Agencies Conducting Research Could Work Together in this Area. The Office of Behavioral and Social Sciences Research of the National Institutes of Health (NIH) is now playing a major coordinating role across the NIH to assure that the behavioral aspects of health are well integrated into the nation's health research enterprise. The National Science Foundation supports disciplinary research on the cognitive and decision-making underpinnings of risk perception and behavior. At the same time, other agencies of the Federal government such as the U.S. Centers for Disease Control and Prevention, the U.S. Department of Education, the U.S. Department of Agriculture and the U.S. Department of Transportation are all engaged in efforts to promote health and prevent disease and injury. The U.S. Department of Justice supports programs and approaches to prevent and treat violence, now considered a

major threat to public health.

Research findings have now established that problematic outcomes in child and adolescent health do not occur in isolation from one another. Health-compromising behaviors, such as poor diets, smoking, and inadequate exercise and fitness, tend to cluster in the same individual. Likewise, health-enhancing behaviors, such as regular use of seat belts, and avoidance of harmful substances such as tobacco, also tend to cluster. This line of evidence indicates that child and adolescent health and behavior initiatives in the future must involve different agencies, which, heretofore, have focused on specific health outcomes.

3. CHILDREN AND ENVIRONMENTAL HAZARDS

What We Know. Children face a wide array of major environmental health threats, including lead poisoning, chemicals and pharmaceuticals, pesticides, air and water pollutants, drinking water contaminants, toxic waste dumps, second-hand tobacco smoke, and polychlorinated biphenyls (PCBs). The effects of these environmental hazards can be debilitating. Children exposed to such threats can experience a host of problems, including asthma, cancer, central nervous system damage, respiratory illnesses, behavioral and learning problems, and delayed development. Asthma deaths are on the rise in children and young people, increasing by 118 percent between 1980 and 1993, and asthma is now the leading cause of children's hospital admissions. Lead poisoning is also a leading environmental health hazard for young children, affecting as many as 900 thousand children ages five and under, according to the CDC. Research shows that children are at special risk, compared to adults, from these and other environmental hazards in three general ways.

First, because children's bodies and organs are still developing, they are often more susceptible to environmental threats. Children move through several stages of rapid growth and development, from conception and infancy through adolescence, during which they can be particularly sensitive to exposure to environmental toxins.

Second, because children eat proportionately more food, drink more fluids, breathe more air, and play outside more than adults, they are exposed to more environmental threats. Children thus may ingest more pollutants per pound of body weight.

Finally, because children are least able to protect themselves, their behavior exposes them to additional environmental hazards. Children's natural curiosity and tendency to explore leave them vulnerable to health risks adults can more easily avoid. When young children crawl on the ground or the floor or play outside, they are more exposed to a wide array of potentially hazardous substances.

The federal government (including the EPA, NIEHS, CDC, CPSC, ASTDR, and HUD) has made important contributions to answering some of the questions concerning the effects of environmental hazards on children. These activities range from basic research to systematic evaluations examining whether environmental protection efforts are adequately safeguarding children's health. The EPA has recently proposed new pesticide and chemical testing guidelines to more completely identify neurological, developmental, and reproductive effects on children.

What We Need to Know. Through research on the risks associated with exposure to environmental hazards, significant gains concerning the health and well-being of children and adolescents have been made. Yet much more can be done to protect children from environmental health hazards. Questions that require further exploration include:

- ☐ How can we improve the identification of and response to environmental threats to children's health? Although progress has been made toward quantifying the risk environmental hazards pose to children, our ability to identify environmental threats to children's health and then develop effective strategies to address them must improve. While a great deal is known about some hazards, researchers are just beginning to understand others more fully. For example, increasing scientific attention has been focused on the potential effects of synthetic chemicals on the hormone system. These chemicals — known as endocrine disruptors — may pose a major hazard to children. A number of chemicals, including organochloride pesticides such as DDT and chemicals such as PCBs, can cause endocrine disruption in wildlife and laboratory animals. Because very low levels of chemicals that block or mimic reproductive and thyroid hormones can determine the course of prenatal development, there is substantial concern about the potential for birth defects and alterations of normal growth and development in children from suspected endocrine disruptors. The National Science and Technology Council's Committee on Environmental and Natural Resources (NSTC CENR) has established a committee to coordinate endocrine disruptor-related research throughout the federal government.
- ☐ How can we prevent cumulative exposures to a hazardous substance from multiple sources? Even when risks from a chemical are known, it is difficult to reduce these risks when the exposures occur from unrelated sources, particularly when the chemical accumulates in the body. The most effective approach is for agencies to address the problem in a coordinated and comprehensive program. As an example, lead from leaded gasoline, paint, industrial processes, soil, food, water, dust, certain consumer products such as miniblinds, and toys are sources of lead exposure to children. Individually, some of these exposures are adverse; others are not. However, since lead and lead damage is cumulative in the body, the sum of exposures adds to the body burden and increases the risk of toxic effects. A holistic advisory and regulatory approach as was taken by agencies to prevent hazardous lead exposures from multiple

sources. The Federal Lead Paint Task Force, consisting of some 20 different Federal regulatory and advisory agencies, with public and private groups, informed and organized childhood lead poisoning prevention activities. Partnering of public and private efforts, such as the National Lead Information Center (800-424-LEAD), can bring expertise and resources together to address specific lead exposure concerns from a variety of sources. The total success is reflected in reducing the average blood lead level for young children in the US down to 3.6 ug/dl from a late 1970s high of 15.0 ug/dl.

- ☐ What are the cumulative effects of hazardous substances? Even when there is sound information about specific hazardous substances, very little is known about their cumulative or synergistic effects. Traditionally, most environmental protection regulations examine risks on a chemical-by-chemical basis, although in reality people are exposed to multiple substances at the same time. For example, the National Academy of Sciences report, *Pesticides in the Diets of Infants and Children*, identified this single-chemical approach to regulation as a major shortcoming in the federal pesticide and food safety regulatory system, particularly as it relates to children. Responding to concerns expressed in the report, pesticide and food safety laws were recently amended, mandating that EPA assess "aggregate exposure" to pesticide residues, including all sources of exposure to chemicals with a common mechanism of action, when determining safe levels of pesticides on food.
- ☐ What kinds of hazards are those to which children are most sensitive and why? While it is clear that children are more vulnerable to environmental hazards in general, more detailed information is needed. For example, while children are often more susceptible to environmental threats because their immune, neurological, and other systems are still developing, it is not known to which hazards children are more sensitive and why.

Also, children face physical hazard susceptibility regarding motor vehicle-related injuries because they do have smaller bodies and because adults may direct where they sit and if safety devices are used. Motor vehicle-related injuries are the major cause of death for those age 5 to 27.

- ☐ When are children most vulnerable to environmental hazards? Further research is needed to identify windows of particular vulnerability to environmental hazards. Children move through several stages of rapid growth and development throughout infancy and adolescence, during which they may be especially sensitive to the effects of exposure to toxic substances. Research is needed to help identify these windows of heightened susceptibility to focus environmental protection efforts on the highest risk exposures and outcomes with the greatest potential effects on normal intellectual and physical development.

How Federal Agencies Could Work Together in this Area. Effective partnerships are required to achieve a healthy environment for children. Federal agencies charged with protecting public health and the environment must work together to achieve desired outcomes for young people. One such collaborative effort might be the development of public health guidelines on environmental issues to improve children's health. The Agency for Toxic Substances and Disease Registry (ATSDR) provides written series for this purpose. The Environmental Protection Agency develops testing and risk assessment policies for environmental pollutants.

A potential opportunity for collaboration within the Department of Health and Human Services (HHS) is a recently established subcommittee on children and environment. The subcommittee, convened by HHS's Environmental Health Policy Committee, is charged with coordinating the activities of relevant HHS agencies conducting work in this area. Other agencies such as the Environmental Protection Agency (EPA), the Department of Energy (DOE), and the Consumer Product Safety Commission (CPSC) have been invited to be liaisons to this activity.

Another potential coordinating point is EPA's Children's Environmental Health Initiative. One EPA proposal is to fund academic institutions to advance the understanding of how children are exposed to environmental hazards and children's susceptibilities and vulnerabilities to environmental hazards. EPA has committed to establish two national centers of Excellence on Children and Environmental Health in academia institutions. Such an endeavor could be undertaken as a partnership by several federal agencies. For example, the USDA provides data to the EPA to help monitor and establish estimates of exposure to pesticide residues in foods. The agencies are currently working together to obtain additional data specific to infants and children.

An existing hub for research coordination is the NSTC CENR. The subcommittee on Risk Assessment has coordinated all federal agencies' approaches to risk assessment and risk assessment-related research. The Subcommittee on Toxic Substances coordinates research on hazardous chemicals.

The ATSDR Child Health Initiative, launched in 1996, has focused the agency's programs and public health actions on reducing the adverse effects of toxic substances on the health of infants, children, and youth. This initiative is intended to (1) place a special emphasis on child health issues, (2) implement new projects that benefit children and their families, and (3) solicit input and disseminate information through other government agencies, professional organizations and child advocacy groups.

4. UNDERSTANDING LEARNING: STUDIES ON COGNITION, DEVELOPMENT, AND LEARNING TECHNOLOGIES

What We Know. Understanding learning is one of the great challenges of the study of brain and behavior. Children are capable of learning a remarkable variety of tasks relatively rapidly, and continue learning throughout life. Recently there has been widespread recognition that individuals process information in different ways and have preferential methods of learning: visual or auditory stimulation, hands on learning, repetition, or other pathways. Our nation's investment in education depends upon being able to incorporate an understanding of learning into supporting activities and practices to increase the human capacity to learn. Effective approaches must also include understandings of the requirements of different minority populations, including learning disabled children, and effective techniques based on the interplay among educational, social, and behavioral contexts. Basic research is needed on how children learn, on neurologic pathways and brain adaptability, on environments that stimulate learning and remote memory, and on techniques, including the application of information and communication technologies, that can support and encourage learning at higher levels.

Currently, the National Science Foundation, the Department of Education, and the National Institutes of Health all support research related to cognitive development and learning. Enhanced research investments which build upon the convergence of concepts, models, and technologies used in many related disciplines have the potential to yield significant benefits for learning research. Disciplines which contribute to the study of learning in natural and artificial systems, and to the techniques and methodologies for supporting enhanced learning include the social and behavioral sciences, mathematics and the physical sciences, and education and cognitive sciences. An interagency research focus is proposed that builds on all of the strengths of different participating agencies, capitalizing on ongoing research efforts, fostering cooperation, and highlighting interdisciplinary approaches which offer the highest potential to serve our nation's education and human resource needs.

What We Need to Know. Science has already demonstrated that the importance of learning and creativity in the first two decades of life cannot be underestimated, yet our knowledge base is limited. Many questions still remain.

The examples cited here are not meant to be exhaustive. They represent research needs that could be more capably addressed through interdisciplinary approaches. The unique contributions and research strengths of each agency are important to address these issues.

Studies on learning disability. The following themes will support ongoing and enhanced

research on how to bypass physical or mental impairments which can limit learning.

- Basic research on brain function, neural networks, and learning models contribute to improved understanding of the causes and implications of certain learning disorders.
- Basic research on brain adaptability and compensation to overcome dysfunction.
- Research on technologies that facilitate learning and overcome problems associated with learning impairment.
- Research on mental or environmental stresses that result in impaired learning capability.
- Research on basic processes or environments that facilitate and enhance natural learning processes, including the creation of effective learning tools that support and guide individual learning for people of all ages in various settings.
- Testing and evaluating different learning models and approaches in applied settings.

Learning at Higher Levels. Research approaches have the potential to yield important results with respect to an individual's ability to learn in meaningful ways. Interdisciplinary research to enhance children's ability to think critically, process, and communicate information will depend upon research gains on the following topics.

- Understanding of selective attention and memory management in learning systems.
- Development and testing of information management tools based on combined insights from neuroscience and cognitive science with methods employed by mathematical scientists, engineers, biologists, biochemists, and psychologists.
- Research on basic cognitive development and successful techniques to promote higher learning.
- Research on mental representations and memories including how they are constructed, selected at a given moment, and accessed to solve novel problems.
- Development and application of technological tools to enable higher learning: enhanced memory capability.

Many other problems and issues associated with supporting and maximizing learning potential similarly require interdisciplinary approaches and understanding. Research on basic cognition, approaches to learning, and limits and enhancements to learning ability will be generalizable to

other educational and workplace challenges individuals face into adulthood.

- ☐ What effect do multimedia technologies have on children's development? Computers and technology are fast becoming a part of everyday life for children and adolescents, both in and out of school. Yet little is known about how powerful, multimedia technologies and the images they produce affect the knowledge and decision-making skills of children, especially concerning health-comprising choices such as inadequate diet and exercise, smoking, and alcohol and drug use.
- ☐ What is the role of nutrition in enhancing a child's ability to learn? Research findings suggest that nutrients play an important role in the brain functioning and cognitive development of children and adults. Additional research is needed to define the role of key nutrients in neurological function to understand how diet affects development during gestation and early developmental stages, and what nutrients are required for optimal cognitive development and peak functioning. Understanding what nutrients result in improved cognitive functioning throughout life would have important bearing on policy development regarding nutritional requirements during early development and beyond.
- ☐ What are the effects of childhood head injury on learning and intelligence? Head injury is a leading cause of accidental death and disability among children. Studies have shown that children under the age of 14 years are more likely to sustain head injuries than adults, and that children's head injuries are often of increased severity. Despite the high incidence of head injury among children, studies addressing mechanisms of injury, recovery from injury, and impact on learning and intelligence are lacking. Development of head injury models that allow meaningful predictions of severity of head injuries related to a wide variety of sports and recreation-related children's activities are needed. Also, models are needed that can differentiate abuse related injuries from head injuries due to falls.

How Federal Agencies Could Work Together in this Area.

Different agencies of the Children's Initiative have unique capabilities and strengths with respect to research on learning. Working together, the potential for advances in theory and application is heightened. Transferability of data and methods to classrooms and other learning sites will also be improved.

The National Science Foundation has unique capabilities with respect to interdisciplinary research in this area since it supports basic research on all of the science and engineering fields involved in the study of learning. NSF has recently initiated an activity, Learning and Intelligent Systems (LIS), that will fund high-risk, multidisciplinary basic research and

technology development on the learning processes in humans in other natural systems, and in artificial systems. Though LIS does not focus specifically on children, the initiative contributes directly to the understanding of learning and cognitive development generally, including the development of prototype technologies to support and enhance higher-level learning. The research methods employed will also have broad applicability to other research on children. NSF has focused this activity on integrating technology with research and in exploring unifying concepts in the many disciplines that contribute to the study of learning and intelligent systems. LIS's research focus recognizes that advanced information and communication technologies are radically transforming the way people will live, learn, create, and work in the 21st century, and responds to the need to provide supportive technologies that enhance the human ability to learn and create. In addition to the LIS program, NSF also supports related basic research in social and behavioral sciences, biology, and other related fields. Through enhanced support, large scale testing and implementation projects could be initiated; research needs could be accelerated.

The National Institutes of Health also have unique capabilities with respect to funding and conducting research on all aspects of the health sciences, including neurosciences and environmental health effects. Basic research on brain function, pathways, and brain disorders are ongoing at NIH labs and through research grants. With respect to research on learning, NICHD-sponsored research on dyslexia has recently resulted in new techniques for diagnosing and treating the disorder. Other interdisciplinary, large-scale, and collaborative research projects would be more feasible with enhanced support and cooperation with other agencies.

The Department of Education funds research targeted specifically at education and learning, including increase of process evaluation and models for learning. Research on learning methods and technologies for learning may result in significant breakthroughs for education in our country. Direct involvement of the Department of Education in basic and applied research on learning promises rapid advances in both theory and application. Working together with other agencies of the Children's Initiative which focus on more basic research understanding, the Department of Education has much to offer and gain from the interdisciplinary and collaborative efforts.

The Department of Defense, with both its research and educational programs, could be an important partner in such an effort, given its work in information technology as well as human capital development. DOD also is expert in the applicability of advanced simulation and presentation techniques, such as virtual reality, to other instructional settings. This work could be applied in the transportation sector, for example, the applicability of simulator technology to driver education.

5. POLICY RESEARCH

What We Know. Policy research is a less developed field than some other areas of children's research, especially those focusing on the basic science of development. Nevertheless, there have been important accomplishments in this area. One example is the research on the benefits of early education programs. Longitudinal studies over the past three decades indicate that high-quality early childhood education programs, coupled with parent education, can have long-term benefits for children in reducing school drop out, adolescent pregnancy, involvement in the juvenile justice system, and referral to special education programs. These studies have contributed to the position that investing in early childhood education is cost-effective in preventing later, more costly treatment and intervention programs. (See sidebars, "Early Childhood Programs: They Can Make a Difference" and "Overcoming Adversity: It Can be Done," in the Overview.)

What We Need to Know. This is a critical time for researchers to assess how children and adolescents are affected by policy and regulatory changes. Major restructuring of longstanding social policies has the potential to affect large numbers of children and their families. Several reports have identified, with the participation of the research and policy communities, critical areas for policy research in income support, health care delivery, food assistance, educational attainment, and the transition from school to work. Here are just a few cross-cutting examples¹³ of issues researchers are grappling with that have important policy implications:

- ☐ What are the effects of state-level variations in health care, welfare reform, and other services? For both health care and welfare reform, there is a need to ensure that state-level variations in implementation and outcomes are closely monitored and measured. In health care, changes in the financing system may affect not only access to health care, but also the nature and kind of care children and adolescents receive. And though the welfare reform legislation provides states with greater flexibility to redesign income assistance for families and children, it also establishes time limit and work participation requirements that aim to change parents' responsibilities for supporting their families.
- ☐ What are the combined effects of policy changes on child well-being and what implications do they have on effective service delivery? Families will be affected by a combination of policies that respond separately to basic needs for food, health care, housing, safe neighborhoods, quality child care and schools, and a reliable source of income. Policy making must be informed by assessments of the combined effects of these changes on child well-being. Governments and other groups are seeking better ways to respond to the needs of children and their families and are trying out a variety of ways for integrating services through comprehensive state and community

initiatives, systemic reform efforts, and other broad-based strategies. Because standard experimental methods are not always suited to studying changes of this scope, the advancement of a broader array of research methods also needs to be a focus of policy research.

□ How will investments made to meet societal infrastructure and mobility needs affect the development and attitudes of children in areas where these investments are made?

Large-scale investments in physical or information infrastructure systems create basic, long-term changes in the perceived and actual well-being of the people living in or near the area where they are made. These impacts must be taken into account during the decision-making process which leads up to them. The following issues are particularly important to study:

- (1) How federal investments in transportation systems and other kinds of physical infrastructure can improve children's chances of growing up healthy and productive, particularly in central urban and rural areas with limited access;
- (2) How national transportation and infrastructure policies can support Federal welfare reform, health care improvement, and other major national quality of life goals; and,
- (3) How federal policies dealing with economic growth, transportation, and infrastructure investment influence state, local, and private-sector decisions and priorities regarding land use, education and health care, and community development.

□ What prevention and intervention models will best foster the health and well-being of children and adolescents? Research is needed not only to identify when prevention and intervention approaches to prevent problem outcomes should take place, but also to determine how effective such approaches are in reducing problem outcomes. In addition, little scientific knowledge exists on what kinds of prevention and intervention strategies work best and the extent to which approaches must be tailored for different groups of children and youth to be effective. Yet another important area of research that needs to be explored regarding prevention and intervention is the cost-effectiveness of different strategies.

□ What data sources will enable us to monitor and assess how changes in key areas of health and safety, human services, education, and other sectors affect children and adolescents? A potential strategy for organizing federal research in this area would be to focus on identifying, and as needed, creating the data resources to achieve at least the following: (1) Establish national and state baselines for child and adolescent well-being on a core set of measures to provide data that enable the tracking of trends in

child health and safety, education, and well-being; (2) Establish state baselines for service provision by documenting, for example, how services are organized and delivered, and their effects on low-income children; and (3) Design and conduct child impact studies that have the methodological rigor to establish cause and effect relationships between policy and program changes and the health, safety, and well-being of children and adolescents.

One possible starting point would be to enhance the National Health Interview Survey (NHIS) to be fielded by the National Center for Health Statistics of the CDC next year. These surveys yield national estimates of health status derived from both physical examinations and survey questions, medical expenditures, and family formation and can be extended to some large states. An improved statistical system on children, youth, and families could be formed by building on the NHIS nucleus.

How Federal Agencies Could Work Together in This Area. Because effective approaches involve the delivery of services in many areas and yield multiple benefits for children and their families, federal agencies and other groups should find it advantageous to partner in conducting new policy research on promising approaches. Where the testing of new strategies requires funds not only to conduct research but to also develop and provide services, partnerships are likely a feasible route for overcoming the limitations of a given agency's area of authority or budgetary resources.

A multiagency partnership effort could involve the Department of Health and Human Services's health, social services and welfare research, the Department of Education's research programs, the National Institute of Justice's juvenile justice research initiatives, the Department of Housing and Urban Development's research programs, USDA's research on food assistance programs, and education and training efforts undertaken by the Department of Labor.

6. LONGITUDINAL STUDIES

What We Know. Longitudinal studies that collect information on the same group of participants over time have proven to be important research tools for understanding how children develop and what factors influence their becoming healthy and productive adults. The principal advantage of longitudinal designs is that they enable researchers to measure developmental processes and the factors influencing these processes as they occur.

Just as the well-known Framingham longitudinal study of adults has taught us much about health, nutrition, and behavioral factors in cardiovascular disease, longitudinal studies concerning children have provided much knowledge about such factors as the impact of early

experience (including healthy diets and exercise programs) on child development, the benefits of fluoridation of water on dental disease, the neurological effects of low-level lead exposure, and the long-term effects of birth trauma. Current longitudinal studies, such as the National Longitudinal Survey of Youth, the Study of Early Child Care, the National Education Longitudinal Study, the National Longitudinal Study of Adolescent Health and NSF's Longitudinal Study, the "Panel Study on Income Dynamics (PSID)", are contributing important information to the knowledge base on children and adolescents. Though these studies are difficult to implement and sustain, they yield valuable information that can be achieved virtually no other way.

What We Need to Know. Longitudinal studies provide a mechanism for understanding what factors are most important in influencing a child's life course. Such knowledge is essential in ensuring that all children grow up to be healthy and contributing adults and, in turn, reducing significant medical and social costs associated with adverse outcomes. Here are several longitudinal studies that could help us achieve this knowledge:

- ☐ How does children's development in normal conditions compare to what occurs in adverse conditions? A major gap exists between our understanding of how children develop in normal conditions and what happens to children who are at risk because of abuse and neglect, homelessness, institutionalization, violence, criminal activity, and other adverse conditions. It is important to conduct studies that bridge this gap to increase our knowledge of why some children manage to overcome these disadvantages and soon to lead productive lives.
- ☐ How can families and social institutions help children acquire the values, motivation, knowledge and skills to become socially responsible and productive adults? Recent advances in the biomedical, social, and behavioral sciences now enable the design of longitudinal studies that can inform how to optimize children's potential as they make the transition to adulthood. This requires a better understanding of how children prepare themselves for the working world, manage their activities, perceive and manage risks, and develop time-use skills in ways that facilitate their productive capabilities. A longitudinal study integrating multiple scientific disciplines would allow biological, psychological, social, and anthropological perspectives of child development to be blended with an economic framework of human capital investments in children by families and society to address these important questions. Research has progressed to where such studies are feasible. Further, we, as a nation, have come to realize how much our future depends on developing our children's potential to its fullest.
- ☐ How do various childhood experiences affect later adult behavior? Great Britain has pioneered a special type of longitudinal approach called a birth cohort study, in which a large, population-based sample of newborn children is identified and followed for several decades into adulthood. This type of study has been very successful in

connecting biomedical, behavioral, and social information to develop a comprehensive portrait of how childhood experiences help shape later adult behavior and outcomes. Recent scientific advances also suggest birth cohort studies may be an effective approach for understanding why children's developmental processes may differ across ethnic and socioeconomic groups — an area in which there are currently few answers. Birth cohort studies also hold promise for assessing the neurocognitive effects of psychotropic agents (e.g., Prozac, Valium) on fetal and postnatal brain development and other structures and functions, as well as the impact of nutrition and environmental toxins and exposures, during and after pregnancy. Longitudinal studies may also help to better understand the factors in childhood that contribute to safe or unsafe driving behavior, particularly drinking and driving, and use or failure to use seat belts and child restraint systems. Such studies could also determine impact of childhood injuries (e.g. head injuries) later in life. Many nations around the world have or are planning to launch similar studies and, if the United States conducted a comparable study, a cross-national database for understanding child and adolescent development under different and similar social and economic conditions would be possible.

- What kinds of childhood and adolescent interventions are most effective in preventing adverse health behaviors? Many diseases or health-threatening conditions affecting adults have their origins during the perinatal period and in childhood. Preventive measures can be most effective if interventions take place during the formative years. Longitudinal studies are needed to study interventions on representative populations over time to test their effectiveness, which may not become apparent until years later. A Children's Health Study could address some of the highly significant, long-term health issues in children that can be resolved only in longitudinal studies. Such a study would be analogous to the Women's Health Initiative, which was initiated because no long-term studies on a representative group of women had been done to assess adequately the effects of hormone replacement therapy on osteoporosis, breast cancer, and heart disease; or the effect of reducing dietary fat on breast and intestinal cancer. The lifetime benefits of knowledge gained from such studies in children would be significant.

A Children's Health Study involving several different cohorts could explore in greater depth the effectiveness of a number of major preventive intervention issues including: strategies to increase children's calcium intake and prevent **osteoporosis**, dietary and exercise measures to reduce the risk of adult **cardiovascular disease**, therapeutic and other interventions to prevent **obesity** (one of the most prevalent adverse health conditions in children today), effective **injury** prevention programs (including motor vehicle injuries), individual and community-based interventions to prevent teen **smoking**, identification, and intervention programs for children with **mental health** disorders, and newly-developed education interventions to help children address **learning disabilities**.

An emerging area is research on preventive interventions in unintentional injury, substance abuse, adolescent pregnancy, youth violence, obesity, and other fields. Studies demonstrate that reducing substance abuse by young people requires more than providing information about the dangers of drugs. Information must be supported by teaching young people skills to resist peer influence and providing timely booster sessions throughout the high school years to sustain those initial sessions. Comprehensive community-based health promotion strategies that involve parents, local organizations, and the media indicate that multi-level interventions can be effective in preventing substance abuse.

A Children's Health Study, as a variant of the current Women's Health Initiative, is one of the best ways to provide answers in the coming decades to many of the most pressing problems facing children and adults today and in the future. Such a study would serve as a highly visible sign of our nation's commitment to its children. If those involved in the research enterprise on young people do not invest in such longitudinal studies, the timing and content of health promotion and disease prevention efforts will not be as well informed by fundamental research on child and adolescent development as they must be.

How Federal Agencies Could Work Together in This Area. Longitudinal studies easily lend themselves to, and often demand, multiple agency involvement in their conceptualization, design, implementation, and funding. Studies of vulnerable children are of interest to the Departments of Health and Human Services, Justice, Education, and Commerce, the Consumer Product Safety Commission (CPSC), and to the National Highway Traffic Safety Administration. Knowledge gained from birth cohort studies would be relevant to NIH, FDA, CDC, CPSC, Agriculture, and other agencies. Studies of learning disabilities could build on current interagency cooperation between NIH and Education, which provides a useful model for these types of studies. The NSF sponsored Panel Study on Income Dynamics (PSID) contains data on the impact of economic variables and conditions on child development and attainment.

III. A KEY ELEMENT OF THE RESEARCH ENTERPRISE: LINKS TO POLICY MAKERS AND SERVICE PROVIDERS

Those who shape our nation's policies and programs related to children, youth, and families are searching for answers to questions about how our nation can ensure that all of America's children will grow up to be healthy, productive citizens. Many of these questions seek to address the immediate, highly visible threats facing our children and youth (such as underachievement, disease, substance abuse, and injury). Still others focus on identifying and preventing the long-term consequences that may arise 10, 20 or even 30 years after the onset of certain child and adolescent behaviors. For instance, children who smoke, do not exercise, or fail to eat a nutritionally balanced diet today may not exhibit serious health, developmental, or other problems until later in their adult lives — when it can be extremely costly or even too late to take action.

Basic research to address challenges is a first step — a fundamental underpinning — toward answering these and other questions and closing gaps in our knowledge about child and adolescent development. Indeed, discipline-driven, applied and policy-related research efforts that address and build on the six opportunity areas identified in Section II are prime starting points. Advanced knowledge of family and community influences on children's behavior, for example, would help to determine what role families and communities can best play in shaping healthy lifestyle decisions regarding substance abuse, smoking, violence, nutrition, pregnancy and sexuality, and other risky behaviors. Exploring neurological and cognitive development at different ages with varying degrees and kinds of stimulation would also provide information about what kinds of learning situations facilitate optimal growth and development of the skills young people need to lead productive adult lives.

Knowledge gained in these and other areas can and should inform and facilitate action to address our nation's urgent and costly social and economic issues. But for federal research to be more effectively used in policy and program development, researchers must improve the ways in which they communicate and disseminate important findings to decision makers. The scientific research community must work to establish new and strengthen existing links with policy makers and service providers. Likewise, policy makers and service providers, for their part, must not only assist researchers to identify key research questions concerning children, youth, and families, but also take responsibility for acting on relevant research findings. When successful, such connections can have powerful and beneficial results on children's well-being (see sidebars in this section and additional examples provided in Appendix D).

Thinking About Linkages

Given the complex issues affecting child and adolescent development, improved connections between researchers and those who develop policies, programs, and regulations concerning the future of young people must be an essential part of the federal research strategy. It is a

responsibility that falls to all of those involved — researchers, policy makers, program administrators and regulators, and direct service providers. Yet more extensive communication among these groups is not enough. Too often, research is conducted, then policies and programs are implemented based on the initial findings, and the chain of events stops there — with little or no follow up on the effects and effectiveness of actions taken.

Rather than viewing research linkages with policies and services as sequential in nature, these connections should be thought of in terms of a *continuing feedback system*, with multiple entry points for feedback and modification in the decision-making process at the Federal, State, and local levels. Such a strategy would enable researchers not only to inform initial policy and program development, but also to monitor and evaluate the implementation of these policies and programs — and their effects on child, adolescent, and family status — on an ongoing basis. Sustained research could provide knowledge that is essential to further shape and refine policies and programs so that they more effectively address the problems facing our children and nation.

In thinking about how to create and sustain this continual feedback system, the broader landscape in which researchers, policy makers and service providers work must be considered. The very nature of this landscape suggests that a set of conditions must be in place if successful linkages are to occur, and entry points and feedback opportunities are to be provided. Here are three examples of such conditions that illustrate the complexity of research-policy linkages; these are by no means exhaustive.

- ***Top Leadership.*** Fundamental to any successful linkage among researchers, policy makers, and those in direct contact with children and adolescents is the commitment of high-level Administration officials. Strong leadership is necessary to creating a climate in which scientific knowledge is perceived to be important *and* actually is used as an important factor in decision-making about policies and programs that affect the future of children, youth, and families. Within the Executive Branch, coordination between the National Science Technology Council and the Domestic Policy Council on the scientific basis for policy initiatives concerning children and families must be strengthened through the creation of specific linkage mechanisms.
- ***Stronger Linkages with University Researchers and Professional Organizations.*** Universities and other professional organizations are major sources of relevant research knowledge concerning children and adolescent development. As such, they must actively expand their efforts to build and strengthen links to those who develop policies and programs affecting children, youth, and families. In addition, universities have a special responsibility (and opportunity) to prepare future generations of researchers so they can effectively connect research to policy and program development.

- ***Clear Lines of Communication with State and Local Policy Makers and Service Providers.*** Lack of communication about and dissemination of knowledge are not problems limited to federal agencies, university-based researchers, and professional organizations. It happens at still other levels — most notably with those at the state and local levels who find themselves faced with new policy and program responsibilities, and a need for reliable knowledge to make informed decisions and effectively carry out these responsibilities. Not only are states, communities, non-governmental organizations, and others involved in service delivery important users of information, but they are also becoming important sources of critical data concerning child and family well-being in an era of devolution of human services. Establishing close linkages between universities and their surrounding neighborhoods and cities can be a way in which knowledge creation and utilization can be connected for mutual benefit, and for improving opportunities for children.

Linkages

At the national level — in child and adolescent development and other fields — several approaches have been used to bridge the realms of policy makers and researchers to effect knowledge transfer or utilization. For example, the National Academy of Sciences and its various boards were created to advise the federal government in shaping research agendas and identifying policy options regarding a broad range of issues. The White House initiated Partnerships for Stronger Families to make the federal government a more responsive and supportive partner in efforts to implement comprehensive community-based initiatives to serve children and families. And, more recently, the NSTC called for the establishment of a multiagency task force to examine the long-standing university-government partnership aimed at advancing science and technology in the national interest.

In its effort, the Children's Initiative tackled the question of linkages from a specific perspective — how the federal research investment on child and adolescent development can be more effectively used to inform our nation's domestic policy. The Children's Initiative thus sought to answer these fundamental questions: How can we create and strengthen the linkage between two key agencies within the Executive Office of the President — the NSTC (which coordinates the diverse parts of the federal research and development enterprise) and the Domestic Policy Council (DPC) (which oversees the development and implementation of the President's domestic policy agenda), in a way that fosters important research? And how can this linkage create effective collaboration among and with other federal agencies that support research on children and adolescents? Recommendations for how to establish and sustain such strong relationships are addressed in the next section.

Though the Children's Initiative was asked to focus solely on research-policy linkages at the federal level, it should be noted that the group strongly urges the extension of linkages from the federal government to the state and local levels, as well as to non-governmental organizations within both the public and private sectors.

A Need for Collaboration

In its discussions about establishing and strengthening research-policy linkages, the Children's Initiative identified an essential stepping stone to success: that of increased multiagency collaboration and coordination of research on national priorities related to children's health, education, and well-being. Just as linkages should cut across public and private sectors and span all governmental levels, the federal government's collaborative approach should also strive to tap the knowledge and experiences of non-governmental researchers. Strategic partnerships with interested public and private sources will be instrumental to addressing the current and emerging needs for relevant data and knowledge concerning children and adolescents.

Calls for more coordination and collaboration in research have been a consistent theme of public and private sector assessments of the research enterprise regarding children and youth. At this juncture, however, there are two compelling reasons for why collaboration is even more critical than in the past.

First, the current fiscal climate requires more strategic use of existing federal research dollars. As noted in Section I, the federal government currently bears primary responsibility for supporting research on children and adolescents. Yet federal agencies are working in an environment driven by constrained resources and public opinion that the federal government must scale back. Collaboration and strategic partnerships with other public and private sources are thus needed to leverage resources and maximize their impact on research portfolios concerning children, youth, and families.

Second, research on the separate facets of children's development is moving toward a multidisciplinary approach — an integration of biological, cognitive, social, and emotional development and the role social institutions play in children's overall development. No one agency, on its own, can effectively address the complexity and broad spectrum of issues and fully explain the dynamics of their interaction.

The sidebars in this section on Partnerships for Stronger Families, the Federal Interagency Forum on Child and Family Statistics, and Research-Policy Linkages in Computing and Information Science and Technology provide insights and lessons for developing promising models of multiagency collaboration and research-policy linkages.

SUDDEN INFANT DEATH SYNDROME

Sudden Infant Death Syndrome (SIDS) is the leading cause of death among infants from one month to one year of age. Though its causes remain unknown, research efforts have facilitated scientific breakthroughs and enabled the development of public health strategies to combat SIDS.

Research sponsored by the National Institutes of Health (NIH) over the last two decades has identified risk factors associated with SIDS, the effects of sleep position on infant health, and other related issues. This information led the American Academy of Pediatrics to recommend, in 1992, that babies be placed on their backs or sides to sleep. In addition, research conducted by the Consumer Product Safety Commission (CPSC) provided the first epidemiologic evidence that infants who sleep on their stomachs on top of soft bedding (e.g., pillows, comforters) are likely to rebreathe carbon dioxide. The research showed that rebreathing carbon dioxide trapped in bedding may have contributed to the deaths of as many as 30 percent of the infants initially diagnosed as experiencing SIDS. CPSC warned the public about the hazards of soft bedding through Safety Alerts, a national press conference, and by joining in the "Back to Sleep" public health campaign. The "Back to Sleep" campaign was launched in 1994 and sponsored by a coalition of federal agencies, the American Academy of Pediatrics, the SIDS Alliance, and the Association of SIDS Program Professionals.

These events have been credited with lowering the percentage of babies placed on their stomach to sleep from over 70 percent to less than 30 percent, and helping to reduce the death rate from SIDS by 30 percent in the two-year period from October 1993 to October 1995. This is a prime example of how research can be linked to practice and program development to achieve a national objective.

IMMUNIZATION

One of the greatest public health success stories for children is development of vaccines against the infectious diseases of childhood. Work continues today to develop more vaccines and assure that they are used for maximum benefit.

- NIH and the FDA supported research has led to the creation of important vaccinations that have been instrumental in reducing childhood illness. For example, Hemophilus influenza type b meningitis used to infect 15,000 children yearly, and was the leading cause of acquired mental retardation in the U.S. The vaccine these agencies developed has nearly eliminated the disease in just 6 years.
- NIH serves as the lead agency within the Public Health Service on the Children's Vaccine Initiative, a global effort launched in 1990 to accelerate the development of safe, inexpensive, orally-administered vaccines. Work is under way on redesigning existing vaccines and developing new vaccines against rotavirus diarrhea, pneumococcus, meningococcus, Shigella dysentery, and other diseases.
- CDC research showed that linking immunization services with WIC clinics could significantly increase immunization coverage of low-income children. In 1994, CDC and USDA developed a coordinated strategic plan to improve the immunization and general health status of WIC participants under two years of age. CDC also helped to develop immunization registries, a critical tool to achieve the National Goal for the Year 2000 of having at least 90 percent of 2-year-old children fully up-to-date with their recommended immunizations. These and related efforts have brought us to the highest levels of immunization of children in the nation's history.

ACCESSING LEARNING THROUGH TECHNOLOGY

For more than 40 years, the Office of Special Education Programs (OSEP) in the U.S. Department of Education has supported special education research intended to provide practical answers to questions about how best to educate children with physical, sensory, cognitive, and emotional disabilities.

OSEP supports research that looks at how children can learn using technology. These validated technological tools and practices can help children with disabilities become independent and successful learners in their schools and at home. Previously, many of these children would have been denied access to education and become dependent on their families or the government for their care and support. As a result of this independence, the annual cost savings to the public is over \$10 billion.

Today, more than four million children with disabilities are attending neighborhood schools with their non-disabled classmates. Research-validated technology can be a powerful factor in helping them develop the knowledge, skills, and self-confidence they need to lead personally fulfilling and successful lives. For example, the Kurzweil machine, which converts written words into Braille and speech, helps more than 175,000 blind persons who are presently enrolled in school or employed in our country's workforce. Moreover, this optical character recognition technology enables personal computers to directly receive, edit, and send facsimile messages. Millions of Americans are using advanced telecommunications technology that was developed in part with OSEP discretionary support.

DRINKING AGE

Motor vehicle crashes are the leading cause of death for those ages 5 to 24. Research conducted under the auspices of the National Highway Traffic Safety Administration (NHTSA) has influenced and directed policy decisions regarding this problem. Below is one example of a successful research-policy linkage resulting in positive outcomes.

In the early 1980s, legal drinking ages for adolescents varied (from 18 years to 21 years) among the states. Research showed that raising the legal drinking age to 21 had a direct effect on reducing alcohol-related traffic crashes among 18- to 20-year old drivers. As a result of these findings, and in response to growing concern over the disproportionate involvement of young drivers in alcohol-related traffic crashes, Congress enacted the National Minimum Drinking Age Act in 1984, requiring all states to raise the minimum age of purchase and public possession of alcohol to age 21, or face loss of highway construction funds.

By 1988, all 50 states and the District of Columbia had enacted laws making it illegal for anyone under the age of 21 to purchase or possess alcoholic beverages. Subsequent research documented that state laws setting the legal drinking age at 21 have reduced traffic fatalities involving drivers 18 to 20 years old by 13 percent and have saved over 15,600 lives since 1985.

EDUCATION FOR THE DISADVANTAGED

The Title I program (formerly known as Chapter 1) was enacted in 1965 to improve educational opportunities for children living in low-income communities. During the two decades prior to 1990, this program may have played an important role in improving test scores, high school graduation rates, and college-going rates of at-risk students. However, a multi-year national evaluation of Chapter 1, conducted by the U.S. Department of Education at the request of Congress, reported in 1993 that progress in closing the achievement gap between low-income and more advantaged children had stalled. The report identified several flaws in Chapter 1 programs and concluded that Chapter 1, as then structured, was insufficient to help at-risk students close the gap.

Based on this national assessment, significant changes were made in Chapter 1 when it was reauthorized in 1994, with strong bipartisan support, as Title I of the Improving America's Schools Act. Congress recognized that Title I, because of its size and scope (e.g., the Title I appropriation for fiscal year 1997 exceeds \$7 billion and will aid 7 million students in 50,000 schools), should focus on assisting state and local reforms to raise the performance of students who are at risk of school failure. Key changes to Title I are designed to ensure that:

- Children participating in Title I programs are expected to achieve the same high standards that the states apply to all of their students.
- Students are provided with the challenging curriculum and accelerated instruction they need to meet these standards.
- Teachers receive high-quality training.
- Parent-school partnerships are promoted.
- Funds are targeted to the neediest schools within districts, including middle and high schools.
- Schools and school districts are held accountable for increasing educational performance of Title I program participants.
- School-wide programs are expanded to more high-poverty schools (i.e., 50 percent or more low-income students) to improve the curriculum and instruction of entire schools. (For example, the number of school-wide programs increased from 4,585 in 1993-94 to 8,590 in 1995-96.)

In its 1994 Title I reauthorization, Congress mandated the creation of an independent review panel of researchers and practitioners to advise the U.S. Department of Education in its ongoing evaluation of Title I's effectiveness. This panel provides continuous input through direct involvement in Title I-related research studies initiated by the Department and other researchers. Many of the researchers on the panel also are conducting relevant studies through their own work at universities and other organizations.

This national assessment of Title I is a highly visible activity within the U.S. Department of Education as well. The acting deputy secretary and several assistant secretaries are very knowledgeable about both Title I and evaluation issues, and their interest and involvement in this program ensure that meaningful linkages occur between Title I research and Department of

PARTNERSHIPS FOR STRONGER FAMILIES

Mission and Operation:

- Interagency effort that seeks to make the federal government a more responsive and supportive partner in community initiatives to improve outcomes for children and families.
- Steering committee representing the White House offices and six Cabinet-level departments meets monthly to guide the work.
- Cross-agency Action Teams explore specific topics and develop recommendations; current area of focus include: Technical Assistance, National Indicators, Financing Flexibility, Information Dissemination, and Promoting Intergovernmental Partnerships.

Keys to Success:

- Cross-agency control and ownership
- High-level convening and support and sustained commitment from the top
- Shared principles and vision
- Credible convener(s) who do not push a top-down approach
- Active private sector involvement, including Annie E. Casey Foundation, and participation of state and local practitioners, policy makers, and program administrators from various disciplines.
- Establishment of concrete, short-term, achievable goals

Linkages to Policy:

- Make recommendations for short-term change that inform broader policy efforts.
- Coordinated by the Domestic Policy Council, National Performance Review, the Community Empowerment Board, and the Office of Management and Budget.

Accomplishments:

- Draft report regarding system of national indicators of child and family well-being
- Recommendations for restructuring federal technical assistance to comprehensive community initiatives

**RESEARCH-POLICY LINKAGES: LESSONS FROM
COMPUTING AND INFORMATION SCIENCE AND TECHNOLOGY**

The field of computing and information science and technology may represent the most effective linkages among its research, policy, and service sectors. University researchers interact frequently with industry researchers, both through scientific societies and by actually moving between these sectors. Similarly, policy makers at the federal and other levels are likely to have worked in one or both areas. The ease of movement of people in this field facilitates knowledge transfer and fosters understanding among the sectors. Industry recognizes its dependence on the research base and frequently funds work in universities and industry. These effective interactions among sectors were described in the 1995 National Academy of Sciences report, *Evolving the High Performance Computing and Communications Initiative to Support the Nation's Infrastructure*.

FEDERAL INTERAGENCY FORUM ON CHILD AND FAMILY STATISTICS

Mission and Operation:

- Multiagency effort established in 1995 to improve and coordinate the federal information base about children and families.
- Established committees to coordinate the reporting of federal statistics on children and families, improve the collection of such data at the federal level, and coordinate federal data collection and reporting efforts with state and local government efforts.
- Holds regular Forum meetings to discuss issues; wide variety of government agencies, NGOs, and University researchers participate.

Keys to Success:

- Bottoms-up effort driven by senior staff of participating agencies and representatives of NGOs and university scholars.
- Cuts across agencies and disciplines to help develop a complete and comprehensive picture of family life and child well-being.
- Statistical, research, and policy agencies are involved in discussions.
- Established partnerships among federal agencies and with university-based scholars, charitable foundations, and private non-profit organizations.

Linkages to Policy:

- Includes representatives from policy making entities within the federal government, policy-oriented researchers in the university community, and policy-oriented non-profits.

Accomplishments:

- Advanced the gathering of statistics about child and family well-being.
- Compiled government statistics into preliminary list of the most critical indicators of child and family well-being; led to collaboration with Partnerships for Stronger Families to produce comprehensive list of indicators of child and family well-being.
- Co-sponsored and coordinated a series of conferences to improve knowledge base on fathers' involvement with their families and children.

IV. NEXT STEPS: OPTIONS FOR PHASE TWO OF THE CHILDREN'S INITIATIVE

The time is ripe for embarking on a multiagency research effort to address critical issues concerning America's youth. In this section, a vision and strategy for how the federal government can strengthen its research enterprise on children and adolescents, and connect that enterprise more closely with domestic policy making is outlined. The urgency of problems facing today's children, adolescents, and families continues to intensify. The federal government remains the primary (and virtually only) source of support for scientific research directed toward securing their health, education, and well-being and, thus, our nation's future. This longstanding role will continue amidst changed conditions. Further, the reality of constrained budgets necessitates that research play a central role in increasing our capacity to have more informed policy and program development.

One thing is clear: No one federal agency alone can foster the scientific advances required to strengthen our nation's investments in its children and youth. Coordination and strategic partnerships among federal agencies are needed to leverage resources and maximize their impact on the healthy development of the nation's youth. What is more, the federal government alone cannot achieve these results; collaboration with other public and private organizations is essential.

To meet this challenge, The Children's Initiative recommends that the NSTC and DPC jointly establish an Interagency Working Group (IWG) to work cooperatively with relevant federal departments and agencies to identify activities within their research portfolios that support, inform, and facilitate the achievement of the Administration's key goals of ensuring the optimal health, education, and well-being of all American children and youth.

The IWG will address priorities for multi-agency research activities concerning children, adolescents, and their families. Among the prime candidates for such activities emerging from the first phase are a children's health initiative to understand how chronic health problems, which emerge in later life, can be better prevented; an effort to develop public health guidelines regarding environmental (including standards and regulations) interventions to reduce risks to safety and health among children; and a learning and technology initiative to understand how children learn in interaction with new, evolving technologies and how such technologies can be better designed to promote learning in schools and other settings.

The IWG's responsibilities should include, but not be limited to, the following:

1. *Develop and implement a long-term strategic planning process* — to advance a multiagency federal research and development effort related to the optimal development of children and adolescents. The six research opportunities presented in Section II can be used as starting points for this planning process.

This process should include the identification and recommendation of appropriate partnerships among public (i.e., federal, state, and local) and private sector parties (e.g., industry, private philanthropy) interested in ensuring the healthy and productive development of children and adolescents. The results of the strategic planning process should be presented to the President in an annual report.

2. ***Identify key research investment opportunities regarding children and adolescents*** — to achieve the overarching goals outlined in the strategic plan. These investment opportunities should highlight the need for and the benefits of a multiagency, coordinated approach in scientific research concerning young people. The Office of Science and Technology Policy (OSTP) and the Office of Management and Budget (OMB) would play an integral role in working with the IWG to develop a coordinated strategy, including budgetary issues, in which agencies can collaborate on research problems of national concern. These problems include strengthening the collection of reliable child and adolescent indicators and the research that provides us with the factors that influence these indicators over time. A coordinated research strategy on optimal human development from early childhood into young adulthood, particularly on factors supporting learning and knowledge, should be a high priority.
3. ***Identify mechanism(s) to strengthen research-policy linkages*** — not only among NSTC, DPC, federal agencies and state and local government, but also among relevant non-governmental organizations and other public and private sector parties at the national, regional, and community levels. Such extensive linkages are needed to ensure that research knowledge generated by federal agencies and other researchers is effectively used to inform policy and program development regarding children, youth, and families. The means for strengthening such linkages should occur on a regular, sustained, and timely basis.
4. ***Consider appropriate means for conducting an outside assessment of the IWG's work*** — to ensure that the federal government's strategic plan and identification of key research investment opportunities, potential strategic partnerships, and mechanisms for strengthening research-policy linkages regarding children and adolescents are on target. The IWG could, for instance, convene an Advisory Board of public and private sector experts from diverse disciplines or engage a relevant governmental or non-governmental entity to undertake this assessment.

A Final Note

Our nation has a clear stake in ensuring that all of America's children grow up to be healthy, educated, productive, and contributing adults. Scientific research is and will continue to be a catalyst for achieving that goal; it serves as a fundamental tool to informing, developing, implementing, and refining policies and programs that address the pressing needs of children and adolescents. As such, research must be at the forefront of the highest level of decision-making. The federal government is faced with an opportunity to embark on a path that will lead to creating and sustaining conditions that optimize human development and citizenship. Now is the time to take that first step — to establish a coordinated multiagency research approach that emphasizes partnerships among the public and private sectors and linkages between the research and policy making communities.

ENDNOTES

1

President Clinton's *State of the Union* Address to Congress, January 23, 1996.

2

Sources: *Births and Deaths for 1995*, (1996). U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Washington, DC; *Monthly Vital Statistics Report* (June 24, 1996), U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 44(11), Washington, DC; Trends in the Well-Being of America's Children and Youth: 1996 (1996). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Washington, DC.

3

Sources: *Reading Literacy in the United States* (1996). U.S. Department of Education, Office of Educational Research and Improvement, Washington, DC; *Third International Mathematics and Science Study* (1996), U.S. Department of Education, National Center for Education Statistics, Washington, DC; *Great Transitions: Preparing Adolescents for a New Century* (1995), Carnegie Council on Adolescent Development, Carnegie Corporation of New York, New York, NY.

4

Sources: *Births and Deaths for 1995* (1996). U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Washington, DC; Trends in the Well-Being of America's Children and Youth: 1996 (1996). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Washington, DC; *Starting Points: Meeting the Needs of Our Youngest Children* (1994), Carnegie Corporation of New York, New York, NY.

5

Sources: "National, State, and Urban Area Vaccination Coverage Levels Among Children Aged 19-35 Months — U.S. June 1994-July 95," *Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention, Washington, DC; Overcoming Barriers to Immunization (1994), Institute of Medicine, National Academy Press.

6

Sources: Butterfield, F. (1995), All God's Children: The Bosket Family and the American Tradition of Violence, Knopf Publishers; "Prison Spending Hurts Schools and Black Students, Report Says," *Los Angeles Times*, October 23, 1996.

7

Sources: Baugher, E. and Lamison-White, L. (September 1996). *Poverty in the United States: 1995*, Current Population Reports, U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census, U.S. Government Printing Office, Washington, DC; Trends in the Well-Being of America's Children and Youth: 1996 (1996). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Washington, DC.

Sources: Trends in the Well-Being of America's Children and Youth: 1996 (1996), U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Washington, DC; "Projected Smoking-Related Deaths Among Youth - United States," (November 8, 1996), *Morbidity and Mortality Weekly Report*, 45(44), Centers for Disease Control and Prevention, Washington, DC; "Vital Statistics Mortality Data, Multiple Cause of Death Detail, 1993." (1993). National Center for Health Statistics, public-use data tapes available from the National Technical Information Service, Springfield, VA. NTIS Accession No. PB-96-501861.

Sources: "Long-Term Outcomes of Early Childhood Programs," (1995) *The Future of Children*, 5(3); *Years of Promise: A Comprehensive Learning Strategy for America's Children*, (1996), Carnegie Corporation of New York, New York, NY.

Source: *Great Transitions: Preparing Adolescents for A New Century* (1995). The Carnegie Council on Adolescent Development, Carnegie Corporation of New York, New York, NY.

Sources: Tesman, J. and Hills, A. (1994), "Developmental Effects of Lead Exposure in Children," *Social Policy Report*, 8(3); *Environmental Health Threats to Children* (1996), U.S. Environmental Protection Agency, Office of the Administrator, Washington, DC; Measuring Lead Exposure in Infants, Children, and Other Sensitive Populations (1993), National Academy Press, Washington, DC; U.S. Agency for Toxic Substances and Disease Registry (1996), internal correspondence.

Sources: Dallman, P. (1990) in Brown, M. (Ed), Present Knowledge of Nutrition (6th edition), International Life Sciences Institute, Washington, DC; Gerrior, S. and Zizza, C. (1994), *Nutrient Content of the U.S. Food Supply, 1909-1990*, Home Economics Research Report on Nutrition and Mentoring, No. 52, U.S. Department of Agriculture, Washington, DC; Guthrie, J. and Schwenk, N. (1996), "Current Issues Related to Iron Status: Implications for Nutrition Education and Policy," *Family Economics and Nutrition Review*, to be published in Fall issue; Herbert, V. (1992), "Everyone Should be Tested for Iron Disorders," *Journal of the American Dietetic Association*, 12; Ludwig, W. (1996), Statement before the Subcommittee on Agriculture, Rural Development and Related Agencies of the Senate Committee on Appropriations, U.S. Senate, Washington, DC; Oski, F. (1993), "Iron Deficiency in Infancy and Childhood," *New England Journal of Medicine*, 329(3); Quick, J. and Murphy, E. (1982), *The Fortification of Foods: A Review*, Agriculture Handbook No. 598, U.S. Department of Agriculture; Randall, B. and Boast, L. (1992), *Study of WIC Participant and Program Characteristics*, Prepared by Abt Associates, Inc., Cambridge, MA for the U.S. Department of Agriculture, Food and Nutrition Service; Stuart-Macadam, P. and Kent, S. (Eds) (1992), Diet, Demography, and Disease: Changing Perspectives on Anemia, Aldine De Gruyter, Hawthorne, NY; *Third Report on Nutrition Monitoring in the United States: Volume I* (1995), Federation of American Societies for Experimental Biology, Life Sciences Research Office; Yetley, E. and Ginsman, W. (1983), "Regulatory Issues Regarding Iron Bioavailability," *Food Technology*; Yip, R. et al. (1987), "Declining Prevalence of Anemia Among Low-Income Children in the United States," *Journal of the American Medical Association*, 258(12).

Additional examples of research questions can be found in reports of the National Academy of Sciences/Institute of Medicine, Board on Children and Families.

APPENDIX A

THE CHILDREN'S INITIATIVE — PRINCIPALS

Lynn Goldman (co-chair)

Assistant Administrator
Office of Prevention, Pesticides, and Toxic Substances
Environmental Protection Agency

Duane Alexander (co-chair, September 1996 --)

Director
National Institute of Child Health and Human Development
National Institutes of Health

Anne C. Petersen (co-chair, May 1996 to September 1996)*

then-Deputy Director
National Science Foundation

Wendy Baldwin

Deputy Director for Extramural Research
National Institutes of Health

Caroline Becraft

Deputy Assistant Secretary for Defense
for Personnel Support, Families and Education
U.S. Department of Defense

Jeremy Ben-Ami

Deputy Assistant to the President for Domestic Policy
White House Domestic Policy Council

Barbara Broman

Director, Children and Youth Policy
Office of Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services

Claire Broome

Deputy Director
Centers for Disease Control and Prevention

* Anne Petersen served as co-chair until her departure as Deputy Director from NSF to become Senior Vice President for Programs at the W.K. Kellogg Foundation. At that time, Duane Alexander, Director of NICHD assumed the co-chair position for the remainder of the initiative.

Peter Edelman (May 1996 to September 1996)
Assistant Secretary
Office of Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services

Henry Foster
Senior Advisor to the President on Teen Pregnancy and Youth Issues

Olivia Golden
Commissioner
Administration on Children, Youth, and Families
U.S. Department of Health and Human Services

Ellen Haas
Undersecretary for Food, Nutrition, and Consumer Affairs
U.S. Department of Agriculture

Helen Howerton
Director, Division on Child and Family Development
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

Carolyn Huntoon
Science Division
White House Office of Science and Technology Policy

Joyce Justus
Assistant Director for Social and Behavioral Sciences (thru August 1996)
White House Office of Science and Technology Policy

Alan Levitt
Special Assistant
Office of Demand Reduction
Office of National Drug Control Policy

Ricardo Martinez
Administrator
National Highway Traffic Safety Administration

Sheila Newton
Director
Office of Policy, Planning and Evaluation
National Institute of Environmental Health Sciences

Martha Farnsworth Riche
Director
U.S. Bureau of the Census

Marshall Smith
Acting Deputy Secretary
U.S. Department of Education

Michael Stegman
Assistant Secretary for Policy Development and Research
U.S. Department of Housing and Urban Development

Ruby Takanishi
Assistant Director for Social and Behavioral Sciences (August - November 1996)
White House Office of Science and Technology Policy

Jeremy Travis
Director
National Institute of Justice
U.S. Department of Justice

Michael Trujillo
Director
Indian Health Services

Katherine Wallman
Chief Statistician
U.S. Office of Management and Budget

Luther Williams (9/96 —)
Assistant Director
Education and Human Resources
National Science Foundation

Catherine E. Woteki
Under Secretary
Research, Education, and Economics
U.S. Department of Agriculture

THE CHILDREN'S INITIATIVE — COMMITTEE MEMBERS

Rajen Anand

Director, Program Development
Center for Nutrition Policy and Promotion
U.S. Department of Agriculture

Gary Christopherson

Senior Advisor for Health Affairs
U.S. Department of Defense

Joseph Conaty

Director
National Institute on Student Achievement, Curriculum,
and Assessment
U.S. Department of Education

Jaleh Daie

Science Liaison to the National Science and Technology Council (NSTC)
Research, Education, and Economics
U.S. Department of Agriculture

Lorna English

Program Analyst
Office of Program Planning and Evaluation
Centers for Disease Control and Prevention

Jeffrey Evans

Health Scientist Administrator
Demographic and Behavioral Sciences Branch
Center for Population Research
National Institute of Child Health and Human Development
National Institutes of Health

Nancy Gordon

Associate Director for Demographic Programs
U.S. Bureau of the Census

Jeanne Jehl

Senior Associate
Institute for Educational Leadership Policy Exchange

Robert Kominski

Assistant Division Chief, Social and Demographic Statistics
Population Division
U.S. Bureau of the Census

Karen Kovacs

Science Office
White House Office of Science and Technology Policy

Donna Leno

Chief, Health Education Program
Indian Health Service

David Lloyd

Family Advocacy Program Manager
Office of Family Policy
U.S. Department of Defense

James Marks

Director, National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

Bill Mollerstrom

Director of Research
Quality of Life Office
U.S. Department of Defense

Martha Moorehouse

Senior Research and Policy Analyst
Office of Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services

Scott Nelson

[title]
Mental Health
Indian Health Services

Belinda Seto

Senior Advisor to the Deputy Director for Extramural Research
National Institutes of Health

Jeanine Smartt

Policy Analyst
White House Domestic Policy Council

Kenneth Tolo
Senior Advisor to the Secretary
U.S. Department of Education

Maria Vegega
Policy Advisor
Traffic Safety Programs
National Highway Traffic Safety Administration
U.S. Department of Transportation

Christy Visher
Science Advisor to the Director
National Institute of Justice
U.S. Department of Justice

Katherine Wallman
Chief Statistician
U.S. Office of Management and Budget

STAFF OF THE CHILDREN'S INITIATIVE

Kim Dennis
Report Specialist
National Science Foundation

Michael Fernandez
Special Assistant
Environmental Protection Agency

David Grissmer
Consultant to The Children's Initiative
Senior Management Scientist
RAND, Critical Technologies Institute

Leila Harris
Executive Secretary
National Science Foundation

Victoria Spears
Liaison to the Committee on Fundamental Science
White House Office of Science and Technology Policy

Jon-Andrew Whiteman
Research Intern
National Science Foundation

MEETINGS OF THE CHILDREN'S INITIATIVE

May 10, 1996	Planning Meeting
May 30, 1996	Steering Committee
June 11, 1996	Steering Committee
June 26, 1996	Full Committee
July 19, 1996	Steering Committee Meeting with RAND/CTI
June 26, 1996	Full Committee
August 7, 1996	Full Committee
August 19, 1996	Steering Committee
September 12, 1996	Full Committee
September 25, 1996	Steering Committee
October 9, 1996	Steering Committee
October 16, 1996	Steering Committee
October 28, 1996	Full Committee

APPENDIX B: METHODOLOGY

RAND (CRITICAL TECHNOLOGIES INSTITUTE) METHODOLOGY

RAND=s Critical Technologies Institute (CTI) derived an estimate of the fiscal year 1995 federal research and development on children and adolescents primarily from the RADIUS (Research and Development in the United States) database that it is developing. This database contains information submitted annually to the U.S. Office of Management and Budget (OMB) by all federal agencies about their research and development (R&D) projects and seeks to place all project data in a common format. It currently contains approximately 80 percent of all federal domestic R&D projects. Prior to RaDiUS, there was no centralized R&D database across government agencies. Rather, each agency tracked its own R&D projects with varying degrees of centralization, commonality of data elements, and consistency with OMB definitions. The Children's Initiative was one of the first major efforts to utilize the RaDiUS database to develop government-wide estimates for an area of research. As such, it revealed both the strengths and limitations of the current database, identified areas for improvement, and, in many cases, enabled the testing of RaDiUS estimates with agency estimates.

For each R&D project in the database, RaDiUS collects information on overall budget levels, FY budget level, length of contract, project title and abstract, and responsible contracting institution. The database contains approximately 200,000 projects across federal cabinet departments and independent research agencies (e.g., the National Science Foundation).

Estimating the amount of R&D on children and adolescents would have been fairly straightforward if four conditions were met:

- 1) RADIUS contained all government R&D projects with complete data on each project
- 2) All government agencies used exactly the same criteria and accurately judged which projects met the OMB guidelines for R&D.
- 3) Each R&D project could be classified unambiguously by a team of evaluators as being directed toward children/adolescent from information provided in the project abstract.
- 4) Time and resources were available to read all R&D abstracts for classification

An estimate of government wide research on children and adolescents could then be obtained by either reading all abstracts or sampling a sufficient number of abstracts and classifying them as either directed or not directed toward children/adolescents. The complexity of the methodology used was necessary to account for the four above conditions not being satisfied.

The first condition was not met since RADIUS currently contains about 80 percent of government wide R&D projects and for some projects in RADIUS, a key data element is

missing which is necessary to classify the project or to estimate its FY95 budget¹. Our R&D estimates include the estimated amount of R&D that was missing from RADIUS or for which we did not have complete data. We did this by assuming that the proportion of an agency R&D budget devoted to children/adolescents was the same for both those projects for which we had or did not have complete information. For instance if we had complete information on projects which represented 80 percent of an agency's R&D budget, and 10 percent of those projects were classified as directed toward children/adolescent, then we assumed that 10 percent of the missing budget was also directed toward children.

In general about one-quarter of the total estimate across agencies was accounted for by missing projects or data. The assumption that missing projects had the same proportion of emphasis on children/adolescents as complete information projects introduces more uncertainty into agency estimates than overall government wide estimates. For some agencies, the missing projects were not random, but rather represented all R&D from a particular sub-agency. In some cases, the subagency might either have much less or much more emphasis on children. Better agency estimates could be made through more research at determining the source of missing data and the mission of that particular agency.

The second condition was not always met because different agencies use different classification for what is included in R&D. Two examples are evaluation projects and "training" projects. Some agencies classify major evaluation projects as R&D as some do not. Similarly projects involving training are classified differently among agencies. In general these differences show up between R&D projects submitted to OMB and internal agency estimates of R&D. RADIUS uses the OMB classification, but in some cases cannot identify which agency projects have been designated as meeting the OMB guidelines. Since training and evaluation projects constitute a small portion of R&D, we believe these differences across agencies make only small differences in overall estimates. However, they can introduce larger uncertainty into particular agency estimates.

The third condition was not met because initial sampling of abstracts and classification by several researchers revealed that several issues would arise as to what should and should not be included as R&D devoted to children. Examples include research using animals but directed toward children's health problems, research on children outside the U.S., topics indirectly involving or benefitting children such as divorce, teacher quality, community policing and

¹ Estimates for the Department of Defense, the Centers for Disease Control and Prevention, the Department of Health and Human Services (Administration for Children and Families and Assistant Secretary for Program Evaluation), and the Department of Labor were obtained directly from agency abstracts or from agency personnel. These agencies were insufficiently represented in RADIUS even for sampling. The departments/agencies included in our estimates are given at the end of this Appendix.

curriculum development for high schools. In general each agency presented a unique set of classification issues. Our approach was to classify projects into three categories:

Category 1: Directly related C which includes research involving children and/or adolescents, studies on problems and issues occurring in childhood or adolescence, and animal research directed toward understanding childhood or adolescent health problems.

Category 2: Indirectly related C which includes research involving children and adolescents outside the U.S., topics involving both children and adults, and issues indirectly related to children and adolescents (e.g., teacher supply and demand, grants to minority youth and females to improve opportunities in math and science, and summer institutes for high school math and science teachers).

Category 3: Not related

For each agency we defined several types of projects included in category two. Thus estimates can be made which include or exclude types of projects. Our base estimate of children/adolescent research which includes only projects classified in category one was 1.8 billion. This includes a major research category of animal research directed toward issues of children/adolescent. Our estimate for category two projects was approximately 700 million. Our 2 billion estimate given in the body of the report thus would include a portion of projects classified as category two.

For each project identified as focusing on children and adolescents, CTI further characterized the research along four dimensions:

- \$ age group focus (prenatal, 0 to 2, preschool, K-12, post-secondary, and no specific age group);
- \$ disciplinary focus (biological, medical, psychological, sociological/economic);
- \$ type of research (basic, applied-problem oriented, applied-integrative); and
- \$ outcome orientation (physical health, cognitive/educational, emotional/developmental, social/economic).

Each project could be classified in more than one category within each dimension. For instance, some studies spanned several age ranges or included both cognitive and emotional aspects. We do not include separate estimates for these categories in the report although the data is available to do so.

Finally, condition four was not met since the time and resources for the project were not sufficient to read every abstract in RADIUS for classification. Thus a sampling strategy was

utilized based on two considerations. We wanted to focus more effort on reading abstracts of projects with larger than smaller budgets. We also wanted to focus more effort on reading abstracts of projects more likely to be related to children. Implementing the first consideration meant reading all abstracts for larger budget projects in each agency and reading only samples for smaller budget projects. Larger budget projects were defined as projects having a FY95 budget above the average project budget for the agency.

The second consideration was implemented by identifying two groups of projects within each agency-- those having a high likelihood of being directed at children/adolescence and those having a small likelihood. High likelihood projects were identified through key word searches of abstracts with words which would identify most of the children related projects. While we read all abstracts for large budget and high likelihood projects, we sampled the remaining low budget and low likelihood projects. The sampling ratios varied by agencies depending on the number of projects in the latter category, but was typically from 1 in 3 to 1 in 8. We attached appropriate weights to each of the sampled projects that were used in estimating the total amount of research related to children/adolescence.

Final estimates for research related to children/adolescence were developed by weighted sums of budgets across all projects classified as category one or two, and then dividing by the proportion of total agency R&D budget authority represented in RADIUS projects with complete information. Estimates were made by agency also, although more uncertainty is attached to individual agency estimates. This uncertainty primarily is for some agencies whose representation in RADIUS is 60 percent or below. For those agencies who have representation of 80 percent or above and for which there were few classification issues, we believe the estimates are much better. For some agencies with very small amounts of children's research, but with very large research budgets, estimates are quite uncertain since we had few high likelihood projects and large numbers of low likelihood projects. For these agencies we used large sampling fractions since very few projects were likely to be classified as one or two. Thus, large uncertainty may be attached to those agencies having very small amounts of children's research with respect to other agencies.² Efforts to improve these estimates were not made since it would not have affected the overall estimates of total research.

CTI found that its overall estimates coincided with estimates made by the U.S. Department of Health and Human Services (HHS)- the major funder of research on children and adolescents- using their internal tracking system for R&D. For those agencies with high representation in

² Agencies conducting a relatively small amount of research on children compared to other agencies included the Environmental Protection Agency, and the Departments of Commerce, Housing and Urban Development, Interior, Labor, and Transportation.

RaDiUS, CTI=s estimates also agreed with the individual agency=s estimates.

FEDERAL DEPARTMENTS AND AGENCIES INCLUDED IN CTI ANALYSIS

Departments

U.S. Department of Agriculture

U.S. Department of Commerce

U.S. Department of Defense

U.S. Department of Education

U.S. Department of Energy

U.S. Department of Health and Human Services

*(*see below for listing of individual agencies within HHS that were part of analysis,
including individual agencies within the National Institutes of Health)*

U.S. Department of Housing and Urban Development

U.S. Department of the Interior

U.S. Department of Justice

U.S. Department of Labor

U.S. Department of Transportation

U.S. Department of Veteran Affairs

Independent Agencies

Environmental Protection Agency

National Aeronautics and Space Administration

National Science Foundation

**Agencies Within the U.S. Department of Health and Human Services*

Administration on Aging

Administration for Children and Families

Agency for Health Care Policy and Research

Assistant Secretary for Planning and Evaluation

Centers for Disease Control and Prevention

Food and Drug Administration

National Institutes of Health

Fogarty International Center

National Cancer Institute

National Center for Research Resources

National Eye Institute

National Heart, Lung, and Blood Institute

National Institute for Nursing Research

National Institute of Arthritis and Musculoskeletal and Skin Diseases

National Institute of Child Health and Human Development

National Institute of Dental Research

National Institute of Diabetes and Digestive and Kidney Diseases

National Institute on Drug Abuse

National Institute of Environmental Health Sciences

National Institute on General Medical Sciences

National Institute on Aging

National Institute on Alcohol Abuse and Alcoholism

National Institute on Allergy and Infectious Diseases

National Institute on Deafness and Other Communication Disorders

National Institute of Mental Health

National Institute of Neurological Disorders and Stroke

National Library of Medicine

Warren Grant Magnuson Clinical Center

National Institute for Occupational Safety and Health

APPENDIX C: SELECTED BIBLIOGRAPHY

The Children's Initiative conducted a *selected* literature review of the following reports, studies, and articles that summarized relevant research on child and adolescent development and recommended areas for future study. The literature review was intended to be comprehensive, not exhaustive.

Early Childhood Development

Child Care for Low-Income Families: Summary of Two Workshops (1995). Commission of Behavioral and Social Science and Education, National Research Council, National Academy Press, Washington, DC.

"Long-Term Outcomes of Early Childhood Programs" (1995), *The Future of Children*, Center for the Future of Children, The David and Lucile Packard Foundation, Vol. 5, Los Altos, CA.

"Low Birth Weight" (1995), *The Future of Children*, Center for the Future of Children, The David and Lucile Packard Foundation, Vol. 5, Los Altos, CA.

Phillips, D. and Cabrera, N. (Eds) (1996). Beyond the Blueprint, Directions for Research on Head Start's Families, National Research Council, National Academy Press, Washington, DC.

Report on NIH Pediatric Research (April 1996). U.S. Department of Health and Human Services, National Institutes of Health, Rockville, MD.

Starting Points: Meeting the Needs of our Youngest Children (1994). Carnegie Corporation. New York, NY.

Tesman, Johanna, R., Hills, Amanda (1994). "Developmental Effects of Lead Exposure in Children," *Social Policy Report*, Society for Research in Child Development, Vol. 8, 1-16.

Year of Promise: A Comprehensive Learning Strategy for America's Children (1996). Carnegie Corporation. New York, NY.

Adolescence

Adolescent Health- Vol. 1: Summary and Policy Options (April 1991). U.S. Congress, Office of Technology Assessment, OTA-H-468, U.S. Government Printing Office, Washington, DC.

Great Transitions: Preparing Adolescents for A New Century (1995). The Carnegie Council on Adolescent Development, Carnegie Corporation, New York, NY.

Learning to Work: Making the Transition From School to Work (September 1995). U.S.

Congress, Office of Technology Assessment, OTA-HER-637, U.S. Government Printing Office, Washington, DC.

Millstein, S., Petersen, A., Nightingale, E. (1993). Promoting the Health of Adolescents: New Directions for the 21st Century. Oxford University Press, New York, NY.

Petersen, A., Compas, B., Brooks-Gunn, J., Stemmler, M., Ey, S., Grant, K. (1993). "Depression in Adolescence," *American Psychologist*, 48, 155-168.

Takanishi, R. (1993). "Adolescence," *American Psychologist*, 48(2).

Takanishi, R. (Ed) (1993). Adolescence in the 1990s: Risk And Opportunity. Teachers College Press, Columbia University, New York, NY.

Physical and Mental Health

Basic Behavioral Science Research for Mental Health (1995). The National Advisory Health Council, U.S. Department of Health and Human Services, Washington, DC.

Benefits and Systems of Care for Maternal and Child Health Under Health Care Reform: Workshop Highlights (1994). Committee on Maternal and Child Health Under Health Care Reform. Institute of Medicine and National Research Council, Washington DC.

Jensen, P., Koretz, D., Locke, B., Schneider, S., Radke-Yarrow, M. Richters, J. and Rumsey, J. (1993) "Child and Adolescent Psychopathology Research: Problems and Prospects for the 1990s," *Journal of Abnormal Child Psychology*, 21, 551-580.

National Plan for Research on Child and Adolescent Mental Disorders (1990). The National Advisory Mental Health Council, National Institute of Mental Health, U.S. Government Printing Office, Washington, DC.

Education

Educational Reforms and Students at Risk: A Review of the Current State of the Art (1994) Office of Research, U.S. Department of Education, U.S. Government Printing Office, Washington, DC.

Learning to Work: Making the Transition From School to Work (September 1995). U.S. Congress, Office of Technology Assessment, OTA-HER-637, U.S. Government Printing Office, Washington, DC.

Mapping Out the National Assessment of Title I: The Interim Report (1996). U.S. Department of Education, Planning and Evaluation Service, Washington, DC.

A Nation at Risk: The Imperative for Educational Reform (1983). The National Commission on Excellence in Education, U.S. Government Printing Office, Washington, DC.

Reinventing Chapter 1: The Current Chapter 1 Program and New Directions (1993). U.S. Department of Education, Planning and Evaluation Service, Washington, DC.

Risks to Students in School (September 1995). U.S. Congress, Office of Technology Assessment, OTA-ENV-633, U.S. Government Printing Office, Washington DC.

Way, W. and Rossman, M. (1994). "The Interrelation of Work and Family: A Missing Piece of the Vocational Education Research Agenda," *Journal of Vocational Education*, 19(2).

Zimmerman, M. and Arunkmar, R. (1994). "Resiliency Research: Implications for Schools and Policy," *Social Policy Report*, Society for Research in Child Development, 8(4).

Economics

Huston, A. (1994). "Children in Poverty: Designing Research to Affect Policy," *Social Policy Report*, Society for Research in Child Development, 8(2).

New Findings on Children, Families, and Economic Self-Sufficiency: Summary of a Research Briefing (1995). National Research Council and Institute of Medicine, National Academy Press, Washington, DC.

Violence

The Epidemic of Youth Violence: Effective Solutions Require New Perspectives (1996). William T. Grant Foundation, New York, NY.

Understanding Child Abuse and Neglect (1993). National Research Council, National Academy Press, Washington, DC.

Violence and the American Family: Report of a Workshop (1995). National Research Council and Institute of Medicine, National Academy Press, Washington, DC.

Violence in Urban America: Mobilizing a Response (1994). Conference Summary, The National Research Council and The John F. Kennedy School of Government, National Academy Press, Washington, DC.

Alcohol and Drug Use

Assessing Alternative Evaluation Methodologies: Phase III Report (May 1995). Prepared for

the Executive Office of the President, Office of National Drug Control Policy by CSR Incorporated, Washington, DC.

Drug Prevention Programs for High-Risk Youth (November 1995). Prepared for the Executive Office of the President, Office of National Drug Control Policy by CSR Incorporated, Washington, DC.

Increase in Use of Selected Drugs: Monitoring the Future Study of 8th-, 10th, and 12th-Graders (June 1994). Preliminary Final Report, Prepared for the Executive Office of the President, Office of National Drug Control Policy by Richard Clayton and the Ann Arbor Group.

Nutrition

Kennedy, E. and Goldberg, J. (1995). "What Are American Children Eating? Implications for Public Policy," *Nutrition Reviews*, 53(5).

WIC Nutrition Risk Criteria: A Scientific Assessment (1996). Committee on Scientific Evaluation of WIC Nutrition Criteria, Food and Nutrition Board, Institute of Medicine, National Academy Press, Washington, D.C.

General

"Human Capital Initiative: Report of the National Behavioral Science Research Agenda Committee" (1992). *APS Observer*, American Psychological Society, Washington, DC.

"Immigrant Children and Their Families: Issues for Research and Policy," (1995). *The Future of Children*, 5(2).

Statistics on Children

Botsko, Christopher and Brown, Brett (1996). Guide to State and Local-Level Indicators of Child Well-Being Available Through the Federal Statistical System. Child Trends, Inc. Washington, DC.

Integrating Federal Statistics on Children (1995). National Research Council and Institute of Medicine, National Academy Press, Washington, DC.

Trends in the Well-Being of America's Children and Youth: 1996 (1996). U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Washington, DC.

APPENDIX D: EXAMPLES OF SUCCESSFUL RESEARCH-POLICY OR RESEARCH-SERVICES LINKAGES SUBMITTED BY AGENCIES

Bureau of the Census/Housing and Household Economic Statistics Division

- ***Poverty:*** The Urban Institute's analysis of the effect of the welfare reform bill (Personal Responsibility and Work Opportunity Reconciliation Act of 1996) was based on the Census Bureau's March Income Supplement to the Current Population Survey. The official poverty statistics published annually by the Census Bureau, based on the March CPS, are among the federal government's most widely quoted indicators of children's well-being. These data have recently been supplemented with SIPP data (Survey of Income and Program Participation) showing that children make up a large percentage of the long-term poor (those who remain in poverty for every month of a two-year period)..
- ***Health Insurance Coverage:*** Health insurance coverage of children is a major concern. Recently, researchers at the RAND Corporation used the SIPP data to examine the effect of the Kassebaum-Kennedy Health Care Reform bill on health insurance premiums, which RAND found to be minor. This research was cited as one of the reasons behind the bill's final passage.
- ***Child Support:*** Child support data collected in the CPS and SIPP are used by the Office of Child Support Enforcement in DHHS to track the effectiveness of child support collection and enforcement efforts and to gauge whether proposed new child support enforcement efforts will be successful. This measure will continue to take on new importance with the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which seeks to improve enforcement of child support from absent parents.
- ***Disability:*** SIPP is one of few national data bases with a comprehensive set of questions on children's disability status. This data is used to examine the economic resources of families with disabled children in order to evaluate SSI.
- ***Child Care:*** DHHS used SIPP data showing costs and distribution of types of child care of working mothers by income, poverty status and marital status to form their recommendations to the White House of child care costs required by welfare reform.

Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry

Research-Policy Linkages

- ***Preventing Perinatal HIV Transmission:*** Over the past two decades, perinatal transmission of human immunodeficiency virus (HIV) has infected over 15,000 children and claimed over 3,000 lives. In February 1994, NIH announced the interim results of AIDS Clinical Trials Group Protocol 076 (ACTG 076) demonstrating that zidovudine (ZDV) administered to a group of HIV-infected women during pregnancy and labor and to their newborns reduced the risk for perinatal HIV transmission by two-thirds.

As a result of NIH's 1994 findings on ZDV therapy on pregnant women, CDC led a multi-faceted campaign, along with public and private health organizations, community groups and individuals, to translate the ACTG 076 results into effective prevention measures. Although the concept of using a drug to prevent HIV transmission is simple, implementing an effective prevention program based on this intervention requires many steps. First, standard practice guidelines must be developed, institutional procedures must be established, and providers and staff must be trained about HIV counseling and testing and about using ZDV therapy for HIV-infected women and their children. Maximizing the use of this intervention by HIV-infected women requires that all pregnant women have access to prenatal care, that they be offered HIV counseling and voluntary testing, and that those found to be infected not only be offered this intervention but provided access to other important medical, social, and psychological services needed for their own health. Finally, to maximize the benefit of these prevention programs, surveillance and evaluation studies are needed to assess their impact and determine how they can be improved.

Many organizations have already begun steps toward developing, implementing, and evaluating perinatal HIV prevention programs. A U.S. Public Health Service (USPHS) task force led by NIH and CDC published guidelines for HIV counseling and voluntary testing for pregnant women and for the use of ZDV to prevent perinatal HIV transmission. Several professional medical organizations have adopted policies in support of these guidelines. The U.S. Congress and many state legislatures are considering or have passed laws promoting HIV counseling and testing of pregnant women, including legislation passed in several states requiring that HIV testing be offered to all pregnant women. The Health Care Financing Administration has required state Medicaid programs to cover the cost of ZDV to prevent perinatal transmission and has also encouraged states to cover the costs of HIV counseling, education, and voluntary testing for Medicaid-eligible pregnant women. The Health Resources and Services Administration has disseminated guidance to sites funded by the Ryan White CARE Act regarding implementation of strategies to reduce perinatal transmission. Conferences and other continuing medical education activities are training public and private health-care providers in the skills required to implement perinatal HIV prevention programs. Ongoing educational efforts are under way to encourage pregnant women to seek HIV testing and to provide information for HIV-infected pregnant women to make informed decisions about using ZDV.

Even in the midst of these activities, findings from early evaluations are providing valuable feedback on the progress and impact of the strategies to implement perinatal HIV prevention recommendations in different populations. For example, in North Carolina, of the identified children who were born after the state adopted the ZDV guidelines in 1994, 75% of their mothers used ZDV during pregnancy or at delivery. They further estimated that the risk for perinatal HIV transmission declined statewide from 21 percent in 1993 to 9 percent in 1994.

- **Birth Defects Prevention:** Each year, 2,500 to 3,000 infants are born with neural tube defects (NTD) caused by incomplete closing of the spine. A CDC study providing further evidence that folic acid (a B vitamin) prevents Neural Tube Defects led to a Public Health Service recommendation that all women of reproductive age should consume 0.4 mg of folic acid daily. Recently, the FDA ruled that all enriched grain products include folic acid at the level of 140 mcg per 100 grams of grain.
- **Injury Prevention:** Head injuries are involved in 62 percent of bicycle-related deaths. CDC-funded research showed that bicycle helmets reduce the risk of head injury by 80 percent. Sixteen states now have statewide laws requiring use of helmets, and laws have been introduced

or are pending in several others. In a joint Oregon-CDC evaluation it was shown that helmet use among children in Oregon went from 25 percent before the law to 49 percent afterward, and bicycle-related head injuries declined 47 percent for children under 10 years and 37 percent for children 10 to 15. In Georgia, the self-reported helmet use rate increased from 33 percent to 52 percent after the law took effect. This led to a new objective in Healthy People 2000, urging all 50 states to pass such legislation.

In another example, the potential for injuries associated with three-wheeled all-terrain vehicles (ATVs) was first identified by CDC researchers studying the problem in Alaska. Subsequently, the U.S. Consumer Product Safety Commission (in their role as a regulatory agency) reviewed the issue, determined that such vehicles were fundamentally unsafe, and banned their sale.

- **Lead Poisoning Prevention:** In consultation with EPA and CDC, ATSDR conducted a study of the national extent of child lead poisoning. A federal ad hoc panel was established and nationally recognized experts in toxicology and epidemiology were convened to conduct and oversee the study. States, federal agencies, and other organizations contributed data on the extent of childhood lead poisoning, effects of lead on children, and sources of exposure.

The report was transmitted to the Congress, through DHHS, and to the Committee to Coordinate Environmental Health and Related Programs for the purpose of coordinating research and public health recommendations contained in the report. A substantial reexamination, and lowering to 10 µg/dl, of the national standard for blood lead levels in children was conducted by CDC and implemented in a national public health initiative. ATSDR launched multiple studies to document lead exposure and adverse effects in children living near lead-contaminated sites.

In addition, CDC established the national childhood lead surveillance data base. Data from these data surveillance systems are being used to estimate the number of children with elevated blood lead levels, target resources, direct screening activities and assess the effectiveness of intervention efforts. The National Health and Nutritional Examination Survey (NHANES), conducted by CDC, demonstrated that from 1976 through 1991, the number of children ages 1 to 5 years with blood lead levels higher than 10 micrograms per deciliter decreased from 88 percent to about 9 percent, due in part to the removal of lead from gasoline. NHANES III data indicate where the remaining blood lead poisoning problem continues to be of major public health concern among urban, minority, and low-income children and are being used to target prevention efforts.

- **Youth Risk Behavior:** The Youth Risk Behavior Surveillance System (YRBSS) was developed to monitor priority health-risk behaviors that contribute to the leading causes of mortality, morbidity, and social problems among youth and adults in the United States. The YRBSS monitors six categories of behaviors: (1) behaviors that contribute to unintentional and intentional injuries; (2) tobacco use; (3) alcohol and other drug use; (4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted disease, including HIV infection; (5) dietary behaviors; and (6) physical activity.

Data from the YRBSS are being used to (1) monitor progress in achieving 26 national health objectives for the year 2000, (2) monitor progress in achieving 28 Healthy Community 2000 Model Standards, (3) monitor progress in achieving National Education Goal 7 --Safe, Disciplined, and Drug-Free Schools, (4) monitor progress in achieving measures of success for the American Cancer Society's comprehensive school health initiative, (5) focus school health

education teacher training and instructional programs, and (6) support comprehensive school health programs nationwide.

- ***Guidelines for Effective School Health Programs:*** CDC is developing guidelines to assist school-policy and decision makers, school personnel, and others in planning, implementing, and evaluating programs that address specific health-risk behavior priority areas. Over the last two decades there has been a growing body of controlled trials showing that well designed school health programs can lead to improvement in a variety of health behaviors. Development of these guidelines include an exhaustive review of published research and exemplary practice as well as collaboration with academic experts and national, federal, and voluntary organizations with an interest in child and adolescent health. The guidelines include specific recommendations to help states, districts, and schools implement health promotion programs and policies that have been found to be most effective in promoting healthy behaviors. Recommendations cover topics such as policy development, curriculum development and selection, instructional strategies, staff training, family and community involvement, evaluation, and linkages between different components of the comprehensive school health program.
- ***Tobacco Control — Implementation of the Synar Rule:*** The Synar rule, which implements Section 1926 of the Public Health Service Act, is putting research into practice, acting on the knowledge that about 3,000 young people under the age of 18 begin smoking every day and 1,000 of them will eventually die of tobacco-related illnesses. The rule requires each state to have in place and to enforce state laws prohibiting the sale or distribution of tobacco products to individuals under the age of 18. Recent data from the Monitoring the Future Survey reports significant increases in smoking among American youth. Limiting youth access to tobacco is one of many strategies necessary to reduce youth tobacco use.

In addition, research has shown that, in the past, state enforcement efforts to prevent minor's access to tobacco was limited. The Inspector General determined that in 1992 only two of the fifty states reported having state-wide enforcement strategies. Strong state enforcement of tobacco access laws is a major component of a comprehensive approach to preventing tobacco use among youth, and the Synar rule requires such enforcement. Ultimately, the Synar rule takes the knowledge of youth consumption trends and applies it to reducing the supply of tobacco products to young people.

- ***Tobacco Control — Implementation of the Goals 2000: The Pro-Children Act:*** Studies have shown that children exposed to secondhand smoke are more likely to have middle-ear disease, reduced lung function, and symptoms of respiratory irritation such as cough, phlegm, and wheeze. Exposures to secondhand smoke causes 150,000 to 300,000 lower respiratory tract infections in U.S. infants and children younger than 18 months of age, resulting in 7,500 to 15,000 hospitalizations a year. Exposure to secondhand smoke has also been directly linked to Sudden Infant Death Syndrome (SIDS), the major cause of death in infants between one month and one year of age. Such research helped educate the Congress about the health effects of secondhand smoke in infants, children, and youth and led to the Pro-Children Act, enacted in 1994.

HHS worked collaboratively with the Department of Education and the Department of Agriculture to implement the Pro-Children Act, which prohibits smoking in facilities (in some cases portions of facilities) in which certain Federally-funded children's services are provided on a routine or regular basis. The law applies to practically all elementary and secondary

education and library facilities, day care centers, certain health care services to children, the WIC Program, and the Head Start Program. Implementation of this law will prevent youth exposure to secondhand smoke outside the home in a variety of settings to help prevent the health effects of secondhand smoke that research has shown.

- ***Preventing Youth Injuries from Paper Balers:*** Because of the risk for severe injury or death associated with loading cardboard boxes into paper balers, Federal child labor law prohibited 16-and 17-year-old workers from performing this task. Recently the grocery industry lobbied to change this law on the basis that, subsequent to 1954 when this legislation was passed, new safety features have been added to paper balers. But questions still remained as to whether these safety features are present in all balers, and whether allowing youths to load balers that meet specific safety requirements could lead to youths loading balers that are not properly equipped. To assist in this policy debate, CDC provided epidemiologic data on youth fatalities associated with paper balers; engineering evaluation data on machines in use; and hosted a meeting bringing together divergent perspectives. This information has impacted the paper baler legislation recently signed by President Clinton. The new law includes mandatory reporting to the Department of Labor of injuries or fatalities to minors resulting from contact with balers. NIOSH is also providing technical assistance to the Department of Labor in the development of materials for employers to help determine whether balers meet safety requirements mandated in the legislation, and the collection of data on any resultant injuries.

Research-Services Linkages

- ***School Health Education — Research to Classroom Project:*** In the RESEARCH to CLASSROOM Project, CDC identifies curricula that have credible evidence of reducing health risk behaviors among youth, then ensures that the interventions, including training are available nationwide for those interested in using them. However, CDC does not endorse curricula, schools decide what curricula best meet their students' needs. Identified curricula must have undergone evaluation against a control or comparison group. Findings must have included reductions in risk behaviors (not merely knowledge or attitude changes) at a follow up measurement at least four weeks after the intervention. To be selected, a report of the evaluation study must have been published in a peer reviewed journal and a set of external evaluation experts and a set of program experts determined that the findings were solid and the intervention generalizable.

Since the project was initiated in 1992, at least one person from 51 of 57 states and territories has been trained as a master trainer on one or more of the identified curricula and over 3370 teachers have received training.

- ***Occupational Injury Prevention — Hazard Alert "Preventing Deaths and Injuries of Adolescent Workers":*** Every year, approximately 70 youths are killed and another 64,000 require treatment in emergency rooms for work-related injuries. CDC published an Alert and a one-page fact sheet to inform employers, teens, their parents, teachers and other decision makers of the risk for job injuries among adolescents. The fact sheet has been distributed to every high school principal in the United States, and has been inserted in some high school report cards, signed work permits, incorporated into occupational safety and health training and education in schools, and used as a training reference by employers of adolescents.

- **Occupational Injury Prevention — Work Safe This Summer” Campaign:** In May 1996, Secretary of Labor Robert Reich launched a national campaign to promote safe employment of teenagers. NIOSH data describing the magnitude, patterns and risk of injuries to working children and adolescents and prevention recommendations are featured in this campaign.
- **Development of a Neurobehavioral Test Battery for Children:** A series of consultations was held with nationally recognized experts in pediatrics, child psychology, neuropsychology, neurotoxicology, and early education. A battery of screening tests to assess neurobehavioral function in children as young as one year of age was field-tested and adopted. As a result, an operational manual, detailing ATSDR’s Pediatric Environmental Neurobehavioral Test Battery was released in FY 1996 and made available for studies of children, ranging from one through sixteen years of age, who may be exposed to neurotoxic substances in the environment.

Consumer Product Safety Commission

- **Preventing Infant Suffocation:** In late 1990, several infant deaths were associated with the use of infant bean bag cushions. Most of the infants who died on the infant cushions had been diagnosed as having SIDS, although they were found with their faces buried straight down into a product that molded around their heads. Medical experts in SIDS at St. Louis University tested the cushions and concluded that the deaths were likely due to rebreathing of lethal levels of carbon dioxide (CO₂) trapped in the infant cushions. CPSC worked with manufacturers to recall infant cushions in early 1991 and banned them in June 1992. There were 35 infant deaths associated with these cushions.

Further research into SIDS deaths by CPSC staff showed that rebreathing CO₂ trapped in soft bedding may contribute to the deaths of as many as 30 percent of the infants initially diagnosed as having SIDS. Study results showed that infants who died with their nose and mouth covered by soft bedding were more likely to be sleeping on their stomachs on top of pillows, comforters, and other soft bedding. CPSC worked with the American Academy of Pediatrics, the National Institute for Child Health and Human Development, and the SIDS Alliance to promote side and back sleeping positions for infants, and to warn against the dangers of soft bedding.

- **Child-Resistant Packaging:** For more than two decades, CPSC has enforced the Poison Prevention Packaging Act (PPPA) that requires child-resistant packaging for various drugs and household products. A CPSC economist recently published an article in JAMA that underlined the importance of child-resistant packaging. He calculated that the death rate from poisonings dropped by 45 percent since 1974. This translates into 460 lives saved from 1974 to 1992.

To address the poisonings that still occur, last year, CPSC revised the regulations to ensure that the packaging is both child-resistant and “adult-friendly”. This is accomplished by testing the packaging with both children under age five and with adults ages 50 to 70. The new packaging is already on the market and will continue to be phased in over the next year and a half. It is hoped that if packaging is easier to use adults will not defeat the child resistant packaging, leave the packages open, or request

non-child resistant packaging.

- **Baby Walkers:** Baby walkers account for more injuries annually for young children than any other nursery product. About 25,500 children under 17 months of age are treated each year in hospital emergency rooms for walker-related injuries. A recent CPSC study indicated that 83 percent of the incidents involve children falling down stairs or between levels in baby walkers, CPSC worked with ASTM, a voluntary standards organization, to develop a voluntary performance requirement that would result in modified designs of baby walkers. These new baby walkers will have to stop on a top step or be too large to fit through a basement doorway. The final voluntary requirement, expected to be published by the end of 1996, could result in substantially reducing the number of walker-related injuries.
- **Child-Resistant Cigarette Lighters:** An estimated annual average of 150 deaths, 1,100 injuries, and 5,600 residential structure fires have resulted from children under age five, playing with cigarette lighters. CPSC worked cooperatively with industry to develop a test method that evaluates the ability of children under five years old to operate disposable lighters. With industry support, CPSC passed a mandatory rule, effective in 1994, that required most lighters to be child resistant. This should result in fewer deaths, injuries and residential fires.
- **Lead in Miniblinds:** Childhood poisoning from lead is still a problem. Approximately 1.7 million children between the ages of one and five continue to have blood lead levels that are of concern. In children, lead poisoning can cause irreversible brain damage, delay mental and physical growth, and cause behavior and learning problems.

Because consumers cannot determine the amount of lead in the dust on their blinds, CPSC recently advised parents with young children to remove these vinyl miniblinds from their homes. CPSC also asked the Window Covering Safety Council, which represents the industry, to immediately change the way it produces vinyl miniblinds by removing the added lead. Manufacturers have agreed, and new miniblinds without added lead are now available in stores.

- **Window Pull-Cords and Strangulations:** Since 1981, over 180 strangulation cases to children involving window cords have been reported, or about one death per month. In about half these cases, children between eight months and four years old were found hanging in the loop of the cords. In other cases, children were found with pull cords wrapped around their necks. The younger children who died, usually between 8 and 23 months old, were often in cribs that were placed near the window cords. The older children, typically between two and a half and four years old, usually strangled in cords when they climbed on furniture near windows.

CPSC met with the industry Window Covering Safety Council to find ways to remove this hazard. Manufacturers have now eliminated the loop on all new two-corded

horizontal blinds. In addition, CPSC is working with industry to develop a voluntary standard for window covering pull cords that will address this hazard.

- **Drawstrings on Children's Clothing:** Since 1985, CPSC has received reports of 17 deaths and 42 non-fatal incidents caused by drawstrings from the hoods and necks of children's jackets catching on such things as playground equipment and cribs. CPSC worked with children's clothing manufacturers to address this issue. Within months, the industry voluntarily agreed to redesign children's sweatshirts and jackets without the hazardous drawstrings at the hoods and necks. Today, most of this type of children's clothing in this country is sold without drawstrings.
- **Bike Helmets:** Each year about 300 children are killed and 400,000 go to hospital emergency rooms because of bike-related incidents. Many of these injuries, and most of the serious ones, are to the head. Helmets can reduce the risk of head injury by up to 85 percent. CPSC is working on a new standard for bike helmets.
- **Playgrounds:** Each year, about 200,000 children are injured seriously enough on playgrounds to go to hospital emergency rooms. About 20,000 children under age five go to hospital emergency rooms for home playground injuries. About another 35,000 children under age five go to hospital emergency rooms for public playground injuries. CPSC has worked with industry on voluntary safety standards for both home and public playground equipment.

CPSC has also published a "Handbook for Public Playground Safety" that includes guidelines for safe playgrounds. Among other measures, CPSC emphasizes the need for protective surfaces for playgrounds. These can break the falls that account for up to 75 percent of the playground injuries to children.

National Highway Traffic Safety Administration

Motor Vehicle crashes are the leading cause of death for every age 5-27. Below are several illustrations of how research conducted under the auspices of the National Highway Traffic Safety Administration (NHTSA) has influenced and directed policy decisions and service delivery.

Research-Policy Linkages

- **Federal Motor Vehicle Safety Standard addressing Child Safety Seats:** NHTSA's child safety program is focused on protecting children under age 5 from injuries in motor vehicle crashes. Child safety seats are used to transport children in vehicles. Early laboratory research with dummies in sleds identified the characteristics of a safe child seat. The results of this research led to the implementation of Federal Motor Vehicle Safety Standard (FMVSS) 213 which sets forth the requirements manufacturers must follow for child restraint systems used in motor vehicles and aircraft. As a result, child safety seats have been effective in reducing injury to children.
- **Children and Air Bags:** While air bags are effective for adults and saved almost 500 lives in

1996 alone, the story is very different for children. To date, 32 children have suffered fatal injuries due to the activated passenger air bag. NHTSA required air bag warnings to be placed on the automobile visor; however, research showed that these warning labels were not noticed or understood. Focus group research provided information on effective warning labels (e.g., size, color, location, message) for reaching parents. This information was incorporated into a rulemaking which will require manufacturers to install the new labels starting in May 1997. Other rulemaking is also underway to depower airbags by 20 to 35 percent which will reduce the risk of airbag injury to children. These improvements are being made through changes to federal airbag requirements (FMVSS 208).

- ***Zero Tolerance:*** Research has shown that zero tolerance laws reduce single vehicle nighttime fatal crashes among drivers under the age of 21. A "zero tolerance" law sets a Blood Alcohol Content (BAC) level of .02 or less for drivers under age 21. Such laws are called "zero tolerance" because a driver is likely to exceed a .02 BAC limit after only one beer or other alcoholic drink. These research results were influential in the passage of zero tolerance laws in 37 states and the District of Columbia. They also were influential in enacting a federal zero tolerance requirement in the National Highway System Designation Act of 1995 (under which states without a zero tolerance law will lose highway construction funds).
- ***Model Ice Cream Vendor Ordinance:*** In the early 1970s, NHTSA noticed that there was considerable casualty experience around ice cream vending trucks. NHTSA conducted research to determine how best to address this problem. The research resulted in a model ice cream vendor ordinance which detailed specific markings and signage to be used by these vehicles and certain routing for them. Subsequent testing showed these interventions to be highly effective.

Research-Services Linkages

- ***Better Targeted Programs:*** Data show that young male pickup truck drivers have low safety belt usage. Recent research has provided information on effective messages and delivery mechanisms to reach this audience. Results from the research have been incorporated into public information and education materials targeted at young male pickup truck drivers.
- ***Enforcement of Underage Impaired Driving Laws:*** Data indicated that the rates at which young drivers were being arrested for driving under the influence (DUI) of alcohol were far lower than the involvement of young drivers in alcohol-related crashes. Subsequent research then showed that DUI enforcement patrol tactics targeted adult drinking drivers, while the drinking and driving patterns for young drivers were different from those of adults. Training was initiated to inform police officers of the differences in youth drinking driving behavior and to provide guidance on changing patrol tactics to apprehend youthful drinking drivers.

NIH-National Institute of Environmental Health Sciences (NIEHS)

- ***Air Pollution:*** NIEHS funded long-term studies on effects of air pollution on human health that showed an association between chronic exposure to acid aerosols and respiratory symptoms in children. These findings have been pivotal in development of EPA guidelines for sulfur dioxide and particulate matter emissions.
- ***PCBs:*** NIEHS research has shown that lactating infants are exposed to PCBs via their mother's milk and that children and mothers can be exposed to PCBs from eating fish that have

accumulated PCBs in their tissues. Based on the above research, California health laws have declared PCBs a reproductive health hazard and New York has issued health advisories for nursing mothers who consume contaminated fish.

- ***Children's Environmental Health Network:*** NIEHS is one of several governmental agencies that supports the Children's Environmental Health Network. This effort has helped to establish an infrastructure to communicate environmental health policy, research and education among the network's governmental and non-governmental organizations.

NIH-National Institute on Child Health and Human Development (NICHD)

- ***The NICHD Family and Child Well-Being Research Network:*** NICHD established this multi-disciplinary network to enable researchers to do policy-relevant research and to collaborate directly with policy researchers. There are several examples of how the Network has empowered the university research community to act proactively and engage in a policy-relevant project.

The Network has published a paper on new indicators of family and child well-being and co-sponsored a conference with the Institute for Research on Poverty (University of Wisconsin) to examine the state-of-the-art regarding welfare reform. This conference was held at NIH and led to the ASPE report on child well-being. The Network also budgeted resources to help the work of the Interagency Federal Forum on Child and Family Statistics, which has put together a short list of the most important indicators of child well-being that are under consideration for formal recognition as an authoritative series of government indicators.

The Network also worked with the Census Bureau for three years to design the Survey of Program Dynamics (SPD). The Network enabled the scientific community to invest resources into the SPD design, which has enhanced the study's credibility. As a result, the new welfare legislation funds the SPD for six years, making it an important national source of data for evaluating welfare reform.

The Network has enabled researchers to undertake other similar projects useful to the policy arms of government and led to a good working relationship with ASPE and ACF (of DHHS) to help address issues related to welfare reform. ASPE and ACF have now joined forces with the Network to develop better indicators of family and child well-being and to help design state-based evaluations of welfare reform that can work in harmony with the SPD.

- ***Learning Disability:*** Children who do not learn to read constitute approximately 17 percent of the population and comprise over 50 percent of the special education population. Thirty-five percent of children with learning disabilities in reading drop out of school, a rate twice that of their classmates. Further, at least half of juvenile delinquents manifest some type of learning disability. In response to the significant deleterious impact that learning disabilities have on the development of the child, NICHD supported research to develop diagnostic battery of assessment measures that predict children's reading performance. On the basis of these predictions, several NICHD prevention and early intervention sites are now underway and have demonstrated that reading disability can be prevented if intense and direct interventions take place in kindergarten and first grade. These findings were underscored by other NICHD research showing that 75 percent of learning disabled children who are not identified and provided with intervention by 9 years old, will remain disabled through high school. These findings have been presented to the White House Interagency Committee on Learning

Disabilities (an arm of DPC).

- **Child support:** NICHD has used Department of Agriculture data to create family equivalence scales that, in turn, result in child support schedules. NICHD researchers have explored which types of people pay child support, how custody affects child support and the role child support plays in children's well-being.
- **Adolescent Health:** NICHD, with funding from ten NIH programmatic offices and components and other Public Health Services agencies, is conducting the National Longitudinal Study of Adolescent Health. The goal of the study is to better understand the factors that promote good health among young people and to explore those factors that place youth at risk. Data is being shared with researchers, program planners, parents, educators and health care providers across the country.

Office of National Drug Control Policy (ONDCP)

- **Alcohol and Drug Use:** Survey and other research by federal agencies and private organizations provides convincing evidence that early first use of alcohol or tobacco is strongly correlated with later use of illegal substances. Children who smoke cigarettes are 12 times more likely to use marijuana and 19 times more likely to use cocaine.

Such knowledge has been instrumental in shaping numerous Federal policies and programs. Many substance abuse prevention strategies are now oriented toward elementary and middle school youth. The research has been cited in testimony, budget justifications, and public information and educational initiatives.

- **Link Between Drugs and Violence:** Understanding of the strong link between drugs and violence was a major impetus for modifying the Drug Free Schools and Communities Act to the Safe and Drug-Free Schools and Communities Act (Title IV).
- **Drug Data Evaluation and Interagency Coordination Working Group:** ONDCP is also part of a Drug Data Evaluation and Interagency Coordination Working Group that includes representatives from about 20 federal departments and agencies involved with drug issues. During its first year, the Subcommittee: developed an inventory of drug-related information systems and data sets; produced a report, *Federal Drug-Related Data Needs Assessment*; consulted with public- and private-sector drug research experts concerning drug data and policy issues.

U.S. Department of Agriculture (USDA)

USDA is the Federal government's lead agency for human nutrition research, and is responsible for assuring and monitoring the nutritional health of all Americans through nutrition research. The Agricultural Research Service (ARS), in the Research, Education, and Economics (REE) mission area of USDA conducts an integrated program of human nutrition research that provides a vital linkage to the interdisciplinary food and agricultural sciences programs of REE agencies. The ARS has six Human Nutrition Research Centers nationwide, with a cadre of renowned scientists with expertise in nutrition, in areas that cover the spectrum of the human life cycle. Two of these centers are targeted to research on the specific needs of children: the Children's Nutrition Research Center in Houston, Texas, and the Arkansas Children's Nutrition Research Center in Little Rock, Arkansas.

Additionally, the ARS serves as the USDA leader and liaison for the mandatory review every five years of the Dietary Guidelines for Americans, the Federal policy document for all nutrition information and education materials produced by the Federal government. ARS research is critical to the development of these guidelines. ARS also conducts nationwide surveys of food consumption by Americans, the data from which are used to support development of food and nutrition policies within USDA. Food consumption data is also used by other Federal agencies for policy formation functions, including by the Environmental Protection Agency, the Department of Health and Human Services, and others.

USDA relies heavily on scientific research to formulate policy related to providing Americans with a healthful and abundant food supply; in other words, research impacts USDA's food and nutrition policies. In December 1994, the Center for Nutrition Policy and Promotion was created to facilitate the link between research and the dietary and socioeconomic needs of the consumer. CNPP has used research in the following ways:

- ▶ Research on food and nutrient consumption helped determine which foods must be fortified with folate to prevent birth defects. It is also used to publish the *Dietary Guidelines for Americans* every five years to promote healthful diet for individuals over the age of two years.
- ▶ Research on the cost of raising children is used to publish an annual report, "Expenditure on Children by Families," that estimates food and other expenditures incurred by parents of different economic levels. States use this report to help establish child support guidelines and foster care payments. Impacts millions of youngsters involved in child custody and support cases.
- ▶ Research on how maternal nutrition affects the health of infants can have a direct impact on nutritional policies for pregnant women in economically vulnerable groups.

Research related to food assistance and other nutrition programs also results in policy evaluation, often leading to much-needed improvements. For example,

- ▶ CNPP is responsible for the development of USDA food plans, including the Thrifty Food Plan (TFP), which serves as the nutritional basis for food stamp benefit level. TFP specifies quantities of different types of food that households may use to provide nutritious meals and snacks at relatively low cost. State-of-the-art nutrition and economic modeling knowledge is used to periodically revise the TFP. Impacts millions of American adults and their children.

U.S. Department of Education

Research-Services Linkages

- ***Success for All: Building on Research to Improve Learning:*** One of the best known programs for whole school reform is Success for All, a comprehensive school-wide restructuring program designed to ensure that all children are successful in basic skills, particularly reading, the first time they are taught. Success for All draws from the research to determine effective ways of improving reading and writing instruction, building family support for education, and helping teachers and other staff members implement the program. Components of the instructional program include one-on-one tutoring by certified teachers; regular assessments to determine whether students are making adequate progress and to suggest alternative teaching strategies;

and an early reading program that used phonetically regular storybooks supported by careful instruction that focuses on phonetic awareness, auditory discrimination, and sound blending.

Success for All programs are being implemented in 28 states across the nation. In Houston, Texas, the program is being "scaled up" to 74 elementary schools. Implementation funds come from the Texas Education Agency, with the district and participating school providing continuing support primarily by reallocating Title I and special education resources.

- ***Family Connections—A Tool for Parent Involvement in the Education of Young Children:*** Research has repeatedly shown that parent involvement is critical to children's learning. The Appalachia Educational Laboratory built on the research base to develop practical ways of increasing parental involvement to support young children's reading. A series of 30 four-page weekly guides for home use includes messages to parents on reading aloud, effective discipline strategies, learning through play, and appropriate learning activities for parents and other family members to do with young children. The series was first tested in Kentucky in 1992 and subsequently used in Virginia, West Virginia, Mississippi, Oklahoma, New York, and Tennessee.
- ***Teaching Cases: New Approaches to the Pedagogy of Teacher Education and Staff Development:*** The Far West Laboratory for Educational Research and Development has drawn on the work of Bruner, Resnick, Sprio, Shone and others to develop case-based approaches for teacher preparation and staff development that connect general principles with the demands of real-world educational situations. Approaches include case analysis, case writing, and case discussion that help teachers develop new skills, deepen their knowledge of subject matter, and acquire needed sensitivities to children of diverse backgrounds and cultures.
- ***Center for Research on Teacher Learning:*** Research findings resulting from the work at the Center for Research on Teacher Learning are providing a framework for Kentucky's school reform (KERA) relating to teacher development. In order for the goals of KERA to be realized, it became obvious that teachers must be supported as they learn new teaching practices and assume new roles in school governance. The research of the Center is being applied to the policy and budgetary decisions about what teachers need in order to help students meet the new learning goals in the state. The understandings about making significant change go far beyond surface and trivial teacher workshops for new strategies. For once, researchers are partners with policy makers and practitioners in identifying and hopefully implementing the conditions for successful reform.

OFFICE OF SPECIAL EDUCATION PROGRAMS

Over time, researchers have demonstrated not only how to assess the progress of individual students, but also how to analyze each student's learning environment (e.g., factors at school, in the home, and in the community) that can significantly influence educational outcomes. These and other advances in research have contributed to developing and validating innovative approaches to education that result in improved learning and increased independence among infants, toddlers, children, and youth with disabilities.

Research-Policy Linkages

- ***Pre-referral Services Projects,*** such as those conducted by OSEP researcher Tanis Bryan (University of Illinois-Chicago) have helped schools reduce the number of children referred to

special education programs and services. Local schools using pre-referral services form collaborative teams of special educators and general educators. Team members identify, observe, and assess children who are experiencing difficulty learning in their general education classrooms. The team then develops and implements alternative instructional strategies that seek to address each child's individual academic and social problems. Teachers employ these strategies with the child in general education classrooms -- before (not after) referral to special education becomes necessary. Pilot pre-referral services projects have reduced rates of special education referrals by 30-50 percent in three states (California, Kansas, and North Carolina). Based on these positive results, pre-referral services are now required in 27 states.

- ***Transition Services Projects***, such as those conducted by OSEP researcher Philip Ferguson (University of Oregon), help prepare youth with disabilities for employment after high school. In the 1980's, OSEP transition projects provided states and localities with information about effective transition programs. For example, OSEP researchers have shown that the key features of successful programs include (a) involving the students themselves in making choices about their own post-school jobs, (b) providing opportunities for work and "on-the-job" experience while the students are in high school, and (c) creating local networks of families, peers, and employers who can provide on-going support after the students finish high school. States and localities are currently using these proven practices to plan for successful transitions for all youth with disabilities. Transition plans for students with disabilities, many of which are modeled after proven practices, are now required in each of the 50 states.
- ***Early Identification Projects***, such as those conducted by OSEP researcher Keith Scott (University of Miami), have demonstrated proven techniques to determine which children need early intervention. Early identification is a continuous process that involves (a) screening children to identify who to refer to for additional evaluation and (b) clinically assessing referred children to identify their individual needs for services. OSEP research shows that these procedures are effective in identifying not only infants and toddlers with severe disabilities but also young children at risk for developmental delays. These techniques are widely used, as evidenced by the fact that "child find" systems for early identification are now required in each of the 50 states.
- ***Family-Based Services Projects***, such as those conducted by OSEP researchers Carl Dunst (Allegheny-Singer Research Institute, Pittsburgh, PA), demonstrate proven strategies to empower parents to actively support their child's growth and development. OSEP-funded research suggests not only the importance of family involvement but also effective strategies to work with families of young children with disabilities. For example, when a young child needs services from different local agencies, it is often necessary to help families learn how to assess and effectively coordinate the delivery of these services. Individual Family Service Plans, many of which reflect these proven practices, are now required for all young children with disabilities receiving Federally supported early intervention programs and services.

Research-Services Linkages

- ***Curriculum-Based Measurement (CBM) Projects***, such as those conducted by OSEP researchers Lynn and Douglas Fuchs (Vanderbilt University), help teachers learn how to adjust their instruction to improve educational outcomes for students with learning disabilities. Teachers using CBM ask their students to answer questions which assess their comprehension of a short passage in reading or their skill at solving word problems in mathematics; the tests are administered on a weekly or semi-monthly basis throughout the school year. OSEP-funded research demonstrates how teachers can use CBM results to identify students who would benefit

from more time to complete their assignments or cooperative reviews of their lessons with peers. These proven practices are changing how children with disabilities are assessed all across the country. Title I programs in Nashville Public Schools have adopted this practice. SEAs are using CBM practices in Colorado, Iowa, Kansas, and Nebraska. In addition, LEAs are using this practice in California, Illinois, Kansas, Iowa, Minnesota, Nebraska, Oregon, and Tennessee.

- ***Critical Thinking Skills Projects***, such as those conducted by OSEP researcher Donald Deshler (University of Kansas), have helped middle school and high school students with learning disabilities develop the complex learning strategies needed for tomorrow's jobs. For example, one set of proven strategies has helped students improve their writing skills. The strategies provide "helpful hints" and other guidelines for identifying a stimulating theme for a composition, writing clearly worded sentences that elaborate upon the theme, organizing these sentences into coherent paragraphs, and systematically checking the composition for errors. OSEP researchers have found that not only did the performance of students increase dramatically after they learned these strategies, but also that outside reviewers rated the students' written products more highly, on average, than those of their non-disabled peers. Today, these proven practices are widely used, having been disseminated through a national network of teachers and teacher-trainers. This network, which is based at the universities in four states (Arizona, Alabama, Kansas, and Pennsylvania), has provided information to over 75,000 teachers in 1,200 school districts in 26 states across the country.
- ***Anchored Instruction Techniques***, such as those demonstrated by OSEP researchers Ted Hasselbring (Vanderbilt University), Ralph Ferretti (University of Delaware), and John Woodward (University of Puget Sound). Teachers using this strategy ask their students to view video and animated adventures on CD-ROM discs. The teachers then use these adventures to organize a series of inter-related lessons around a common topic. The lessons help students learn to select a challenging topic, discover what it means, and then communicate this information to their peers, other teachers, and their families. As a result, students with learning disabilities are excelling in math, reading, and social studies. OSEP-funded research shows that teachers' use of this proven practice can help thousands of students with disabilities, at all skill levels, to access new information and excel in reading, mathematics, and social science. These products are commercially distributed through state distribution centers.
- See also: Fox, J. (March 1990). *The Impact of Research on Education Policy*, Office of Research, Office of Educational Research and Improvement, U.S. Department of Education, Working Paper OR 90-522.

U.S. Department of Health and Human Services, Administration for Children and Families

Research has been used in a number of ways to develop welfare policy. Some research findings have had direct impact on the policy development process. Examples include:

- Findings from the SIME/DIME negative income tax experiments, which suggested the provision of cash assistance to two-parent families had destabilizing family impacts, helped to lead to the downfall of welfare reform legislation in the late '70s.

- Findings of many welfare-to-work demonstration projects evaluated by the Manpower Demonstration Research Corporation were very influential in the development of the Family Support Act of 1988, particularly the JOBS program
- Positive findings on school attendance and enrollment from the Ohio Learning, Earning and Parenting (LEAP) program led to Clinton's recent executive action on teen parent school requirements

Other research has also been influential, but in different ways:

- The Bane and Ellwood studies of welfare dynamics in the 80s provided a much greater understanding of the welfare caseload. This research was used to develop targeting strategies.

One of the best examples of a research-services linkages is the Families and Schools Together (FAST) project. FAST is a collaborative prevention project for elementary-school children who are at-risk for school failure, juvenile delinquency, and substance abuse in adolescence. The collaboration involves schools, nonprofit mental health services, education and assessment agencies for substance abuse, and families. The following convey a sense of how FAST research and development results are facilitating more effective service delivery and informing public policy decision making:

- FAST is being taken to scale in Madison, WI. Over the next three years, FAST will be expanded to 100 percent of the schools in the city. A broadly-representative group of public and private organizations and businesses will provide funding.
- Both Head Start-FAST and middle school-FAST have been replicated in three other states. FAST sites include Racine and Kenosha (WI), Des Moines (IA), and Baltimore (MD).
- FAST elementary school program has been replicated in 26 states and Canada, with funding from the DeWitt Wallace Reader's Digest Fund. There are now almost 200 certified FAST trainers and FAST has achieved substantial cross-cultural and cross-language success.
- Both California (under a Juvenile Crime Prevention Initiative) and Wisconsin (under the Anti-Drug bill) have included FAST in their state budgets for \$1 million a year for five years or more.
- The National Institute of Drug Abuse is reportedly on the verge of approving a request for a \$3 million intensive, long-term evaluation of FAST.
- CNN recently showed FAST programs in Florida and Georgia. FAST has received awards from the United Way of America, Harvard/Ford Foundation, and the Family Resource Coalition.

U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (ASPE)

- *Institute for Research on Poverty:* For almost 30 years, ASPE has supported the Institute for Research on Poverty, a national, university-based center for research on the nature, causes and consequences of poverty and social inequity in the United States. The Institute sponsors the original research of its members and dissemination of their findings. Its work has consistently

been multidisciplinary, pooling research interest and knowledge across the major fields of social science. The Institute's research has advanced the link between science and policy related to welfare reform proposals, assessment of training and employment programs for young people, investigations of groups at high risk of poverty (e.g., the homeless, the disabled, and single parent families), and monitoring of demographic behavior.

Here are just two examples of how the Institute is helping to bridge the gap between the research, policy, and services realms:

- ▶ The economically vulnerable state of many single-parent families led Institute researchers to propose, in 1982, the Wisconsin Child Support Assurance System, an alternative to AFDC for custodial parents with child support orders. Three components of this recommendation became law with the passage of the national Family Support Act of 1988.
- ▶ In February 1996, the Institute held a conference on "The New Federalism: Monitoring Consequences" to enable researchers and other analysts to share information about what they were doing in response to the emergence of new programs and policies affecting children and families and to discuss the coordination of efforts to monitor, evaluate, and respond to those changes.

ABSTRACT

The Children's Initiative subcommittee was formed by the Committees of Fundamental Science and Health, Safety, and Food of the National Science and Technology Council. The subcommittee was charged to explore the federal investment in research focused on the biological, cognitive, and social development of America's children. *Investing in Our Future: A National Research Initiative for America's Children for the 21st Century* recommends interrelated research themes requiring multi disciplinary approaches to fill important knowledge needs. These include: (1) a children's health research initiative to understand how chronic health problems that emerge in later life can be better prevented; (2) a research effort to develop public health guidelines regarding environmental health and safety risks to children; (3) a cognitive development research initiative to understand how children learn and expand their mental capacities by interacting with new technologies and how such technologies can be better designed to promote learning among children; (4) a research effort to better understand what factors influence children and adolescents to avoid or engage in risky or adverse behaviors (e.g., smoking, drug abuse, teen pregnancy); and (5) a formal interagency working group led by the DPC and the OSTP to conduct a state-of-the-art assessment of health and social priorities relevant to children and youth's well-being, including data quality and their scientific underpinnings.

A recommendation was also made to establish stronger links among researchers, policy makers, and service providers so that the policies and programs that are developed better meet the needs of children and adolescents.

For Further Information Contact:

Office of Science and Technology Policy
Executive Office of the President
Washington, DC 20502
Telephone: (202) 456-6130
Fax: (202) 456-6027

Internet Access:

http://www2.whitehouse.gov/WH/EOP/OSTP/NSTC/html/NSTC_Home.html

For Additional Paper Copies, Please FAX Your Request to:

Science Division, Office of Science and Technology Policy
Fax: (202) 456-6027