

ce 10/11/97
HRC

THE PRESIDENT HAS SEEN
4-14-97

053

SPECIAL ANALYSIS

The Payoff to Investing in Young Children

Experiences from conception through the first three years of life affect early brain-building activity, educational attainment, learning abilities, social behavior, motivation in life, and future health status. A forthcoming Council of Economic Advisers White Paper examines the payoffs in several areas from investments in pregnant women and young children.

Prenatal care. Low birthweight is highly associated with neonatal deaths, larger health care costs throughout life, and increased likelihood of grade repetition and special education enrollment. Adequate prenatal care and nutrition during pregnancy reduce the risk of low birthweight births and their associated costs. The elimination of smoking during pregnancy alone could prevent about 10 percent of prenatal deaths and about 35 percent of low birthweight births.

Health and environment. The widespread use of vaccines has dramatically reduced the incidence of many diseases in the United States. The Centers for Disease Control and Prevention estimate that every dollar spent on the measles, mumps, and rubella vaccine saves over \$20 in future costs—including savings from work loss, death, and disability. High levels of lead in children's blood can cause coma, convulsions, and death; even at lower levels, lead in the blood is associated with reduced intelligence, reading and learning disabilities, impaired hearing, and slowed growth. Restrictions on the use of lead in gasoline, paint, and solder (used in making food cans and water pipes) reduced blood lead levels for children under 6-years old by 80 percent over the last 20 years.

copied
[Reed]
HRC
COS

Parenting and child care. Substantial interactive parental contact during the earliest months helps babies form secure and loving attachments with adults, develop confidence and competence, and establish trust. As children grow, those who receive quality child care tend to be more task-oriented, considerate, happy, self-confident, proficient in language, advanced in cognitive development, and socially competent in elementary school. They are more likely to be assigned to gifted programs and to make better academic progress. Compensatory preschool education is found to improve long-term school performance, as measured by grade retention, special education enrollment, and high school graduation. For example, each dollar spent on Perry Pre-school—an intensive pre-school and home visiting program conducted in the 1960s for 3- and 4-year olds—is estimated to have returned \$8.74 in benefits (reduced costs of special education, public assistance, and crime later in life).

Conclusion. Scientists and educators have identified the first three years of life as a time when children have "fertile minds." Efforts by parents, care-givers, educators, and government to help children during these years are especially fruitful, often for years to come.

0-3

The First Three Years: Investments that Pay

A Report by the
Council of Economic Advisers

April 17, 1997

Executive Summary

Experiences during the first three years of childhood can dramatically affect the rest of life. A growing body of research verifies that investments in young children nurture a child's physical and emotional development and that these investments can have big payoffs for families, government and society. Parents bear the ultimate responsibility for raising their children, but the government can assist families who need help making important investments.

Improving Children's Health

Physical health is essential to a child's growth and development and many programs have played an important role in improving children's health.

- Expansions in Medicaid eligibility have reduced the incidence of low birthweight babies, decreased infant mortality, and increased the share of children who have at least one physician visit per year.
- WIC participation reduces low birthweight incidence and decreases Medicaid costs during the first 60 days of a baby's life.
- A home-based smoking cessation program saved \$3 for every \$1 spent.
- Every \$1 spent on diphtheria vaccinations is estimated to save nearly \$30. Other vaccinations are also extremely cost-effective.

Improving the Emotional Well-Being of Children

Emotional well-being in early childhood lays the foundation for children to realize their full potential and develop their talents and capabilities.

- During a recent 18 month period, 17 percent of workers took time off work for a reason covered by the Family and Medical Leave Act, which was enacted in 1993. The law provides these benefits without imposing large costs on employers.
- Federal support for child care includes the Child and Dependent Care Tax Credit, the Child Care and Development Fund, and the Exclusion for Employer-Provided Dependent Care. Since 1980, child care support has almost doubled and has almost tripled for low income families.
- Head Start provides preschool education and access to needed social services to over 750,000 low-income children and has favorable effects on cognitive development, nutritional intake, and health status. The 1994 expansions to Head Start established Early Head Start, targeted to pregnant women and low-income families with children under age 3. Early Head Start currently serves over 12,000 infants and toddlers.

Introduction

Experiences during the first three years of childhood can dramatically affect the rest of life. Early childhood presents opportunities to improve a child's health and emotional well-being. Health can be supported by appropriate nutrition and care for pregnant and nursing mothers, and for their infants. Often very small investments -- like immunization against diseases or home-based smoking cessation programs -- yield large benefits. A stimulating and positive environment can promote emotional development and prepare the young for the challenges posed by school and later life.

Parents bear the ultimate responsibility for raising their small children -- including such important activities as holding, feeding, and talking to them -- but the government can assist these efforts when parents need help making the investments that produce human, social, and economic dividends. Through legislation like the Family and Medical Leave Act (FMLA), the government can help provide the opportunity for parents to spend time with their newborn babies. Similarly, the government provides information to pregnant women on the dangers smoking poses to the development of children. More broadly, the government supports basic research in the physical and social sciences (see Box 1), as well as evaluations of specific programs, and the development of new interventions. These efforts turn government resources into knowledge that can be used by parents, educators, and doctors to help children flourish.

Pregnant mothers in poverty and children growing up in poor families may lack the resources needed for appropriate nutrition, medical care, and child care.¹ Programs like the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provide food, nutrition education, and access to health services for low-income women during and after pregnancy and to their young children. Medicaid now ensures that health insurance is available to pregnant women and young children who live in households with incomes up to 133 percent of the Federal poverty line. As discussed below, these programs make an enormous difference in the future of children and ultimately may save money because investments made during the first three years of life play a particularly important role in promoting subsequent physical health and emotional, social, and cognitive development.

¹ Children in low-income households are at greater risk of virtually every adverse outcome. Poor children are more likely to have low birthweight, experience stunted growth, suffer ill health, have learning problems and low educational achievement, and to exhibit extreme behavioral problems (Children's Defense Fund, *Wasting America's Future*. Boston: Beacon Press Books, 1994). Family income seems to be a significant contributor to the well-being of children primarily because of the resources it makes available: medical care, nutrition, parental advice on child development, quality child care and preschool, neighborhood safety and housing quality. One recent study finds that income during the first five years of life has larger impacts on outcomes than that during any other time of childhood (Greg Duncan, et al., "Does Poverty Affect the Life Chances of Children?" *American Sociological Review*, forthcoming).

Box 1. The Human Capital Initiative

An important building block of the Administration's efforts to support the well-being of young children is the Human Capital Initiative, an ambitious research program examining the effects of families, schools, communities, and the workplace on the formation of human capital. The Initiative was launched by leading professional associations in the behavioral sciences in the early 1990s and was endorsed by the Clinton Administration and Congress in 1994, with funding provided through the National Science Foundation. The goal of the Initiative is to apply a growing multi-disciplinary knowledge base to the challenges confronting families and children so as to create an environment where all American children can grow up to become healthy, educated, and productive citizens.

Research financed by the Human Capital Initiative can inform policy and promote services for young children. A psychologist at the University of Pittsburgh, for example, is exploring the role of social relationships at home in promoting early academic success among at-risk children; two economists at the University of California are examining the efficacy of early intervention programs in achieving long-term educational and social benefits; a University of Michigan anthropologist is investigating the principles used by young children to organize knowledge and the determinants of young children's social stereotypes; a University of Iowa psychologist is studying conscience development in the first four years of life; and a University of California psychologist is examining the mathematical competencies that children bring to their earliest preschool experiences.

Why are the First Three Years So Important?

In recent years, researchers have made large strides towards understanding the process of early development. Scientists have discovered physiological mechanisms that help to explain the importance of the first three years. Recent evidence suggests that the flurry of brain-building activity that begins in the womb and continues at a rapid clip through a child's early years is affected more by *experience* (as opposed to genetics) than was previously thought. This experience, in turn, depends on the health and emotional well-being of the child and also on the mother's health before giving birth.

When children are deprived of a stimulating environment early in life, their brains may not develop to their full potential. More specifically, scientists have identified a "window" of time when the brain is more malleable and children are best able to learn. Of course, this window does not open and close abruptly, and improvements are still possible after that time period has passed. Nonetheless, understanding how and when the brain develops helps target resources to children at the most effective times.

Early Investments Have Big Payoffs

A growing body of research, from psychologists, sociologists, physicians, educators, and economists has examined the effect of investments -- goods or services that have initial costs yet produce savings both in human consequences and money in the future -- on children. Such interventions contribute to the stock of "human capital" -- which includes ideas, knowledge, education, training, and problem-solving skills that make people productive contributors to the nation's well-being. The literature finds that investments in young children can have big payoffs for families, government, and society.² These investments can reduce the need for more costly measures later in life and lead to increased productivity.³

Families Face Many Challenges

Many challenges confront families in making these important investments.

- **Both parents are often employed.** In 1995, both parents were employed in more than 70 percent of married couples with children, an increase from roughly 60 percent in 1980.⁴
- **Many families are single-parent households.** In 1995, more than 20 percent of families were single-parent households, compared to 13 percent in 1965.⁵

² A diverse set of techniques has been developed for evaluating the gains from interventions targeted to children. Ideally, experimental designs are used, whereby individuals willing to participate in the intervention are randomly assigned to the "treatment" group, which participate in the program, and the "control" group, which does not. The two groups are then carefully monitored to see if individuals receiving the treatment have superior outcomes. Random assignment can be done by the toss of a coin or using computerized randomization procedures. A key advantage of random assignment is that the treatment and control groups are likely to have similar characteristics, increasing the confidence that any observed difference in outcomes is due to the intervention. In the absence of such an experimental design, participants typically choose to enroll in the program while nonparticipants choose not to, often resulting in difficult-to-observe differences between participants and nonparticipants.

Since randomized experiments are often expensive and have small sample sizes, social scientists have developed a variety of alternative evaluation methods. Most importantly, statistical techniques are used to account for observable differences between participants and nonparticipants in characteristics such as income, education, and family status. Researchers are also increasingly attempting to obtain information from natural experiments, where participation in the intervention is largely unrelated to individual characteristics or preferences.

³ An excellent survey of the effects of investments in children, including those made after the first three years, is provided by Robert Haveman and Barbara Wolfe, "The Determinants of Children's Attainment: A Review of Methods and Findings," *Journal of Economic Literature* 33, no. 4, December 1995: 1829-78.

⁴ Tabulations from the Annual Demographic Survey of the Current Population Survey (March), U.S. Department of Commerce, Bureau of the Census, various years.

⁵ Ibid.

- **Children frequently lack health insurance.** In 1995, 10 million children (14 percent of all children) had no health insurance, including over 3 million under age 6.⁶ Surprisingly, nearly nine out of ten uninsured children have at least one parent who works.⁷
- **Violence is prevalent.** Many young children are exposed to violence. The number of children dying as the result of gunfire nearly doubled between 1983 and 1993.⁸
- **Many families with children live in poverty.** About 16 percent of families with children under the age of 18 were in poverty in 1995, and around 25 percent of children under the age of 6 were in poor families.⁹

To help families meet these challenges, the Federal government provides a variety of services to families with young children. This paper discusses a long, but not exhaustive, list of these programs.¹⁰

Improving Children's Health

Physical health is essential to a child's growth and development and is influenced by the interaction of a complex set of factors including nutrition, access to medical care, and the environment. Some of the most important investments in health occur before birth and during the first three years of life. Maternal nutrition, lifestyle, and medical care during pregnancy have a serious impact on the health and development of infants and children. Poor habits or deficient health care during pregnancy can inhibit a child's growth, development, and well-being. Many of these effects last a lifetime, and some may even result in death.¹¹ For example, smoking during pregnancy has been linked to 19 percent of low birthweight births, and heavy drinking is associated with a variety of birth defects and health disorders.¹²

⁶ Ibid.

⁷ Children's Defense Fund, *The State of America's Children Yearbook, 1997*. Washington D.C.: Children's Defense Fund, 1997.

⁸ Ibid.

⁹ Tabulations from the Annual Demographic Survey of the Current Population Survey (March), U.S. Department of Commerce, Bureau of the Census, various years.

¹⁰ For instance, we do not discuss safety/injury prevention programs (such as those promoting the use of car safety seats) or screening programs testing for newborn metabolic disorders.

¹¹ The Future of Children Staff, "Analysis," *The Future of Children* 2, no. 2, Winter 1992: 7-24.

¹² J. Kleinman and J.H. Madans, "The Effects of Maternal Smoking, Physical Stature, and Educational Attainment on the Incidence of Low Birth Weight," *American Journal of Epidemiology* 121, no. 6, June 1985: 843-55; E.M. Ouellette, et al., "Adverse Effects on Offspring of Maternal Alcohol Abuse During Pregnancy," *New England Journal of Medicine* 297, no. 10, 1977: 528-30.

In 1995, 7 percent of babies born in the United States were considered low birthweight.¹³ Low birthweight babies often require extensive medical attention early in life and may subsequently suffer from a variety of physical, emotional, and intellectual problems.

- Health care costs in the first year of life for low birthweight babies are, on average, \$15,000 higher than those for normal weight babies, and elevated medical expenditures continue throughout early childhood.¹⁴
- Low birthweight children have higher incidence of cerebral palsy, deafness, blindness, epilepsy, chronic lung disease, learning disabilities, and attention deficit disorder.¹⁵
- Children who were low birthweight babies are more likely to repeat a grade in school and are about 50 percent more likely to be enrolled in special education.¹⁶

Prenatal care plays a key role in the development of healthy children and includes three basic components: early and continuous risk assessment, health promotion, and needed medical and/or psychological intervention. The proportion of women receiving prenatal care in the first trimester rose substantially during the 1970s, leveled off in the 1980s, and then increased again during the early 1990s (from 76 percent in 1990 to 81 percent in 1995).¹⁷ Poor women and minorities are significantly less likely to receive early and comprehensive prenatal care.

- Adequate prenatal care is associated with lengthened duration of gestation and reductions in low birthweight births, with some evidence of greater effectiveness for high-risk women.¹⁸

¹³ Harry M. Rosenberg, et al. "Births and Deaths: United States, 1995," *Monthly Vital Statistics Report* 45, no. 3 (S)2, October 4, 1996: 1-40.

¹⁴ Eugene M. Lewitt, et al., "The Direct Cost of Low Birth Weight," *The Future of Children* Vol. 5, no. 1, Spring 1995: 35-56.

¹⁵ S. Nigel Paneth, "The Problem of Low Birth Rate," *The Future of Children* 5, no. 1, Spring 1995: 19-34.

¹⁶ Ibid.

¹⁷ Harry M. Rosenberg, et al., "Births and Deaths: United States, 1995"; National Center for Health Statistics, *Health, United States, 1995*. Hyattsville, MD: Public Health Service, 1996.

¹⁸ Institute of Medicine, *Preventing Low Birthweight*. Washington D.C.: National Academy Press, 1985: 132-49.

- Prenatal care is a particularly cost-effective method of reducing neonatal mortality, when compared to alternative interventions such as the use of neonatal intensive care.¹⁹
- Although we do not know the precise benefits of the various elements of prenatal care, some experts have concluded that particular services are likely to improve health outcomes: cessation of smoking, nutrition, and medical treatment of specific conditions.²⁰

Ensuring that a baby is born healthy is only the first step. Access to medical care, good nutrition, and a healthy environment are instrumental to a young child's physical health and growth. Conversely, inadequate nutrition during these crucial years increases the likelihood that a child will develop a wide range of physical, mental, and emotional problems. Low vaccination rates may make young children prone to preventable diseases such as measles or mumps, and exposure to lead may impair the development of a child's nervous system. All of these issues are of particular importance during the first years of life.

Medical Care

Since 1965, the Medicaid program has provided health insurance for poor families. In 1995, nearly 30 percent of children under 6 were covered by Medicaid.²¹ Eligibility used to be closely tied to participation in the Aid to Families With Dependent Children (AFDC) program but was extended to other groups beginning in the middle 1980s. Pregnant women and children, up to the age of 6, living in households with incomes up to 133 percent of the Federal poverty line are now eligible for Medicaid.

Pregnant women receive special services under Medicaid including "enhanced" prenatal care in many states.²² Children are eligible for a wide variety of services including inpatient and outpatient hospital services, physician care, x-ray services and many others. In addition, under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, States provide screening, diagnosis, and treatment services to Medicaid-eligible children (and pay for treatment of conditions identified during EPSDT screens). Since 1993, States receive vaccines free of

¹⁹ T.J. Joyce, et al., "A Cost-Benefit Analysis of Strategies to Reduce Infant Mortality," *Medical Care* 26, no. 4, April 1988: 348-60. Although not a full benefit-cost analysis, this research finds that the costs of providing prenatal care are more than offset by reductions in first-year hospital and medical expenses resulting from averting low birthweights.

²⁰ Institute of Medicine, *Preventing Low Birthweight*; Greg R. Alexander, and Carol C. Korenbrot, "The Role of Prenatal Care in Preventing Low Birth Weight," *The Future of Children* 5, no. 1, Spring 1995: 103-20.

²¹ Tabulations from the Annual Demographic Survey of the Current Population Survey (March), U.S. Department of Commerce, Bureau of the Census, 1996.

²² Christopher Trenholm, "The Impact of Prenatal Medicaid Programs on the Health of Newborns," unpublished, University of North Carolina at Chapel Hill, November 1996.

charge from the Federal government for Medicaid-eligible and some other categories of children.²³

- Recent national studies conclude that the expansions in Medicaid eligibility occurring during the late 1980s and early 1990s contributed to reduced incidence of low birthweight babies, decreased infant mortality, and increased the share of children who have at least one physician visit per year, as is recommended by pediatric guidelines.²⁴

Nutrition

Poor nutrition during the early years can have profound and lasting effects on a child's health. Pregnant women with poor nutrition are more likely to have low birthweight babies, and children with poor nutrition often lack concentration and energy, experience dizziness, headaches, ear infections, and frequent colds.²⁵ Iron deficiency can impede the development of problem-solving skills, motor coordination, concentration, and long-term cognitive development.²⁶ Stunted growth, an indicator of poor nutrition, is associated with lower scores on tests of academic ability, even after controlling for socioeconomic characteristics.²⁷

The Federal government has two major programs that help to ensure good nutrition for low-income pregnant women and young children: the Food Stamp Program and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC targets

²³ The Federal government funds a variety of programs that promote the health of children and their families. The Title V Federal-State Partnership Block Grant provides funding for programs that build state and community health care systems and provide health care to children and their families. The Maternal and Child Health Block Grant (MCHB), and all other programs under Title V, employ a three part strategy of health promotion, prevention, and protection. MCHB serves more than 17 million women and children. Other federal support includes funds provided to community and migrant health centers under the Community and Migrant Health Center Program. For a review of these programs see Ian T. Hill, "The Role of Medicaid and Other Government Programs in Providing Medical Care for Children and Pregnant Women," *The Future of Children* 2, no. 2, Winter 1992: 134-53.

²⁴ Janet Currie and Jonathan Gruber, "Saving Babies: The Efficacy and Cost of Recent Changes in the Medicaid Eligibility of Pregnant Women," *Journal of Political Economy* 104, no. 6, December 1996: 1263-96; Janet Currie and Jonathan Gruber, "Health Insurance Eligibility, Utilization of Medical Care and Child Health," *Quarterly Journal of Economics* 111, no. 2, May 1996: 431-66. Studies of Medicaid expansions in Tennessee and Massachusetts failed to uncover improvements in prenatal care, birthweight, or neonatal mortality (J.S. Haas, et al., "The Effect of Providing Health Coverage to Poor Uninsured Pregnant Women in Massachusetts" *Journal of the American Medical Association* 269, no. 1, January 1993: 87-91 and J.M. Piper, et al., "Effects of Medicaid Eligibility Expansion on Prenatal Care and Pregnancy Outcome in Tennessee," *Journal of the American Medical Association* 264, no. 17, November 1990: 2219-23).

²⁵ Children's Defense Fund, *Wasting America's Future*.

²⁶ *Ibid.*

²⁷ *Ibid.*

pregnant women, infants, and young children at nutritional risk by providing supplemental foods, nutrition education, and access to health services. An average of 7.2 million women, infants, and children participated in WIC monthly during FY 1996, and the program had a budget of \$3.7 billion.²⁸

- Participation in WIC is associated with lower probabilities of receiving inadequate prenatal care, a 1 to 3 percentage point reduction in the incidence of low birthweight, and a 2 to 4 percentage point decrease in preterm births.²⁹
- Participation in WIC reduces the incidence of iron-deficiency anemia among infants.³⁰
- WIC participants are more likely than nonparticipants to comply with nutritional guidelines in months 5 and 6 of the baby's life.³¹

An important study has highlighted some additional benefits of WIC (see Box 2).

Cessation of Smoking

In 1993, an estimated 16 percent of pregnant women in the United States smoked.³² The harmful effects of smoking on fetal and child development are well-documented. Programs designed to convince women to quit smoking during pregnancy may be an exceptionally effective means of helping children.

²⁸ Tabulations provided by the Office of Management and Budget. Another Federal program that provides food to children and adults is the Child and Adult Food Care Program. This program generally operates in child day care centers, family day care homes, and some day care centers for functionally impaired adults. The program provided meals to more than 2 million children and 45,000 adults in June of 1996 and has a budget of \$1.7 billion for FY 1997.

²⁹ Anne Gordon and Lyle Nelson, "Characteristics and Outcomes of WIC Participants and Nonparticipants: Analysis of the 1988 National Maternal and Infant Health Survey," unpublished, Mathematica Inc., March 1995.

³⁰ Barbara Devaney, et al., "Programs that Mitigate the Effects of Poverty On Children," *The Future of Children* 7, no. 2, Summer/Fall 1997, forthcoming.

³¹ Anne Gordon and Lyle Nelson, "Characteristics and Outcomes of WIC Participants and Nonparticipants: Analysis of the 1988 National Maternal and Infant Health Survey." However, not all nutritional outcomes are favorable. In particular, WIC participants are less likely to breast-feed their babies. This may occur partly because infant formula is provided to WIC participants. The reduction in breast-feeding rates may be reversible, however, with some evidence that WIC participants who are given advice to breast-feed do so more frequently than income-eligible non-participants (J. Brad Schwartz et al., "The WIC Breast-Feeding Report: The Relationship of WIC Program Participation to the Initiation and Duration of Breast-Feeding," unpublished, Research Triangle Institute, September 1992).

³² National Center for Health Statistics, *Health, United States, 1995*.

Box 2. The Effects of Prenatal WIC Participation

WIC is an important government program that provides health care and social service referrals to low-income pregnant women and to children aged 5 and under. Participants also typically receive vouchers to purchase specific types of nutritious food (milk, cheese, eggs, infant formula, cereals, and fruit or vegetable juices) valued at an average of around \$30 per month.

To study the effect of this prenatal program on birth outcomes and Medicaid costs, Mathematica Policy Research, Inc. undertook a study for the United States Department of Agriculture in five States: Florida, Minnesota, North Carolina, South Carolina, and Texas. Mothers included in the study participated in Medicaid and gave birth in 1987 or 1988. To analyze the effect of WIC, birth outcomes and Medicaid costs of WIC participants were compared to those of income-eligible nonparticipants. Statistical techniques were used to control for observable differences between the WIC participants and nonparticipants. (However, the two groups may differ in ways which were not observed by the researchers.)

WIC participants were one-third to one-half less likely than nonparticipants to have received inadequate prenatal care. Participation in the program was also associated with an increase in birthweight (averaging between 25 to 68 grams), a lower incidence of pre-term births, and a longer gestational age.³³ Medicaid costs were also lower for WIC participants. Every dollar spent on the prenatal WIC program was associated with savings in Medicaid costs during the first 60 days of a baby's life of \$1.77 to \$3.13 for newborns and mothers.

- A pregnant woman who smokes less than a pack a day is 53 percent more likely to have a low birthweight baby than a nonsmoker; a woman smoking more than a pack a day is more than twice as likely to do so.³⁴
- A baby born to a smoking mother is more likely to experience longer-term problems including higher risks of neurological abnormalities and poorer verbal skills.³⁵

Smoking cessation programs for pregnant women are generally inexpensive and are likely to be cost effective. The cost-savings are most often associated with reductions in the incidence of low birthweight.

³³ Barbara Devaney and Allen Schirm, "Infant Mortality Among Medicaid Newborns in Five States: The Effects of Prenatal WIC Participation," unpublished, Mathematica Inc., May 1993.

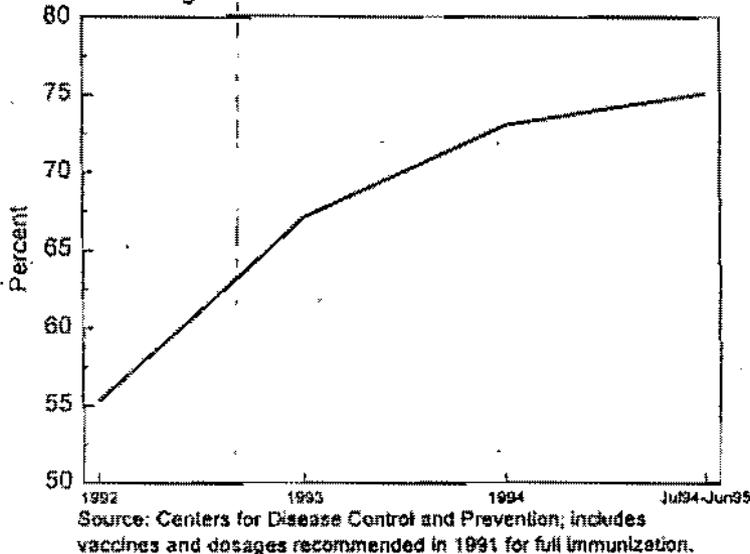
³⁴ Select Committee on Children, Youth, and Family, *Opportunities for Success: Cost-Effective Programs for Children, Update, 1990*, 101st Cong., 2nd sess., Washington D.C.: U.S. Government Printing Office, 1990. This review summarizes a variety of studies evaluating programs targeted towards children.

³⁵ Ibid.

- A study of a home-based smoking cessation program costing \$11.75 per patient found savings of \$3 for every \$1 spent.³⁶
- Relative to general information on the adverse effects of smoking, materials focusing on smoking during pregnancy are more effective and have a lower cost per quit for pregnant women.³⁷

Childhood Immunizations

Figure 1. Full Immunization of 2-Year-Olds



Childhood immunizations play an important role in preventing diseases such as polio, measles, rubella, diphtheria, and mumps. For example, the widespread use of vaccines has reduced the incidence of some diseases in the United States by more than 95 percent.³⁸ In addition to securing the health of those immunized, vaccines may represent a particularly appropriate area for government involvement, since they indirectly protect those who are not vaccinated (by lowering disease risk for all individuals).

- The Centers for Disease Control and Prevention estimate that every \$1 spent on diphtheria vaccinations saves nearly \$30 in future direct and indirect savings -- which includes savings from work loss, death, and disability; every \$1 spent on measles, mumps, and rubella vaccinations saves over \$20.³⁹

³⁶ Jeffrey Mayer, et al., "Health Promotion in Maternity Care," in *A Pound of Prevention: The Case for Universal Maternity Care in the U.S.*, edited by Jonathan B. Kotch, et al., Washington, D.C.: American Public Health Association, 1992, cited in Select Committee on Children, Youth, and Family, *Opportunities for Success: Cost-Effective Programs for Children, Update, 1990*.

³⁷ R.A. Windsor, et al., "A Cost-Effective Analysis of Self-Help Smoking Cessation Methods for Pregnant Women," *Public Health Reports* 103, no. 1, January/February 1988: 83-88.

³⁸ Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, "CDC Immunization Information," unpublished, March 1995.

³⁹ Tabulations provided by Martin Landry, National Immunization Program, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

• Every \$1 spent on polio vaccinations is estimated to save \$6.⁴⁰

In 1993, President Clinton signed the Comprehensive Childhood Immunization Initiative that created the Vaccines for Children (VFC) program to help uninsured, Medicaid-eligible children get vaccinated. The goal of this initiative is to fully vaccinate 90 percent of all two-year-olds by the year 2000. VFC provides all recommended vaccines free of charge to clinics and doctors who provide services to uninsured and Medicaid-covered children. In response to this initiative, the percent of all two-year-olds who were fully immunized increased from 55 percent in 1992 to 75 percent in 1994-1995 (see Figure 1). This increase in immunization rates is correlated with the 35 percent drop in the incidence of preventable diseases in children under 5 from 1993 to 1996.⁴¹

Home Visiting

Services are often particularly effective when provided to families in their own homes. The goals of home visiting programs vary considerably. Some programs link families with social services while others assess the safety of the home, encourage healthy habits, answer questions about pregnancy, childbirth, and child-rearing, or help parents set goals and make plans. Home visits are often made during pregnancy and through the first 1 to 2 years after birth. The more successful programs typically continue after the child is born and employ a comprehensive approach that addresses many of the above goals.⁴²

More than 4,500 home visiting programs in the United States provide health, social, or educational services to families, sometimes in conjunction with organized child care programs. A variety of Federal government Departments (such as Education, Justice, and Health and Human Services) fund home visiting programs for families with young children. The Head Start program (discussed below) administers one of the largest home-based programs, mostly to children in rural areas who would have difficulty participating in center-based care. In 1990, 24 States used Medicaid funds to provide prenatal or postnatal care through home visiting programs.⁴³

Studies have linked many home visiting programs to a variety of favorable child outcomes. The analyses differ widely in their assessments of these programs, in part due to immense heterogeneity in the intensity, scope, and focus of the interventions. An understanding of the specific differences among programs can help guide policy.

⁴⁰ Ibid.

⁴¹ Children's Defense Fund, *The State of America's Children Yearbook, 1997*.

⁴² U.S. General Accounting Office, *Home Visiting*, (HRD-90-83). Washington, D.C.: U.S. General Accounting Office, July 1990.

⁴³ Ibid.

- Home visiting programs aimed at persuading pregnant adolescents to stop smoking are found to decrease the risk of low birthweight babies.⁴⁴ Studies of programs in Philadelphia and Baltimore suggest that the savings in medical expenditures associated with low birthweights may more than offset the cost of the programs.⁴⁵
- A South Carolina study where "resource mothers" (nonprofessional women with parenting experience and knowledge of their community) visited pregnant teens in rural areas showed improvements in prenatal care and reductions in cases of low birthweight.⁴⁶
- A study of home visiting programs for mothers of premature, low birthweight babies showed that the intervention improved IQ scores at age 3.⁴⁷
- The Prenatal and Early Intervention Program (PEIP) resulted in fewer emergency room visits for children, and decreased reports of child abuse. In addition, it had favorable effects for mothers, such as increases in schooling and reductions in future childbearing.⁴⁸
- A home visiting program in Elmira, New York lead to substantial reductions in government expenditures on low-income families, during the first four years of their children's life (see Box 3).⁴⁹

⁴⁴ David Olds and Harriet Kitzman, "Review of Research on Home Visiting for Pregnant Women and Parents of Young Children," *The Future of Children* 3, no. 3, Winter 1993: 53-92.

⁴⁵ Jeffrey Mayer, et al., "Health Promotion in Maternity Care," cited in Select Committee on Children, Youth, and Family, *Opportunities for Success: Cost-Effective Programs for Children, Update, 1990*.

⁴⁶ Henry C. Heins, "Social Support in Improving Perinatal Outcome: The Resource Mothers Program," *Obstetrics and Gynecology* 70, no. 2, August 1987: 263-66.

⁴⁷ The Infant Health and Development Program, "Enhancing the Outcomes of Low Birth Weight, Premature Infants," *Journal of the American Medical Association* 263, no. 22, June 1990.

⁴⁸ Jeffrey Mayer, et al., "Health Promotion in Maternity Care," cited in Select Committee on Children, Youth, and Family, *Opportunities for Success: Cost-Effective Programs for Children, Update, 1990*.

⁴⁹ David L. Olds, et al., "Effect of Prenatal and Infancy Nurse Home Visitation on Government Spending," *Medical Care* 31, no. 2, February 1993: 155-74. Preliminary analysis of a 15-year follow-up of the Elmira intervention indicates additional benefits for low-income participants, including reductions in childbearing, substance abuse, and crime for the mothers, lower rates of child abuse, and decreased overall arrest rates for the children (David Olds, et al., "Long-Term Effects of Home Visitation on Maternal Life Course, Child Abuse and Neglect, and Children's Arrests: A 15-Year Follow-Up of a Randomized Trial," unpublished, University of Colorado, 1997). A recent replication of the intervention to primarily African-American women in Memphis, Tennessee, indicates that home visiting leads to fewer complications in pregnancy and fewer health problems for the children during the first two years of the child's life (Harriet Kitzman, et al. "Randomized Trial of Prenatal and Infancy Home Visitation by Nurses on the Outcomes of Pregnancy, Dysfunctional Care giving, Childhood Injuries, and Repeated Childbearing Among Low-Income Women with No Previous Live Births," unpublished, University of Colorado Health Sciences Center, 1997).

Box 3. The Elmira, NY, Home Visitation Program

In the late 1970s and early 1980s, a randomized experiment was conducted in Elmira, New York to examine the effect of home visiting on health and social outcomes. The study included 400 teenage, unmarried, or poor women who were pregnant for the first time. The women were randomly assigned to one of four groups providing some combination of health screenings, free transportation to health providers, and home visits during pregnancy and (in some cases) through the child's second birthday. In the most intensive intervention, nurses made home visits once every two weeks during pregnancy and once a week immediately after delivery, decreasing in frequency to once every six weeks at the end of two years.

Home visitation was found to decrease smoking, improve diets and, for some groups, reduce the frequency of low birthweight or pre-term deliveries. Participants were also more likely to make use of the WIC nutritional supplementation program and to attend childbirth education classes. The home visits increased the involvement of family members and friends in the pregnancy, birth, and early care of the child.

Program costs were compared with changes in government expenditures during the first four years of the child's life. For low-income families (but not for their higher income counterparts) the measured benefits of frequent home visitation outweighed the costs -- costs averaged around \$6000 (1996 dollars), while the savings were over \$6,300. The savings resulted from lower AFDC, Food Stamp, Medicaid, and Child Protective Service expenditures, and increased maternal employment. Almost one-third of the savings (among low-income families) was due to the reductions in the number of subsequent pregnancies. This study may underestimate the gains from the program, since neither nonmonetary benefits nor savings after age 4 are taken into account.⁵⁰

Abatement of Lead

Lead ingestion is particularly hazardous for young children because they absorb lead more readily than adults, and their developing nervous systems are more susceptible to its effects.⁵¹ High levels of lead in the blood can cause coma, convulsions, and death. Even at lower levels, it is associated with reduced intelligence, learning disabilities, impaired hearing,

⁵⁰ David L. Olds, et al., "Effect of Prenatal and Infancy Home Visitation on Government Spending."

⁵¹ Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, *Morbidity and Mortality Weekly Report* 46, no. 7, February 21, 1997.

behavioral problems, and slowed growth.⁵² Many of the harmful effects are irreversible and result in substantial financial and human costs.

Restrictions on lead in gasoline, food canning, and other uses have reduced blood lead levels by over 80 percent during the last 20 years.⁵³ Today, the risk of lead poisoning is highest for low-income households, inner city residents, and persons living in older homes. Current efforts focus on reducing exposure to lead-based paint and lead-contaminated dust.

- The Department of Housing and Urban Development recently estimated that the cost of lead abatement in some federally-owned housing units would be around \$450 million and that benefits would be between \$500 million and \$1.5 billion.⁵⁴
- A new law requires that information about lead-based paint hazards be provided to home buyers and renters, and that purchasers of residences built before 1978 have a 10-day period to test their dwellings for lead paint.⁵⁵

Improving the Emotional Well-Being of Children

Emotional well-being in early childhood lays the foundation for children to realize their full potential and develop their talents and capabilities. Emotionally healthy children enter school with the skills to communicate with their peers and teachers and the confidence to make friends; they have high self-esteem, knowledge of socially acceptable behavior, and motivation to learn. When children are prepared to enter school, their early educational experience can be fruitful, enjoyable, and productive.

Parenting During The First Months of Life

To ensure emotional health, children need daily nurturing and guidance from trustworthy and caring adults. In the first years of life, children need love and care from adults who listen and respond to their needs. Infants are dependent upon adults for touching, rocking, feeding, and

⁵² H.L. Needleman, et al. "Bone Lead Levels and Delinquent Behavior," *Journal of the American Medical Association* 275, no. 5, February 7, 1996: 363-9.

⁵³ Office of Lead Hazard Control, U.S. Department of Housing and Urban Development, *Moving Towards a Lead-Safe America: A Report to the Congress of the United States*. Washington D.C.: U.S. Department of Housing and Urban Development, February 1997.

⁵⁴ U.S. Department of Housing and Urban Development, "Regulatory Impact Analysis of the Proposed Rule on Lead-Based Paint," unpublished, June 1996.

⁵⁵ U.S. Department of Housing and Urban Development and U.S. Environmental Protection Agency, "Requirements for Disclosure of Known Lead-Based Paint and/or Lead-Based Paint Hazards in Housing: Final Rule," unpublished, March 1996.

warming, as well as stimulation through reading and talking.⁵⁶ Substantial interactive parental contact during the earliest months helps babies form secure and loving attachments with adults, develop confidence and competence, and establish the basic trust necessary for psychological development throughout life.⁵⁷ For this reason, as well as to allow ample time for mothers to recover from childbirth and parents to adapt to the changes surrounding the birth, many experts believe that several months of parental leave play an important role in promoting healthy infant development.⁵⁸

Even when employed, most new parents typically take some time off work to care for their babies.⁵⁹ However, this often creates tensions between the demands of the workplace and those of the home. To support families in their efforts to strike a workable balance between these competing demands, President Clinton signed into law in 1993 the **Family and Medical Leave Act (FMLA)**. The FMLA grants 12 weeks of unpaid job-protected leave to new parents with qualifying employment histories working for covered employers.⁶⁰ This legislation provides employed parents with the time to nurture their newborns and to develop their parenting skills.

- During the 18-month period ending in the summer of 1995, approximately 17 percent of workers took time off work for a reason covered by the legislation.⁶¹
- Over 90 percent of covered establishments reported that the FMLA had either no noticeable effect or a positive impact on their business performance. Larger percentages indicated positive rather than negative effects on employee productivity, turnover, and career advancement.⁶²

⁵⁶ Carnegie Task Force on Meeting the Needs of Young Children, *Starting Points: Meeting the Needs of Our Youngest Children*. New York: Carnegie Corporation of New York, 1994.

⁵⁷ Ibid.

⁵⁸ E.F. Zigler and M. Frank (eds.), *The Parental Leave Crisis: Toward A National Policy*. New Haven: Yale University Press, 1988.

⁵⁹ Jacob A. Klerman and Arleen Leibowitz, "The Work-Employment Decision Among New Mothers," *Journal of Human Resources* 29, no. 2, Spring 1994: 277-303, show that 73 percent of employed women with one-month-old infants and 41 percent of employed women with two-month-olds were on leave from their jobs, rather than working, during the 1986-1988 period.

⁶⁰ For further details on the FMLA, see Christopher J. Ruhm, "Policy Watch: The Family and Medical Leave Act," *Journal of Economic Perspectives*, Spring 1997, forthcoming.

⁶¹ Commission on Family and Medical Leave, *A Workable Balance: Report to Congress on Family and Medical Leave Policies*. Washington, D.C.: U.S. Department of Labor 1996.

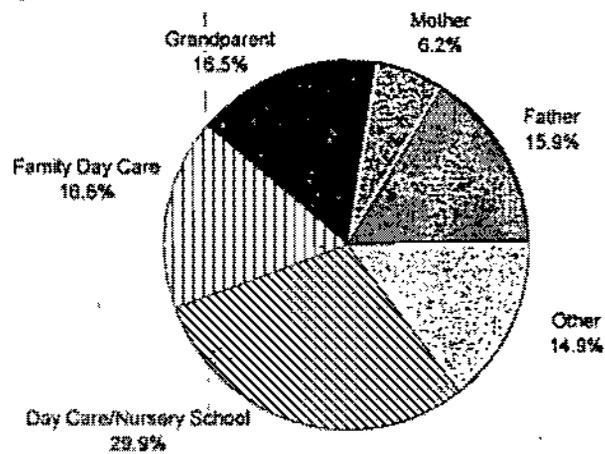
⁶² David Cantor, et al., "The Impact of the Family and Medical Leave Act: A Survey of Employers," unpublished, Westat Inc., October 1995.

Quality Child Care for Infants and Toddlers

The emotional, social, and cognitive development of infants and toddlers is promoted by their having close and stable relationships with a small number of adults in safe and intimate settings. Traditionally, such relationships have been provided by parents, particularly mothers, who stayed at home with their children. However, as women increasingly work outside the home and more children grow up in single parent households, full-time parental care is becoming less typical.

Accompanying this trend is the increased use of professional child-care. In 1993, about 30 percent of children under 5 in families with employed mothers were cared for in centers, compared with only 13 percent in 1977 (see Figure 2). However, children in poor families with employed mothers were one-third less likely to receive care in centers as were children in non-

Figure 2. Child Care Arrangements for Children Under 5 in Families With Employed Mothers, 1993 .



Source: U.S. Department of Commerce, Bureau of the Census.

poor families. Another option for care outside the home is family day care -- care by nonrelatives in another home -- which accounted for an additional 17 percent of the care received by children under 5 with working mothers.⁶³ Among child care arrangements, a bewildering array of options exist with respect to environment, cost, hours spent per week and per day, and services provided. Parents also often face considerable uncertainty regarding the quality of child care provided. Moreover, as is to be expected, the quality of the care received matters greatly.⁶⁴

- Children who receive care in quality centers tend to be less distracted and more task-oriented, considerate, happy, and socially competent in elementary school. They are

⁶³ Tabulations from the Survey of Income and Program Participation, U.S. Department of Commerce, Bureau of Census.

⁶⁴ Quality care is best measured by the warmth and interaction between the provider and the child, but assessing these dimensions is necessarily a subjective, timely, and expensive exercise. As a result, researchers and regulators tend to focus on more easily observable specific structural measures, such as child-teacher ratios, group sizes, and staff training. The available evidence suggests that changes in these structural factors have the potential to improve the quality of child care, if they are accompanied by broader changes in the way child care is delivered, although there are smaller benefits if they occur in isolation (e.g. David M. Blau, "The Production of Quality in Child Care Centers," *Journal of Human Resources* 32, no. 2, Spring 1997: 354-87.)

more self-confident, proficient in language, advanced in cognitive development, and make better academic progress. Conversely, children in poor quality programs risk the development of poor school skills and heightened aggression.⁶⁵

- The Syracuse University Family Development Research Program provided extensive child care, home visits, and health and nutrition resources to 108 low-income families with children aged 0 to 5. Participation was associated with decreased number, severity, and chronicity of juvenile justice problems.⁶⁶
- Project CARE, an intensive combination of center- and home-based intervention and health care, serves children beginning at birth. Participation is associated with significant increases in measured intelligence.⁶⁷

The care received by many children is inadequate. For example, the child development environment in more than one-third of classrooms surveyed in the National Child Care Staffing study was rated less than "minimally adequate", and only 12 percent of the classrooms received a score which met or exceeded the standard associated with "good" practices.⁶⁸ Evidence from several studies suggests that economically disadvantaged and psychologically stressed families are more likely to enroll their children in child care arrangements that are of relatively low quality.⁶⁹ Cost is often a substantial barrier to obtaining quality child care.⁷⁰ The Federal

⁶⁵ John M. Love, et al., "Are They In Any Real Danger? What Research Does -- And Doesn't -- Tell Us About Child Care Quality and Children's Well-Being," unpublished, Mathematica Inc., May 1996; Suzanne W. Helburn and Carollee Howes, "Child Care Cost and Quality," *The Future of Children* 6, no. 2, Summer/Fall 1996: 62-82; NICHD Early Child Care Research Network, "Mother-Child Interaction and Cognitive Outcomes Associated With Early Child Care: Results of the NICHD Study," unpublished materials for the Poster Symposium of the Biennial Meeting of the Society for Research in Child Development, Washington D.C., April 1997.

⁶⁶ Hirokazu Yoshikawa, "Long-Term Effects of Early Childhood Programs on Social Outcomes and Delinquency," *The Future of Children* 5, no.3, Winter 1995.

⁶⁷ Donna Bryant and Kelly Maxwell, "The Effectiveness of Early Intervention for Disadvantaged Children," in *The Effectiveness of Early Intervention*, edited by Michael Guralnick, Baltimore MD: Paul H. Brookes Publishing Co., 1997: 23-46.

⁶⁸ Marcy Whitebook, et al., *Who Cares? Child Care Teachers and the Quality of Care in America: A Final Report: National Child Care Staffing Study*. Oakland, CA: Child Care Employee Project, 1989.

⁶⁹ John M. Love, et al., "Are They In Any Real Danger? What Research Does -- And Doesn't -- Tell Us About Child Care Quality and Children's Well-Being."

⁷⁰ Average weekly child care costs were \$74 in 1993 for families with employed mothers that purchased care. (Lynne M. Casper, "What Does It Cost To Mind Our Preschoolers?" *Current Population Reports*, no. P70-52, Washington, D.C.: U.S. Department of Commerce, September 1995.)

government plays an important role in alleviating this financial burden. Since 1980, Federal support has doubled and has almost tripled for low-income families.⁷¹

- One of the largest Federal child care assistance programs is the **Child and Dependent Care Tax Credit**. In FY 1997, this program will provide an estimated \$2.7 billion of tax relief to tax-payers who are working or are seeking work and have a qualifying dependent under the age of 13. Tax-payers can receive a credit of up to \$2,400 per year for one qualifying dependent and \$4,800 for two or more qualifying dependents.⁷²
- Under the newly established **Child Care and Development Fund**, the Federal government has made \$2.9 billion available to States for FY 1997, an increase in child care funding of over \$550 million over the previous fiscal year.⁷³ This program, authorized by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, will assist low-income families and those transitioning on and off welfare in obtaining child care so that they can work or receive training or education. The program combines four previous Federal child care subsidy programs and allows States to design comprehensive, integrated service delivery systems to meet the needs of low-income working families. At least 4 percent of these funds must be spent on quality improvements in child care.
- A major purpose of the **Social Services Block Grant** is preventing neglect, abuse, or exploitation of children and adults. Some of the funding for the grant goes to child care services in almost all States.⁷⁴
- Since 1981, employees have generally been allowed to receive an **Exclusion For Employer-Provided Dependent Care** from their gross income on their tax return. The tax relief to tax-payers from this provision is an estimated \$830 million in FY 1997.⁷⁵

⁷¹ D.S. Phillips, ed., *Child Care for Low-Income Families: Summary of Two Workshops*. Washington, D.C.: National Academy Press, 1995.

⁷² House Committee on Ways and Means, *The 1996 Green Book*, 104th Cong., 2nd sess. Washington D.C.: U.S. Government Printing Office, 1996; Office of Management and Budget, *Analytical Perspectives, Budget of the United States Government, Fiscal Year 1998*.

⁷³ Administration for Children and Families, Department of Health and Human Services, "Child Care and Development Fund," unpublished, December 1996.

⁷⁴ House Committee on Ways and Means, *The 1996 Green Book*.

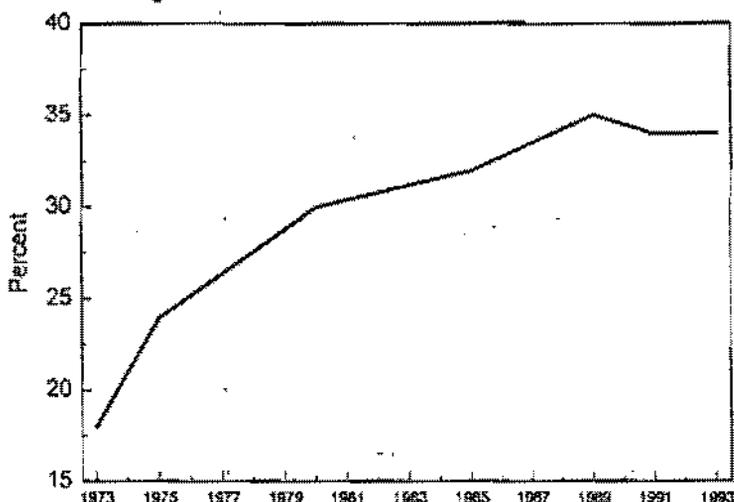
⁷⁵ House Committee on Ways and Means, *The 1996 Green Book*; Office of Management and Budget, *Analytical Perspectives, Budget of the United States Government, Fiscal Year 1998*.

Early Education

Early education programs help many 3 to 5 year olds develop motivation, inquisitiveness, positive social behavior, and self-confidence. Preschool enrollment has risen substantially over time (see Figure 3). The programs vary dramatically on many dimensions -- hours per day and days per week, type of curriculum, services included, and cost. Some programs incorporate health care by encouraging immunizations, hearing and vision screenings, and home visits.

Some of the literature finds that compensatory preschool programs initially increase IQ

Figure 3. Preschool Enrollment of 3-4 Year-Olds



Source: U.S. Department of Commerce, Bureau of the Census.

scores but that the effect fades over time.⁷⁶ Consequently, it is frequently asserted that preschool has no permanent effect on cognitive skill. However, research examining other outcomes, such as educational attainment, behavior, and health status finds continued benefits to preschool. These long-term benefits are believed to result from children entering elementary school with more experiences and advantages. School learning is viewed by many as a "cumulative process" where early advantages improve later performance.⁷⁷

- A comprehensive review finds that compensatory preschool education improves long-term school performance, as measured by grade retention, special-education enrollment, and high school graduation.⁷⁸
- Early education programs, in combination with family support programs, have been found to reduce antisocial behavior and delinquency.⁷⁹

⁷⁶ For a review of the literature see W. Stephen Barnett, "Benefits of Compensatory Preschool Education," *Journal of Human Resources* 27, no.2, Spring 1992: 279-312.

⁷⁷ Ibid.

⁷⁸ Ibid. The author notes that some of these studies may not have sufficient control groups since they were self-selected or drawn from different populations.

⁷⁹ Hirokazu Yoshikawa, "Long-Term Effects of Early Childhood Programs on Social Outcomes and Delinquency," *The Future of Children* 5, no. 3, Winter 1995: 51-75.

• Preschool participants are more likely to receive immunizations.⁸⁰

The Perry Preschool Study, which randomly assigned 3- and 4-year-old children into the preschool program, has provided noteworthy evidence of favorable outcomes over a variety of dimensions (see Box 4).

Box 4. The High/Scope Perry Preschool Project

In the 1960s, concern for the intellectual development of young children living in poverty spurred research on the ability of early education programs to break the link between poor school performance and family poverty. The High/Scope Perry Preschool Project, which began in 1962, was designed to test the hypothesis that good preschool would help young children move from the home into the classroom, and thus raise these children's educational ability and attainment. Children living in a predominantly black neighborhood of Ypsilanti, Michigan were randomly assigned to either the treatment group, which attended preschool, or the control group, which did not. A total of 128 African-American children entered the project, and 123 completed the preschool years.

The 58 children in the treatment group received a daily 2 ½ hour classroom session. In addition, the children and their mothers received a weekly 1 ½ hour visit in the home from the child's teacher. Over three-quarters of these children attended the classroom session for two academic years, with the rest attending one year. The program cost roughly \$8,000 per child per year (in 1996 dollars). For comparison, Head Start costs around \$4,500 per child annually.

The 123 children completing the program were interviewed annually from age 3 to 11, and at ages 14, 15, 19, and 27. Benefits associated with the intervention include: higher IQ levels at age 7, better school achievement at age 14, greater educational attainment and general literacy at age 19, higher monthly earnings and home ownership at age 27, lower levels of social service receipt from age 17 to 27, and reductions in arrests by age 27.⁸¹ Every dollar spent on Perry Preschool is estimated to have returned roughly \$9 in benefits due to reduced costs of special education, public assistance, and crime later in life.⁸²

⁸⁰ Janet Currie and Duncan Thomas, "Does Head Start Make a Difference?" *American Economic Review* 85, no. 3, June 1995: 341-64.

⁸¹ Lawrence Schweinhart, et al., *Significant Benefits*. Ypsilanti, MI: High/Scope Press, 1993. However, the results of the Perry Preschool study may not be generalizable to other preschool programs that may provide higher or lower levels of services or monetary investment.

⁸² Lawrence Schweinhart, et al., *Significant Benefits*.

As with child care for infants and toddlers, financial constraints make it difficult for many families to send their children to preschool. In 1990, only 24 percent of children from families in the bottom fifth of the income distribution attended preschool versus 52 percent of children in the top fifth of families.⁸³ Through the Head Start program, the Federal government plays a key role in assuring that low-income children between the ages of 3 and 5 can receive preschool education and access to social services.

Since Head Start's formation, the program has served over 16 million children and their families; over 750,000 children were enrolled in FY 1996.⁸⁴ Most programs are center-based but may vary in terms of the number of days per week and hours per day. However, Head Start currently has slots for only about 40 percent of eligible children. The restricted availability represents a lost opportunity to invest in our children and, as a result, the President has proclaimed the goal of serving one million children by 2002.

- A survey of 72 studies of Head Start concluded that the program had substantial, favorable effects on children's cognitive development at the end of the program year.⁸⁵
- A randomized study in four counties revealed that Head Start raised access to health care, increased the receipt of basic health services, improved diets, and led to better health status.⁸⁶ The Head Start participants also had more fully developed and coordinated motor skills.
- Parent-child communication has been found to be positively affected by Head Start in some studies.⁸⁷

⁸³ Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, *Trends in the Well-Being of Children and Youth: 1996*. Washington D.C.: U.S. Department of Health and Human Services, 1996.

⁸⁴ Head Start Bureau, U.S. Department of Health and Human Services, "Head Start Statistical Fact Sheet," unpublished, February 1997.

⁸⁵ Barbara Devaney, et al., "Programs That Mitigate the Effects of Poverty on Children."

⁸⁶ Abt Associates Inc, "The Effects of Head Start Health Services: Report of the Head Start Health Evaluation," unpublished, Cambridge, MA, 1984.

⁸⁷ R.L. McKey, H. Ganson Condelli, et al., *The Impact of Head Start on Children, Families, and Communities: Final Report of the Head Start Evaluation, Synthesis and Utilization Project*. Washington, D.C.: CSR, Inc, June 1985.

- Research comparing siblings participating in Head Start to those who did not found that program participation increased test scores significantly for some children and also reduced the probability of being retained in grade.⁸⁸

The 1994 expansions to Head Start established **Early Head Start**, which is targeted to low-income pregnant women and children under age 3. Early Head Start employs a "two-generation" approach that is designed to serve parents and children simultaneously by providing intensive health and nutrition services during the prenatal period and the first three years of the child's life.

- Early Head Start grants have been awarded to 142 localities across the nation, and the program now serves around 26,000 infants and toddlers.⁸⁹ Randomized experiments are being conducted to allow accurate evaluation of the success of the program.

Conclusion

Scientists and educators have identified the first three years of life as a time when children have "fertile minds". Efforts to help children during these years are especially fruitful. Because of the long-lasting effects, early investments can have big payoffs. They avert the need for more costly interventions later in life, and so contribute to happier, healthier, and more productive children, adolescents, and adults.

Parents play the largest role in meeting the needs of children. However, the government can assist in a variety of important ways. Families, communities, and the government are making considerable investments in young children. These investments are important because our youngest children are, in a very real sense, the future of America.

⁸⁸ Janet Currie and Duncan Thomas, "Does Head Start Make A Difference?" *American Economic Review*, Janet Currie and Duncan Thomas, "Can Early Childhood Education Lead to Long Term Gains in Cognition?" *Policy Options*, forthcoming.

⁸⁹ Head Start Bureau, U.S. Department of Health and Human Services, "Improving Head Start: A Success Story," unpublished, November 1996; additional tabulations provided by the U.S. Department of Health and Human Services.



TUFTS UNIVERSITY
School of Nutrition

Center on Hunger, Poverty
and Nutrition Policy

March 17, 1997

TO: Melanne Verveer

FROM: J. Larry Brown

Hi Melanne! If your office is still planning to have a White House Conference on the Brain, I'd love to participate as appropriate. You may recall that I have worked on this issue for several years, and that Hillary sent a letter of welcome (enclosed) to the conferees I brought together a couple of years ago. (Surgeon General Elders keynoted the event).

Also, for your information, enclosed is the first page of a *Scientific American* article I wrote on the same subject.

Please let me know if I can participate or help. It's a great idea!

3/17/97

Hi Betty!

Do you still have time for friends! I'm hoping you might see that this gets to someone who can act on it, if possible.

Hi to Bob. Let us know if you're ever up. Larry
XXOO

Malnutrition, Poverty and Intellectual Development

Research into childhood nutrition reveals that a poor diet influences mental development in more ways than expected. Other aspects of poverty exacerbate the effects

by J. Larry Brown and Ernesto Pollitt

The prevalence of malnutrition in children is staggering. Globally, nearly 195 million children younger than five years are undernourished. Malnutrition is most obvious in the developing countries, where the condition often takes severe forms; images of emaciated bodies in famine-struck or war-torn regions are tragically familiar. Yet milder forms are more common, especially in developed nations. Indeed, in 1992 an estimated 12 million American children consumed diets that were significantly below the recommended allowances of nutrients established by the National Academy of Sciences.

Undernutrition triggers an array of health problems in children, many of which can become chronic. It can lead to extreme weight loss, stunted growth, weakened resistance to infection and, in the worst cases, early death. The effects can be particularly devastating in the first few years of life, when the body is growing rapidly and the need for calories and nutrients is greatest.

Inadequate nutrition can also disrupt cognition—although in different ways than were previously assumed. At one time, underfeeding in childhood was thought to hinder mental development solely by producing permanent, structural damage to the brain. More recent work, however, indicates that malnutrition can impair the intellect by other means as well. Furthermore, even in cases where the brain's hardware is damaged, some of the injury may be reversible. These new findings have important implications for policies aimed at bolstering achievement among underprivileged children.

Scientists first investigated the link between malnutrition and mental performance early in this century, but the subject did not attract serious attention until decades later. In the 1960s increasing evidence of undernutrition in indus-

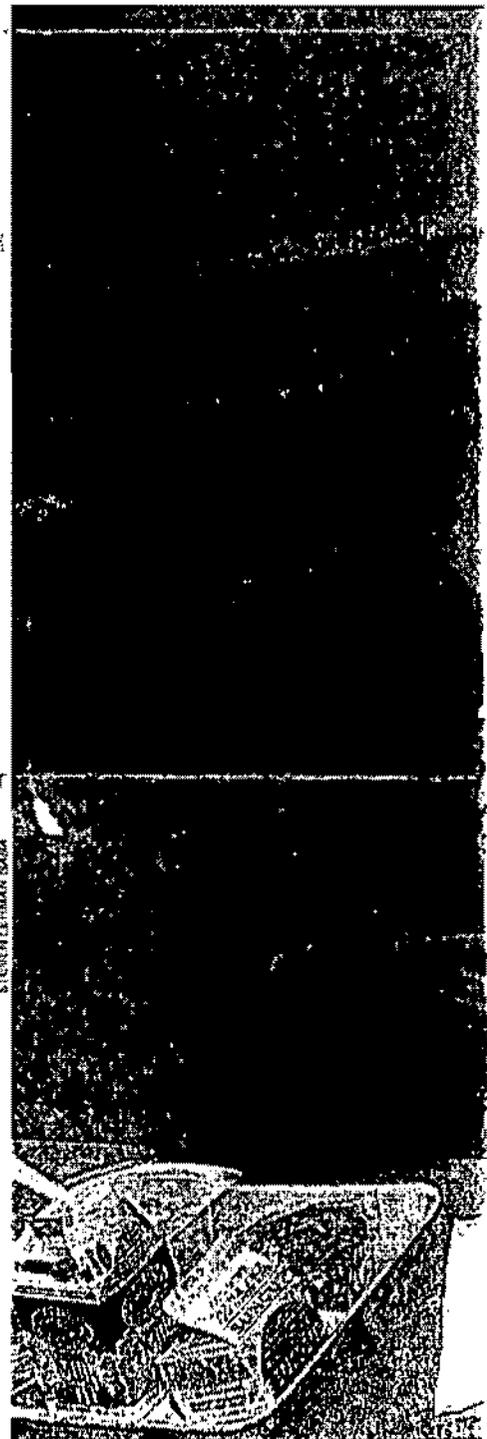
trial nations, including the U.S., along with continuing concern about severe malnutrition in developing countries, prompted researchers to examine the lasting effects of food deprivation. A number of studies in Latin America, Africa and the U.S. reported that on intelligence tests children with a history of malnutrition attained lower scores than children of similar social and economic status who were properly nourished. These surveys had various experimental limitations that made them inconclusive, but later research has firmly established that undernutrition in early life can limit long-term intellectual development.

Worry over Brain Damage

For many years, scientists considered the connection between nutrition and intellectual development to be straightforward. They assumed that poor nutrition was primarily a worry from conception to age two, when the brain grows to roughly 80 percent of its adult size. In this critical period, any degree of malnutrition was thought to halt the normal development of the brain and thereby to inflict severe, lasting damage.

Gradually, though, investigators recognized that the main-effect model, as we have termed this view, was too simplistic. For instance, the emphasis on

HEALTHY BREAKFAST provided to schoolchildren helps them avoid malnutrition and its attendant problems. A growing consensus indicates that meeting nutritional requirements throughout childhood is essential to full intellectual development. The program providing food to this kindergarten in Central Falls, R.I., is funded by the National School Breakfast Program.



THE WHITE HOUSE
WASHINGTON

June 27, 1994

Dear Friends:

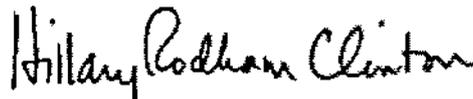
I am pleased to send greetings to each of you attending the National Conference on the Link Between Nutrition and Cognition in Children.

I commend your efforts to bring together representatives from both research and public policy to evaluate new knowledge linking the nutrition of children and their cognitive development.

Our children are our nation's treasure. To protect them we must understand the link between education, nutrition and health and act upon that knowledge to ensure that each child faces the future with hope, courage and confidence.

Best wishes for a most productive conference. I hope that you will share with me the results of your deliberations.

Sincerely yours,



Hillary Rodham Clinton



*National Conference on the Link
Between Nutrition and Cognition in
Children*

*Safeguarding Child Health and American Productivity:
From Research to Policy Action*

June 27, 1994

*Center on Hunger, Poverty and Nutrition Policy
at
Tufts University
Medford, Massachusetts*

THE WHITE HOUSE
WASHINGTON

April 11, 1997

MEMORANDUM FOR THE PRESIDENT

FROM: Bruce Reed
Melanne Verveer
Elena Kagan

SUBJECT: White House Conference on Early Childhood Development and Learning

As you know, on Thursday, April 17, you and the First Lady will host the *White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children*. This memorandum provides an overview of the Conference, as well as summarizing recommended policy announcements.

Conference Overview

The Conference will spotlight new scientific findings about how children develop, and explore how we can make the most of this information to give children what they need to thrive. The Conference will provide an opportunity to showcase what your Administration already has accomplished in this area, such as increasing investments in scientific research and creating or improving programs like Early Head Start and WIC.

The Conference will consist of two roundtable discussions, one in the morning and one in the afternoon, with a luncheon in the State Dining Room (optional for you) in between the two.

Morning session: You and the First Lady will make remarks to open the Conference. Yours will discuss the importance of the issue to be addressed, note past Administration accomplishments in the area, and discuss new initiatives, principally for improving child care and children's health (detailed below).

A panel of experts will then present an overview of the emerging knowledge, gained from neuroscience and behavioral science, on early childhood development. Dr. David Hamburg, President of the Carnegie Corporation, will moderate brief presentations by:

- Dr. Donald Cohen, Director of the Yale Child Study Center, who will discuss what the behavior of children shows about their cognitive, emotional, and social development;
- Dr. Carla Shatz, a neuroscientist at the University of California, Berkeley, who will explain how children's brains develop in the earliest years of life; and

- Dr. Patricia Kuhl, Chair of the Department of Speech and Hearing Sciences at the University of Washington, who will discuss how children learn language.

Following these presentations, three more experts will join the panel to discuss what the scientific research suggests about protecting children's health and providing good child care:

- Dr. Ezra Davidson, Drew University of Medicine, who can address the importance of prenatal and perinatal services;
- Dr. T. Berry Brazelton, Harvard University, who can discuss the pediatrician's role in early childhood development; and
- Dr. Deborah Phillips, Institute of Medicine, who can address how child care can affect early development.

These experts also will respond to a series of questions posed by the First Lady and Mrs. Gore. Some of these questions will come from a poll conducted by Hart Research for Zero to Three (an early development advocacy group) that tried to discover what parents most want to know about early childhood development. Other questions will tackle the tough issues raised by the new research -- for example, "does this research mean that women should not work outside the home?" or "does this research suggest that adopting an older child is a bad idea?"

Afternoon Session: The purpose of the afternoon session is to highlight model efforts that communities are undertaking to support parents and enhance early childhood development. This panel will be action-oriented and will give you an opportunity to highlight Administration accomplishments and initiatives. Participants in the discussion will include:

- Dr. Gloria Rodriguez, Avance Family Support Program, San Antonio, TX. Avance is a widely acclaimed family support and education program serving predominantly Hispanic communities.
- Harriet Meyer, Ounce of Prevention, Chicago, IL. Ounce of Prevention is a statewide program in Illinois that develops innovative early childhood programs and runs model Early Head Start and child care programs.
- Melvin Wearing, Chief of Police, New Haven, CT. Wearing will discuss a pioneering initiative that trains community police officers to use child development principles in their work.
- Arnold Langbo, The Kellogg Company CEO, Battle Creek, MI. Kellogg launched a community-wide effort last fall to provide practical early brain development information to every Battle Creek parent and caregiver.

- **Rob Reiner, CastleRock Entertainment, Los Angeles, CA.**
Reiner will discuss the "I Am Your Child" campaign launched this month and the media's role in making early childhood development information available.
- **Governor Bob Miller, Nevada, Co-chair of the NGA Children's Task Force.**
Miller will discuss what States are doing to enhance early childhood development.

Satellite Sites: The morning session of the Conference will be transmitted to at least 53 satellite sites -- mostly universities and hospitals -- in about 30 states and all 10 federal regions. (Fifty-three is the current number; there will probably be more.) In almost all of these sites, local organizers will put on programs of their own to follow the morning session and will report back to you on their proceedings and recommendations. Cabinet Affairs is encouraging subcabinet officials to attend and speak at these satellite conferences. In addition, regional administrators from HHS, USDA, EPA, Education, and GSA are taking an active role in the satellite sessions.

Report of Proceedings: We are currently making arrangements for an official conference report, to be issued in early June. The report, in addition to providing a summary of the conference proceedings, will serve as a resource guide and learning tool for parents and child care providers. We expect to print 250,000 copies and distribute them through departmental programs, such as Head Start and Even Start, and to individuals who request information about the Conference.

Pre-Conference Policy Initiatives

We would like to make three announcements prior to the Conference, in order to lay the groundwork for the Conference's discussion of ways to enhance early childhood development.

FMLA Expansion for Federal Employees: In your April 12 radio address, you will introduce the themes of the Conference and then direct heads of executive departments and agencies to expand family and medical leave for federal employees in the ways proposed in your legislation. This action would allow federal employees 24 hours of unpaid leave each year to participate in activities relating to school and child care, children's health care, and (unrelated to the Conference) elderly relatives' health needs. You will stress in your radio address how such family-friendly policies can support parents with young children.

Prescription for Reading: On April 16, the First Lady (and perhaps you, depending on the status of budget negotiations) will announce an initiative to encourage pediatricians to "prescribe" that parents read to their children. As part of this initiative, the American Academy of Pediatrics will announce that prescribing reading to infants and toddlers should be part of standard pediatric care. In addition, several book companies have committed to donating hundreds of thousands of books for distribution to children through community health centers and other medical offices across the nation. This initiative reinforces the Parents as First Teachers portion of the America Reads program.

Executive Order on Environmental Health and Safety Risks: You currently have under consideration a proposed Executive Order that would require agencies to consider and explain the effects of certain major rules on children. This order, if you decide to approve it, would serve as an excellent lead-in to the Conference, and we recommend issuing it on April 16. The order gives meaning and effect to your Administration's commitment to protect children in making regulatory decisions.

Conference Policy Announcements

The biggest news from the Conference should be the Conference itself -- that you and the First Lady hosted a day-long meeting on this subject and that scientists, community leaders, parents, and other experts communicated ideas and information on this issue to each other and the American public. The Conference also should provide a vehicle to remind everyone of your Administration's accomplishments in this area, such as increasing funding for research related to children, expanding and improving Head Start and creating the Early Head Start Program, raising childhood immunization rates to an all-time high, and launching a major new effort to eliminate childhood lead poisoning.

In addition, the Conference -- especially your opening remarks -- will give you an opportunity to discuss new and pending policy initiatives that show a continuing commitment to this set of issues. We recommend that your comments focus principally, but not exclusively, on child care and children's health and that you make the announcements discussed below.

Child Care: Child care experts believe the Defense Department's child care system is now the best in the country and possibly the world (in large part because of legislation enacted in the late 1980s). DoD child care is characterized by: high standards, including a high percentage of accredited centers; a strong enforcement system with four unannounced annual inspections and a 1-800 hot line for parents to report concerns; a wage structure that is tied to training and an "up or out" personnel policy requiring completion of training requirements; relatively generous wages and benefits, which reduce staff turnover; a system of linking up individual home care providers to give them needed support; and sufficient funding to make quality child care affordable (though there still are waiting lists).

We recommend you hold up the DoD child care system as a model for the nation and issue an executive memorandum directing the Secretary of Defense to use the Department's resources and expertise to improve child care across the nation. In particular, you would direct that (1) military bases partner with state and county governments to provide on-the-job training in child care to welfare recipients; (2) each military child development center partner with a civilian child care center and work with it to improve quality; (3) DoD establish regional "Child Care Masters Programs" that civilian child care managers could attend for two weeks to learn best practices; (4) DoD publicize its model designs for child care facilities and playgrounds; and (5) DoD issue benchmarks in the areas of standards, enforcement, compensation, and cost against which civilian child care programs could evaluate themselves. Most civilian child care systems

will come up short against DoD's benchmarks, particularly in terms of compensation and affordability, but such a comparison might help build public support for greater investment in child care. DoD fully supports the idea of issuing such a directive.

You also might want to float some trial balloons on more ambitious -- and costly -- proposals. For example, some have suggested making the Child and Dependent Tax Care Credit refundable (at a cost of \$2-4 billion), so that families with little or no income can benefit from it. The Blue Dog budget makes the credit refundable, but pays for it by eliminating the tax benefit for families with incomes over \$100,000. Another legislative proposal would provide a tax credit to private companies and institutions to encourage them to build quality child-care centers on-site. Given our budget, you cannot endorse any of these proposals, but you might want to use this opportunity to suggest your openness to further discussion of such legislation.

Children's Health Initiative: We also recommend that you discuss in your opening remarks the importance of insurance coverage for children's health and development, highlighting the Children's Health Initiative in your 1998 budget proposal. Your proposal will extend coverage to up to 5 million uninsured children by the year 2000. You can announce at the Conference that the deans of academic medical centers -- important legitimators within the medical community -- have endorsed your proposal.

We are also planning a follow-up children's health event, where you will release a study showing the links between insurance coverage, health status and development and learning for children from 0 to 18 years old and talk in more detail about your health proposal. Either at the follow-up event or at the Conference itself, you can announce a project by Kaiser Permanente to spend \$100 million over the next 5 years to provide health insurance to uninsured children.

Child Victims of Violence Initiative. You can announce that the Department of Justice will establish, with FY 97 discretionary funding, a Child Victims of Violence Initiative through the Yale, New Haven Child Development-Community Policing Program. This program, which Chief Wearing will speak about, trains police officers in child development, so that they can better respond to situations arising in the field. The new initiative will extend the program to other sites and also broaden it to include people other than police officers -- such as prosecutors, probation and parole officers, and mental health professionals -- whose work would benefit from knowing about early child development.

Head Start Funding: You can announce the launch of a new competition for Early Head Start grants, which will highlight this Administration's creation of the program.

America Reads Early Childhood Kits: You can announce the release of the America Reads Early Childhood Kits for Families and Caregivers. The kits include a developmental growth chart and suggestions about developmentally appropriate activities for children ages 0 to 5. Everyone who looks at these kits loves them. The kits will be distributed to early childhood programs across the nation and to individuals who call the Department of Education's 1-800 line.

Child Care Options

- "Stepping Stones to Caring for Our Children" Guide for Minimum Health and Safety Protects in Child Care
- "Adopt a Child Care Center" Campaign
- DoD Child Care Facilities Partner with Community Child Care Facilities to Improve Quality
- "Child Care Champion" Presidential Awards
- Presidential Advisory Commission on the Future of Child Care

Jim Sleeper
 Randall Kennedy
 Dick Ravitch
 Glenn Loury

Call willm.

ethic of citizenship
 1) ask ~~us~~ ^{us} to do what
 2) ask colleges to make service part of education
 3) moral obligation for anyone for public good
 - add service req't to H&E scholarships

cc: Bruce R.

Bruce - I also have a binder with the conference agenda, background on panelists, and audience guest list. If you want, I will ask Laura to make you a copy.

Elena

March 29, 1997

MEMORANDUM FOR HILLARY RODHAM CLINTON

FROM: Nicole Rabner
Pauline Abernathy

CC: Melanne Verveer
Ellen Lovell
Elena Kagan

RE: White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children

Attached please find two binders for your review, to give you a sense of the status of the preparations for the White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children.

One binder focuses on the Conference itself and other on the policy development process.

Conference Preparations

There has been an overwhelming amount of interest in this Conference, with letters and materials forwarded from all over the country. Our aim ~~is~~ is to involve as many people as possible in the satellite conferences that are being planned, as invitations to the White House event will be constrained by space limitations. In developing the audience and participant lists, we have continued to consult widely, with David Hamburg, Lucy Hackney and Melissa Ludke being particularly helpful with assessments.

Audience for Conference

Last week, we extended the first group of formal invitations to the Conference, to approximately 100 leaders of a variety of sectors of society that bear on early childhood development, from the academic and research communities to the corporate sector, from the foundation community to advocates and association leaders. We aimed for diversity of race and gender. Upon the advice of White House Inter-Governmental Affairs and the National Governors' Association, we have invited the six members of the NGA Task Force on Young Children, and extended an invitation for the two chairs of the task force (Voinovich and Miller) to participate with tbd speaking roles.

Included in the attached binder on the Conference are two lists, one list of those we have already

invited, and another of those whom we considered and hope to involve either in the satellite conference in Room 450 OEOB or elsewhere around the country.

Please note that we are able to extend a limited number of additional invitations. Since we can accommodate approximately 130 people in the State Dining Room for lunch, that is the number we aim to involve in the Conference. 105 invitations have been extended, and we are reserving approximately 10-15 additional spaces for members of Congress, as well as some for parents of young children to participate in the discussion section.

Please review the lists and advise if there are additional people you would like to include.

Conference Agenda

The Agenda remains as we had discussed before your trip: opening remarks by you and the President, a first session focusing on an examination of current research on the brain and its applications for parents and caregivers, a working luncheon, and an afternoon session exploring model efforts of all sectors of society to support parents and enhance early childhood development.

Session One: Examination of Current Research

We have been working closely with the six experts who we have confirmed will make up this session. Their challenge is to provide a succinct overview of current research on the brain and its applications for direct services for children and parents, and to respond to questions and concerns of parents about children's earliest development. David Hamburg, who as you know has agreed to moderate this session, and Nicole have been speaking by conference call with the participants to develop the presentations. The session will begin with Dr. Hamburg providing a brief overview. Dr. Donald Cohen, Director of the Yale Child Study Center, will initiate the review of research with a discussion of what we know about the developing child and his/her behavioral and social growth from birth through infancy. Dr. Carla Shatz, a foremost neuroscientist from University of California at Berkeley, will turn the discussion to what is happening with brain development, i.e. take us behind the behavior to what is happening with the wiring and the development of the brain. Dr. Patricia Kuhl, a cognitive development expert who focuses on language development in infants, will provide an example of that wiring at work with an overview of how the infants learn language.

Dr. Hamburg will then turn the discussion to a broad examination of how this research is used by those who directly serve our youngest children and their parents -- an obstetrician (Dr. Ezra Davidson, a renowned African-American doctor from Los Angeles) will speak about the significance of pre-natal care; a pediatrician (Dr. Brazelton) will comment on the way pediatrics has benefited from the research and the responsibility of pediatricians to impart guidance on the emotional, social and cognitive developmental of children to parents; and, lastly, a child care expert (Dr. Deborah Phillips from the Institute of Medicine) will speak about how child care providers need to be guided by the research findings.

Finally, we hope you will moderate the discussion session that will follow, by posing questions to the experts that represent the "top concerns" of parents. As you know, Zero to Three is presently conducting a poll with parents to gauge what questions they would want to ask the leading experts: these questions will frame our discussion. We hope also to have some parents in the audience who can pose some of these questions themselves.

Session 2: Applying the Knowledge.

Recommended Participants. We envision the afternoon session as a round table discussion exploring model community efforts to support parents and enhance early childhood development. Attached is a list of the people we recommend be on the stage with you for this discussion and the rationale for our recommendation. We have invited each of these people but we have deliberately not yet confirmed their participation in the round table discussion so we could get your input. Our goal was to make sure they could discuss issues of child care, home visiting, effective parenting, health care, and safety, as well as community involvement.

We have tried to keep this group small so that the discussion can be more informal and meaningful and to provide time to engage the audience. For instance, we envision that during the discussion of child care, the President or you might ask the Navy Rear Admiral who oversees the Navy's child care and parenting programs to stand, either to acknowledge DoD's model programs or to ask for his comment on the discussion.

We thought the governors would fit best into the discussion as respondents, called on to respond to what has been said and discuss how state policies can support these community efforts. Additional information on the people we are recommending for the discussion is included in binder.

Much to our surprise, we have had difficulty finding the perfect person from the faith community to participate in the round table discussion. Flo is now exploring the possibility of a nun who founded a crisis nursery in Cleveland, another nun in St. Louis who works with infants and toddlers through Catholic Charities, and another woman in St. Louis who is part of immunization and well-baby programs for the Archbishop's Commission on Health. We will explore these possibilities further but our current inclination is to include the faith community in the audience, but not on the round table. However, we might then want to ask Regina Battle who runs a model Early Head Start program in Jackson, MS to take Dwayne Crompton's place so that there would be at least three women among the 7 discussants, not including the President, you or the two male governors.

Policy Announcements.

As you know, we had initially discussed that there would be a third session for policy and other announcements. However, after consulting with White House staff such as Ann Lewis and John Podesta, we now recommend that announcements be made in the context of the second round table discussion. Because of the President's physical therapy, we will be starting the conference later in the day and do not want the conference to go so late that reporters will not have time to

file their stories. In addition, it may make the second session more interesting if the President and you respond to the discussion with policy announcements. We would give reporters background material in advance, perhaps in the morning or embargoed the day before the Conference, so that they would know what to look for and have the information they need to write their stories.

We are currently reviewing the attached binder of agency responses to the President's memorandum asking what agencies are doing or could do to enhance early childhood development. We are aggressively exploring options on child care. We also expect to be able to announce the following items at or around the conference:

- **Consumer Product Safety Commission "recall roundup."** The Consumer Product Safety Commission is doing its first-ever nationwide "recall roundup" of previously recalled products on April 16. The Commission will highlight the products responsible for the most deaths of infants and young children, such as old cribs, bean bags, and hammocks. There will be local events in most states and the story is expected to dominate the local news. Ann Brown has invited your participation in the launch.
- **America Reads Parenting Kits.** We plan to release some terrific kits for parents of children 0-5 that Education, HHS, and the Corporation for National Service have put together. The kits include activities for parents and caregivers, a calendar and a growth chart with suggested activities.
- **Executive order requiring agencies to consider children's health.** The EPA has proposed a presidential executive order on children's health and the environment which is in the works.
- **Prescription for Reading.** If all goes as planned, we hope to announce the national effort during the week of the conference, and to highlight it at the conference during the second session, which includes Dr. Zuckerman.

0-3

March 24, 1997

MEMORANDUM FOR BRUCE REED
ELENA KAGAN

CORPORATION
FOR NATIONAL
SERVICE

FROM: JOHN GOMPERTS *JG*
SUSAN STROUD
GARY KOWALCZYK

SUBJECT: THE CORPORATION FOR NATIONAL SERVICE'S
EARLY CHILDHOOD DEVELOPMENT PROGRAMS

This memo is in response to the President's request for a list of our existing and planned early childhood development programs, in preparation for the White House Conference on Early Learning and the Brain.

EXISTING PROJECTS & INITIATIVES

The Corporation for National Service continues to focus on the importance of early childhood education and development. Two of the Corporation's national service funding priority areas – education and human needs – support early childhood service projects in hundreds of communities across America. In addition, the Corporation's Board of Directors voted earlier this year to give funding priority to grant applications that target services to children and youth.

The Corporation is comprised of three program units: AmeriCorps, the National Senior Service Corps, and Learn and Serve America. Each of these three units has invested substantially in projects and service that effect children in the youngest years of life, and in many cases, the families of those children. Overall, more than 1.2 million Americans participate in programs that receive Corporation support. Attached is a list which highlights some, but not all, of the Corporation's current investment in early childhood.

It is not possible at this time to provide an exact list of the number of Corporation-supported programs and projects that effect early childhood, because many of these programs are selected through state commissions (gubernatorial appointees) and have different implementation timelines. Other programs and projects include early childhood as part of a broader client/service target population, e.g. family services, emergency shelter, reading readiness/literacy, immunization efforts, and many others.

1301 New York Avenue, NW
Washington, DC 20525
Telephone 202-606-9000

Getting Things Done.
AmeriCorps, National Service
Learn and Serve America
National Senior Service Corps

CNS has also joined with HUD and the Centers for Disease Control (CDC) on the "Pockets of Need" immunization initiative, which reaches out to children under age 2 in public housing areas with the highest rates of under-immunization. CNS provides service volunteers to broaden the program's reach at several demonstration project sites.

The Corporation has also funded the AmeriCorps Early Childhood Technical Assistance Center (ECTAC) to provide technical assistance to grantees engaged in school readiness, early childhood development, Head Start, early childhood education, teen parenting, parent training, and other early childhood programs. ECTAC works closely with the Child Care Bureau at the Department of Health and Human Services and with the National Child Care Information Center. ECTAC recently drafted two preliminary resource guides: Early Childhood Programs and National Service - A Resource Guide for Community-Based Early Childhood Planning, and On the Road to Reading - A Guide for Community Partners Working to Promote Children's Reading. The final versions of these guides are scheduled to be published this spring.

PLANNED PROJECTS & INITIATIVES

CNS has made children the focus of the upcoming Presidents' Summit For America's Future. All five Summit goals are targeted to benefit children, and the "A Healthy Start" goal particularly focuses on the earliest years of life. "A Healthy Start" recognizes that adequate health care and healthy behaviors are essential to every child's development and well-being.

CNS has sought Summit commitments from businesses and organizations nationwide to further the Summit's five goals, including "A Healthy Start" goal. Attached is a (working draft) list of Summit commitments to date. Highlights from "A Healthy Start" commitment list include:

- The National Head Start Association, the National Association of Foster Grandparent Program Directors and the National Association of Retired and Senior Volunteer Program Directors has committed to placing senior citizen volunteers in each of the 43,000 Head Start centers nationwide to serve as tutors and mentors to at-risk children and families.
- The United Way of America has committed to supporting 50 additional local United Way collaborative community initiatives to help children enter school ready to learn, and they will elevate early childhood development to an organization-wide priority focus area.

- The National Center for Learning Disabilities, Inc. has committed to helping more than 500,000 children enrolled in Head Start and other preschool programs to get off to a healthy start through the creation of teacher training tools that bridge special and general education teaching practices.

In addition, the Corporation has partnered with the Department of Education to help implement the President's America Reads challenge. An army of AmeriCorps members will help recruit one million America Reads tutors.

FUTURE (BUDGET NEUTRAL) PROPOSALS

Despite our efforts and local projects, we hope to do even more to enhance early childhood development.

By using service as a strategy, the Corporation for National Service can help enhance and broaden the efforts of federal agencies at the local level. AmeriCorps and Senior Corps volunteers can help our local public and private non-profit partners capacity build existing early childhood development programs

We look forward to working with the Interagency Working Group on Early Childhood Development in developing an accelerated federal effort to target the earliest years of life by using service as a strategy.

In addition, we look forward to beginning new partnerships to enhance early childhood development as a result of the Summit For America's Future.

Corporation for National Service

Attachment I - AmeriCorps

In hundreds of communities across the nation, 25,000 AmeriCorps members perform intensive service, much of which addresses the needs of young children. Examples of such programs include:

- In 27 communities in California, Texas, New Jersey, Minnesota, Florida, Ohio, and other states, AmeriCorps members are recruiting and training new child care providers, assisting family day care homes with licensing, providing resource materials for families, and serving children directly in child care settings.
- Through a project with the National Council of Jewish Women in New York, Ohio, and Florida, 125 AmeriCorps members serve in the homes of 3-5 year old children and their educationally disadvantaged parents, teaching school readiness and literacy.
- In McComb, Mississippi, 3 AmeriCorps* VISTA members are providing parent training and accessing child care for 150 low income families.
- Teams of AmeriCorps* National Civilian Community Corps members teach reading readiness and pre-math skills to pre-schoolers in Denver, do health education and school readiness with teen parents in Chicago, have constructed playgrounds in Nevada, Maryland, and New Jersey, and have lead child immunization projects in South Carolina, Kentucky, Colorado, and California.
- 35 AmeriCorps members in Nashville, Tennessee work with 400 pre-school children and their families, providing early childhood nutrition and health education, parenting education, and child abuse prevention counseling.
- In Anchorage, Alaska, 10 AmeriCorps members serve as teachers' aides in Head Start and child care programs, tutoring, providing enrichment programs for the children and parenting skill training.
- In Pennsylvania, Michigan, Kansas, Arizona, Texas, Illinois, and other states, more than 100 AmeriCorps* VISTAs are tutoring Head Start children, mentoring teen parents and helping them become more self-sufficient, and providing bi-lingual services.

Corporation for National Service Attachment II - National Senior Service Corps

More than 500,000 Americans, age 55 and older, serve each year in the National Senior Service Corps (NSSC). Two NSSC initiatives, the Foster Grandparent Program and the Retired and Senior Volunteer Program (RSVP), provide senior volunteers who do a wide variety of service to children in the early years of life, often on a one-on-one basis. Last year 36,000 children under the age of five - many with physical disabilities--received caring and nurturing from Foster Grandparents. An additional 6,800 RSVP volunteers provided teaching, reading, skill development, and other much-needed service to tens of thousands of children under age five. Specific examples of these services include:

- In Zuni, New Mexico; San Diego, California; and Dubuque, Iowa Foster Grandparents help take care of newborns and infants with their teen parents go to school. These Foster Grandparents also serve as mentors and counselors to the teen parents and assist them with health and nutrition needs for the children.
- 14 Foster Grandparents in Marietta, Georgia do language skills, pre-reading activities, and social skills with low-income pre-school children.
- Nationally, Foster Grandparents volunteered in more than 1,100 Head Start Centers, from inner-city Atlanta to rural Upshur County, West Virginia to Fairbanks, Alaska, and more. In many Centers, they provide individualized attention and guidance to young children with mental, physical and emotional disabilities. They serve as readers, teacher assistants, and role models for the parents.
- In one New York City hospital, 75 Foster Grandparents help care for "boarder babies" who are born addicted to drugs and with the HIV virus. The FGPs care for them until the babies can be placed with extended family or in foster care.
- The Head Start Family Literacy Project at Beaver College (PA) uses RSVPs to read to the pre-school children and to train the parents on how to read aloud to their children.
- RSVP volunteers do child abuse prevention and counseling in Mendenhall, Mississippi and in Gadsden, Alabama; visit with home-based Head Start children and families in Grand Falls, North Dakota; and do bi-lingual early childhood education with migrant children in Pueblo County, Colorado.

Corporation for National Service

Attachment III - Learn & Serve America

The Corporation's program unit for part-time student service, Learn and Serve America, has two divisions. Learn and Serve: School and Community Programs supports community-based service learning opportunities for young people ages 5-17, and enrolls both students and out-of-school youth. Learn and Serve: Higher Education supports efforts to make service an integral part of the college experience.

Approximately 750,000 students of all ages are Learn and Serve participants. Much of the service done by these students is with and on behalf of young children in kindergarten or elementary school. That is, over 100,000 Learn & Serve participants volunteer as tutors, coaches, readers, mentors, health aides, teacher aides, and in other positions that effect 6-17 year olds. Exemplary Learn and Serve programs that effect children in the earliest years of life include:

- 35 medical students from the University of Arkansas for Medical Sciences serve at six area health centers, assisting in pre-natal care, immunizations, and health education and outreach efforts.
- In cooperation with the Robert Wood Johnson Medical School in New Jersey, medical students do home visits to pre-school children and their families to identify and reduce health risks and improve child nutrition.
- At Fairfield University, Connecticut, 80 students serve as "literacy coaches" with more than 100 Head Start children and their parents. Fairfield's School of Nursing has all of its 189 full-time nursing students doing health screening and community outreach events that reach thousands of children under age 5.
- At Harcum College, Pennsylvania, 60 parents (most of whom never attended college) are enrolled as Learn & Serve participants and trained as tutors in an early childhood education program. More than 480 at-risk pre-school children were tutored last year.
- Students at LeMoyne-Owen College in Tennessee provide pre-reading and literacy skill development to 3-5 year olds in low-income neighborhoods of Memphis. These college students also take the pre-schoolers on field trips and do one-on-one counseling with the parents of the pre-schoolers.

SUMMIT COMMITMENTS

as of March 17

Every child in America should have access to five fundamental resources that can help them lead healthy, fulfilling and productive lives: an ongoing relationship with a caring adult - a mentor, tutor, a coach; safe places and structured activities during non-school hours to learn and grow; a healthy start; a marketable skill through effective education; an opportunity to give back through community service.

Commitments are being made to provide these fundamental resources to our nation's youth in each of the categories:

1. **An ongoing relationship with a caring adult - - a mentor, tutor, coach.**

Big Brothers/Big Sisters

Has committed to doubling their mentoring relationships, reaching 200,000 matches through the year 2000. Service will become an integral part of the mentoring relationship and a key activity for current and future "Bigs and Littles."

100 Black Men of America, Inc.

Has committed to mentor 120,000 youth over the next three years. The sixty-eight 100 Black Men chapters provide African-American male mentoring support for young people in "at-risk" situations so that they may reach their fullest academic potential. This commitment represents a doubling of their mentoring relationships.

OASIS and The May Department Stores Company

Will reach 100,000 children and youth through intergenerational community service programs in twenty-five cities. Sponsored by The May Department Stores Company, OASIS is a national educational program designed to enrich the lives of older adults, with a focus on recruiting, training and supporting volunteers in meaningful community service. Their intergenerational tutoring program will provide one-on-one weekly tutoring to 25,000 students in the first through third grade, will launch a new mentoring-via-computer project to 2,500 youth, present a new interactive series on diversity and self-esteem to 50,000 students, engage 20,000 youth in their interactive Reader's Theater, and involve 2,500 youth in community service by training middle and high school students to teach computer skills to older adults.

Tucson, Arizona

Will connect every youth in need to an adult who can serve as a positive role model, giving youth hope, pushing them to be independent, and expecting them to succeed. Led by the Volunteer Center of Tucson, partners include city, county, police department, higher education, businesses, non-profits, and neighborhood associations. The goal is to serve 2,000 additional youth by the year 2000 and to engage 3,000 adults in mentoring programs.

NFL Players Association

Is launching a pro-athlete mentoring program for Native American teens in partnership with the Johns Hopkins Center for Indian Health. Over the next 3 years, it will recruit retired and active NFL players to serve as mentors for Indian youth, launch a reservation-based peer leadership and healthy lifestyles curriculum, as well as in-school motivational sessions with NFL players, and an annual summer camp.
creative community.

Jewish Social Justice Center

Will mobilize 100,000 volunteer tutors and aides in eight target cities.

National Council of Volunteer Centers

Commits the Volunteer Centers that are members of the Point of Light Foundation to develop 400 new collaborations on new or expanded youth initiatives connecting one million young people with caring adults and/or with the opportunity to serve.

United States Army

Will expand opportunities for active duty, reserve and retired military personnel to volunteer time as mentors and tutors in schools in their local communities; and will also expand opportunities for young people to give back to their local communities and contribute to the common good through a service learning module in the Junior Reserve Officer Training Corps (JROTC) program.

National Association for Equal Opportunity in Higher Education

Fully supporting the Summit goals, N.A.F.E.O. is pledging that 50% of the student enrollment (approximately 140,000 students) of the 117 historically and predominantly black colleges and universities across the country will engage in volunteer community service projects in local communities with an emphasis on tutoring and mentoring.

The State of Delaware

Will double the number of mentors recruited in his state from 5k to 10k. In a state with a population of just over 700,000 and only about 100,000 students in the state's schools, that's a caring adult for at least one of every ten kids who might need some help to succeed.

8th Grade class of Julian D. Coleman Academy of International Studies, Indianapolis, Indiana

Have committed to tutoring younger students in the John Hope Elementary School in academic subjects in order to prepare them for a successful transition into middle school. Tutoring will occur twice monthly, focusing on mathematics, language and arts.

The Pillsbury Company

Is launching "Caring Adults and Kids," a comprehensive commitment to help economically disadvantaged young people build and sustain relationships with caring adults. It will direct \$1.75 million in grants to mentoring organizations in 1997 alone. In addition to funding, Pillsbury volunteers will provide 50,000 hours of quality one-to-one mentoring to 250 young people in ten communities across the US through their new School-Plus Mentoring program, a partnership between Big Brothers/Big Sisters of America, elementary schools, and the company.

One to One/National Mentoring Partnership, Inc.

Will help the nation forge 2,000,000 new mentoring relationships over the next five years and will support national and local leaders who have already made mentoring a priority and mobilize others to do the same. It plans to educate Americans and their organizations about responsible mentoring and what they can do to make it available to every child in this country. It will serve as a resource to mentoring initiative nationwide, and will teach children how to find caring and trustworthy adults to mentor them and adults how to connect with opportunities to mentor children.

Seventh-Day Adventist Church

Will initiate one hundred pilot tutoring projects that will place 3000 trained tutors through their network of community-based centers in ten cities in its first year.

The Salvation Army

Will launch a new mentoring relationship program with a focus on single parents and children. Planning is underway to set specific regional goals for community collaborations and partnerships for this model intergenerational program.

ASPIRA

Will train an additional 2,000 Puerto Rican and other Latino parents by the year 2000 in parent involvement and leadership skills, and encourage them to advocate for the overall academic and personal growth of their children.

II. Safe places and structured activities during non-school hours to learn and grow.

The YMCA of the USA

Will focus on providing a safe place for children and youth to gather in the over ,2000 YMCA's in the US, but also will provide additional caring and supportive adults. Over the next three years, we will increase the number of YMCA volunteers to 572,000. This will mean recruiting 190,500 additional volunteers to help teach the values of Caring, Honesty, Respect, and Responsibility as mentors, tutors, coaches, skill instructors, and fund raisers.

Kimberly-Clark Corporation

Will invest \$2 million to support community playgrounds built by thousands of employees, family members, and neighborhood volunteers in 30 cities across the United States in 1997. Creating safe and imaginative places for children to play and learn will be the heart of K-C's 125th Anniversary Celebration. To facilitate this project, the company has forged an innovative alliance with KaBOOM!, a national non-profit leader in coordinating community-built playgrounds.

Boys and Girls Clubs of America

Will increase the number of youth served by at least an additional 500,000 young people - 100,000 a year over the next five years, and is organizing the adequate financial and human resources at the national and local levels to do so.

Allstate Foundation

Is funding a new crime prevention program for young people aged 11-13 with the Boys and Girls Clubs of America. "Street Smart" is a 8-10 week program that will help teenagers understand and avoid gangs, violent behavior, juvenile delinquency, and anger while reducing the likelihood of their becoming involved in any of these activities.

The National Exchange Club

Will launch a new national partnership with the U.S. Junior Chamber of Commerce to convene issues forums in communities across the United States to support the development of safe places for all youth. The Clubs will help communities identify issues, develop strategic action plans, and develop successful programs and services to ensure safe places to gather, learn, work, and live.

National Crime Prevention Council

Create the online Crime Prevention Resource Center with support from the Allstate Foundation to serve as an electronic community resources center for victims and communities hurt by crime. The resource will feature educational games and activities for children, materials and best practices for adults who work with youth, training on neighborhood action to prevent crime. The NCPC is also committing to enroll 100,000 more youth in 20 new sites in its Youth as Resources program, which helps young people design and carry out service projects that address social problems, resolve community issues, and improve their communities. In partnership with Ameritech, the Council will hold a national conference on preventing crime to share with mayors, police chiefs, citizen practitioners, youth, and others the best and latest information and programming to make communities safer and more vital. And Radio Shack will give out more than 30 million crime prevention brochures, will host four satellite trainings per year, and will provide the videotape to the public free of charge.

American Association of Museums

Provide safe places for children to learn and grow through programming delivered both on-site and in schools and community centers. Museums counted forty-eight million acts of service to school children. The American Association of Museums commits to double the number of young people engaged over the next five years.

III. A healthy start.

LensCrafters

Will provide one million needy people, especially children, with free vision care by the year 2003.

Columbia/HCA Healthcare Corporation

Has committed to immunize one million children by year 2000. Columbia, its employees and affiliated physicians, will be able to serve the immunization needs from the more than 600 hospitals, surgery centers, and home care locations.

American Cancer Society

Will engage young people in creating their own healthy futures by developing strong school health councils in all US school districts, linking schools, communities, and youth in efforts to improve their health through the schools. Next year, the American Cancer Society will double the number of school health councils it develops and funds. In addition, the Society is organizing a partnership to secure funds to underwrite a national effort to place one full time health coordinator staff position in each school district the country.

National Center for Learning Disabilities, Inc.

Commits to helping more than 500,000 children enrolled in Head Start and other preschool programs get off to a healthy start through the creation of teacher training tools that bridge special and general education teaching practices.

IV. A marketable skill through effective education.

Junior Achievement

Will lead an effort to introduce an additional 2 million young people to economic opportunity through education, including the connection for many of them with summer jobs and internships by the year 2000.

Pfizer, Inc.

Will build math and science skills by linking schools in all of the Company's 17 domestic locations and in 10 locations around the world to each other and to Pfizer scientists. Scientists will serve as tutors as well as provide guidance for those seeking a career in math and science.

Scholastic Books

Will donate one million books to the America Reads project which will mobilize volunteers to ensure that every child can read by the third grade and continues to read to learn thereafter.

Texas State Comptrollers Office/Family Pathfinders Division

Committed to matching 1,000 families on public assistance with teams of volunteers who will assist the families to become independent from welfare by the year 1999. This will be accomplished by working in partnership with Volunteer Centers, interfaith coalitions, religious judicatory organizations and civic clubs in the major metropolitan areas and with individual congregations the clubs in the small towns and rural areas.

CitiCorp Foundation

Will expand its \$20 million "Banking on Education" program that focuses on classroom technologies for inner city public schools and engages Citibank mentors, to \$25 million, an additional \$5 million to be invested between now and 2000.

General Federation of Women's Clubs

Pledges its 250,000 members in 6,500 clubs to increase the books and tutoring materials available to youth by donating at least \$12.5 million of materials to public libraries and public school libraries by the year 2000.

Continental Cablevision (USWEST)

Will provide k-12 schools in its communities with a free Internet connection and service by the year 2000. Three million children could be the beneficiaries of this multi-million dollar annual commitment. Continental will also provide technology training to teachers in 5,000 schools and Continental will also offer up to \$3 million in computers and training to teachers this year alone.

United Way of America

Will elevate their current efforts to improve healthy early childhood develop and school success for the nation's children to an organization-wide priority focus area. The United Way of America will support the development and implementation of 50 additional local United Way collaborative community initiatives to help children enter school ready to learn and succeed in school.

Utility Business Education Coalition

Will engage at least 1,500,000 young people in meaningful K-12 school-to-career experiences by the year 2000. UBEC is nonprofit established to connect the CEO's of natural gas and electric utilities in community-based collaborative efforts to improve educational results for students and to strengthen local economies. UBEC will establish the school-to-career initiatives in a minimum of 100 local sites by the year 2000.

V. An opportunity to give back through community service.

Girl Scouts of the U.S.A

Will dedicate 8.5 million hours of community service by scouts beginning this year, their 85th anniversary, and continuing through the year 2,000. The hours will be devoted to achieving the five resources for, and in this case with, America's youth.

Steering Committee of College Presidents

Through the leadership of the President of San Francisco State University, 21 university presidents have committed 50% or more of their increase in work-study funds to community service initiatives and other university resources to support the America Reads Challenge. Members of the steering committee have also committed to each recruit five other university presidents.

Dayton Hudson Corporation

Commits to a "Weekend of Giving", a three year effort to engage employees through its 1,000 stores in community service projects that encourage young people to get involved in their local communities. Dayton Hudson's, Marshall Field's and Mervyn's stores will recruit 30,000 young people and their families in service projects over a weekend in June.

The Youth Volunteer Corps of America

Will double the number of teenage Youth Volunteers to 40,000 will contribute more than a half a million hours a year of quality volunteer service nationwide.

City Cares of America

Will recruit and manage through its twenty-three affiliates 75,000 new volunteers who will tutor and mentor 1 million children and rehabilitate schools, parks, and community centers through the year 2000.

The Bonner Foundation

Will engage its 1,500 students in 22 colleges and universities in a national goal of giving back to others through effective citizen service, targeting the integration of students, faculty, and community members in creating a culture of service for campuses throughout the nation. Projects include establishing community service centers on all Bonner campuses, increasing the mentoring and tutoring hours of scholars, and developing more training and internships.

Veterans of Foreign Wars of the U.S.

Will through their posts, recognize young people and adult youth leaders for their service to their communities through a new youth service award program; work with the Department of Veterans Affairs to recruit young people to volunteer in VA hospitals; and mobilize its members to assist military installations with their volunteer needs.

The University of Notre Dame Fighting Irish Retired Service Team

Will target the improvement and involvement of youth, especially those in low income neighborhoods. The Fighting Irish Retired Service Team (FIRST) is committed to reaching 153,000 children, youth, and families through intergenerational community service activities in the over 200 Notre Dame alumni clubs across the nation. Alumni, through the University's Center for Social Concerns, are inviting and encouraging other public and private institutions of higher education to develop similar efforts and more participation in community service for and with young people.

Girls, Inc.

Will encourage girls at 1,000 delivery sites to enhance their community action efforts.

Maryland Youth Service Action Committee

Will develop in the twelve months following the Summit a statewide network of 300+ youth service and leadership organizations across Maryland and encourage each of these to adopt community service as part of their mission.

Women in Community Service

Will form 50 Community Resource Councils to mobilize local leaders across the country to reduce the number of women and children living in poverty by creating service programs to promote self-reliance and economic independence.

Campus Outreach Opportunity League (C.O.O.L.)

Will encourage students on at least 100 college campuses to partner with local secondary school students for an annual day of service.

Youth Service America

Will work toward increasing the percentage of teenagers volunteering in their communities from 59 percent in 1996 to 75 percent by the year 2000, building participation through National Youth Service Day and SERVENet, the comprehensive service hubsite on the world wide web.

Catholic Campus Ministries

Will recruit volunteers to provide 5 million hours of service by Catholic students and faculty on campuses across the nation by the year 2000.

Christmas in April

Is expanding opportunities for youth to serve by recruiting 5,000 new volunteer young people to rehab homes for the elderly and disabled and has committed to have young people on its national and its 192 affiliate boards of directors.

Michigan Nonprofit Association

Will engage 50,000 young people in community problem solving through volunteerism over the next 5 years in the state of Michigan. This is a Connect America partnership in cooperation with Volunteer Centers and Campus Compact higher education institutions in the state.

KPMG Peat Marwick LLP

Twenty thousand employees will spend an entire business day by investing 160,000 volunteer hours of community service in more than 1,000 local communities across the country. Their service will focus primarily on education for youth, and will range from painting classrooms, renovating school playgrounds, and leading educational programs for young people. The commitment is valued at \$20 million which includes billable time, salaries, and expenses for the service projects.

National Youth Leadership Council

Commits to increasing participation of school-age youth in service by 50%, an increase of 6 million young people. NYLC is giving this effort a jump-start by creating an interactive, youth-oriented Summit Action Website (SAW) that will be operational before, during and after the Summit reaching one million young people. SAW will immediately forward Summit news from Philadelphia to 60,000 classrooms, 2,500 online media contacts, and young people in 58 countries.

Lions Clubs International

Will engage three million students in volunteer service by tripling the reach of their youth volunteer program, "The Future is Ours ... So Now What." The program will be sponsored by 3000 middle and high schools and features a videotape, a teacher's guide, a self-evaluation questionnaire and a resource list to help young people get their projects off and running.

National 4-H Council

Will expand their community service programs to involve 300,000 additional young people over the next three years in direct service.

VI. Many organizations and corporations have committed to focus on more than one fundamental resource through a combination of direct-to-children/youth commitments and broader commitments to ensure that the direct commitments are delivered and supported. Far reaching commitments include:

NationsBank

Is establishing twenty-five "Make a Difference Centers" providing after-school programs and other activities that will reach 250,000 youth and adults by the year 2000. The Make a Difference Centers are located in multi-family rental properties and provide a variety of activities for children ages 6-12 each day after school from 3:00 p.m. to 6:00 p.m. The activities at the center include one-on-one homework assistance and tutoring; literacy and education skills for parents; computer skills training for children and parents; activities for senior citizens; and will host ongoing neighborhood activities such as crime watch meetings, bicycle safety classes, and parenting classes.

The IBM Company

Partnering with United Way of America and AmeriCorps*VISTA, IBM will launch a Technology corps in at least ten US cities to help not-for-profit organizations use up-to-date technology and provide higher quality services to people in need. AmeriCorps*VISTA members will provide free technology planning, staff training, and donations of equipment and software serving 2,000 not-for-profit organizations. By the year 2,000, agencies served will include day care centers, community centers, and senior citizens centers.

Shell Oil Company

Committed to a national leadership role in Connect America, a national coalition of some 30 major organizations that share a commitment to citizen service as a way to bring Americans together across their differences. Shell has made a corporate -side commitment to support all five goals of the summit at every level of the company through expanded employee volunteering, targeted corporate philanthropy and promotional support

Greek Orthodox Church in America

Will commit to assisting one needy child per every ten families in the more than 550 Greek Orthodox communities nationwide. It will help these needy children in each of our communities gain access to a healthy start in life,; caring adult relationships; safe to gather, learn and grow; education that provides marketable skills; and opportunities to give back to the community.

Sun Microsystems

Will bring Internet access to k-12 schools in economically disadvantaged areas, training teachers and staff, donating innovative curricula based on the Internet, etc. By the year 2000, Sun will contribute more than 20,000 hours of volunteer time through its employees and more than \$5million dollars in equipment and teacher training to help prepare youth for the world of work and life-long learning in the 21st century.

Communities in Schools

The largest stay-in-school network is committed to expanding its coordination of community resources and partnerships with the public so that an additional 750,000 young people in need will have access to all five goals enabling them to successfully learn, stay in school, and prepare for life.

Honeywell, Inc.

Will mobilize 8,000 employee volunteers, one fourth of their workforce in the US, to develop mentoring relationships with children in grades 4-12; recruit 4,000 volunteers to build affordable housing for low income families and donate 10,000 home thermostats to Habitat for Humanity; contribute a total of \$20 million to educational programs, one fourth targeted to early childhood programs including those that support a healthy start; and finally, will engage 1,000 retiree volunteers in programs supporting children and youth.

BJ's Wholesale Club

Will partner with a public school in each of its markets for a total of 100 schools by the year 2000. This is a comprehensive relationship with students, faculty, parents, and administrators that includes fundraising assistance, product donations, volunteer support, and awards programs. BJ's also is expanding its program that engages school aged children in community service projects to reach 300 schools and more than 100,000 kids in hundreds of community service projects. The Clubs donate supplies for the service project, and, upon completion, then makes a cash donation to the school.

National Education Association-Retired

Will expand its programs by the year 2001 to help teach over 50,000 youth to read independently by the end of the third grade; to involve over 100,000 youth in intergenerational and mentorship programs in at least 30 states; to establish 40 sustainable partnerships in over 40 states with civic, philanthropic organizations, businesses and public schools; and to train over 1,000 retired members to work in America's public schools.

Federated Department Stores, Inc.

Will be a catalyst for 50,000 hours of employee volunteer service in tutoring, mentoring and education. The company will encourage and support employee's children and family members to volunteer as well. Federated will launch a "Dollars for Doer's" program that will provide a grant for the school at which an employee or immediate family member volunteered, which will result in an additional \$500,000 new direct aid from the corporation to community schools nationwide by the year 2000.

The New York Volunteer for Youth Campaign

Will recruit and train 25,000 volunteers to provide intense, one-to-one help to 25,000 young people to improve school performance, increase self esteem, and prevent crime. The Campaign is a collaborative of the city's major youth organizations, government, business, and foundations responding to research that shows that eighty percent of NYC youth in one-to-one, volunteer-youth relationships stay out of trouble with the law, do better in school, and increase self esteem.

Tootsietoy

Has created a Family Services Vacation Program for staff members that dedicate a day of their vacation to helping charitable organizations. Tootsietoy, maker of Sesame Street toys and other brands, will provide extra days of vacation for every day of charitable commitment made by employees and families.

National Urban Rural Fellows, Inc.

Will incorporate community service into its model leadership training program. From now until the year 2000, Urban Fellows will serve as youth mentors and tutors in the communities in which they are assigned. Fellows will inform and educate each of their communities about the importance and valuable contribution of minority volunteerism which enhances effective education. Plans include engaging all seven hundred graduates, many serving as elected officials, senior executives and entrepreneurs, to create and implement policies that support the five resources for America's youth.

National Council of Negro Women

Will mobilize its 36 national affiliates and 250 community-based sections to deliver the five resources for young people including: deploy an additional 1,000 individuals to provide one-on-one mentoring and tutoring relationships; provide specialized training and internships, especially to stimulate interest and skills in math and science; encourage family volunteering as a part of the Black Family Reunion Celebrations all across the country; and hold Leadership Round tables in twenty cities to address issues which impact the lives of families and communities.

AmeriCorps Alums

Will encourage all association members to commit at least 10 hours per month to ongoing service leadership. Local alumni leaders across the country will coordinate with local service providers to provide volunteer people power. The service leadership opportunities will focus on the five summit goals, with preference given to programs supporting ongoing relationships with young people.

Kiwanis International

Will establish Kiwanis Young Children's Councils in clubs in 50 cities that will draw together child-serving agencies, service organizations, government officials, and businesses to identify the greatest needs of children and develop comprehensive responses. Young people in the Builders Clubs (in junior high and middle schools), Key Clubs (in high schools), and Circle K (in colleges and universities) pledge to involve at least twenty-five percent more peers in service, engaging 250,000 young people in more than 30 million hours of community service.

Grantmaker Forum on Community and National Service

Will develop and implement a strategy designed to increase the number and quality of foundation and corporate investments in the field of community and national service. The Forum will work with family foundations, community foundations, private foundations, corporate giving programs, and federated giving programs to create more and better opportunities to engage young people in meaningful service to their communities.

DePauw University, The George Washington University, University of Denver, Morehouse College, University of Notre Dame

Pledge to coordinate and host 30 local Summits by September 1998, as members of the University Summit Advisory Board. Will host a local Summit on their campus and recruit five other universities to host Summits on their campuses.

Council of Chief State School Officers

Will work with states to increase the number that include and support service learning as a key strategy for building civic responsibility, improving the quality of life in our communities, and improving academic achievement for all students. Over the next three years, CCSSO will provide resources and technical assistance to help more states develop their policies and practices, reaching twenty-five states by the year 2000.

United Neighborhood Centers of America, Inc.

Will focus on providing a safe place for families and youth to gather, learn and grow in over 200 neighborhood centers by the year 2000. This represents an increase of one third in the number of Centers which will also support a healthy start through collaborations with health centers and improve the outlook for employment through education classes. In order to support these expanded centers and services, UNCA will increase their volunteers by one third, reaching 150,000 volunteers by the year 2000.

CPSC's Role in Protecting the Brains of Young Children

Keeping children safe at home and at play is a primary mission of the Consumer Product Safety Commission (CPSC). Brain injury to children can have profound implications for their health, well-being and development. Therefore, one of CPSC's major challenges is to prevent and protect against brain injury from consumer-product related hazards. The following are some of the ways CPSC works to prevent brain damage and provide children with a safe home and play environment in which to develop fully.

Falls

Falls are a common cause of brain injury in young children. In addition, recreational products are frequently associated with head injury in children. Product areas that we have worked in and are continuing to work on to protect children's brains include:

- o bicycle helmets
- o baby walkers
- o high chairs
- o cribs
- o playground surfaces
- o baseball
- o soccer

Poisoning

Brain damage to children can also result from various kinds of poisoning. CPSC works to prevent injuries from consumer product-related hazards such as:

- o poisoning from medications and household products
- o carbon monoxide poisoning
- o lead poisoning, found recently by CPSC in such products as crayons, miniblinds and peeling paint on old playground equipment

Suffocation and drowning

Other potential sources of brain damage are hazards which can cause suffocation or near-drowning. Among dangers to children CPSC has acted to guard against are:

- o choking hazards from toys and other children's products
- o drowning or near-drowning in the home in swimming pools, spas and hot tubs, bathtubs, and toilets
- o suffocations in soft bedding products
- o strangulation from drawstrings on clothing and window blind cords.

In addition, CPSC relies on information about the cognitive development of children when it devises protective strategies. For example, new child-resistant packaging for medication is being designed in ways that are easy for adults to open, but difficult for children. The same principle -- a two-step process beyond the cognitive ability of small children -- underlay development of safer child-resistant lighters. For this reason, CPSC is extremely interested in the implications of new information about brain development and young children.

In all these areas, CPSC translates information about protecting the brain into the safety actions that it takes and into working with others to safeguard young children from injury in these key developmental stages.

WHITE HOUSE CONFERENCE ON EARLY LEARNING AND THE BRAIN

WHITE HOUSE CONFERENCE ON EARLY LEARNING AND THE BRAIN

- President's remarks at the State of the Union
- One-page Overview of Format
- Discussion Paper on Structure and Composition
- Draft Executive Summary of Paper for possible release at Conference, "Rethinking the Brain: New Insights into Early Development"

WHITE HOUSE POLICY COORDINATION AND DEVELOPMENT STRATEGY

- Overview
- Executive Memorandum on Early Child Development
- Fact Sheet: Overview of Federal Programs that Target Early Development
- Fact Sheet: Clinton Administration Efforts to Support the Development of America's Youngest Children

C. core quality - safety - DOD?
 Child's health coverage
 Reading/books
 After-school programs
 - Child's health EO
 Defense Dept tutoring initiative

- Current programs that work

→ Speech day campaign about life of family in 24 hrs
 - what interests their lives
 - show govt work
 - eg DOD child care

→ ADOPTION & FED. CRIMINAL CHECKS

- Lunch
- Briefing for invited Cong. + staff, bus to the Hill
- NBA, early May, in L.A.

Learning begins in the first days of life. Scientists are now discovering how young children develop emotionally and intellectually from their very first days, and how important it is for parents to begin immediately talking, singing, even reading to their infants. The First Lady has spent years writing about this issue, studying it. And she and I are going to convene a White House Conference on Early Learning and the Brain this spring, to explore how parents and educators can best use these startling new findings.

President Clinton
State of the Union Address
February 4, 1997

**WHITE HOUSE CONFERENCE ON EARLY LEARNING AND THE BRAIN
FORMAT OVERVIEW**

PANEL #1 WHAT DOES THE CURRENT RESEARCH TELL US AND WHAT DOES IT MEAN FOR PARENTS?

A) An exploration of current scientific research, presented by leading scientists -- what do we now know about children's cognitive and emotional development during the earliest years of life?

Participants: Leading Neuroscientists, Developmental Specialists, Leading Academic Scholars

B) An examination of the practical applications of this research for parents -- what can parents do to enhance the development of their children in their earliest years of life?

Participants: parents asking questions of the panel about how the research should inform their parenting.

PANEL #2 WHAT CAN COMMUNITIES AND VARIOUS SECTORS OF SOCIETY DO TO SUPPORT PARENTS AND EQUIP THEM WITH THE CURRENT RESEARCH?

A discussion with leaders of various sectors of society -- with the President issuing challenges, underscoring the government's role and highlighting his Administration's initiatives and announcements -- exploring what is being done, what could be done, and what will be done to support families and enhance early childhood development -- what can society do to equip parents with current research and how can all sectors of society apply current research?

Participants: Pediatricians, Grassroots Practitioners, Early Child Care Providers, Religious Leaders, Policy Makers, Business Leaders

WHITE HOUSE CONFERENCE ON EARLY LEARNING AND THE BRAIN STRUCTURE AND COMPOSITION

PANEL #1: Exploration of Current Scientific Research and its Applications for Parents

Purpose: To provide for the general public -- and particularly parents -- a succinct overview of current scientific understanding of the significance of children's first years of life to their cognitive, emotional and social development. Research has illuminated how young children's brains are "wired," and demonstrates that capabilities we are born with are influenced by what is experienced/ learned after birth. Some key findings include:

- the brain is the most undeveloped organ of a newborn;
- 80 percent of a child's brain develops by age 1
- a child's earliest experiences can increase or decrease the number of cell connections in the brain by 25% or more.

Format:

- 1) Overview of the explosion of research by a well respected generalist;
- 2) Brief presentations by scientists and experts of research findings; and
- 3) Questions from parents to panelists about how the research should inform and help shape their parenting. Questions by parents might include:
 - How can I best stimulate my child and enhance her development?
 - How much time should I spend reading to my child each day or week? Are some children's books better than others?
 - What are a few things I can do with my child to ensure that my child begins school ready to learn?

[For discussion and further vetting -- possible release of the *Rethinking the Brain: New Insights into Early Development* Conference Report, sponsored by Carnegie Corporation of New York, the Charles A. Dana Foundation, Inc., The Harris Foundation and the Robert R. McCormick Tribune Foundation, which synthesizes the current research (Executive Summary attached).]

Possible Panelists:

We have solicited recommendations for panel participants/presenters from a number of sources, including the HHS and NIH, the organization 0-3, the Office of Science and Technology at the White House, as well as some who, as you know, have asked us to keep their input private. What follows are lists of possible panel participants. The lists are not nearly exhaustive and

require further vetting, but represent those who have come highly recommended from a number of sources.

Recommendations are listed below in three categories: 1) brain specialists, 2) child development experts and 3) generalists.

I. Brain Specialists:

Megan Gunnar, Ph.D. (Recommended by 0-3, Nancy Hoit, EG and ML)

Professor of Psychology
Institute of Child Development
University of Minnesota

FOCUS: Impact of care giving relationships and settings. Gunnar has conducted extensive research on how the brain is structured during early development, with particular emphasis on how to protect the brain from the negative impact of stress hormones through high quality care giving.

Carla Schatz, Ph.D. (Recommended by NICHD, OSTP, 0-3, EG)

Neurobiologist
University of California, Berkeley

FOCUS: Brain development and the influence of early experience. Through ongoing research, Schatz studies how synapse connections in the adult brain are wired during development, addressing questions of how nerve cells know where to grow their connections and focusing on the development of the visual system.

Patricia Kuhl (Recommended by NICHD, OSTP, EG)

Professor and Chair
Department of Speech and Hearing Sciences
University of Washington

FOCUS: Language Development. Kuhl's studies focus on how babies map their native languages and learn to categorize their languages by listening to the parents speak. Her research was featured in the Education Commission of the States Workshop and Report, "Bridging the Gap Between Neuroscience and Education."

Patricia Goldman-Rakic (Recommended by NICHD)

Professor of Neuroscience
Yale University School of Medicine

FOCUS: Early brain development and how synapses are joined between the neurons during the first five years of life. Goldman-Rakic's research has shown that most learning takes place during the earliest years, and explores the implications for how we approach education. Her research was featured in the Education Commission of the States Workshop and Report, "Bridging the Gap Between Neuroscience and Education."

2. Early Development Specialists

Ron Lally, Ed.D. (highly supported by HHS, NICHD, EG, DOE)

Director, Center for Child and Family Services

WESTED/Far West Laboratory

Sausalito, CA

FOCUS: Research on 1) the social emotional development in infancy; 2) the effects of family support on the development of young children; 3) the training of adults who provide care for infants and toddlers; and 4) the impact of early intervention on later adult functioning. Lally is currently part of a consortium funded to provide training and assistance to 68 of the new Early Head Start sites across the country. Also, he directs two early intervention initiatives in northern California -- one that is a 25-year study of the impact of family support and quality child care on poor families.

Craig Ramey, Ph.D. (Recommended by NICHD, EG)

Developmental Psychologist

Professor, Departments of Psychology, Pediatrics, Sociology and Public Health

University of Alabama, Birmingham

FOCUS: Development of intervention programs to reduce the incidence of mental retardation, particularly among socioeconomically deprived populations. Ramey's research has guided the development and expansion of community-based services, including early intervention and prevention, family and individual supports, assistance technology, transition to adulthood, employment, aging, and assistance to rural families.

Carol Brunson Phillips, Ph.D. (Recommended by DOE, EG)

Executive Director

Council for Early Childhood Professional Recognition

Washington, D.C.

FOCUS: Research relating to the effects of care-giving adults' racial attitudes on the development of young children. Phillips has served as a consultant to Head Start, the National Center for Clinical Infant Programs, and the National Association for the Education of Young Children on projects related to multicultural and bilingual issues.

Deborah Phillips (Recommended by NICHD, EG)

Director, Board on Children, Youth and Families

National Research Council

Commission on Behavioral and Social Sciences and Education

Washington, DC

FOCUS: Child care quality. Most recently, Phillips served as Principal Investigator of the Virginia site of the National Institute of Child Health and Human Development's Study of Early Child Care. She also serves on numerous task forces and advisory groups that address child and family policy issues, including the Task Force on Meeting the Needs of Young Children of the Carnegie Corporation of New York, the research task force of the Secretary's Advisory Committee on Head Start Quality and Expansion of the U.S. Department of Health and Human Services and the Advisory Committee on Services for Families with Infants and Toddlers of the

U.S. Administration for Children and Families.

- CSPAN?
- Review, preview show/clip

Suzanne Randolph, Ph.D.
Department of Family Studies
University of Maryland

FOCUS: Research on the normative development of African American infants, toddlers and pre-schoolers. Randolph is a member of the National Advisory Panel for the evaluation of Early Head Start.

Heidelise Als, Ph.D.
Director of Neurobehavioral Infant and Child Studies
Children's Hospital - Boston

FOCUS: Research on premature, low-weight babies who have intracranial hemorrhages. Als' research has led to new procedures in neonatal intensive care nurseries. Dr. Als has found that by reducing the amount of light, noise, and disruptions to which preemies are subjected, they spend less time in the hospital, have better sensory integration, and tend to have better overall outcomes than do preemies who receive traditional intensive care nursery handling. In 1995, Dr. Als received the Decade of the Brain Research Award from the Chicago Institute for Neurosurgery and Neuroresearch.

good
about
with

Bettye Caldwell, Ph.D.
Professor of Pediatrics in Child Development and Education
University of Arkansas for Medical Sciences
Arkansas Children's Hospital
Little Rock, AR

FOCUS: Extensive research on the effects of early day care and the effects of day care attachment. Caldwell is committed to the scientific value of multi-site collaborative research and has had extensive experience in this area as part of the eight-site Infant Health and Development Program and currently as part of the NICHD Study of Early Child Care. Over the past three decades, Caldwell has been involved in the design and operation of early enrichment programs. A major aspect of the research which has undergirded Caldwell's work has been the development and refinement of the HOME (Home Observation for Measurement of the Environment) Inventory, now international accepted as the standard method of assessing the amount of stimulation and support available for development within the family.

Generalists:

T. Barry Brazelton, M.D. (Universally recommended)
Clinical Professor of Pediatrics
Children's Hospital of Pediatrics
Boston, MA

FOCUS: "America's Pediatrician." Brazelton has published widely, focusing on the contribution of the neonate to the parent-infant relationship, the development of attachment over the first four months between parent and infant, cross-cultural studies of infant behavior and of early parenting practices, and importance of early intervention with at-risk infants and their

Meaningful Diff. study
- Daniel Goldberg, Child Intelligence
- Sharon Darling, Family Library
Audience of those involved

Barry Zuckerman, Realist
is real

parents.

Donald Cohen
Yale University
ML recommended

PANEL #2: EXPLORATION OF WHAT COMMUNITIES AND VARIOUS SECTORS OF SOCIETY CAN DO TO SUPPORT PARENTS AND EQUIP THEM WITH THE CURRENT RESEARCH

Purpose: To highlight what is being done, what could be done, and what will be done on all levels of society to support families and enhance early childhood development, including:

- Community efforts and grassroots practices;
- Private sector commitments; and
- Policies that take into account the research's implications for our social delivery systems, including child care, health, welfare and the workplace.

This panel would also provide the venue for the President to make announcements, issue challenges, underscore the government's role in this issue and highlight his Administration's initiatives.

Possible Panelists:

The list of recommended people and categories below is far from exhaustive and requires further vetting and input from the field.

Barry Zuckerman

Medical Director

Boston Medical Center

Professor and Chairman of the Department of Pediatrics

Boston University School of Medicine and Boston City Hospital

ROLE: To announce the national expansion of Reach Out and Read (commitments to the secured through HRC White House convening in next few weeks).

Anticipate + answer hard Q's

Rob Reiner

Castle Rock Entertainment

ROLE: To announce his public engagement campaign (perhaps formally launch?)

Early Head Start Instructor and/or Parent

ROLE: To discuss how intervention program improves parenting skills.

Minor example

Business Leader with Family Friendly Workplace that Targets Early Child Development

ROLE: To describe business' "family friendly" workplace strategies that target early child

ABC consortium

development, geared to new parents and their children, yielding better parents and workers.

Religious Leader

ROLE: To describe a model program run by religious community leaders and thereby highlight the role that the faith community can play in helping to reach new parents and children in their earliest years.

Leaders/Clients of Model Community-Based Programs

ROLE: To illustrate the significance of community-based programs that target new parents and children in their earliest years, including those that focus on engaging fathers in their children's lives.

3. Audience:

It will difficult to narrow the list of audience members to a size that can fit the East Room, given the extraordinary amount of interest and enthusiasm for this issue. Our goal will be to develop a balanced list of parents, key experts, researchers, scientists, community leaders, religious leaders, business leaders, and so forth.

ROLE: Interactive. Parents will ask questions of the first panel; and others key leaders can ask questions of the second panel.

Draft
EXECUTIVE SUMMARY

Rethinking the Brain
New Insights into Early Development

Conference Report
*Brain Development in Young Children:
New Frontiers for Research, Policy and Practice*

Organized by the Families and Work Institute
June 1996

Funded by
Carnegie Corporation of New York
The Charles A. Dana Foundation, Inc.
The Harris Foundation
Robert R. McCormick Tribune Foundation

A father comforts a crying newborn. A mother plays peekaboo with her ten-month-old. A teacher reads to a toddler. And in a matter of seconds, these children's growing brains respond. Brain cells are "turned on," activated by this particular experience. Existing connections among brain cells are strengthened, and at the same time, new connections are formed, adding more definition and complexity to the intricate circuitry that will remain in place for the rest of these children's lives.

We didn't always know it worked this way. Until recently, it was not widely believed that the brains of newborns could be so active and so complex. Nor did we realize how flexible the brain is. Only 15 years ago, neuroscientists assumed that by the time babies are born, the structure of their brains was genetically determined. They did not recognize that the experiences that fill a baby's first days, months and years have such a decisive impact on the architecture of their brains, or on the nature and extent of their adult capacities. Today, thanks in part to decades of research on brain chemistry and sophisticated new technologies, neuroscientists are providing evidence for assertions that would have been greeted with polite skepticism ten or twenty years ago.

Until recently, it

In June 1996, a two-day conference was convened at the University of Chicago by the Families and Work Institute to discuss new knowledge about early brain development and its implications for children in the United States. Entitled *Brain Development in Young Children: New Frontiers for Research, Policy and Practice*, the conference affirmed that the nation as a whole has a vital stake in its youngest children's learning and healthy development. The conference brought together professionals from the neurosciences, developmental and clinical psychology, medicine, education, human services, the media, business, and public policy to look at what we know about the brain and how that knowledge can and should inform our efforts to improve results for children and their families. The proceedings and a range of background materials provided by participants and other researchers served as the basis for the conference report, which is summarized here.

was not widely

believed that the

brains of newborns

could be so active

and so complex.

I. Breakthroughs in Neuroscience — Why Now?

Every field of endeavor has peak moments of discovery and opportunity—when past knowledge converges with new needs, new insights, and new technologies to produce stunning advances. For neuroscience, this is one such moment. Certainly, the development of new research tools has been a crucial factor. New brain imaging technologies have made it possible to investigate—and get a glimpse of—how the brain develops and how it works.

Brain research has been stimulated, in part, by growing concern about the status of children in America—not only their academic achievement, but also their health, safety, and overall well-being. Two decades of research in diverse fields have confirmed the importance of the first few years of life. Given these findings, more Americans are expressing misgivings about the effectiveness of investments and educational reform efforts that begin only when children reach the age of five. There is growing consensus, among

decision makers in many fields, that efforts to recast policy and reconsider the best use of public resources must begin with clearheaded thinking about how brains develop.

II. What Have We Learned?

The literature and the research presented at the June 1996 conference point to five key lessons that have the potential to reframe research, policy, and practice in diverse fields.

1. Human development hinges on the interplay between nature and nurture.

Much of our thinking about the brain has been dominated by old assumptions—that the genes we are born with determine how our brains develop, and that in turn how our brains develop determines how we interact with the world. Recent brain research disproves these assumptions. Neuroscientists have found that throughout the entire process of development, beginning even before birth, the brain is affected by environmental conditions, including the kind of nourishment, care, surroundings, and stimulation an individual receives. The impact of these environmental factors on the young is dramatic and specific, not merely influencing the general direction of development, but actually affecting how the intricate circuitry of the human brain is “wired.” And because every individual is exposed to different experiences, no two brains are wired the same way.

The developing brain produces many times more neurons (brain cells) and more synapses (connections among brain cells) than it will eventually need. Most of the extra neurons are shed by the time a baby is born. But in normal growth and development the number of synapses increases markedly in the first four years, and then holds steady throughout the first decade of life. In this way, a child’s brain becomes super-dense, with twice as many synapses than it will eventually need. Brain development is, then, a process of pruning: those synapses that are formed and reinforced by virtue of early experience tend to become permanent; the synapses that are not used tend to be eliminated. In this way, as babies and toddlers gain more experience, positive or negative, the brain’s wiring becomes more defined. This process requires considerable energy; for most of the first decade of life, children’s brains are more than twice as active as those of adults.

New knowledge about brain function should end the “nature or nurture” debate once and for all. A great deal of new research leads to a single conclusion: how humans develop and learn depends critically and continually

For most of the first

decade of life,

children’s brains

are more than

twice as active as

those of adults.

on the interplay between nature (an individual's genetic endowment) and nurture (the nutrition, surroundings, care, stimulation, and teaching that are provided or withheld). The impact of nature and nurture in shaping human development should not be measured quantitatively; genetic and environmental factors have a more dynamic, qualitative interplay that cannot be reduced to a simple equation. Both are crucial.

2. Early care has decisive and long-lasting effects on how people develop and learn, how they cope with stress, and how they regulate their own emotions.

Some people have long known—and psychological studies have shown—that babies thrive when they receive warm, responsive early care; now we are beginning to understand the biological mechanisms that underlie this knowledge. Recent brain research suggests that warm and responsive care is not only comforting for an infant; it plays a vital role in healthy development. Warm and responsive care means meeting babies' basic needs for food and shelter as well as responding to their moods and efforts to communicate. The care children receive directly affects the formation of neural pathways.

In particular, individuals' capacities to control their own emotional states appear to hinge, to a significant extent, on biological systems shaped by their early experiences and attachments. There is no single "right" way to create this capacity; sensitive care can take many forms. But children who are emotionally neglected or abandoned very early in life often have difficulty with such brain-mediated functions as empathy, attachment, and emotional expression.

Neuroscientists are finding that a strong, secure attachment to a nurturing adult can have a protective biological function, helping a growing child withstand the ordinary stresses of daily life. These are the implications of studies that have gauged children's reactions to stress by measuring the levels of a steroid hormone called cortisol in their saliva. Researchers have found that adverse or traumatic events, whether physical or psychological, can elevate an individual's cortisol level. Chronically high cortisol levels can make a child vulnerable to processes that lead to the loss of some neurons and, just as importantly, reduce the number of synapses in certain parts of the brain. And in fact, children with chronically high cortisol levels have been shown to experience more delays in cognitive, motor, and social development than other youngsters. But new research shows that babies who receive warm and responsive care in the first year of life are less likely to respond later to minor stress by producing cortisol than other children. And when they do react to stress by producing cortisol, they can turn off the response more quickly and efficiently. This protective effect appears to last throughout childhood and beyond.

Neuroscientists are finding that a strong, secure attachment to a nurturing adult can have a protective biological function, helping a growing child withstand the ordinary stresses of daily life.

3. The human brain has a remarkable capacity to change, but timing is crucial.

There is mounting evidence of the brain's neuroplasticity. This means that the brain has the capacity to change in important ways in response to experience. We now have scientific evidence that the brain is not a static entity, and that an individual's capacities are not fixed at birth. There are few preset limits to an individual's learning potential. The brain itself can be altered—or helped to compensate for problems—with appropriately timed, intensive intervention. In the first decade of life, the brain's ability to change and compensate are especially remarkable.

Because the brain has the capacity to change, parents and other family members, friends, child care providers, teachers, doctors, and others have ample opportunities to promote and support children's healthy growth and development. But timing is critical. While learning continues throughout the life cycle, there are optimal periods of opportunity—"prime times" during which the brain is particularly efficient at specific types of learning. For example, the brain is best able to acquire language skills during the first decade of life, when synapse density and metabolic activity in the part of the brain that processes language are very high. In the neurobiological literature, these times are called "critical periods."

4. The brain's plasticity also means that there are times when negative experiences or the absence of appropriate stimulation are more likely to have serious and sustained effects.

New knowledge about the vulnerability of the developing brain to environmental factors suggests that early exposure to nicotine, alcohol, and drugs (in utero and in the postnatal environment) may have even more harmful and long-lasting effects on young children than was previously suspected.

A number of studies indicate that maternal smoking during pregnancy can, in some cases, affect brain development, inhibiting neuron growth. It can also have an impact on the brain's biochemistry and can alter DNA and RNA synthesis in the brain. Children exposed to nicotine before birth appear to be at higher risk of developmental delays or impairments. And in fact, research suggests that the children of mothers who smoke during pregnancy have somewhat higher rates of neurobehavioral difficulties, including inattention, impulsivity, and hyperactivity.

To an even greater degree than nicotine, exposure to cocaine in utero may affect the brain's biochemistry. Early in gestation, it can disrupt the migration of neurons up the cortical wall. Later in the prenatal period,

While learning continues throughout the life cycle, there are optimal periods of opportunity—"prime times" during which the brain is particularly efficient at specific types of learning.

exposure to cocaine can interfere with the production of synapses. Many children exposed to cocaine in utero have been found to have difficulty with attention, and appropriate responses to stress.

After birth, exposure to adverse environmental conditions can also have harmful effects on brain development. Early experiences of trauma or ongoing abuse, whether in utero or after birth, can interfere with development of the subcortical and limbic areas of the brain, resulting in extreme anxiety, depression, and/or the inability to form healthy attachments to others. Adverse experiences throughout childhood can also impair cognitive abilities, resulting in processing and problem-solving styles that predispose an individual to respond with aggression or violence to stressful or frustrating situations.

A number of researchers have focused their attention on specific circumstances that may interfere with warm and responsive care during critical periods, including maternal depression. While not all babies of depressed mothers show negative effects, maternal depression can impede healthy brain development, particularly in the part of the brain associated with the expression and regulation of emotions. Post-partum depression that lasts only a few months does not appear to have a lasting impact; but babies who are from six to eighteen months old when their mothers suffer from depression appear to be at greater risk. When mothers are treated for or recover from depression, their young children's brain activity and their behavior can improve significantly.

Many of the risk factors described above occur together, thereby jeopardizing the healthy development of young children. Research additionally shows that many of these risk factors are associated with or exacerbated by poverty. Today, fully a quarter of American children under the age of six are growing up in poverty. Economic deprivation affects their nutrition, access to medical care, the safety and predictability of their physical environment, the level of family stress, and the quality and continuity of their day-to-day care.

5. Evidence amassed by neuroscientists and child development experts over the last decade point to the wisdom and efficacy of prevention and early intervention.

Study after study shows that well-designed programs created to promote healthy cognitive, emotional, and social development can improve the prospects—and the quality of life—of many children, and in some cases can even ameliorate conditions once thought to be virtually untreatable, such as autism or mental retardation.

A number of widely-known, well-documented studies of programs designed to help infants and toddlers and their families, suggest that well-conceived,

While not all babies of depressed mothers show negative effects, maternal depression can impede healthy brain development, particularly in the part of the brain associated with the expression and regulation of emotions.

well-implemented programs can brighten children's futures. The efficacy of early intervention has been demonstrated and in some cases replicated in diverse communities across the nation. Children from families with the least formal education appear to derive the greatest cognitive benefits from intervention programs. Moreover, the impact of early intervention appears to be long-lasting, particularly when there is follow-up during the elementary school years.

Intensive, developmental care also improves the prospects of preterm infants, who come into the world with brains that have had less time to mature in the protected intrauterine environment, and are therefore even more vulnerable to the environment. Traditionally, these babies have spent their first weeks in incubators or isolettes, with bright lights, beeping monitors, and little human contact. Research has shown that responsive care in a more soothing environment can significantly increase preterm infants' chances for physical and mental health, while substantially reducing hospital stays and costs.

New insights into the brain's early development and functioning have allowed some researchers to address neurological impairments with greater precision. For example, with the aid of brain imaging (MRI) studies, researchers have been able to study and detect auditory processing problems in babies six to nine months old before language impairment becomes evident. Once a problem has been pinpointed, specific, individualized interventions can be introduced at a time when the brain's plasticity is particularly marked.

III. Where Do We Go From Here?

In most spheres of knowledge, what we don't know far exceeds what we do know. Brain research is no exception. Coming years promise to yield new discoveries about how the brain develops and how children's capacities grow and mature. Neuroscientists are likely to shift their attention from general questions about how brain circuitry is formed to more specific investigations of the functions of specific regions of the brain—including how, and how much, they are influenced by the environment.

There appeared to be considerable agreement among conferees around key assertions summarized in this report, including the importance of the interplay between nature and nurture; the extent and rapidity of early development; the brain's remarkable plasticity; the importance of strong, secure early attachments; and the efficacy of prevention and early intervention. In addition, three key principles of societal response emerged in the discussions:

**The efficacy of
early intervention
has been
demonstrated and
in some cases
replicated in
diverse
communities across
the nation.**

First do no harm. New insights into the brain suggest that the principle that guides medical practice should be applied just as rigorously to all policies and practices that affect children: first do no harm. That means allowing parents to fulfill their all-important role in providing and arranging for sensitive, predictable care for their children. Any and all policies or practices that prevent parents from forming strong, secure attachments with their infants in the first months of life need urgent attention and reform. At the same time, parents need more information about how the kind of care they provide affects their children's capacities. First do no harm also means mounting urgent, intensive efforts to improve the quality of early care and education.

Prevention is best, but when a child needs help, intervene quickly and intensively. Knowing that early experience has such a strong influence on brain development, parents may worry that every unpleasant sensation or upsetting experience will become a neurological nightmare. Families may rest assured that in most cases, a history of consistent, warm and responsive care cushions children from the occasional bumps and bruises that are inevitable in everyday life. In most cases, children can recover even from serious stress or trauma. And if they are given timely and intensive help, many can overcome a wide range of developmental problems. To have the greatest impact, interventions must be timely and must be followed up with appropriate, sustained services and support. More detailed knowledge about specific aspects of brain development and functioning will allow the design of interventions that more closely match children's needs.

Promote the healthy development and learning of every child of every age, every demographic description, and every risk category. If we miss early opportunities to promote healthy development and learning, later remediation may be more difficult and expensive, and may be less effective given the knowledge and methods that are currently available. However, this theme was sounded repeatedly: risk is not destiny. Numerous cases were cited of individuals who have thrived despite adverse conditions. The medical, psychological, and educational literatures contain sufficient examples of people who develop or recover significant capacities after critical periods have passed to sustain hope for every individual, and to support ongoing efforts to enhance the cognitive, emotional, and social development of youth and adults in every phase of the life cycle.

Families may rest assured that in most cases, a history of consistent, warm and responsive care cushions children from the occasional bumps and bruises that are inevitable in everyday life.

Implications for Policy and Practice

New insights into early development confront policy makers and practitioners in many fields with thorny questions and difficult choices. As we move into the next century, our children need and deserve policies that reflect the importance of the early years, and that embody the principles that emerged from the brain conference: first do no harm; use prevention, but if a

child needs help, intervene quickly and intensively, and promote the healthy development of every child.

In particular, new knowledge about early development adds weight and urgency to the following policy goals:

Improve health and protection by providing health care coverage for new and expectant parents. Neuroscientists emphasize that the prenatal period is an active period of development. And yet, about one in four pregnant women receives little or no prenatal care. The first three years of life are also filled with opportunity and risk, but some three million children in this age span are uninsured or underinsured.

Promote responsible parenthood by expanding proven approaches. All parents can benefit from solid information and support as they raise their children; some need more intensive assistance. There is research evidence that certain parent education/family support programs promote the healthy development of children, improve the well-being of parents, and are cost-effective.

Safeguard children in child care from harm and promote their learning and development. Researchers have found that the nation's youngest children are the most likely to be in unsafe, substandard child care. More than one third are in situations that can be detrimental to their development, while most of the rest are in settings where minimal learning is taking place. We can do better. Studies show that it is possible to improve quality, creating settings in which children can thrive and learn.

Enable communities to have the flexibility and the resources they need to mobilize on behalf of young children and their families. Efforts are now underway across the nation to mobilize communities on behalf of young children and their families. Many localities are bringing together decision makers to create a vision of the kind of community they want to be part of, to develop goals and sustainable strategies for achieving that vision, to determine how to finance their efforts, and to make provisions for gauging results. These efforts need and deserve support from national, state, and local leaders, as well as from leaders of business, the media, community organizations, and religious institutions.

* * * *

In short, new insights into early brain development suggest that as we care for our youngest children, as we institute policies or practices that affect their day-to-day experience, the stakes are very high. But we can take comfort in the knowledge that there are many ways that we as parents, as caregivers, as citizens, and as policy makers can raise healthy, happy, smart children. We can take heart in the knowledge that there are many things that we as a nation can do, starting now, to brighten young children's future and ours.

As we move into
the next century,
our children need
and deserve
policies that reflect
the importance of
the early years.

WHITE HOUSE POLICY COORDINATION AND DEVELOPMENT STRATEGY TO TARGET EARLY CHILDHOOD DEVELOPMENT

The White House Conference on Early Learning and the Brain presents a unique opportunity to highlight the Clinton Administration's ongoing commitment to enhancing the development of children during their earliest years of life.

Our Administration policy goals for the Conference are:

1. To highlight successful, existing programs throughout the federal government that bear on the earliest years of a child's life; and
2. To announce further initiatives.

Toward that end, the President has will issue an Executive Memorandum to all the heads of departments and agencies throughout the government to provide, in thirty days, lists and assessments of existing programs and planned projects, as well as proposals for additional projects that will enhance early childhood development. The Executive Memorandum also calls for the establishment of a senior level interagency working group to share, examine, and develop these plans.

Interagency Working Group

While the Executive Memorandum will direct the Departments to report to the White House formally, we will continue to work with the Departments through the Interagency Working Group to develop the best initiatives for announcement at the Conference. While the bulk of the work on early childhood development is being done at the Departments of Education, Health and Human Services, and Justice, it is clear that the mission and activities of nearly all federal agencies bear on this important issue.

February 19, 1997

1997 FEB 19 10 1 448

MEMORANDUM FOR THE HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

SUBJECT: Federal Policies Targeted to Children in Their Earliest Years

Over the past few years, scientific research has demonstrated that the earliest years of life -- before children reach school-age -- are critical to cognitive, emotional, and physical development. We know that emotional nourishment, intellectual stimulation, parental and community support, good nutrition, proper health care, quality child care, and safe housing during the first years of life form the foundation for a child's ability to learn, thrive in school, work productively and contribute fully to society.

Across the federal government, we are making great strides to enhance development during the earliest years of life, before a child reaches school, by investing in research, educating parents and caregivers, and supporting programs that provide early intervention to disadvantaged families. I am committed to accelerating our efforts to target the earliest years of life. We all have a stake in ensuring that every child is given the opportunity to fulfill his or her God-given potential.

Today, I am directing the heads of executive departments and agencies to report to me in thirty days with:

1. a comprehensive list and assessment of existing projects and programs that target the earliest years of life -- including any qualitative or quantitative evidence of success, as well as current funding level and number of clients served -- and a description of proposed improvements, if any are needed, to such projects and programs;
2. a comprehensive list and assessment of planned projects and programs that target the earliest years of life, including projected funding levels and number of clients to be served; and
3. specific proposals for additional projects and programs that could be undertaken to improve the earliest years of life that do not require new spending, or that can be undertaken this year within the proposals in the FY 1998 Budget, or that could be developed for consideration for the FY 1999 Budget, within the limits of my Balanced Budget Plan.

I am also directing the establishment of a senior level interagency working group to share, examine, and develop these assessments and plans.

THE EARLIEST INTERVENTIONS **A SAMPLE OF FEDERAL EFFORTS**

DRAFT

The following are a sample of programs and resources throughout the federal government focused on our nation's youngest children. Over the next few months this document will be expanded to include more activities and more information.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Early Head Start grants expand the proven benefits of early childhood development to low income families with children under three and to pregnant women. Combined with last year's grants, Early Head Start now totals 142 programs across the country. Using the Head Start model, these programs enhance children's cognitive, social, emotional and physical development; assist parents in fulfilling their parental roles; and help parents move toward self-sufficiency.

The Healthy Tomorrows Partnership for Children program began in 1989 as a collaborative venture between the Maternal and Child Health Bureau and the American Academy of Pediatrics. Its purpose is to stimulate innovative programs that prevent disease and disability and promote health and access to health care services for children nationwide. Funded projects include a range of activities such as intervention and care coordination services for children with special health needs and expanded perinatal care and parent education services.

The Child Care and Development Fund, brings together, for the first time, four Federal child care subsidy programs and allows States to design a comprehensive, integrated service delivery system to meet the needs of low-income working families. Additionally, the Child Care and Development Fund sets aside a minimum of four percent of Federal and State funds to improve the quality and availability of healthy and safe child care for all families

The Healthy Child Care America Campaign is a joint effort of the Child Care Bureau and the Maternal and Child Health Bureau to promote the healthy development of children. The Campaign seeks to enhance health education for child care workers and parents, support programs' efforts to create healthy environments for children, and better link programs with community health resources. The Action Step Strategy Sheets, Resources, and Examples provide possible strategies that communities can use to implement particular action steps. The strategies can be used by child care providers, health providers, families, child care regulators, policymakers, and businesses.

DEPARTMENT OF EDUCATION

The National Center for Early Development and Learning, established in 1996, has a five year mission to identify and study issues of national significance to young children and their families and to disseminate that information widely to researchers, practicing professionals and families. The Center's research focuses on enhancing the cognitive, social and emotional development of children from birth through age eight.

The Even Start Family Literacy Program is a family-focused program providing participating families with an integrated program of early childhood education, adult literacy and basic skills instruction, and parenting education. There are 576 local Even Start programs supporting parents in every state and the District of Columbia. Even Start is an integral component of Title I, the single largest federal program supporting K-12 education.

Ready-to-Learn Television provides for the development, production, and distribution of educational and instructional video programming for preschool and elementary children and their parents in order to facilitate the achievement of the National Education Goals. Support materials are produced for young children, their parents, child care workers, and Head Start providers to increase the effective use of the programming. There was \$7 million was made available in FY 1997.

In the Program for Infants and Toddlers with Disabilities States may make early intervention services available to eligible infants and toddlers (birth through two years). Under the Individuals with Disabilities Act (IDEA) states must provide special education services to eligible preschool children (ages 3-5). Individual Family Service Plans are developed to support children and meet their needs while supporting and building on the individual strengths of the family. Support groups for parents such as Parent-to-Parent are available, as well as parent training.

The Goals 2000: Educate America Act calls for parents to be involved in the development of state and local Goals 2000 plans. In addition, Title IV of Goals 2000 calls for the implementation of **Parent Resource Centers** in every state by the year 1998. The Centers provide parents with training, information, and support in learning about the National Education Goals and how to help their children -- from preschool through high school -- achieve high standards. The activities of the centers include (1) coordinating with existing programs that support parents in helping their children be ready for school and be able to reach high standards; (2) developing resource materials and providing information about high quality programs to families, schools, school districts and others through conferences, workshops and dissemination of materials; and (3) supporting a variety of promising models of family involvement programs, including Parents as Teachers and Home Instruction for Preschool Youngsters.

America Reads' Parents As First Teachers Challenge Grants: The President's America Reads Challenge to make sure that every child can read well by the end of the third grade includes Parents as First Teachers Challenge Grants that will invest in proven efforts to provide assistance to parents who want to help ensure their children read well. The grants will fund national and regional networks to share information on how parents can help children to read, and fund the expansion of successful local programs, such as the Home Instruction Program for Preschool Youngsters (HIPPY) or the Parents as First Teachers (PAT) program.

Read*Write*Now is an intensive summer component of the President's America Reads Challenge. More than 60 businesses and reading associations, community and religious groups joined together with Education Secretary Richard Riley and have provided summer reading partners to almost one million children.

U.S. DEPARTMENT OF JUSTICE

The **Prenatal and Early Childhood Nurse Home Visitation Program** seeks to improve the health and social functioning of low-income, first-time mothers and their babies through nurse home visits in the first two years of a child's life. This effort relies on a highly-regarded and well-tested home visiting model. The Executive Office for Weed and Seed and the Office of Juvenile Justice and Delinquency prevention joined with HHS's Administration for Children and Families to support this project.

Through **Safe Kids/Safe Streets**, Office of Justice Programs' agencies are collaborating to support efforts to reduce juvenile delinquency exploiting what we know about the connection between child abuse/neglect and the subsequent development of violent and delinquent behavior. This effort will work to break the cycle of child and adolescent abuse and neglect. It seeks, thereby, to substantially reduce child maltreatment and fatalities, and ultimately to improve outcomes for children and families.

Family Strengthening Training and Technical Assistance. This multi-faceted project addresses prevention, early intervention, and effective crisis intervention through a range of activities that includes: a publication of identifying exemplary family strengthening programs; regional training conferences to showcase exemplary and promising programs, and training; and technical assistance to interested sites that seek to enhance or establish a continuum of family strengthening efforts.

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

The **Early Childhood Development Program** helps to provide quality child care opportunities for families living in public housing communities. The program helps to establish childhood development services to facilitate the employability of the parents or guardians who are residing in public housing, and to provide early childhood development services to families who are homeless or at risk of becoming homeless.

The Office of Lead Based Paint and Poisoning has as central to its mission the reduction of childhood lead poisoning. Of the 64 million dwelling units that contain lead-based paint, 4 million have lead-based hazards and are currently occupied by young children. The HUD program, combined with other local, state and federal funds, targets those houses where lead poisoning rates are highest and where private financing is not feasible.

U.S. DEPARTMENT OF AGRICULTURE

The Food Stamp Program currently reaches over 13 million children--more than half of all participants--each month. Over 80 percent of all food stamps--\$18 billion in 1996--benefit families with children. Over 85 percent of eligible children are served by the program--and nearly 95 percent of those under age 5. Food Stamp benefits enable low-income families to obtain a better diet by increasing their food purchasing power.

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides a targeted package of nutritious food, nutrition education, and referrals to health and social services to low-income childbearing women and children from birth to age 5. About 70 percent of all eligible low-income children under 5 participate. Virtually all eligible children participate as infants--in fact, approximately 45 percent of all infants born in the U.S. receive WIC benefits. WIC has been demonstrated to improve children's nutritional status, immunization rates, and cognitive development. Children also benefit from their mothers' prenatal WIC participation, which has been shown to reduce infant deaths, low birthweight, and premature births.

U.S. DEPARTMENT OF LABOR

The Working Women Count Initiative has surveyed over 250,000 working women to find out how they feel about their jobs -- what they liked, what they didn't like, and what they would change. Overwhelmingly, they indicated they needed help in balancing work and family. These findings provided support for future activities which included, sponsoring community child care forums and publishing *Care Around the Clock: Developing Child Care Resources Before 9 and After 4*. Since May, 1995 more than 10,000 copies of this publication have been distributed to parents.

The Working Women Count Initiative also included **The Honor Roll**. To join the Honor Roll, employers and organizations had to initiate programs or policies to make positive, concrete change in the lives of working men and women and their families. Over the past two years more than 1200 employers and organizations, public and private, large and small, have made pledges--from flexible work schedules to child care on snow days; from business school scholarships to paid leave for participating in a child's school activities.

U.S. GENERAL SERVICES ADMINISTRATION

Federally Funded Child Care

Child Care for Federal Employees is a high priority of the Administration. Presently nearly 800 child care centers operate under the auspices of the Federal government throughout the United States and at military installations around the world, making the nation's largest employer also its largest supporter of worksite child care programs. The centers care for the children of both government and non-government employees, many from the age of six weeks.

U.S. OFFICE OF PERSONNEL MANAGEMENT

Family-Friendly Leave Policies for Federal Employees support employees' family responsibilities and enhance the commitment and productivity of the workforce. In particular **The Family and Medical Leave Act** entitles covered Federal employees up to a total of 12 administrative workweeks of unpaid leave during any 12-month period for (a) the birth of a son or daughter or care of the newborn; (b) the placement of a son or daughter with the employee for adoption or foster care; (c) the care of a spouse, son, daughter, or parent with a serious health condition; and (d) a serious health condition of the employee that makes him/her unable to perform the duties of their job.

U.S. DEPARTMENT OF DEFENSE

Child Care System. DoD has the largest employer sponsored program in the country serving over 200,000 children daily (ages birth -12). It includes: child development centers, family child care homes, school-age care programs, and information and referral services.

Early Intervention and Preschool for Children with Disabilities/Delays. DoD provides early intervention and special education to eligible DoD dependents living on military installations in the United States or living in overseas locations. Nearly 2,000 infants and toddlers or preschool aged children currently receive services such as special education, early intervention, physical, occupational and speech therapy.

Family Centers and Child Development programs offer a range of parenting classes. The programs aim to enhance the knowledge and skill of parents in dealing with young children. Programs range from strategies for infants and toddlers, child development, discipline, developmental activities parents can do with children and how to enjoy being a parent. Special deployment programs help prepare service members and young children cope with the separation of the parent.

CLINTON ADMINISTRATION EFFORTS TO SUPPORT THE DEVELOPMENT OF AMERICA'S YOUNGEST CHILDREN

"Learning begins in the first days of life. Scientists are now discovering how young children develop emotionally and intellectually from their very first days, and how important it is for parents to begin immediately talking, singing, even reading to their infants.... We already know we should start teaching children before they start school."

President Bill Clinton
State of the Union Address
February 4, 1997

Preparing our children for the 21st century is among our most important national priorities. Over the past few years, scientific research has demonstrated that the earliest years of life -- before children reach school age -- are critical to their cognitive, emotional, and physical development. President Clinton is meeting the challenge to improve those years by investing in research, supporting parents and caregivers, and strengthening programs that provide early intervention to disadvantaged families. To build on this progress, the President and the First Lady will convene a White House conference this spring to explore the implications of these recent scientific discoveries for parents and policy makers.

Increased participation in Head Start, created Early Head Start for 0-3 year olds, and improved program quality. For more than thirty years, Head Start has been one of our nation's best investments. By ensuring that low-income children start school ready to learn, Head Start pays for itself. For that reason, President Clinton has made expanding and improving Head Start a priority of his Administration. Over the past four years funding for the program has increased by 43%; the program now serves 800,000 low-income 3-4 year olds, including thousands of 0-3 year olds and their families. Initiated in 1994, *Early Head Start* now totals 142 programs across the country, expanding the proven benefits of Head Start to low income families with children under three. Over the last three years, the Clinton Administration has also invested significantly in improving program quality, providing local programs with the resources they need to attract and retain high quality teachers and ensuring the safety of Head Start centers. The President's 1998 budget proposal provides a \$324 million increase in Head Start's budget, so that it can serve 122,100 more children than in 1993 while continuing to improve program quality, remains on course to serve 1 million children by 2002.

Increased participation in WIC program. WIC Supplemental Nutrition Program provides nutrition packages, nutrition education, and health referrals to low-income pregnant women, infants, and children. Over the past four years participation has expanded by 1.7 million, from 5.7 to 7.4 million women, infants, and children. The increase in the President's budget proposal fulfills his commitment to achieving full participation in WIC by the end of 1998. Research shows that WIC prenatal services save Medicaid much more than they cost by reducing health care expenses in the first 60 days after birth.

Raised Childhood Immunization Rates to an All-Time High of 75 Percent. The President's Childhood Immunization Initiative focuses on five areas: 1)improving the quality and quantity of vaccination delivery services; 2) reducing the vaccine cost for parents; 3)increasing community participation, education and partnerships; 4)improving systems to monitor diseases and vaccinations; and 5) improving vaccines and vaccines use. This initiative builds on the efforts of the past four years which has achieved notable success: in 1995 seventy-five percent of two-year olds were fully immunized -- an historic high. Funding for childhood immunization has more than doubled since FY 1993. And this increase has resulted in tremendous savings because vaccines are cost effective. For example, more than \$21 are saved for every \$1 spent on measles/mumps/rubella vaccine and more than \$29 are saved for every \$1 spent on diphtheria/tetanus/pertussis vaccine.

Improved Support for Infants and Toddlers with Special Needs. Under the Individuals with Disabilities Education Act (IDEA), the Infants and Families Program supports the continuing efforts of States to implement quality statewide systems of early intervention services for infants and toddlers with disabilities. Over the past four years funding for the program has increased by 48% or \$102.5 million. During the same period, the number of children served increased by 21.5 percent. An estimated 191,000 children will be served in FY 1998.

Enhanced Family Literacy Program. Even Start Family Literacy is a family-focused grant program to improve the educational opportunities of children and their parents in low-income areas by integrating family literacy activities, including early childhood education, adult education, and parenting education. Over the past four years funding for Even Start has increased by almost 46% to support programs in every state and the District of Columbia.

Improved Child Care in Public Housing. The Early Childhood Development Program helps to provide quality child care opportunities for families living in public housing communities, as well as families who are homeless or at risk of becoming so. The program allows parents or guardians who are residing in public housing, to get and keep jobs by ensuring that their children are cared for. In 1996, \$21 million was awarded to public housing sites across the country -- three times more than in 1994.

Provided funding for Parent Resource Centers in 42 States. In addition to involving parents in the development of state and local Goals 2000 education plans, the President's Goals 2000 program provides funding for each state to establish parent resource centers that help parents learn how to help their children achieve high standards. The centers coordinate existing programs, provide resource materials, and support a variety of programs that strengthen family involvement in education. In fiscal year 1997, funding is available for support centers in 42 states, 14 more than in 1996.

Promoted Parents as First Teachers. The President's America Reads Challenge which aims to ensure that every child can read well by the end of the third grade, includes Parents as First Teachers Challenge Grants that will invest in proven efforts to support parents in helping their children read well. The grants will fund the expansion of successful programs such as the Home Instruction Program for Preschool Youngsters (HIPHY) and the Parents as First Teachers (PAT)

program. They will also fund national and regional networks to share information on how parents can help children to read.

Supported Nearly 95% of all Children's Research. 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 twelve federal departments, however The National Institutes of Health (NIH) and the Department of Education account for nearly half of the research. NIH now supports 32,000 grants in more than 1,700 universities, medical schools, and other research institutions. This research has contributed to the recent advances in understanding early learning and language development.

Maintained the Commitment to the Medicaid Guarantee for 10 Million Children Under 6 Years Old. This Administration has protected and, preserved, -- and now will improve on -- the guarantee of Medicaid coverage for 37 million Americans, including 10 million children under the age of 6. In 1995, the President vetoed the Republican Medicaid block grant proposal that would have ended the guarantee of coverage for up to 4 million children by 2002. At the same time, the President worked with States by granting 15 comprehensive Medicaid waivers and approving many more State plan amendments that improve and expand coverage for children.

Seeks to Extend Health Coverage to Up to 5 Million Children. Although this Administration has made great strides in protecting the health of America's neediest children, there is still much to be done. In 1995, more than 10 million American children, 80% of whom have working parents, had no health insurance. The President's budget takes three important steps to address the problem of children who lack health insurance coverage:

- 1) Provides annual grants to states to cover health insurance premiums for children whose parents are in-between jobs;
- 2) Utilizes State Partnership Grants to help working families, who are not eligible for Medicaid, to purchase private insurance for their children; and
- 3) Invests to expand Medicaid coverage by allowing states to extend one year of continuous coverage to children eligible for Medicaid, intensifying outreach to children who are currently eligible but not enrolled, and expanding coverage to reach poor children between the ages of 13 and 18.

Increased Child Care Funding. Since 1993 federal funding for child care has increased by 22%, providing quality services for over 660,000 children of whom 65% are under 5 years of age. The newly established Child Care and Development Fund (CCDF) has made available \$2.9 billion to States. This new program, authorized by the new welfare law, will assist low-income families and those coming off welfare to obtain child care so they can work or attend school.

WHITE HOUSE STAFFING MEMORANDUM

DATE: 1/31 ACTION/CONCURRENCE/COMMENT DUE BY: 2/3

SUBJECT: Possible Early Childhood Directive (State of the Union)

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	McCURRY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BOWLES	<input type="checkbox"/>	<input type="checkbox"/>	McGINTY	<input type="checkbox"/>	<input type="checkbox"/>
McLARTY	<input type="checkbox"/>	<input type="checkbox"/>	NASH	<input type="checkbox"/>	<input type="checkbox"/>
PODESTA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	QUINN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MATHEWS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RASCO	<input type="checkbox"/>	<input type="checkbox"/>
RAINES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	REED	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BAER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SOSNIK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	LEWIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMANUEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	YELLEN	<input type="checkbox"/>	<input type="checkbox"/>
GIBBONS	<input type="checkbox"/>	<input type="checkbox"/>	STREETT	<input type="checkbox"/>	<input type="checkbox"/>
HALE	<input type="checkbox"/>	<input type="checkbox"/>	SPERLING	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HERMAN	<input type="checkbox"/>	<input type="checkbox"/>	HAWLEY	<input type="checkbox"/>	<input type="checkbox"/>
HIGGINS	<input type="checkbox"/>	<input type="checkbox"/>	WILLIAMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HILLEY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RADD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
KLAIN	<input type="checkbox"/>	<input type="checkbox"/>	<u>Waldman</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BERGER	<input type="checkbox"/>	<input type="checkbox"/>	<u>Verweir</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LINDSEY	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

REMARKS:

Please advise

RESPONSE:

February 3, 1997

MEMORANDUM FOR THE HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

SUBJECT: Federal Policies Targeted to Children in Their Earliest Years

Over the past few years, scientific research has demonstrated that the earliest years of life -- before children reach school-age -- are critical to cognitive and emotional development. We know that emotional nourishment, good nutrition, proper health care, intellectual stimulation, and parental and community support during the first years of life form the foundation for a child's ability to learn, thrive in school, work productively, and contribute fully to society.

Across the federal government, we are making great strides to enhance development during the earliest years of life, before a child reaches school, by investing in research, educating parents and caregivers, and supporting programs that provide early intervention to disadvantaged families. I am committed to accelerating our efforts to target the earliest years of life. We all have a stake in ensuring that every child is given the opportunity to fulfill his or her God-given potential.

Today, I am directing the heads of executive departments and agencies to report to me in thirty days with:

1. a comprehensive list and assessment of existing projects and programs targeting the earliest years of life -- including any qualitative or quantitative evidence of success, as well as current funding level and number of clients served -- and a description of proposed improvements, if any are needed, to such projects and programs;
2. a comprehensive list and assessment of planned projects and programs targeting the earliest years of life, including projected funding levels and number of clients to be served; and
3. specific proposals of any additional projects and programs that should be undertaken targeting the earliest years of life.

draft 2/7

**WH CONFERENCE ON EARLY LEARNING AND THE BRAIN
PROPOSED FORMAT**

Drew - What do you think of the general structure? FYI - The First Lady wants a whole morning or afternoon - not just the 2 hours we suggested.
Elena

0-3

The Conference is divided thematically and logistically into two parts. Consecutive panel discussions address the following themes:

PANEL #1

A) An exploration of current scientific research, presented by leading scientists -- what do we now know about children's cognitive and emotional development during the earliest years of life?

Participants: Leading Neuroscientists, Developmental Specialists, NIH Scientists, Leading Academic Scholars

B) An examination of the practical applications of this research for parents -- what can parents do to enhance the development of their children in their earliest years of life, given the current research?

Participants: parents (some on panel and others in front row) asking questions of the panel of experts and scientists as to how the research should inform their parenting. Questions by parents might include:

- *What does this research mean I should be doing with my child?*
- *How much time should I spend reading to my child each day or week? Are some children's books better than others?*
- *What are a few things I can do with my child to ensure that my child begins school ready to learn?*

PANEL #2

A discussion with the various sectors of society -- with the POTUS underscoring government's role and his Administration's initiatives and announcements -- exploring what the sectors are doing, what they can do, and announcements of what they pledge to do to support families and enhance early childhood development -- what can society do to equip parents with current research and how can all sectors of society apply current research?

Participants: Pediatricians, Grassroots Practitioners, Early Child Care Providers, Religious Leaders, Policy Makers, Business Leaders

THE WHITE HOUSE
WASHINGTON

February 11, 1997

MEMORANDUM FOR HEADS OF DEPARTMENTS

FROM: BRUCE REED *BR*
Assistant to the President for Domestic Policy

ELENA KAGAN *EK*
Deputy Assistant to the President for Domestic Policy

SUBJECT: Formation of Interagency Working Group on Early Childhood Development

As the President announced in his State of the Union Address, he and the First Lady will hold a White House Conference on Early Learning and the Brain this Spring. In conjunction with this Conference, and in light of recent scientific research on neurological development, the Administration will engage in a broad-based review of policy affecting our youngest children. As this review goes forward, the Administration will highlight ongoing and new initiatives to support these children and their families.

To initiate this effort, the President will issue an executive memorandum asking each agency to identify policies and proposals to enhance early childhood development. This memorandum also will call for the formation of a senior level interagency working group to share, examine, and develop these plans. Attached is a draft of this memorandum.

We will hold the first meeting of this working group on Friday, February 14, from 1:30-2:30 p.m. in Room 472 of the Old Executive Office Building. We would like you to designate a Presidential appointee to join this working group and attend this meeting. Because the President wishes to issue the executive memorandum shortly after this meeting, your designee should provide any comments you have on the memorandum before or at the meeting. In addition, designees should bring with them a list of the three to five programs or initiatives relating to early childhood development that your agency, at this early stage in the process, would most like to highlight. Given the Administration's commitment to a balanced budget and fiscal discipline, each agency should indicate the level of new funding, if any, these initiatives would require.

Please feel free to contact either of us with any questions.

Attachment

DRAFT

February 11, 1997

MEMORANDUM FOR THE HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

SUBJECT: Federal Policies Targeted to Children in Their Earliest Years

Over the past few years, scientific research has demonstrated that the earliest years of life -- before children reach school-age -- are critical to cognitive and emotional development. We know that emotional nourishment, good nutrition, proper health care, intellectual stimulation and parental and community support during the first years of life form the foundation for a child's ability to learn, thrive in school, work productively and contribute fully to society.

Across the federal government, we are making great strides to enhance development during the earliest years of life, before a child reaches school, by investing in research, educating parents and caregivers, and supporting programs that provide early intervention to disadvantaged families. I am committed to accelerating our efforts to target the earliest years of life. We all have a stake in ensuring that every child is given the opportunity to fulfill his or her God-given potential.

Today, I am directing the heads of executive departments and agencies to report to me in thirty days with:

1. a comprehensive list and assessment of existing projects and programs that target the earliest years of life -- including any qualitative or quantitative evidence of success, as well as current funding level and number of clients served -- and a description of proposed improvements, if any are needed, to such projects and programs;
2. a comprehensive list and assessment of planned projects and programs that target the earliest years of life, including projected funding levels and number of clients to be served; and
3. specific proposals of additional projects and programs that could be undertaken to target the earliest years of life, including an estimate of the new funding, if any, these proposals would require.

I am also directing the establishment of a senior level interagency working group to share, examine, and develop these assessments and plans.

DPC Meeting; Interagency Working Group on Early Childhood Development.

Date: Friday, February 14

Time: 1:30-2:30

Place: 472 OEOB

Attendees:

Bruce Reed, OPD

Elena Kagan, OPD

Madeleine Albright, Secretary of State

William Cohen, Secretary of Defense

Bruce Babbitt, Secretary of the Interior

Donna Shalala, Secretary of Health and Human Services

Rodney Slater, Secretary of Transportation

Richard Riley, Secretary of Education

Robert Rubin, Secretary of the Treasury

Janet Reno, Attorney General of the United States

Daniel Glickman, Secretary of Agriculture

Cynthia Metzler, Secretary of Labor (acting)

Andrew Cuomo, Secretary of Housing and Urban Development

Charles Curtis, Secretary of Energy (acting)

Jesse Brown, Secretary of Veterans Affairs

Carol Browner, EPA

Phil Lader, Administrator of the Small Business Administration

Joseph Duffey, United States Information Agency

Barry McCaffrey, ONDCP

Erskine Bowles, White House Chief of Staff

Frank Raines, OMB

James Lee Witt, Federal Emergency Management Agency

James King, Office of Personnel Management

David Barram, General Services Administration

Shirley Chater, Social Security Administration

0-3

TAG - GOODNIGHTS

FIRST VERSION

INT.. HOME BASE

TOM

At the end of the show we will be giving you an 800 number which will offer both material addressing parents most asked questions as well as a directory of early childhood parenting services in your area.

CUT TO:

CU T.V. SCREEN - TOM IS STILL TALKING

TOM

Programs not unlike the one we featured tonight in Hampton, which are starting to be developed in communities all over the country...

FACTOID # 8 A

THINGS YOU MIGHT NOT KNOW - PRESIDENT CLINTON & THE FIRST LADY

INT. WHITE HOUSE - NIGHT

The President and First Lady are watching the show.

FIRST LADY

What are you thinking?

PRESIDENT

I was thinking back to when Chelsea was little. There were so many things that we didn't know about the first three years. And now that she's going away to college and all...

FIRST LADY

You're not sure if we did right by her?

PRESIDENT

I hope we did.

FIRST LADY

Well, let's review. Did we read to her when she was a baby?

PRESIDENT

Every night.

FIRST LADY

Did we sing to her?

PRESIDENT

You did. I played the saxophone.

FIRST LADY

That counts.

PRESIDENT

Did we give her enough physical nurturing?

FIRST LADY

I don't think we could have hugged her more if we tried.

PRESIDENT

So, her Serotonin level is...

FIRST LADY

I'm sure it's fine. Bill, back then none of us knew just how critical those first three years were, but I think we had some pretty good instincts.

(more)

FIRST LADY (cont'd)

We gave her lots of love and attention. And that's the most important thing a parent can do. I'm sure she'll be just fine.

PRESIDENT

I feel a lot better. You want to play some hearts?

FIRST LADY

After the show.

They turn back to the t.v.

SECOND VERSION

INT. HOME BASE

TOM

At the end of the show we will be giving you an 800 number which will offer both material addressing parents most asked questions as well as a directory of early childhood parenting services in your area. But before we say good night there are two more things you might not know. And here are a concerned mother and father to tell you about them.

CUT TO:

FACTOID # 8 B

THINGS YOU MIGHT NOT KNOW - PRESIDENT CLINTON & THE FIRST LADY

INT. WHITE HOUSE - NIGHT

The President and First Lady are seated somewhere in the residence.

FIRST LADY

Thank you, Tom. You might not know that although science clearly shows us that in the course of a lifetime the vast majority of a person's growth and development takes place in the first three years, historically, we as a nation have devoted the fewest resources to that time period.

PRESIDENT

You also might not know, but this administration has pledged to change those priorities in order to give parents the tools they need to provide their children with a strong foundation in their early years. Toward that end...

(Add policy ideas here)

CUT TO:

OSTP Draft Proposal for State of the Union speech

Subject: Child and Adolescent Development

- Biological, cognitive, social, and emotional development of children as key investment.
- Picture of gains and unmet goals: indicators of well-being of our children and families show many successes, but also much to do versus international norms.
- Much of the progress has come from Federal policy based on sound research.
- Children's Development Initiative
 - New cross-agency initiative for a research agenda aimed at child and adolescent development.
Examples: Influence of families and communities on development.
Children and environmental hazards.
Health and behavior.
Cognitive development.
Longitudinal studies (Early Childhood Longitudinal Study in FY98 budget; resilience; . . .).
Effects of social policy.
 - Link to policy.
 - Assist in outcome evaluation.
 - Frame and implement through DPC- and OSTP-led task force.
- Example of a specific possible children's health initiative:
 - Eradication of Hemophilus influenzae (Hib) meningitis by 2000.
 - For many years the leading cause of acquired mental retardation in U.S., affecting as many children yearly as peak years of polio (15 to 20 thousand).
 - Reduced by 95% following NIH discovery of a vaccine in 1988.
 - Remaining pockets (mainly inner cities) can be eliminated with elevated commitment to vaccination.
 - Very low cost.
 - Could follow up with world-wide eradication (as with small pox).

File: White Conf. on Early Learning Bruce - This comes from the First Lady's Office. They are now in the process of putting together a list of panelists.
Elena

WHITE HOUSE CONVENING ON EARLY LEARNING AND THE BRAIN

Theme: The critical importance of the earliest years of children's lives, in particular ages 0-3, to their cognitive, emotional, and social development.

Purpose: To tell the story of the earliest years of a child's life -- through an animated description of the latest scientific brain development research, an examination of current practical and policy applications of that research, and ending with an discussion of what more can be done on a practical and policy level by various sectors of society.

Method: An East Room interactive panel discussion moderated by the First Lady that will:

- showcase current scientific research on early brain development;
- examine the practical applications of the research for parents and child care-takers, pediatricians, grassroots child development practitioners, policy makers, and various sectors of society, including the medical, faith, education and business communities;
- highlight various commitments for further work (e.g. by children's booksellers and publishers) and challenge every sector of society to do its part; and
- help to unveil a public/private partnership public awareness campaign.

Panelists: Leaders of the child development scientific community, pediatricians, grassroots practitioners (including literacy programs, child care providers, Headstart and family resource workers), religious and business leaders, as well as "success stories" that exemplify the need to reach children in their earliest years.

Participatory

Audience: Leaders of the sectors of society above-mentioned, as well as foundation and association leaders, advocates and a bi-partisan representation of Members of Congress and key state and local leaders. The audience could also include families that have benefited from comprehensive child development centers in rural and urban areas, demonstrating long-term effects of attention to earliest years on school-readiness and lifespan approach to child development.

Clinton Administration Efforts To Encourage Adults to Read to Very Young Children

America Reads' Parents As First Teachers Challenge Grants: The President's America Reads Challenge to make sure that every child can read well by the end of 3rd grade includes Parents as First Teachers Challenge Grants that will invest in proven efforts to provide assistance to parents who want to help ensure their children will read well. The grants will fund national and regional networks to share information on how parents can help children to read, and fund the expansion of successful local programs, such as the Home Instruction Program for Preschool Youngsters (HIPPO) or the Parents as First Teachers (PAT) program. The President's proposal includes \$300 million over 5 years for these grants.

Read*Write*Now: Read*Write*Now is an intensive summer component of the President's America Reads Challenge. More than 60 businesses and reading associations, community and religious groups joined together with the Education Secretary Richard Riley and have provided summer reading partners to almost one million children.

Partnership for Family Involvement in Education: Over 2000 family, school, community, employer and religious groups have joined with Secretary of Education Richard Riley to create the Partnership for Family Involvement in Education. The Partnership's activities include strengthening at-home activities that encourage reading, promoting and adopting family-friendly business practices such as providing leave time to attend parent-teacher conferences and volunteer in schools, and supporting learning communities through organized before- and after-school and summer activities.

Head Start and Early Head Start: For more than 30 years, Head Start has been one of our nation's best investments in helping low-income parents be their children's first teachers and in making sure that children start school ready to read and learn. Head Start provides low-income 3- and 4-year olds with cognitive, social and language development, comprehensive health services and nutrition. Under new standards developed by the Clinton Administration, family literacy is a new priority for Head Start. The 1994 Head Start reauthorization also set-aside a small percentage of Head Start funding for an Early Head Start program, providing family-centered and community-based services to tens of thousands of poor families with children age 0-3. All Head Start staff work closely with parents to help them build their reading, parenting, and work skills. President Clinton has increased Head Start funding 43% in the last four years, providing Head Start to 800,000 children this year alone. The President's balanced budget continues to invest in Head Start with the goal of reaching 1 million children in the year 2002.

Even Start Family Literacy: Even Start is a family-focused Education Department grant program providing participating families with an integrated program of early childhood education, adult literacy and basic skills instruction, and parenting education. Even Start received \$102 million in funding in fiscal 1997, providing funding to every state and the District of Columbia to reach 576 local programs.

Goals 2000 Parent Resource Centers: In addition to involving parents in the development of state and local Goals 2000 education plans, the President's Goals 2000 program provides funding for each state to establish parent resource centers that help parents learn how to help their children achieve high standards. The centers coordinate existing programs, provide resource materials, and support a variety of promising models of family involvement programs. In fiscal 1997, \$15 million in funding is available for support centers in 42 states, 14 more than in 1996.

**PARENTS AS FIRST TEACHERS CHALLENGE GRANTS
WITHIN PRESIDENT CLINTON'S "AMERICA READS" CHALLENGE**

Four Main Components of President Clinton's "America Reads" Challenge:

- I. Parents As First Teachers Challenge Grants*
- II. America's Reading Corps: Individualized After-School and Summer Help for More Than 3 Million Children in Grades K-3 Who Want and Need It*
- III. Providing One Million 3 and 4 year olds with a Head Start*
- IV. Challenge to Private Sector*

Parents as First Teachers Challenge Grants: From their infants' earliest days of life, parents can play a major role as their child's first teacher by talking to them, reading to them, working with them on reading skills and providing a supportive environment for reading. To empower parents with information and assistance in teaching their children, the President proposes a *Parents as First Teachers Challenge Grant Fund* that invests in success by supporting effective, proven efforts that provide assistance to parents who want to help their children become successful readers by the end of 3rd grade. (\$300 million, FY98-2002)

Two Types of Grant Winners:

- 1. National and Regional Networks to Share Information on Helping Children Read -- Spurring Activities to Support Parents.** Many organizations such as the PTA, Urban League, ASPIRA, Girl Scouts, and the American Library Association are already working to support parents' efforts to help their children become successful readers. These groups and others like them have the capacity to develop national and regional networks to share information on how parents can help their children read better.

Criteria: Grants would be provided to develop such networks to applicants that: (1) have a proven track record of working with parents of young children, (2) can demonstrate the likelihood of substantial regional or national impact, (3) show the cost-effectiveness of their proposal, and (4) coordinate with the private sector and state and local programs that also provide support for parents.

In addition, grants could support efforts such as those to develop the best research about how children learn, high quality reading materials for young readers, and public television programs that help young children learn to read.

- 2. Replicating and Expanding Successful Local Parent as Teacher Efforts.** Across the nation there are many local efforts, often run by non-profits, that have shown success in helping even the most educationally-disadvantaged parents be good first teachers to their children and help them to attain language skills while helping them with their reading. This portion of the challenge grant fund could go to any state, locality, community group, or non-profit that has a comprehensive plan to expand or replicate successful models -- such as the Home Instruction Program for Preschool Youngsters (HIPHY) or the Parents as First Teachers (PAT) program in Missouri.

Criteria: Investing in proven success, the President's new initiative would support similar local efforts intended to help parents help their children learn to read by the end of third grade. Grants would be provided to applicants that: (1) have a proven track record of working with parents on improving their children's reading, or (2) plan to use a model shown to be effective. Applicants must also demonstrate evidence of community support from the private sector, schools, and others for their effort; show the cost-effectiveness of their proposal; and coordinate with state and local programs that also provide support for parents.

REACH OUT AND READ

In 1989, physicians at Boston City Hospital launched the Reach Out and Read Program to make literacy development part of regular pediatric care for children ages 6 months to 5 years. The Reach Out and Read Program has three components. In the clinic waiting room, community volunteers read to the children, engaging their interest while modeling book-related interactions for the parents. In the examining room, the doctor looks at a book with the child, assessing the child's developmental progress and sharing it with the parent present. At the end of the visit, the doctor gives the child a new book to take home, conveying the importance of reading to both the child and the parent. Since 1989, ROR has distributed more than 100,000 books to low-income children in Boston alone.

With funding from the Annie Casey Foundation, the M.R. Robinson Fund, the Association of American Publishers and individuals, ROR has expanded to 15 sites nationwide and is in the process of awarding about 50 start-up grants to have ROR in 30 states and the District of Columbia. *ROR has provided funding to start a ROR program at Children's National Medical Center in Washington, D.C., which should open later this year.*

The American Academy of Pediatrics has helped promote the program through mailings and trainings at its annual meetings.

A parent commented on the program's effect on her daughter: "I know that by keeping her nose in books, she's going to be a reader. If she's a reader, she could be a writer. She could be a doctor. She could be anything!"

For more information, contact:

Abby Jewkes, National Program Administrator (617) 534-5701
Perri Klass, M.D., Director (617) 534-3696
Barry Zuckerman, M.D., Founder (617) 534-7424

TALKING IT OVER
BY HILLARY RODHAM CLINTON
FOR IMMEDIATE RELEASE

see pg 3
of the
column

With the Presidential Inauguration upon us and a second term about to begin, many people are asking me about my plans for the next four years.

First and foremost, I will continue to work hard to support my husband and his goals for our country. I want to do whatever I can to promote the possibilities for peace, progress and prosperity that the President champions and that will ensure America's continuing greatness and leadership into the 21st century. That is what I have tried to do during the last four years, too.

Whether through advocating for health care reform, speaking out about women's rights, promoting democracy and civil society, writing a book about responsibilities for raising children, advancing the arts and humanities, working to extend credit to the poor, studying the illnesses of Gulf War veterans or fighting for breast cancer research and detection, my hope has been to unite people around common goals of creating opportunity, demanding responsibility and strengthening community.

In the next four years, I will continue to focus my time and attention in much the same way -- by working to ensure that people are equipped with what I call the tools of opportunity: adequate health care, education, access to jobs and credit, protection from violence and injustice, and the freedom to participate fully in the political life of their country.

One of the great joys of the position I'm in is that I can help draw public attention to what is working in America and around the world to give people these tools: Small-loan programs have lifted women and their families out of poverty and transformed entire villages in Bangladesh. Grass-roots efforts are building democracy from the ruins of dictatorship in the former Soviet bloc. And innovative charter schools are changing the face of public education across America. I want to help galvanize people to exchange ideas like these.

Although there are no quick fixes to the challenges of poverty, racism, oppression and irresponsibility, we know more now about how to encourage men and women to take greater control of their lives and contribute in positive ways to their families and communities.

In the coming months, I will have the chance to travel around the United States, as well as to represent our country overseas, and to highlight programs that are working.

Close to home, Washington, D.C., offers all of America a moral challenge. It's not right that in the capital of the strongest nation on earth so many children live in fear of violence, attend schools that lack basic resources, grow up in inadequate housing and see few prospects for jobs or a brighter future.

The bad news is that these problems are not unique to Washington. The good news is that we are discovering innovative ways to remedy some of the causes of these social ills, here and elsewhere. Just in the past few weeks, I've had the chance to pursue two of my longtime interests in Washington -- microcredit and early childhood development. I hope efforts in these areas will help make the city the vibrant, confident capital it should be.

Secretary of Housing and Urban Development Henry Cisneros and I recently joined together to help launch a community bank that will provide modest loans to District residents who want to start their own businesses but are typically passed over by larger banks. Modeled after similar microlending operations elsewhere in the United States and overseas, the community bank will promote economic self-sufficiency and encourage investment and jobs in the city.

This is an issue I have learned about visiting places as far apart as Managua, Nicaragua, Ahmadabad, India, and Denver, Colo., and I am pleased to see the seeds of a great idea planted in our own capital. I believe strongly that lessons about positive change can transcend national borders and benefit us all. That's one reason I am looking forward to serving, along with Queen Sofia of Spain and former Prime Minister of Japan Tsutomu Hata, as an honorary chair of an international microcredit summit in Washington next month.

Last week, I was also delighted to kick off a campaign in Washington to educate parents about the importance of brain development in the first months and years of life. I was joined at a local hospital by children's author and illustrator Maurice Sendak to read his book, "Where the Wild Things Are," to young children and to hear from doctors and nurses who are integrating literacy efforts and children's health. At regular checkups and vaccinations, these doctors will give parents a "prescription" to read to their children and provide parents with children's books.

TALKING IT OVER 1/14/97

Page 3

As I discussed in my own book, "It Takes a Village," scientific advances have shown that the brain's physical development from birth to age 3 depends heavily on how it is stimulated by activities like talking or reading to a child. We have to do more to educate parents about the importance of exposing children in the first three years of life to spoken words, stories, ideas and language.

To raise awareness about the latest scientific research about the brain, the President and I will host a conference at the White House on brain development in young children sometime this spring. ✓

While the issues I work on may seem different on the surface, they all come back to what I care about most -- ensuring that all people have the chance for a better life. I know there are no guarantees in life. But people at least deserve the right to try. And the only way every man, woman and child will be assured that right is if they are equipped with the tools of opportunity.

COPYRIGHT 1997 CREATORS SYNDICATE, INC.

ALL RIGHTS RESERVED

January 14, 1997

THE WHITE HOUSE

Office of the Press Secretary

FOR IMMEDIATE RELEASE

January 10, 1997

REMARKS BY THE FIRST LADY
AT CHILD DEVELOPMENT EVENT

Georgetown University Medical Center
Washington, D.C.

MRS. CLINTON: Thank you. I am so pleased to see all of you here and I'm delighted to be back at Georgetown University Medical Center, where I have visited before, because I think that the work that is being done here and the announcement today is among the most important efforts that are going on right now in our Capital City, because if we were able to make it clear to every parent in Washington, D.C. and beyond that reading to one's child between birth and three is one of the most important jobs that a parent can do, I think we would all see remarkable progress being made in school readiness, in school performance, in relationships between parents and children.

I want to thank Dr. Rennert for his remarks and for his leadership as the Professor and Chair of the Department of Pediatrics. I want to ask Dr. Battle to convey to the Academy of Pediatrics our deep appreciation because of their support of this effort and so many other good works that the Academy does on behalf of children. I also want to acknowledge a few other people who are in the audience.

I want to acknowledge my friend, Leo O'Donovan, the President of Georgetown, who has been very supportive of efforts concerning education and literacy not only here at the university, but around Washington.

I also want to thank Jewell Stoddard, who is representing the Association of Book Sellers for Children and is the owner of the Cheshire Cat Bookstore in Washington, D.C., one of the nation's oldest children's bookstores.

In my book, *It Takes a Village*, I mention the Association's program called "The Most Important Twenty Minutes

of Your Day -- Read to a Child." I think for many people that was originally thought to refer to older children -- children in kindergarten or even grade school. What we are trying to do and what the Association for Book Sellers is attempting to do is to convey clearly the message that we want reading to children to start at birth, but particularly during those first three years of life.

I also want to acknowledge and thank Steven Herb and Susan Roman, president and executive director respectively of the Association for Library Services to Children, a division of the American Library Association. I also mentioned their national demonstration program in my book, "Born To Read," and actually contributed some of the book proceeds recently to that, because this three-year national demonstration project, which builds partnerships between libraries and health care providers such as Dr. Rennert and Dr. Battle, is helping low-income parents and others with poor literacy skills to understand the importance of reading to their children.

And finally, I want to thank Dr. Tina Chang and Dr. Sandra Cuzzi who are part of "Reach Out and Read" here in Washington. This is a program that inspired me greatly when I first heard about it, and I know Dr. Cuzzi has just this week received a \$3,000 grant to buy books to start "Reach Out and Read" at Washington Children's Medical Center. This is a program that really exemplifies what we are talking about here today.

We know, and as Dr. Battle said, that most parents come into contact with a pediatrician -- they may not take their child to a library, they may not take that child to a preschool program until the child is over three, but they will in all likelihood come into contact with a health care provider. If that doctor or nurse who is administering the well-baby checkup or the vaccination will prescribe reading, and then take it a step further -- not merely prescribe reading, but hand that parent and child a book -- we know that in most cases the parents will try to follow through on the doctor's prescription:

So that is what we are kicking off here, and so many groups have come together to be part of this.

I'm also pleased to be here today and to be in the company of a very special guest. Yesterday the President honored some of America's finest artists, writers, and thinkers with the National Medal of Arts and the Charles Frankel Prizes. One of them, Maurice Sendak, rearranged his busy schedule so that he could stay one more day and meet with some of Washington's youngest citizens, which we will do after this presentation.

As many of you know who have read to your children,

as my husband and I have, Maurice Sendak is one of our country's most beloved authors and illustrators of children's books. His stories and characters have captured and stimulated the imaginations of generations of children and, as my husband said yesterday, imaginations of countless parents as well.

When Chelsea was little, Bill and I would take turns reading "Where The Wild Things Are," and many of Mr. Sendak's other stories as well. Soon she was able to read along with us, and before long, she was able to read that story to others on her own. Like many parents, we owe Mr. Sendak a debt of gratitude for helping us to spur our daughter's imagination and reading skills. And later some of the children here at the Medical Center will have a chance to hear him do it in person.

I'm also grateful to his publisher, Harper Collins, for donating 75 of his books to the Medical Center, and I would hope other publishers of children's books would join hands with the pediatricians around our country to do the same.

I want to emphasize just a few points that Dr. Rennert and Dr. Battle made, because I noticed some quizzical looks in the eyes of some of the people who are here covering this event. We have known for a long time that reading to children is a nice thing to do. It is a way to create a quiet time between an adult and a child. We have even known that, because of recent research, reading in those early years does lay the groundwork for vocabulary and later reading success. What we have not known until recently -- and because of advances in neurobiology and other medical sciences, we now do know -- is that talking with one's child in those first three years and reading to that child actually helps make the brain grow.

Now, I want to emphasize that because it sounds almost hard to believe. But we now understand that, as Dr. Rennert was explaining, that the connections between brain cells and the opportunities for the brain to do more complex work are enhanced because of time spent talking with and reading to very young children.

Now, there are many people, and we all know them, who think that children really don't learn much until they can learn to talk. Well, in fact, the work that is being done in the brain of a child from birth to three is so profoundly significant that if we do not recognize its importance, then we will not have helped that child develop to his or her fullest potential. The earlier we expose our children to hearing stories and listening to adults talk, the better off they are.

And I want to add that the evidence so far shows that television is not a substitute. The words that come across

the television screen do not have the same effect on creating that growth in a child's awareness that reading to a child and talking to a child, person to person, does. So you cannot make up for this by putting the child in front of the television set and expecting that child to have the same opportunities that reading and talking provide.

We feel so strongly about this that it is one of the reasons the President is accelerating the administration's efforts to strengthen early education and raise awareness about the importance of developing children's brains in the first years of life. There will be a number of programs in these next few months that we hope will bring to broader public attention what scientists now know about brain development.

Many parents, I think, will be very surprised when they see some of the television specials, some of the magazine specials that will be coming out in the next several months, because for me as well as for many others of my generation, this is all new.

The President is challenging Americans to become involved in helping children to read on their own by third grade. But in order for that to be successful we not only need to mentor and help our children and our teachers in schools, we need to help parents know that they are a child's first teacher.

Over the years I have met many parents who told me they never really talked to their babies because they didn't think that it made any difference. I remember the first time this happened, and I recounted in my book when I was making conversation with a group of women with some toddlers. And I said, you must be having a great time reading and talking to your babies. And they looked at me with such quizzical looks because they said, why would we do that, they can't talk back. So from that point, I have made it my mission, when I see young parents with babies to ask them if they're talking and reading, and to try to stimulate that as something they want to do.

Sometimes parents say back to me that they don't read very well themselves. And my response to that is, your baby won't know any different. Hold the book, turn the pages, make the story up, and try to get your own literacy skills to improve as well. But you can hardly embarrass a one-year-old when you're reading nearly anything to that child.

So I hope that we're going to be able to get this message out. There are few things that I believe could make a more dramatic difference over the next 10 years in this country than to persuade parents of all educational and economic levels to take this mission of reading to and talking with their young

babies seriously.

I hope that all who are part of this effort today will be joining with the President and others of us to spread this message very broadly. As many of you know, I have been doing some work here in the District and meeting with people who are involved in the District's affairs. There are many things that we need to do here in our Capital City, but I would put reaching out to parents and educating parents and prescribing reading as this prescription does do, at the very top of the list as to what, if we did and stayed with that effort over a number of years could make a significant difference in this city and in every city around our country.

Thank you all for being part of this new effort.
(Applause.)

Now we get to go read "Where The Wild Things Are."
So thank you all.

Q Might you have time for a quick question, Mrs. Clinton?

MRS. CLINTON: Sure.

Q I noticed and I just would ask you, you have stressed a very important and worthwhile theme. Is there anything else you can tell us about what you might be doing for the District of Columbia in this regard, or anything you might wish to add at this point in time?

MRS. CLINTON: Not right at this time. But I think that in the next few weeks some of the administration's plans and commitments will be unveiled and we hope that there will be, as I sense there is -- and I appreciate your close attention to this over the years, because you've been very significant in bringing attention to what's going on here in the District -- I think there will be a series of efforts at partnership, to bring people together around the District's problems. And as I have said on other occasions, there is no quick fix, there is no magic wand, there is no individual who can change and fix a lot of the problems that the District has been suffering with over the years. But I believe that a concerted, carefully planned effort that enlists people of good faith from around the country -- not only just the District, because I believe strongly that this is our Nation's Capital, every American has a stake in the success of the people who live here in the District -- but I believe that kind of effort is going to take place. And if we are patient and persistent I think we will see results.

And I think you can only point to other cities around our country that were written off in the '70s and the

“I AM YOUR CHILD”

Early Childhood Public Engagement Campaign

State and Local Coalitions

Note: The following is a list of contacts for state and local coalitions that are participating in the campaign. Some began developing goals and activities in 1996, and others are just beginning to form. This list is revised on a regular basis and is available from Abby Farber at the Families and Work Institute.

Fax: (212) 465-8637, E-Mail: farberfwi@aol.com

SITE	CONTACT(S)	PLANS/UPDATES/STATUS
ALABAMA	<p>Marjorie Curry Childcare Resources 1904 First Avenue North Birmingham, AL 35203-4006 Business (205)856-3055</p>	Talking with others in state to develop a planning coalition.
ALASKA		
ARIZONA	<p>Peggy Eggemeyer, Director Governor's Division for Children 700 W. Washington, Rm. 101-B Phoenix, AZ 85007 Business (602)542-3191 Fax: (602)542-4644</p>	Organizing a campaign planning group to develop Arizona campaign activities.
ARKANSAS		
CALIFORNIA (SAN FRANCISCO BAY AREA)	<p>Marie Young David and Lucile Packard Foundation 300 Second Street, Suite 10207/27/96 Los Altos, CA 94022 Business (415)948-3696 Fax (415)948-6498</p> <p>Susan Hirsch Simmons Executive Director Miriam and Peter Haas Fund 201 Filbert Street San Francisco, CA 94133 Business (415)296-9249</p>	Convened a Bay area early childhood planning group that will work with funders and consulted with Berkeley Media Studies Group experts to craft a long term Bay area media advocacy project. Will probably focus on child care issues.
CALIFORNIA (LOS ANGELES AREA)	<p>Jan Brown Pacific Oaks College 65 S. Grand Pasadena, CA 91105 Business (818) 397-1315</p> <p>Judy Spiegel, Vice President for Programs California Community Foundation Los Angeles, CA Business (213) 413-4042 Fax (213) 629-4782</p>	

SITE	CONTACT(S)	PLANS/UPDATES/STATUS
GEORGIA	<p>Judith H. Bodner Georgia Starting Points Coordinator Center for Family Resource, Planning and Development Georgia Division of Public Health Georgia Dept. of Human Resources 2600 Skyland Drive, NE, Upper Level Atlanta, GA 30319 Business (404) 679-0531 Fax (404) 679-0686 E-Mail: jhb044c@TH.DHR.STATE.GA.US</p> <p>Winsome Hawkins Senior Program Officer Metropolitan Atlanta Community Foundation 50 Hurt Plaza, Suite 449 Atlanta, GA 30303 Business (404) 688-5525 Fax (404) 688-3060</p> <p>Beth Clinton Media Consultant, Georgia Policy Council Family Connection 100 Peachtree Street, NW, Suite 500 Atlanta, GA 30303 Business (404) 527-7394 E-Mail: BATKINSC@aol.com</p>	<p>Considering best way to organize statewide activities that support local campaign activities.</p>

SITE	CONTACT(S)	PLANS/UPDATES/STATUS
HAWAII (MAUI COUNTY)	Theresa Lock, Coordinator Maui Good Beginnings Alliance 333 Dairy Road, #201 Kahului, HI 96732 Business (808) 871-0775 E-Mail: tlock@gbc.net	
IDAHO		
ILLINOIS	Bernice Weissbourd President Family Focus 310 S. Peoria Street, Suite 510 Chicago, IL 60607-3534 Business (312) 421-8185 Fax (312) 421-5200 Jerry Sterner President Voices for Illinois Children 208 South LaSalle Street, Suite 1580 Chicago, IL 60604 Business (312) 456-0600 Jane Grady Director Employee and Organizational Development St. Luke's Medical Center 729 Paulina Chicago, IL 60612 Business (312) 942-3642 Fax (312) 942-2220	
INDIANA		

SITE	CONTACT(S)	PLANS/UPDATES/STATUS
MICHIGAN	<p>Association for Child Development, MAEYC and State Department of Health</p> <p>Nancy Kostka, Chief Executive Officer Kathryn G. Lipnicki, Director of Program Development Association for Child Development PO Box 1491 139 W. Lake Lansing Road East Lansing, MI 48823 Business (517)332-7200 (800)234-3287 Fax (517)332-5543 E-Mail: KathrynGL@aol.com</p> <p>Stephen Manchester, Public Policy Specialist, MAEYC 4572 S. Hagadorn Road, Suite 1-D East Lansing, MI 48823 Business (517)336-9700 Fax (517)336-9790 E-Mail: Michiganmaeyc@voyager.net</p>	<p>Planning a coordinated campaign with a focus on involving parents. Undertaking a study of parent voting patterns and developing a campaign based on what is learned. Created a local flyer publicizing campaign and distributing throughout the state at local events. Considering following children born in April, 1997 over three years. Strategic goals are to: have expert teams in local communities become expert spokes people; use brain development information, build broad coalition; and develop and sustain involvement over three years. Still working on goals and strategies.</p>
MINNESOTA	<p>Annie Sherman Minneapolis Way to Grow 1220 Seventh Avenue North Minneapolis, MN 55411 Business (612)377-0930 Fax (612)377-1445</p> <p>Judith Jordan Minnesota Child Care Resource and Referral Network 2116 Campus Drive Street, SE Rochester, MN 55904 Business (507)287-2497 Fax (507)287-2620</p>	<p>Beginning planning for a campaign developed by a broad coalition. Considering a project that facilitates citizen involvement in assessing family friendliness of communities and progress towards Starting Points initiative goals.</p>

SITE	CONTACT(S)	PLANS/UPDATES/STATUS
MONTANA	<p>Billie Warford Director Montana State University Early Childhood Project 117 Herrick Hall Bozeman, MT 59717-0354 Business (406)994-4746 Fax (406)994-2013</p>	<p>Informing state early childhood leaders about campaign as first step toward planning campaign activities</p>
NEBRASKA	<p>Jeanine Huntton Manager Nebraska Good Beginnings YWCA of Lincoln 1432 N. Street Lincoln, NB 68508 Business (800) 873-8644 Fax (402) 476-0519 E-mail: jhuntton@nde4.nde.state.ne.us</p>	<p>Informing state early childhood leaders about campaign as first step toward planning campaign activities. Ideas in the dreaming stage include: using the campaign to promote neighborhood development, developing simple local tip sheets that build on concept of random acts of kindness; and involving businesses, school and early childhood providers of services.</p>
NEVADA NEW HAMPSHIRE	<p>Gale C. Hall Project Coordinator New Hampshire Early Care and Education Quality Improvement Initiative 22 Richardson Road Hollis, NH 03049 Business (603) 882-9080 Fax (603)465-9798</p> <p>Dr. Richard H. Goodman Executive Director New Hampshire School Administrators Association 11 Morrill Hall Durham., NH 03824 Business (603)862-1384 Fax (603)862-1084</p>	<p>Early Care and Education Quality Assurance Initiative is looking at developing a career lattice for practitioners, establishing mentoring program, and developing articulated training system. A Public Awareness Committee will use the Campaign as a trigger point for involving parents, businesses and elected officials in promoting the need for quality care. Will encourage communities to sponsor viewing forums of television special with facilitated discussions afterward. Working on developing a "Blueprint" that will provide communities with suggestions on how to proceed with the campaign. Blueprint is currently in formation, but includes many options, some of which are detailed here. Considering coordinating activities by developing regional teams that will support local events. Plan to identify and approach key groups of people in various regions around state, building on such programs as Success by 6 and Community Option project.</p>
NEW JERSEY NEW MEXICO		

SITE	CONTACT(S)	PLANS/UPDATES/STATUS
OHIO	Susan Ignelzi Ohio Family and Children First 77 South High Street, 30 th Floor Columbus, OH 43266 Business (614)644-0878 Fax (614)728-9441	Informing area early childhood leaders about campaign as first step toward planning campaign activities
OKLAHOMA	Ruth Ann Ball Coordinator Early Childhood Professional Development Office of Child Care 2208 SW 82 Oklahoma City, OK 73159-4932 Business (405) 681-3257 Fax (405) 325-4061	
OREGON	Claudia Hedenskog Oregon EQUIP Project Oregon Child Care Resource & Referral Network 3533 Farmer Industrial Salem, OR 97302 Business (503) 375-2644 Fax (503) 399-9858	Working with EQUIP, Forging the Link Collaboration, Governors Office, state Commission on Children and Families and State Child Care Commission to create county level campaign planning collaborations, led by local Children and Family Commissions and child care resource and referral agencies. Have trained county representatives in media skills and trained parent leaders to involve parents in upcoming legislative session. Training curricula is available to other sites.
PENNSYLVANIA (PHILADELPHIA)	Alison Lutton Delaware Valley Association for the Education of Young Children 117 S. 17th Street, Suite 707 2941 Pennsylvania Avenue Philadelphia, PA 19103 Business (215)963-0094	Beginning campaign planning process.

SITE	CONTACT(S)	PLANS/UPDATES/STATUS
RHODE ISLAND	<p>Starting Points Collaboration Virginia M.C. da Mota, Director Office of Integrated Social Services Rhode Island Dept. of Education 255 Westminster St., Shepard Bldg. Providence, RI 02903-3414 Business (401)277-3037x2367 Fax (401)277-3080</p> <p>Mia Patriarca RI Starting Points Initiative Coordinator RI Department of Health Division of Family Health 3 Capitol Hill, Room 302 Providence, RI 02908 Business (401) 277-1185 x117 Fax (401) 277-1442</p> <p>Sue Connor Project Manager Children's Friend and Service 500 Prospect Street Pawtucket, RI 02860 Business (401)729-0765 Fax (401)727-2810</p>	Created a collaborative planning group that may select RI Kid's Count to serve as campaign liaison organizations. Received \$100,000 from Rhode Island Foundation to develop a companion public campaign aimed at parents, promoting quality child care.
SOUTH CAROLINA	<p>Sally L. McClellan South Carolina AEYC 4128 Yale Avenue Columbia, SC 29205 Business (803)777-7887 Fax (803)777-5733</p> <p>Dottie C. Campbell Deputy Bureau Chief Dept. of Health & Human Services 1801 Main Street, 10th Floor PO Box 8206 Columbia, SC 29202-8206 Business (803)253-6177 Fax (803)253-4173</p>	Considering best way to organize statewide activities that support local campaign activities.
SOUTH DAKOTA		

SITE	CONTACT(S)	PLANS/UPDATES/STATUS
VIRGINIA	Katherine Bodkins, Coordinator Resource Mothers Program Virginia Department of Health 1500 E. Main Street, Room 135 Richmond, VA 23218 Business (804) 371-4106 Fax (804) 371-6032 E-Mail: cbodkin@vdh.state.va.us	
WASHINGTON (STATE)	David Brenna Washington Family Policy Council Elizabeth Thompson Washington Child Care Resource and Referral Network	Beginning the process of figuring out how to build on the national campaign. have been sharing the campaign information throughout the state to inform people about it; Washington's Family Policy Academy is promoting community involvement in making "family friendly" connections. Want to focus on development of family friendly communities and policies; in conversation with libraries and the Health Care Coop of the Puget Sound (an HMO) about their involvement; the Family Policy Academy is working with a public relations firm, whose services can be used to help craft the Washington campaign.
WEST VIRGINIA	EQUIP/Starting Points Collaboration Kim Veruas Governor's Cabinet on Children and Families 1900 Kanawha Boulevard East, Bldg. 1, Rm. 9 Charleston, WV 25305 Business (304) 558-1954 Fax (304) 558-0596	Summarizing key ideas and resources from brain conference notebook to share with various groups in the states; gearing up to promote "Family Matters" - a statewide information and referral line that connects parents with resources in local communities (888-WV-FAMILY). They want to build on this service as part of their own agenda and can expand the staffing of the line around the time of the show. The national campaign will help them to promote Family Matters in the state; The Governor's Children's Cabinet has just signed a contract with an ad agency to assist with three initiatives: <ul style="list-style-type: none"> • promoting Family Matters; • developing early childhood brochures - on school readiness and quality child care, which will be released in April 1997 to coincide with the show; and • creating a brochure and presentation format for employers on family friendly practices and a welcome wagon kit with information about local resources that employers can give to employees.
WISCONSIN	Patricia Mapp School of Human Ecology University of Wisconsin 1300 Linden Drive Madison, WI 53706	Planning to present campaign opportunities to a large group of early childhood policy makers, child care providers and business leaders.
WYOMING	Secretary of Human Services	Informing state early childhood leaders about campaign as first step toward planning campaign activities