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Board on Children and Families

NAS - Room 150

February 10-11, 1994

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Divider Title: _____

INSTITUTE OF MEDICINE

NATIONAL RESEARCH COUNCIL
COMMISSION ON BEHAVIORAL AND SOCIAL SCIENCES AND EDUCATION

2101 Constitution Avenue, Washington, DC 20418

BOARD ON CHILDREN AND FAMILIES

Telephone: (202) 334-1935
FAX: (202) 334-3768

TO: Members of the Board on Children and Families

FROM: Deborah Phillips

DATE: January 26, 1994

SUBJECT: February 10-11, 1994 Board Meeting

The briefing book for the February 10-11 Board meeting in Washington, D.C. is enclosed. The meeting will take place in Room 150 at the main building of the National Academy of Sciences at 2101 Constitution Avenue, N.W. This is about a 20-minute walk from the Wyndham Briston Hotel (2430 Pennsylvania Ave., N.W.) where those of you from out of town will be staying. If you wish to take a taxi to the main building, we will be happy to reimburse the charges.

I would like to choose the dates for the Board's next meeting, so please bring your calendars and indicate on the enclosed calendars for July, August, and September 1994 any days that are impossible for you. If the Board members who are not able to attend this meeting could fax their responses to me by Monday, February 14, we will maximize our chances of finding mutually agreeable dates.

We are particularly fortunate that the Commission on Behavioral and Social Sciences and Education will be meeting on the 10-11 of February, as well. To offer members of the Board and the Commission the opportunity to become more familiar with each other, we will be having a joint dinner on Thursday evening, February 10 that will be highlighted with a talk by Sheldon White.

We have arranged the agenda for this meeting to devote our time to three types of activities: (1) Assessing progress on the plans made at the July meeting (Information Items), (2) Discussing priority areas that require additional shaping by the Board (Action and Discussion Items/Dissemination memo), and (3) Hearing from a few key administration officials, as requested by Board members at the July meeting. We will also spend some time on the more mundane matters of Board operations and member roles.

I also want to note that I have invited to the meeting a group of guests who hold prominent positions in the array of Washington-based decision-making, advocacy, and scientific organizations with a child and family focus (see Tab 2). They have been invited to attend the meeting on February 10 from 8:30 to 4:00 and on February 11 from 8:30 to 12:00. This preserves our time with Administration officials for the exclusive participation of Board members and staff.

We will begin the meeting with introductory remarks. I am very pleased that Barbara Boyle Torrey, the new Director of CBASSE, will be joining us at the beginning of the day on Thursday. Shep and Jack will provide a brief overview of work to date (see Tab 4). We will then move into a discussion of new Board members, operating procedures, and roles (see Tab 5, as well as the Report Review Guidelines brochure in the pocket of the briefing book). Eugenia Grohman, CBASSE's Associate Director for Reports, will go over the report procedures with us and answer any questions you may have. I'm sure you will be keenly interested in the roster of new members that includes Michael Wald's replacement and a small group of individuals who represent the policy and private sectors.

With respect to Board member roles, please take a look at the memo in Tab 5 that summarizes your responses to the "interest area" query. As you can see, we do not have "leaders" on some topics (which is okay), and we have an abundance of interest in other topics. We may need to do some redistributing, so please give this some thought.

The next session will provide you with an update on activities that have occured since the July meeting. Each of these activities has passed NRC review and has received either external or internal funds. In each instance, an involved Board member will lead the discussion (see Tab 6 for these Information Items).

We will then be joined at lunch by Queta Bond, Executive Office of the IOM, and staff from the IOM. Queta will talk about the new IOM mission statement and priorities (see Tab 7). Following lunch, the IOM staff will update us on activities that are closely related to the interests of the Board on Children and Families (see Tab 8).

In mid-afternoon, we will delve into some "real work". Specifically, there is one Action Item, prepared by Jack Shonkoff, that requires Board approval. It is important that you read this carefully and come with comments. <u>We will be asking for a vote of the Board on this item at the meeting</u> to enable us to proceed with the next phase of the approval process following the meeting.

We will then devote some time to a discussion of the Board's proposed work in the area of child outcomes/outcome accountability. Again, it is important that you read the memos prepared by Aletha Huston and Lee Schorr prior to the meeting (see Tab 10). These Discussion Items, and those that follow on Friday, pertain to topics that were selected by the Board at the July meeting, but that require further direction and specification before the staff and delegation of Board members who are working on these topics can proceed. I hope we can have lively and productive exchanges about these topics.

At 4:00, we are very fortunate to be joined by Mary Jo Bane, Assistant Secretary for the Administration for Children and Families, and William Galston, who works for the White House Domestic Policy Council, for an informal discussion of shared concerns (see biographies in Tab 2). Both guests have been asked to give a 5-10 minute presentation, after which we will delve into an open exchange. I have assured the guests that their comments are "off the record" and we need to respect their confidentiality. Come prepared with questions.

Because the joint reception and dinner with CBASSE members will not start until 7:00 (they are actually meeting up until then), you have some free time to take a walk, return to your hotel, etc. after our first day's meeting. But, do come back at 7:00 for the reception and dinner.

We convene again at 8:30 on Friday morning. We launch right into an additional set of discussion items, some of which have materials in the briefing book (Tab 10). At the end of this session, we have reserved some additional time to contemplate the full menu of the Board. Please give some thought to important issues that are not presently represented on this menu. Have we missed some critical topics? You may want to take a look at the supplementary materials that I've enclosed in Tab 14.

The next session will focus on coordination and dissemination activities (see Tab 11), followed by lunch with Olivia Golden, Commissioner of the Adminstration on Children, Youth, and Families. We have asked Olivia to comment on the Child Abuse report and on Head Start, specifically. Again, this is intended to be an informal, off-the-record, interchange.

We will then hear from Janet Cooperman about the fundraising strategy that she has developed for the Board (see Tab 12). I will be particularly interested in learning about any relevant contacts that each of you may have with the listed sources of private funds.

We will close the meeting with a discussion of next steps and assignments (see Tab 13 for a form that I would like to complete at the meeting, to the extent possible), thoughts about how best to evaluate our activities, and plans for the next meeting. Think about whether you would like to meet at the Woods Hole facility, or in Washington, D.C. Also consider how we can continue to plan these meetings so that they are both productive and interesting for Board members.

To summarize, before you come please:

(1) Complete enclosed calendars for July, August, and September
(2) Review progress report (Tab 4)
(3) Review summary of "interest area" responses (Tab 5)
(4) Review Action Item in Tab 9
(5) Review Discussion Items in Tab 10
(6) Review Dissemination memo in Tab 11
(7) Give some thought to the form in Tab 13

AGENDA

BOARD ON CHILDREN AND FAMILIES

INSTITUTE OF MEDICINE
and
NATIONAL RESEARCH COUNCIL
COMMISSION ON BEHAVIORAL AND SOCIAL SCIENCES AND EDUCATION

February 10-11, 1994
Room 150
2101 Constitution Avenue
Washington, D.C.

Objectives of the Meeting:

- To assess progress made to date in implementing the initial plans and priorities of the Board, and to provide feedback on specific project plans.
- To discuss the operations of the Board, including member roles, internal approval processes, fundraising activities for project and core support, and mechanisms for evaluation of the Board's activities
- To develop plans for fulfilling the Board's role as a central coordinating and disseminating body for work on child and family issues in the National Research Council and Institute of Medicine

THURSDAY, FEBRUARY 10, 1994

8:30 - 9:00 A.M.	Continental Breakfast
9:00 - 10:15	**WELCOME AND OPENING REMARKS**
	Barbara Boyle Torrey Executive Director Commission on Behavioral and Social Sciences and Education
	Sheldon H. White Chair Board on Children and Families

Jack P. Shonkoff
Vice Chair
Board on Children and Families

10:15 - 10:30 Break

10:30 - 11:30 **NEW MEMBERS/BOARD MEMBER ROLES/APPROVAL PROCESSES** (Tab 5)

Deborah Phillips
Eugenia Grohman, Associate Director for Reports, CBASSE

11:30 - 12:30 **INFORMATION ITEMS** (Tab 6)

Child Abuse and Family Violence
Jack Shonkoff
Rosemary Chalk, Study Director

Immigration
Fernando Guerra, Board Member
Deborah Phillips

Colloquia on Maternal and Child Health in the Context of Health Care Reform
Bernard Guyer, Board Member
Sarah Brown, Senior Program Officer, IOM

Integrating Federal Databases on Children
Paul Newacheck, Board Member
Miron L. Straf, Director, and
Nancy Maritato, Research Associate,
Committee on National Statistics

12:30 - 1:30 P.M. **Lunch with Queta Bond and IOM Staff** (Tab 7)

1:00 - 1:30 Presentation on IOM mission statement and priority program areas

1:30 - 2:15 **Update on Related IOM Activities** (Tab 8)

Michael Stoto, Director, Board on Health Promotion and Disease Prevention

	Kathleen Lohr, Director, Division of Health Care Services
	Cynthia Abel, Research Associate
	Sarah Brown, Senior Program Officer
	Jane Durch, Program Officer
	Kathleen Stratton, Senior Program Officer
2:15 - 3:15	**ACTION ITEMS** (Tab 9)
	Science of Early Childhood Programs Jack Shonkoff
3:15 - 4:00	**DISCUSSION ITEMS** (Tab 10)
	Child Outcomes/Outcome Accountability Lee Schorr Aletha Huston
4:00 - 5:30	**Discussion with Invited Administration Officials**
	Mary Jo Bane Assistant Secretary Administration for Children and Families Department of Health and Human Services
	William A. Galston (invited) Domestic Policy Council White House
5:30 - 7:00	FREE TIME
7:00 - 7:30	**Reception for Board and CBASSE Members**
	Rotunda 2101 Constitution Ave., N.W.

7:30 - 9:30	**Dinner for Board Members, Members of CBASSE and Invited Guests** Members' Dining Room 2101 Constitution Ave., N.W.
8:30	**Keynote Address** Sheldon H. White Professor of Psychology Harvard University and Chair, Board on Children and Families

FRIDAY, FEBRUARY 11, 1994

8:30 - 9:00 A.M.	Continental Breakfast
9:00 - 10:30	**DISCUSSION ITEMS** (Tab 10) **Family Structure/Teenage Pregnancy** Larry Bumpass Robert Michael **Head Start** Sheldon White **Children and the Media** Aletha Huston **Limited English Proficient Children and Early/Elementary Education** Deborah Stipek
10:30 - 11:00	**Open discussion: Agenda/Priorities** Sheldon White
11:00 - 11:15	Break
11:15- 12:00	**Coordination/Dissemination Activities** (Tab 11) Jack Shonkoff

12:00 - 1:00	**Lunch with Olivia Golden, Commissioner, Administration for Children, Youth, and Families**	
1:00 - 1:15	Break	
1:15 - 1:45	**Fundraising Strategy** (Tab 12) Janet Cooperman, Coordinator, Office of Development Deborah Phillips	
1:45 - 3:00	**Open Discussion:** Sheldon H. White Jack Shonkoff	**Overview of Decisions/Assignments** (Tab 13) **Evaluation of Board Activities** **Plans for Next Meeting**

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BOARD ON CHILDREN AND FAMILIES

BOARD ON CHILDREN AND FAMILIES

February 10-11, 1994

INVITED GUESTS

Wendy Baldwin, Assistant Deputy Director for Extramural Affairs, National Institute of Child Health and Human Development, National Insitutes of Health

Kimberly Barnes-O'Connor, Children's Policy Coordinator, Minority Staff, Committee on Labor and Human Resources

Barbara Bates, Research Coordinator, Program Policy & Planning Division, National Center on Child Abuse and Neglect

Shay Bilchik, Associate Deputy Attorney General, Department of Justice

Barbara Broman, Director, Children and Youth Policy, Office of Assistant Secretary for Planning and Evaluation, Department of Health and Human Services

Yvette Chocolaad, Professional Assistant, House Ways and Means Subcommittee on Human Resources

Maria A. Cuprill, Staff Director, House Education and Labor Subcommittee on Select Education and Civil Rights

Howard Davidson, Director, American Bar Association Center for Children and the Law

Patrick H. DeLeon, Administrative Assistant, Office of Senator Daniel K. Inouye

Robert T. Deshler, Legislative Associate, House Education and Labor Subcommittee on Human Resources

David Evans, Staff Director, Senate Labor and Human Resources Subcommittee on Education, Arts, and Humanities

Rob Fersh, Executive Director, Food and Research Action Council

Sarah Flanagan, Staff Director, Senate Labor and Human Resources Subcommittee on Children, Family, Drugs, and Alcoholism

Charlotte Fraas, Legislative Assistant, Office of Congressman George Miller

William Galston, Deputy Assistant to the President for Domestic Policy, Domestic Policy Council

Ellen Guiney, Chief Education Adviser, Senate Committee on Labor and Human Resources

Janet Hartnett, Deputy Director, Office of Policy and Evaluation, Administration for Children and Families, Department of Health and Human Services

Ron Haskins, Professional Staff Member, Minority Staff, House Ways and Means Subcommittee on Human Resources

Debra Hawks-Peabody, American Public Health Association

David Heppel, MD, Director, Maternal, Infant, Child and Adolescent Health Division, Maternal and Child Health Bureau, Department of Health and Human Services

Donald J. Hernandez, Chief, Marriage and Family Statistics Branch, Population Division, Bureau of the Census

Richard Hobbie, Staff Director, House Ways and Means Subcommittee on Human Resources
Diana Huffman, Legislative Director, Office of Senator Christopher Dodd
Jean B. Intermaggio, Program Director, Social Psychology Program, National Science Foundation
John F. Jennings, General Counsel for Education, House Committee on Education and Labor
Elaine M. Johnson, Acting Administrator, Substance Abuse and Mental Health, Services Administration, Department of Health and Human Services
A. Sidney Johnson III, Executive Director, American Public Welfare Association
Vic Klatt, Education Coordinator, Minority Staff, House Committee on Education and Labor
David S. Leiderman, Executive Director, Child Welfare League of America, Inc.
Alan Leshner, Deputy Director, National Institute of Mental Health, National Institutes of Health
Felice Levine, Executive Director, American Sociological Association
Michael Levine, Program Officer, Carnegie Corporation of New York
David Lloyd, Director, National Center for Child Abuse and Neglect, Administration on Children, Youth, and Families, Department of Health and Human Services
Joan Lombardi, Special Assistant, Administration for Children and Families, Department of Health and Human Services
Cora Marrett, Assistant Director for Social Behavioral and Economic Sciences, National Science Foundation
Linda McCart, National Governors Association
Stephanie Monroe, Minority Staff Director, Senate Labor and Human Resources Subcommittee on Children, Family, Drugs, and Alcoholism
Evelyn Moore, Executive Director, National Black Child Development Institute
Kristin Moore, , Executive Director, Child Trends, Inc.
Lyn Mortimer, Carnegie Corporation of New York
Ellen Nissenbaum, Center for Budget Priorities
Audrey Nora, MD, Director, Maternal and Child Health Bureau, Department of Health and Human Services
Amelia L. Parker, Executive Director, Congressional Black Caucus
Alan Kraut, Executive Director, American Psychological Society
Elena Nightingale, Special Advisor to the President, Carnegie Corporation of New York
Karabelle Pizzigati, Director of Public Policy, Child Welfare League of America, Inc.
Lesley Primmer, Executive Director, House Women's Caucus
Wendell Primus, Deputy Secretary for Human Services Policy, Office of Planning and Evaluation, Department of Health and Human Services
Barbara Pryor, Legislative Assistant, Office of Senator John D. Rockefeller IV
Marsha Renwanz, Special Assistant, Special Projects, Office of Justice Programs/Office of Juvenile Justice, Department of Justice

Laurie Robinson, Associate Deputy Attorney General and Acting Assistant Attoney General for the Office of Justice Programs, Department of Justice

Ann Rosewater, Deputy Assistant Secretary, Administration for Children and Families, Department of Health and Human Services

Lisa Ross, Chief Education Counsel, Minority Staff, Senate Committee on Labor and Human Resources

Shirley Sagawa, Assistant to Hillary Rodham Clinton

Ann Segal, Deputy to the Deputy Assistant Secretary, Human Services Policy, Department of Health and Human Services

Howard J. Silver, Executive Director, Consortium of Social Science Associations

Marsha Simon, Senior Policy Adviser for Health/Poverty, Senate Committee on Labor and Human Resources

Susan Solomon, Chief, Violence and Traumatic Stress Research Branch, National Institute on Mental Health, Department of Health and Human Services

JanaLee L. Sponberg, Office of Family Policy/Support, Department of Defense

Ruby Takanishi, Executive Director, Carnegie Council on Adolescent Development

Trudy Vincent, Legislative Director, Office of Senator Bill Bradley

Christy Visher, Science Adviser, National Institute of Justice

Michael Wald , Deputy General Counsel, Office of the General Counsel, Department of Health & Human Services

Darryl Ward, Legislative Assistant, Office of Congressman Lucien Blackwell

Brian Wilcox, Director, Office of Public Policy, American Psychological Association

Susan Wilhelm, Staff Director, House Education and Labor Subcommittee on Elementary, Secondary, and Vocational Education

Martha Zaslow, Child Trends, Inc.

Phyllis Zucker, Acting Director, Office of Health Planning and Evaluation, Department of Health and Human Services

BOARD ON CHILDREN AND FAMILIES

FEBRUARY 10-11, 1994

BIOGRAPHICAL INFORMATION

ON

INVITED ADMINISTRATION SPEAKERS

MARY JO BANE

Assistant Secretary for Children and Families
Department Of Health And Human Services

Mary Jo Bane was sworn in as assistant secretary for children and families, Department of Health and Human Services, on Oct. 8, 1993.

As assistant secretary, Bane oversees the Administration for Children and Families, the agency that brings together the broad range of over 60 federal programs that address the needs of children and families. These programs include Head Start, Aid to Families with Dependent Children, Child Support Enforcement, refugee, Native American, and developmental disability programs, the Community Services, Social Services, and Low Income Home Energy Assistance block grants, and the Family Preservation/Family Support Services program. ACF's budget exceeds $30 billion. Bane is also a co-chair of President Clinton's Working Group on Welfare Reform, Family Support and Independence.

Before coming to the Department of Health and Human Services, Bane was the commissioner of the New York State Department of Social Services, where she had also served as executive deputy commissioner from 1984-86. For 11 years prior to that, she was a Malcolm Wiener Professor of Social Policy and director of the Malcolm Wiener Center for Social Policy at the John F. Kennedy School of Government at Harvard University. In 1980-81, she served as deputy assistant secretary for planning and budget at the U.S. Department of Education. From 1977-80, she was associate professor at the Harvard University Graduate School of Education, and an associate director of the Massachusetts Institute of Technology-Harvard Joint Center for Urban Studies. She was associate director of the Center for Research on Women at Wellesley College from 1975-77. She served as a Peace Corps volunteer in Liberia from 1963-65, and as a junior high school teacher from 1967-1971.

Bane is the author of numerous books and articles in the area of human services and public policy, including *Gender and Public Policy: Case and Comments* (1993), *The State and the Poor in the 1980s* (1984), and *Here to Stay: American Families in the Twentieth Century* (1976). She is the author, with David Ellwood, of a number of articles on poverty and welfare, and a forthcoming book on welfare research and policy.

Bane was born Feb. 24, 1942, in Princeville, Ill. She earned her doctorate in education and a master of arts in teaching from Harvard University. She received a bachelor of science degree in foreign service from Georgetown University.

October 1993

William A. Galston

William A. Galston is Deputy Assistant to the President for Domestic Policy. He is on leave from the University of Maryland at College Park, where he is a professor at the School of Public Affairs and a senior research scholar at the university's Institute for Philosophy and Public Policy. He received his B.A. degree from Cornell University in 1967 and, after serving in the U.S. Marine Corps (1969-1970), earned a Ph.D. from the University of Chicago in 1973. He taught at the University of Texas at Austin for nearly a decade before moving to Washington, D.C.

Dr. Galston is the author of five books and numerous articles on political philosophy, American politics and public policy. His most recent book, Liberal Purposes, was published by Cambridge University Press in 1991. From 1985 to 1988, he directed a series of studies and focus groups probing public attitudes concerning issues, candidates, and political institutions and processes.

Dr. Galston's political experience includes service as chief speechwriter for John Anderson's independent presidential effort, as Issues Director in Walter Mondale's presidential campaign (1982-1984), as an advisor to Sen. Albert Gore, Jr. during the contest for the 1988 presidential nomination, and as an advisor to Governor Bill Clinton's presidential campaign, as well as consultant to candidates for state and local office.

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2101 Constitution Avenue, Washington, DC 20418

BOARD ON CHILDREN AND FAMILIES

Telephone: (202) 334-1935
FAX: (202) 334-3768

BOARD ON CHILDREN AND FAMILIES
MINUTES OF JULY 20-21, 1993 MEETING

JULY 20, 1993

MEMBERS ATTENDING:

Sheldon H. White, Chair
Jack P. Shonkoff, Vice Chair
Jomills Braddock
Larry Bumpass
Fernando A. Guerra
Bernard Guyer (7/21 only)
Aletha C. Huston
Robert Michael
Paul Newacheck
Lisbeth B. Schorr
Gail Wilensky (7/21 only)

MEMBERS UNABLE TO ATTEND:

Julius Richmond
Carole Simpson
Deborah Stipek
Diana Taylor
Ruth T. Gross

The meeting opened at 9:15 a.m. on July 20, 1993. Susanne Stoiber, Director of the Division on Social and Economic Studies of the Commission on Behavioral and Social Sciences and Education (CBASSE) welcomed the members of the new board and led the bias discussion. She explained that in the case of panels brought together to study a single issue, the bias discussion focuses on positions members have taken, research conducted, and funding received that has bearing on that particular issue. In the case of a board with a broad mandate, the bias discussion serves more as a means for members to introduce themselves to each other and to share their research interests. All members present then introduced themselves and shared their educational and research backgrounds, current areas of interest with respect to children and families, and sources of funding for current research. Deborah Phillips, Director of the Board on Children and Families, and Sarah Brown, Institute of Medicine (IOM) staff, also introduced themselves.

Sarah Brown spoke on the history of the Forum on the Future of Children and Families, the precursor to the Board. Susanne Stoiber gave a brief history of the Academy complex and discussed the background of the formation of the Board on Children and Families. The Forum, a joint project between CBASSE and IOM, could serve only in a convening capacity. It successfully brought together researchers, policy makers, practitioners, and media representatives around a number of topics relating to children and families. The success of the Forum and increasing national attention to children's issues led to discussions with the Academy and with private and federal sponsors about the desirability of expanding the Forum into a Board that could provide a focal point and expand the range of activities relating to children and families. About a year ago, the National Research Council Governing Board approved the creation of such a Board and initial funding was received from the Department of Health and Human Services (HHS). At that point the Board was conceived as one on Learning Readiness, because of the emphasis in the education goals of the administration on learning readiness. Subsequently, discussions within the Academy and with HHS led to a substantial broadening of the mandate for the Board. Ms. Stoiber then discussed the nature of a board in the Academy complex. A board has the task of thinking strategically about what the policy community and the academic community should be concerned about and how to most productively bridge those two communities. The Board can initiate panel type studies as well as convening activities. The Board also will respond to requests from agencies to study a particular topic.

A number of ongoing activities in CBASSE are either relevant to the work of the Board or will now fall under the aegis of the Board. Staff members involved in those activities gave brief overviews of them to the Board.

Rosemary Chalk reported that the results of an 18-month panel study whose task was to develop a research agenda on child abuse and neglect had been released on July 13. The executive summary of the report, *Understanding Child Abuse and Neglect*, was distributed. The main conclusions of the study are that 1) research is needed to foster understanding of the nature and scope of child maltreatment, 2) fundamental research is needed to expand the understanding of origins and consequences of child abuse and neglect, 3) assessments of treatment and prevention interventions are needed, and 4) a science policy for research in the area is necessary.

Under the auspices of the Forum, a workshop on Violence in the American Family was held at the Wingspread Conference Center in May 1993. The participants came from diverse backgrounds and included researchers in child abuse, in spouse abuse, and in elder abuse, a district attorney, a police officer, family judges, physicians, human service administrators, direct service providers, and representatives of a number of federal agencies. After two and half intensive days, a remarkable unanimity was reached in the group with respect to the major foci for work in the area. The three most important areas identified were 1) building a national consensus against violence, 2) systems interventions, and 3) prevention. Based in part on the results of this workshop, Rosemary Chalk is now working on a project to develop a strategic plan for research on family violence. This project, begun under the Forum, will now take place under the Board.

Lisbeth Schorr, co-chair of the Roundtable on Effective Services, described this Forum initiated program. The Roundtable grew out of a November 1991 workshop on effective interventions to improve outcomes for young children. Funded by five foundations (PEW Charitable Trusts, The Ford Foundation, The Annie E. Casey Foundation, The Robert Wood Johnson Foundation, and the Foundation for Child Development), the Roundtable serves as a mechanism for those involved in community-based service delivery programs to have an ongoing dialog on practical experience, research knowledge, and obstacles to implementation.

Another Forum initiated project, Cultural Influences on the Success of Early Childhood Education, was described by Deborah Phillips. There is a growing literature on the impacts of culture on cognition and learning. The first of three workshops on this topic was held at the Beckman Center in Irvine, California, in April 1993, to assess the strength of this literature base. A follow-up paper reviewing the literature has been commissioned. A second workshop to draw implications for education from the literature base will be held in the fall. A final workshop or some other mechanism, yet to be decided, will be planned to share information with policy makers, educators, and researchers.

A workshop on the role of America's Fathers, planning for which began under the Forum, will be held this coming September 26-28. Nancy Crowell, Research Associate, described the background for this upcoming workshop on America's Fathers: Abiding and Emerging Roles in Family and Economic Support Policies. In light of a growing body of research on paternal roles and on masculinity, coupled with interest in potential policy changes, particularly welfare reform and child support, the Forum felt it was time to examine the impact of policy on father's involvement with their children and the changing role of fathers in America today.

Sheldon White described his involvement with Head Start and what role the Board might have with respect to Head Start. He was a member of the "Implementing the Blue Print Committee" whose task was to establish a federal research agenda for Head Start. He also chairs the Research subcommittee of the Advisory Committee on Head Start Quality and Expansion. From this work, several ideas which the Board might consider are: 1) fresh attention to the state of the child and the state of the family, 2) creation of an ongoing bridging structure between federal programs on children and the research community, 3) building a new relationship between Head Start and schools, 4) expansion of Head Start to the 0 to 3 population, and 5) two generation issue--that is Head Start's ability to relate parents and families to programs for children.

Miron Straf, Director of the Committee on National Statistics (CNSTAT), described the work of CNSTAT, which relates mainly to methods or data used in federal policy making. A vision of CNSTAT is to eventually have an integrated national statistical system. CNSTAT is planning a number of studies to try to integrate statistics, e.g., on disability, race and ethnic classification, and, of particular interest to the board, trying to integrate federal statistics on children pertaining to health, education, the labor force, justice, and social welfare programs. Dr. Straf invited the Board to work with CNSTAT on developing this project.

Connie Citro, Project Officer, discussed CNSTAT's project on Poverty and Family Assistance, which is chaired by Board member Robert Michael. This two-year study is looking at the definition of poverty and at setting eligibility standards for family assistance programs. The panel is currently about half way through its work.

Alexandra Wigdor, Director of the Division on Education, Training and Employment, briefly described the projects underway in her division that are relevant to the Board's activities. The newly established Board on Testing and Assessment will have its first meeting in August. Its mandate covers testing and assessment in a wide variety of settings including educational, military, and workplace. It has received funding from the Departments of Education, Defense, and Labor, and the National Science Foundation. The report from a study on Post Secondary Education and Training for the Workplace is due out in about two months. This study dealt primarily with the federal role in non-baccalaureate post secondary education and training. A study is being proposed on Reading Disabilities and Effective Instruction. The study would examine early identification of children who will have problems acquiring literacy skills and evaluate the effectiveness of intervention.

A short discussion on the role of the Board vis-à-vis other Academy committees and boards followed. Susanne Stoiber noted that it was easiest to have informal relationships and staff interactions rather than formal relationships.

Dissemination of study findings and reports was discussed briefly. The need for attention to different audiences was noted. Jack Shonkoff suggested that more than just communication was needed--we need to know what changes behavior, not just how to relay information. It was suggested that the Board look at the project the Forum did on the Working Poor in conjunction with University of Missouri School of Journalism and at dissemination efforts made by the Math Sciences Education Board. A presentation on services available from the Academy's Office of News and Public Information may also be instructive.

The meeting broke for lunch at 12:15 pm. It reconvened at 12:45 pm, at which time presentations were made from a panel consisting of Republican pollster Vince Breglio, President of R/S/M Incorporated, Democratic pollster Margaret Bostrom, Senior Analyst at Mellman, Lazarus, Lake, Inc., and ABC News Correspondent, Rebecca Chase. The panel's topic was Public Perceptions of Children and Family Issues.

Meg Bostrom noted that most voters don't know what a "children's agenda" means. When they think of children's issues they think of education only. Voters equate government spending on children with spending on poor children. However, polls indicate that voters are very concerned about children. When asked how they would tell politicians to spend their tax dollars, 61% listed an area that pertains to children in their top three priorities (for example, health care for children, good education, safe neighborhoods). When asked what was the most important thing to do for the future of the economy, the number one response was to invest in children's health and education. Voters don't think about children separately from other issues; they want children to be part of the debate on all issues. Ms. Bostrom also noted that their polls show that most voters worry a lot about financial security for their family. Half of all voters say they are worse off than they were ten years ago.

Vince Breglio's polls similarly show that families are worse off today than they were five years ago. Three out of four people say their own family is okay, but that they do have problems -- particularly economic stress. There is a general sense that they are working harder, not earning more, and spending less time together as a family. This is a complaint heard from all groups of voters. They feel there isn't time to get to know each other which leads to poor communication. Mr. Breglio noted that their research shows that in times of crisis, there are four lines of defense that people use. They first go to other family members; then to neighbors or community organizations; next to professionals; and as a last resort, to government programs. Although people liked such programs as WIC and Head Start, in general government programs are not viewed positively. Voters are very cynical about politicians and government. They feel that children and family issues are used as a ploy to get votes, and then ignored once the election is over. There is the perception that much of the money spent by the government in delivering services is wasted. It's not that people don't see a need for services, just that the government doesn't deliver.

From focus group research, Mr. Breglio noted that people have a good idea of what they think programs should do: (1) build self-esteem; (2) teach life skills, including family traditions or structure; (3) have all services under one roof; and (4) keep bureaucracy to a minimum and local involvement to a maximum. To help children, there is a reaction against foster care and a feeling that efforts should be made to keep a family together. The research further shows that people are looking for (1) common sense solutions to difficult problems; (2) solutions that hold participants accountable for their actions; and (3) a return to a stronger sense of community and keeping their tax dollars closer to home. People are not listening to Washington, they are listening to their church leaders and community organization leaders.

Rebecca Chase has been assigned to the Family Beat for the past four years. She does the American Agenda series on ABC News. She noted that the Family Beat has become very important in recent years; it is seen as the area where a lot is happening. While her presentation was not based on research, but on her own observations, it echoed many of the themes presented by the two pollsters. Ms. Chase said that every story she does on Family Agenda is about the same thing -- the breaking of a primary bond (often between parent and child or between family and community). What is needed is a way to replace that support system in an environment where larger support systems such as extended family, neighbors, etc. are missing.

From her observations, she notes that people have come to the realization that family is very important; there is a hunger for something that works; there is a sense that we know what the problems are, but not the solutions; and there is a desire and willingness for action. She suggested areas that the board might usefully work on: (1) good parenting--we know when children are particularly vulnerable, so look at parenting skills needed at those vulnerable ages; (2) ways to strengthen families; (3) ways to balance work and family; (4) preventing violence; and (5) welfare reform. Ms. Chase suggested the Board had the opportunity to be an important voice on children and family issues by working hard on public relations to get their message out.

Several Board members noted that there had been no mention of ethnic or cultural differences. Both Ms. Bostrom and Mr. Breglio acknowledged that some cultural differences do appear, for example, the church is most important in Hispanic communities, however there are more class distinctions than cultural distinctions. Mr. Breglio noted that the concept of multiculturalism is not well liked. People like to think of America as a melting pot, not separate cultures. The number one hot-button issue is immigration. People want tightened immigration requirements. It was noted by Sarah Brown that although Rebecca Chase's list of problem areas did not include unintended pregnancy, when asked about this issue Ms. Chase said it was at the root of many of the problems.

After a short break, the discussion of priority issues for the Board began at 2:30 pm. While the agenda listed it as an Executive session, the Chair opened the session to observers. The substance of this discussion has been synthesized with that of the discussions of July 21 and is summarized below.

A reception and dinner were held for Board members and guests. NAS President Bruce Alberts welcomed the Board and underscored his interest in the area of children. Congresswoman Patricia Schroeder presented the keynote address. Ways in which she feels Congress can best help children are to confirm Jocelyn Elders as Surgeon General, to create a Committee on Human Resources during the House reorganization, and to address the issues of family violence and gun control.

July 21, 1993

The meeting reconvened at 9:15 am on July 21. Dr. Kenneth Shine, President of IOM, welcomed the Board. He noted that the reason for the Board being jointly sponsored by CBASSE and IOM is that everything was connected to everything else. For IOM to talk about children's health without being concerned about education, violence in the home, and a variety of other things that interact with the development of children makes no sense. The Board has capacity to point out gaps in the current work of CBASSE and the IOM, and more importantly to suggest overarching themes that should be addressed.

Dr. Shine described the work of the IOM. About 80 projects are currently under way. The projects range from a soon to be released report on genetic screening to a wide variety of issues in nutrition to providing advice to the Congress on adverse effects of vaccines and the indications for vaccines. The IOM is working on health care reform and assessing access to health care. He noted the importance of having methodologies in place to measure impact of health care reform at the state level as well as nationally. Recent IOM projects have dealt with promoting mental health and with school health and health education. Dr. Shine pointed out that there was a great deal of data to suggest that depression among youngsters may be even more important to deal with than violence in schools or sex ed and contraceptive counseling. IOM members and staff have been very involved in the current health care reform efforts by the administration. The IOM will be holding a series of colloquia on the administration's health care plan. The first one will be on assessing quality. Board members urged that one of the colloquia deal with the impact of health care reform on women and children.

Dr. Shine told the Board he saw their mission as one of identifying areas where the Board has a potential value-added role and identifying overarching themes and projects which ought to be initiated either by the Board or someone else. He reminded Board members that, as part of the Academy complex, the role of the Board is to bring scientific knowledge to bear on issues and policies. He stressed the importance of maintaining communications with the six IOM boards as it was inevitable that there would be conflicts over turf.

Michael Stoto, Director of the Division of Health Promotion and Disease Prevention briefly described projects they undertake that are relevant to the work of the Board on Children and Families. These include work on national health goals, prevention of disabilities, adolescents and nicotine, prevention of mental disorders, and 15 years of work on immunization. The National Forum on Health Statistics, chaired by Dr. Ed Brandt, is a new activity under the joint auspices of IOM and CNSTAT.

Sarah Brown summarized the variety of work that has been done on pregnancy, including preventing low birthweight, including pregnant women and children in health care reform, nutrition during pregnancy and lactation, and HIV Screening of pregnant women and infants. A study on unintended and high risk pregnancy is just beginning.

A continuation of the priority issues discussion followed.

After a lunch break, Enriqueta Bond, Executive Director of the Institute of Medicine, presented the variety of ways in which a board can do its work under the Academy. Boards can put together a panel to perform the traditional Academy study on a specific topic. These studies generally last 15 months to 2 years, at the end of which the panel issues a reviewed report that can contain recommendations. The panel is then disbanded. Boards may also put together one-time seminars and workshops. These convening type activities may issue a report on the proceedings of the seminar, but cannot contain recommendations. Boards may also hold briefings for specific audiences, put together lecture series, or issue a white paper on a technical subject, among other activities. A document describing all the various mechanisms available to the Board was distributed (see attached document). She reminded the members that all projects require National Research Council Governing Board approval prior to being undertaken. All reports are subject to the Academy's rather rigorous review process.

The priority issues discussion continued.

The structure and number of Board meetings was discussed. Deborah Phillips pointed out that most boards meet twice per year. She suggested March or April of 1994 for the next meeting. Many members indicated that they preferred February. A February calendar will be circulated to members after the meeting to find the best dates. The question of having part of the meetings reserved as an executive session was addressed. Michael Stoto pointed out that when an as yet unreleased report or nominations for panels are being discussed, the meeting must be closed. Sheldon White suggested that the 2nd morning of the meetings be set aside as closed for transacting any necessary business in executive session. Members inquired about the possibility of setting aside parts of each meeting to have an in-depth

discussion with administration officials, for example Mary Jo Bane, David Ellwood, or Marshall Smith. It was also suggested that more than one department be invited at a time to broaden the discussion.

Deborah Phillips brought up the subject of the need for some additional members on the Board. The original conception was to have some members from the policy and business arenas as well as researchers. It was also pointed out that the slot for an attorney had to be filled as the original appointee had taken a position in the administration. Areas of expertise that were suggested as possibilities for the board were anthropology, reproductive issues, political science, state school board officer, child advocacy association representative, and ethicist. It was suggested that some areas could be brought in on specific topics and need not actually be a board slot. Specific suggestions for an anthropologist were Lisa Delpit of Baltimore (by Braddock) and Tony Larry Whitehead of University of Maryland (by Guyer). Malcolm Goggin of University of Houston (by Guyer) was suggested as a political scientist. Deborah Phillips noted that Tom Kean and Ray Marshall had been suggested as individuals who had served in high government positions.

The meeting adjourned at 3:30 pm.

SUMMARY OF PRIORITY ISSUES DISCUSSIONS

Over the course of the two days, much of the discussion was devoted to setting an agenda for the board. The following summary does not try to reflect the discussion in chronological order, but rather to highlight the dimensions of the debate and the areas of priority issues on which the Board converged.

Several general issues surfaced during the consecutive discussions of priority issues. These included:

- the importance of clarifying the goal for any project: to shape research, to guide policy, to guide practice, to influence the media/public perceptions;

- relatedly, the importance of distinguishing areas where we need to promote the development of knowledge versus areas in which there is an adequate scientific literature to inform policy development;

- the importance and challenge of channeling our work to the local level where programs are implemented;

- the need to decipher those aspects and levels of the policy process that are particularly susceptible to scientific input and, as part of this, to consider the sad fact that the conditions of children have worsened as attempts at scientific input have increased;

- the related challenge of determining why so much federally-funded data collection has so little impact on policy;

• the importance of considering themes of social justice and equity, in addition to prevailing themes of cost effectiveness and sound investment; and

• the value of differentiating issues that guide our work versus issues that we identify for others to work on.

Throughout the discussions, there were also some recurrent thematic tensions, most of which are not inherently incompatible:

• taking advantage of the political "window of opportunity" afforded by a new administration versus taking a long-term, more proactive view of what government should be doing for children

• selecting a topic because it is important versus fundability of projects

• orienting the work toward categorical issues (e.g., health care, education, child welfare) versus discerning cross-cutting themes and reframing issues

• incorporating a cross-national perspective, where appropriate, to shake one out of unquestioned assumptions versus the difficulty of transferring lessons and programs from one society to another with very divergent histories and social structures. The topics of serving children in health care reform, encouraging planned childbearing, and promoting more family supportive policies were noted as particularly ripe for cross-national comparisons.

• adopting a problem-focused versus a solution-focused ("programs that work") approach

The topics of interest to the members of the Board tended to converge around several areas.

I. Enhancing our capacity to acquire and apply knowledge about children and families

A. Contribute to a more coherent and useful Federal database on children and families -- work with CNSTAT on its project to improve the federal database for children

B. Outcomes/Evaluation -- although all Board members seemed to agree that the current interest in outcome assessment is important, and greatly in need of careful, science-based input, there were divergent views about how to approach this broad domain.

1. Approach this area by considering outcomes that can be used across programs to assess, for example, neighborhood-based interventions and to compare effects of different programs versus outcomes are that specifically

tailored to one program, for example, family preservation or welfare reform, which may then be assessed for their generality to other policy areas

2. Focus on outcomes for program evaluation, that are generally used by researchers and guided at policy decisions, versus outcomes for program accountability that are user-friendly and of practical use for program administrators. Social indicators is yet another purpose for work on outcomes.

3. Develop outcomes that are sensitive to different stages in the child's life versus focus on adolescent or young adult outcomes as the primary measure of success for child and family policies

4. Develop outcomes that represent the end-goals of policy, but also consider interim outcomes that indicate we are on the right track

5. Adopt a two-generational approach -- on this there was wide consensus

C. Call for and/or help design a national longitudinal survey of children -- it was pointed out that the National Center for Education Statistics has an RFP out on a 25,000 sample study following children from Kindergarten to 12th Grade. NCES is working with their equivalent body in health care statistics to follow a second cohort of children from birth to age 6 or 7. The Board might be able to suggest outcomes to be considered in these studies.

D. The science of early childhood programs -- Jack Shonkoff chaired a planning meeting on this topic under the Forum. Services designed to promote the health and development of young children have evolved in a very fragmented infrastructure of categorical programs and systems. Each area has developed its own research. Each faces similar questions about effectiveness and long-term benefits. There is also a growing expectation of greater integration of all human services and a recognition of the need to define best practices. This project would look at the existing knowledge base across the service systems in order to construct an integrated conceptual framework for early childhood programs.

II. The changing family experiences and environments of children

A. The impact of economic instability on children -- go beyond studies of poverty as a static social address to look at the dynamics of family income and the developmental effects of economic insecurity--real or perceived. What translates income loss into negative psychological outcomes?

B. Factors that influence family formation and reproductive choices, including single parenting, teenage sexuality, and unplanned pregnancy. Consider impacts of children's shifting family structures in conjunction with impacts of economic factors.

C. Family violence, examined in the broader context of children's environments ("depleted communities") and considered as a public health issue

III. Particularly vulnerable populations

A. Immigrants/migrants--link to welfare reform among other policies

B. Families in the context of natural disasters and adequacy of our emergency response mechanisms

C. Limited English Proficient children in our educational structures--importance of doing a better job at early identification

D. Children of incarcerated parents

E. Children of depressed parents, as well as adolescent depression

IV. Particular domains of social policy

A. Head Start, including migrant programs and articulation with Chapter I programs

B. Welfare reform--particularly impact on children

C. Health care reform--impact on children, especially children with special needs. Getting beyond financing issues. Examine implementation of EPSDT and issues of access.

D. Child Welfare Services--especially current experiments with family preservation and "family support"-approaches

E. Sex education and its effects on adolescent behavior and attitudes--perhaps with some cross-national comparisons

F. Child care, particularly in the context of workplace demands

G. The impact of having or not having an articulated national "children's policy" or "family policy".

(Interestingly, education reform did not surface as a priority topic among the attending Board members.)

V. Children, Families, and the Media

A. Examine constructive role of the media for public information and educational purposes, including attempt to define what is educational and to identify the conditions under which a positive impact occurs.

B. Effects of television viewing on children. Expand repertoire of relevant outcomes and context: prosocial behavior, desensitization to violence and harm, perceptions of sex roles.

Towards the end of the meeting, there was a discussion about a possible role for the Board in articulating a set of guiding principles with respect to children. For example, the Board might update *The Children's Charter*, which was issued by President Hoover's White House Conference on Child Health and Protection, or suggest a "children's policy" for the country. The Board was cautioned by some members not to forget that any recommendations issued by the board must be science-based. Other members suggested that the Board might better make recommendations on specific policies or programs rather than tackling what is essentially a political task of setting forth a "children's policy."

Each Board member was asked to submit three issues on which they were willing to work. Deborah Phillips will compile the list and ask non-attending Board members to add their choices. Together with the Board's discussion, this information will form the initial basis of project ideas for the Board.

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INSTITUTE OF MEDICINE

NATIONAL RESEARCH COUNCIL

COMMISSION ON BEHAVIORAL AND SOCIAL SCIENCES AND EDUCATION

2101 Constitution Avenue, Washington, DC 20418

BOARD ON CHILDREN AND FAMILIES

Telephone: (202) 334-1935
FAX: (202) 334-3768

January 24, 1994

MEMORANDUM

TO: Members, Board on Children and Families

FROM: Deborah Phillips

SUBJECT: Progress Report

The Board on Children and Families is off to a very good start. Since we met in July, 1993, we have raised a substantial amount of core support from both the Carnegie Corporation New York and the Public Health Service, and have initiated several activities. We have also continued a couple of activities that were initiated by the Forum on the Future of Families.

Core Support

The Carnegie Corporation of New York awarded $650,000 in core support for the two-year period January 1, 1994 to December 31, 1995. We have an agreement with Carnegie that a portion of this core funding (approximately 25%) will be put towards three specific activities: (1) A planning meeting on culture, limited English proficient children, and early education ($3,880), (2) Commissioned papers and a preliminary workshop for the family violence study ($56,000), (3) Development of a panel study on family structure and development during middle childhood ($69,690), and (4) A planning workshop on child outcomes/outcome accountability ($20,000). Thus, our total non-allocated core from Carnegie amounts to $500,830.

In addition, the Public Health Service has added the Board on Children and Families to a Cooperative Agreement held with the Institute of Medicine by which $80,000 of core support is awarded annually to each of the IOM Boards.

Forum Projects

(1) Meeting on Fathers. See attached meeting agenda and participant list. The workshop report, written by Nancy Crowell, is currently out for review. We anticipate that it will be published in May, 1994. Given its discussion of custody, child support, and teen-

age fathers, and thus its relevance to the welfare reform debate, we anticipate high demand for this report.

(2) Meeting on Culture and Early Education. See attached meeting agenda and participant list. This highly successful meeting, chaired by Deborah Stipek, was held as part of the project on cultural diversity and early education. Deborah Phillips is writing the workshop report. A dissemination plan is presently being developed. This effort will feed into the Board's proposed future work on the education of LEP children.

(3) Roundtable on Effective Services for Children. The Roundtable will be continuing its work under the auspices of the Aspen Institute (see attached letter to Bruce Alberts).

Children in Precarious Family Circumstances

(1) Panel Study on Family Violence. A planning meeting, chaired by Jack Shonkoff, was held in November, 1993. Rosemary Chalk has finalized a prospectus for a Board study on family violence and has obtained approval from the Academy to seek external support (see Tab F). The Centers for Disease Control and Prevention has committed $400,000 and NIMH has committed $150,000 to the project for the 30-month period outlined in the prospectus. We are currently negotiating co-sponsorship arrangements with several other agencies (Department of Justice and the Administration for Children and Families in DHHS) and foundations. As noted above, the core grant from Carnegie includes $56,000 for commissioned papers and a preliminary meeting for this study.

(2) Panel Study on Family Structure and Development During Middle Childhood. The core grant from Carnegie includes $69,690 towards this study. It is critical that the Board develop a prospectus for this project, obtain Academy approval to proceed, and continue with fund-raising.

The Developmental Effects of Social and Economic Dislocation

(1) Project on Immigrant Children and Families. The Academy selected this project for receipt of $29,500 of project initiation funds. A planning meeting will be held in June, 1994, to generate suggestions for the focus and shape of future Board activities in this area. Tab F contains a set of materials on this topic.

Schooling in a Diverse Society

(1) Planning Meeting on Culture, Limited English Proficient Children and Early Education. The core grant from Carnegie includes $3,880 to support a small planning meeting on the topic of LEP children and education, with a focus on early and elementary education. It is critical that the Board develop a prospectus for this project and obtain Academy approval to proceed. This meeting will be designed, in part, to assess interest on behalf of the Department of Education in funding a larger project on this topic focused on the development of a research plan.

Children and the Media

Tab J contains a memo regarding this area of Board activity.

Scientific Infrastructure for Child and Family Policy

(1) Planning Workshop on Integrating Federal Statistics on Children. The Academy selected this project for receipt of $39,038 of project initiation funds. The workshop will be held on March 31 and April 1, 1994. Tab F contains a set of materials on this topic.

(2) Panel Study on the Science of Early Childhood Education. Jack Shonkoff has developed a prospectus for this study, which has been sent to a delegation of Board members for their review (see Tab I). We plan to present this prospectus for Academy approval in March, 1993. Fund-raising may then proceed.

(3) Planning Workshop on Child Outcomes and Welfare Reform. The core grant from Carnegie includes $20,000 towards this study. It is critical that the Board develop a prospectus for this project, obtain Academy approval to proceed, and continue with fund-raising, if necessary. Tab J contains materials on this project, written by Aletha Huston and Lee Schorr.

Other

(1) Symposium on Mothers and Children in Health Care Reform. With the assistance of Ruth Gross, Fernando Guerra, Bernard Guyer, and Paul Newacheck, a prospectus for this project was developed in collaboration with the Board on Health Promotion and Disease Prevention (IOM) and approved by the Academy in November, 1993. Fund-raising letters have been sent to the March of Dimes Foundation, the Maternal and Child Health Bureau, the Commonwealth Fund, the David and Lucile Packard Foundation, and the Carnegie Corporation of New York. Thus far, Commonwealth has said "no" and MCHB has said "yes - we'd like to fund this". We hope to hold the symposium in June, 1994. A formal steering committee will be formed for this project. See Tab F for materials on this project.

(2) Workshop on Overcoming Barriers to Immunization. In collaboration with the Board on Health Promotion and Disease Prevention (IOM), a workshop was held in December on "Overcoming Barriers to Immunization". Jane Durch is finalizing the workshop report.

Contents

AMERICA'S FATHERS: ABIDING AND EMERGING ROLES, IN FAMILY AND ECONOMIC SUPPORT POLICIES

National Academy of Sciences
2101 Constitution Avenue, NW
Washington, DC
September 26-28, 1993

AGENDA

SEPTEMBER 26 - National Research Council, 2001 Wisconsin Avenue NW, Room 130

5:30-6:00p	Reception
6:00-7:00p	Dinner
7:00-7:15p	Welcome, Introductions, Opening Remarks **Donald Wertlieb**
7:15-7:45p	Fathers' Engagement in Family and Economic Support Programs: Opportunities and Challenges **Thomas Downey**
7:45-8:00p	Q & A
8:00-8:30p	Historical Changes in the Role of Fathers in the U.S. **Tamara Hareven**
8:30-9:00p	Q & A / Discussion

SEPTEMBER 27- National Academy of Sciences, 2101 Constitution Avenue NW, Lecture Room

9:00-9:15a	Introductory Remarks
9:15-9:45a	The Diversity of Fathers' Roles Throughout the Life Course: Implications for Public Policy **William Marsiglio**
9:45-10:15	Impact of Different Cultural Attitudes on the Role of Fathers **Richard Majors**
10:15-10:45	Psychological Aspects of Fatherhood **Ross Parke**
10:45-11:00	Break
11:15-noon	Discussion
12:00-1:30p	LUNCH
1:30-3:00p	Fathers' Roles in Intervention Programs for Children at Special Risk: Disabled, Chronically Ill, and Children Living in Poverty Panel presentations (60 min) followed by discussion (30 min) **James Gallagher, Martha Krauss, Ann Turnbull**

3:00-3:15p Break

3:15-4:45p Fathers' Roles in Economic Support Programs: Divorce, Child Support, and Welfare Reform
Panel presentations (60 min) followed by discussion (30 min)
Irwin Garfinkel, Ron Haskins, Judith Seltzer

4:45-5:00p Wrap-up discussion

6:00-7:30p Dinner

7:30-9:00p Panel -- Fathers' rights
Robert Mnookin, Martha Fineman, Robert Levy
Discussion

SEPTEMBER 28 - National Academy of Sciences, 2101 Constitution Avenue NW, Lecture Room

9:00-10:30a Fathers' Roles in Teenage Parenting Programs
Panel presentations (60 min) followed by discussion (30 min)
Elijah Anderson, Charles Ballard, Darryl Ward

10:30-noon Synthesis discussion: What do we know about factors that facilitate vs. hinder fathers' involvement in family and economic support programs? How is our answer to this question informed/shaped by historical, cultural, psychological, and lifespan perspectives? Are there mismatches between this knowledge base and assumptions presently embedded in public policies? Where is more research needed?

Noon-1:30 Lunch

1:30 p Adjourn

AMERICA'S FATHERS: ABIDING AND EMERGING ROLES IN FAMILY AND ECONOMIC SUPPORT POLICIES

Participants

Elijah Anderson, Department of Sociology, University of Pennsylvania, Philadelphia, PA
Charles Ballard, National Institute for Responsible Fatherhood, Cleveland, OH
Andrew Cherlin, Department of Sociology, The Johns Hopkins University, Baltimore, MS
Barbara Clinton, Center for Health Services, Vanderbilt University Medical Center, Nashville, TN
Thomas Downey, former member, U.S. House of Representatives
Martha Fineman, Columbia University Law School, New York, NY
James Gallagher, University of North Carolina at Chapel Hill, Chapel Hill, NC
Irwin Garfinkel, Woodrow Wilson School, Princeton University, Princeton, NJ
John Hagen, CHGD, Human Growth and Development, University of Michigan, Ann Arbor, MI
Tamara Hareven, University of Delaware, Newark, DE
Ron Haskins, Subcommittee on Human Resources, House Committee on Ways and Means, Washington, DC
Michael Kimmel, Department of Sociology, University of California at Berkeley, Berkeley, CA
Martha W. Krauss, Brandeis University, Waltham, MA
John Kyle, National League of Cities, Washington, DC
James Levine, Families and Work Institute, New York, NY
Robert Levy, University of Minnesota, Minneapolis, MN
Richard Majors, Psychology Department, University of Wisconsin-Eau Claire, Eau Claire, WI
William Marsiglio, Sociology Department, University of Florida, Gainsville, FL
James May, The Merrywood School, Bellevue, WA and National Fathers Network, Seattle, WA
John McAdoo, Okemos, MI
Ronald Mincy, Department of Health and Human Services, Washington, DC
Robert Mnookin, Program on Negotiation, Harvard Law School, Cambridge, MA
Ross Parke, Psychology Department, University of California at Riverside, Riverside, CA
Vicky Phares, Psychology Department, University of South Florida, Tampa, FL
Wendall Primus, Department of Health and Human Services, Washington, DC
Judith Seltzer, Department of Sociology, University of Wisconsin-Madison, Madison, WI
Freya Sonenstein, The Urban Institute, Washington, DC
Ann Turnbull, University of Kansas, Lawrence, KS
Darryl Ward, Legislative Assistant, Office of Congressman Lucien Blackwell
Donald Wertlieb, Tufts University, Medford, MA

Staff

Deborah Phillips, Director, Board on Children and Families
Nancy Crowell, Research Associate, Board on Children and Families
Drusilla Barnes, Senior Project Assistant, Board on Children and Families

AGENDA

CULTURE AND EARLY EDUCATION: ASSESSING AND APPLYING THE KNOWLEDGE BASE

Workshop sponsored by the

BOARD ON CHILDREN AND FAMILIES

NATIONAL RESEARCH COUNCIL
COMMISSION ON BEHAVIORAL AND SOCIAL SCIENCES AND EDUCATION
and
INSTITUTE OF MEDICINE

November 29-30, 1993
Beckman Conference Center
Irvine, California

Objectives of the Workshop:

- To assess the scope and quality of the evidence deriving primarily from research, but also from practical experience, that bears on the prekindergarten education of culturally diverse populations of children

- To decipher the implications of this evidence for policy in the areas of compensatory education, bilingual education, and the education of limited English proficient preschoolers

By "culture", we mean the linguistic, environmental, and background knowledge, competencies, expectations, and interactional patterns that children are exposed to, acquire, and bring with them to their early education settings.

MONDAY, NOVEMBER 29, 1993

8:30 - 9:00 A.M.	CONTINENTAL BREAKFAST
9:00 - 9:30	**WELCOME and OPENING REMARKS**
	Deborah Phillips Director, Board on Children and Families
	Deborah Stipek Chair of the Workshop and Member, Board on Children and Families

9:30 - 10:30	**PARTICIPANT PRESENTATIONS: THEORETICAL AND METHODOLOGICAL ORIENTATIONS**
	• What specific questions have provided the focus for your research/activities?
	• What theoretical assumptions regarding the relationship between a child's home culture and school-based learning processes and experiences have guided your work?
	• Relatedly, what assumptions do you hold about the reasons for apparent cultural differences in very young children's adjustment to and functioning in early education settings?
	• What samples and methodologies do you employ in your research and why did you select them?
10:30 - 10:45	BREAK
10:45 - 11:30	**PARTICIPANT PRESENTATIONS: THEORETICAL AND METHODOLOGICAL ORIENTATIONS** (continued)
11:30 - 12:15	**DISCUSSION OF THEORETICAL AND METHODOLOGICAL ISSUES**
	• Based on the presentations, can we develop a "roadmap" of the range of theoretical, philosophical and methodological assumptions that have guided this area of research?
12:30 - 1:30	LUNCH
1:45 - 3:00	**DECIPHERING THE IMPLICATIONS OF THE RESEARCH: WHAT CHILDREN BRING TO SCHOOL**
	• What is the degree and nature of "culture's" influence on the kinds of skills, competencies, information, and expectations about/motivation for learning that young children from culturally and linguistically diverse backgrounds bring with them to early education settings? Consider literacy, reading, numeric, general cognitive, motivation, and social-behavioral domains.
	• What are the implications of your answer for the kinds of skills, competencies, information, and expectations/behaviors that these children need to acquire?
	• What issues/questions remain for research to address?

3:00 - 3:30 BREAK

3:30 - 5:00 **DECIPHERING THE IMPLICATIONS OF THE RESEARCH: PROCESSES OF LEARNING**

- What is the degree and nature of "culture's" influence on the basic processes by which children acquire skills, competencies, and knowledge?
    - Do children from different linguistic and cultural backgrounds differ fundamentally in how they acquire knowledge and skills?
    - Do they differ in their exposure to the types of information and experiences that facilitate learning?
    - Do they differ in their expectations about ways in which knowlege and skills are taught?
    - Something else?
- Does the influence of children's cultural and linguistic backgrounds on learning processes vary by content area, for example linguistic vs. numeracy skills?
- What issues/questions remain for research to address?

6:00 - 6:30 RECEPTION (Four Seasons Hotel)

6:30 - 8:30 DINNER (Yorba Room)

TUESDAY, NOVEMBER 30, 1993

8:30 - 9:00 A.M. CONTINENTAL BREAKFAST

9:00 - 11:00 **DECIPHERING THE IMPLICATIONS OF THE RESEARCH: METHODS AND CONTEXT OF INSTRUCTION**

- What do we know about whether and how the nature and/or content of instruction needs to vary for children from differing linguistic and cultural backgrounds?
    - What is known about the language of instruction?

- What is know about other aspects of instruction?

- If it needs to vary, in what specific ways?

- What are the implications for classroom staffing?

- What are the implications for what teachers need to know and be able to do, and, thus, for teacher preparation?

- What is known about how, in positive and/or negative ways, children from the "mainstream" culture are affected by adjustments that are made to facilitate the knowledge acquisition and classroom functioning of children from diverse linguistic and cultural backgrounds?

- What issues/questions remain for research to address?

11:00 - 11:15 BREAK

11:15 - 12:00 **DECIPHERING THE IMPLICATIONS OF THE RESEARCH: ROLE OF PARENTS**

- What roles for parents at home and with respect to their involvement at school are suggested by research?

- What is known about effective means of facilitating the involvement of parents whose language and culture may differ in significant ways from that of their child's first teachers and classroom experiences?

- What issues/questions remain for research to address?

12:15 - 1:15 LUNCH

1:30 - 2:30 **DECIPHERING THE IMPLICATIONS OF THE RESEARCH: ASSESSING CHILDREN**

- What do we know about whether and how the nature, methods and/or content of assessment needs to vary for children from differing linguistic and cultural backgrounds? Consider the varying purposes of assessment: to determine placement into special education programs, to assess children's progress, and to guide the delivery of instruction.

- What does research tell us about the language of assessment for children with varying linguistic backgrounds?

- What does research tell us about the forms and methods of assessment that minimize cultural bias?

- What issues/questions remain for research to address?

2:30 - 3:30 **THOUGHTS ABOUT NEXT STEPS AND CLOSING REMARKS**

Updated 11/19/93

BOARD ON CHILDREN AND FAMILIES

Culture and Early Education: Assessing and Applying the Knowledge Base

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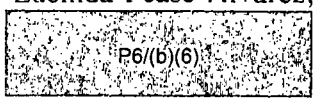

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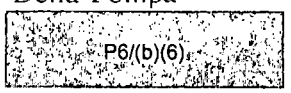

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INSTITUTE OF MEDICINE
NATIONAL RESEARCH COUNCIL

COMMISSION ON BEHAVIORAL AND SOCIAL SCIENCES AND EDUCATION
2101 Constitution Avenue, Washington, DC 20418

BOARD ON CHILDREN AND FAMILIES
ROUNDTABLE ON EFFECTIVE SERVICES FOR CHILDREN

Telephone: (202) 334-1935
FAX: (202) 334-3768

November 11, 1993

Dr. Bruce Alberts
President
National Academy of Sciences
2101 Constitution Avenue, NW
Washington, DC 20418

Dear Dr. Alberts,

We are writing to express our thanks to the National Research Council and Institute of Medicine for serving as the home of the Roundtable on Effective Services of Children during its first phase, which concludes next month.

As you may know, the Roundtable grew out of a November 1990 workshop on effective services sponsored by the National Forum on the Future of Children and Families at the National Academy of Sciences. The Roundtable was formed to bring together 28 funders, operators, evaluators, and advisors of new "cross-systems" social policy initiatives. Such initiatives are now underway or planned in several communities across the nation. They pull together various local efforts that aim to improve institutions that serve at-risk children and families and to revitalize their communities. These initiatives work across systems, involving the social services, the health care system, the schools, and, sometimes, economic and physical redevelopment.

At Roundtable meetings, the members discuss and learn from each other's experiences with cross-systems initiatives, identify common challenges, and outline work to meet those challenges. The Roundtable met three times during its first phase. It has won unanimous praise from its members as a useful forum for discussing common concerns, identifying topics of common interest, and initiating more in-depth investigation of these issues. Topics addressed by the Roundtable have included the governance mechanisms for cross-systems initiatives, the development of outcome indicators for these initiatives, the financing systems that support them, and difficulties in evaluating them.

The growing interest of Roundtable members in making their products available beyond the Roundtable's immediate membership--and the desire to keep the funders at the table--caused us to reassess the question of the optimal setting for the Roundtable's future activities. We have now concluded, after considerable consultation, that the Academy would not be the best home for the next phase of our work, and we intend to continue our work under the auspices of the Aspen Institute.

The National Academy of Sciences complex provided a uniquely appropriate setting for the early work of the Roundtable. We appreciate the work of the staff of CBASSE, the Division on Economic and Social Studies, and the Board on Children and Families in making the Academy the right place to test the concept of the Roundtable. Special thanks go to Suzanne Woolsey. Because of her flexibility, vision, and energy, the Roundtable was able to establish itself and work comfortably within the Academy structure during its initial phase.

We greatly appreciate the effort of the Academy in making the first phase of our endeavor so successful, and we wish you great success in your tenure as President.

Sincerely,

Lisbeth Schorr
Co-chair
Roundtable on Effective Services

Harold Richman
Co-chair
Roundtable on Effective Services

cc: Suzanne Woolsey

NAS COPY TO: Deborah Phillips

Member Profile

Sheldon White: Chairs New National Academy Board and New Head Start Advisory Committee

"It comes up again and again like a sad song—our inability to measure and ask about many elements of child development. We just don't have the tools," APS Charter Fellow Sheldon White says from his New Hampshire retreat.

His brief stay there could hardly be called a rest from his two new roles in Washington, DC, and a full teaching load at Harvard. Role #1: White has been appointed Chair of the newly established Board on Children and Families that the National Academy of Sciences (NAS) and the Institute of Medicine christened in June. Role #2: White also heads the research subcommittee of the new 50-member Advisory Committee on Head Start Quality and Expansion in the U.S. Department of Health and Human Services (HHS). This Advisory Committee is reviewing the current evidence of Head Start's effectiveness and is suggesting ways in which research can be used to improve Head Start and its 1,300 centers.

National Academy Board on Children and Families

As chair of the NAS Board, which held its first meeting in July, White has a lot on his computer and on his mind. Much of it has to do with what he considers the lack of tests to measure social development in children and families or to monitor programs that promote social development.

"We have lots of rhetoric . . . but we haven't come up with indices to measure change in any scientific way that we can defend against attacks," he says. "Many, many [social and intervention] programs are evaluated poorly" as a consequence, he says.

At the top of the agenda for each of his two new Washington roles is the development of testing instruments "that don't fall apart when their validity comes under attack" in the rough and tumble adversarial procedures that are just routine in government, he says.

The NAS Board he chairs has 15 members which include medical people, social scientists, and psychologists, notably Aletha Huston of the University of Kansas, and Deborah Stipek of UCLA. The project officer of the board is Deborah Phillips, on leave to the National Research Council from the University of Virginia.

Public Policy and Social Programs

The last 25 years have been hard ones for social programs. "Under the Nixon Administration there was a big move away from services toward income programs," White said. There was a feeling that poverty programs had not worked and the thing to do was to get the federal government out of offering services to people. After Nixon, things got worse.

When Reagan took office he built up a big wall around social programs and put a sign on it saying "Nothing Works—Losing Ground," and proceeded to try to dismantle as much as he could behind the wall, White says. Most of the upper layers of the federal bureaucracy dealing with domestic policy were savaged.

Social and Emotional Development

"Twenty-five years ago we already had outcries for tests of social development, we had to have tests of emotional development," White notes, recalling his early involvement in Head Start and other programs including Follow Through, Sesame Street, and Title I of the Elementary and Secondary Education Act. He was then just starting his treks between Cambridge and the nation's capital that have continued over the past two and a half decades.

"We never developed those tests then," White avows, "but we may be able to do so now—because research is further along. Twenty-five years ago we had practically no research on emotional development. Now there's an enormous amount of research on that and social development, too. We have a better chance of finding an instrument because we know more. It's a real-world example of how we often need the basic research in order to develop an instrument."

Head Start

Head Start poses different research problems for evaluation and program monitoring that White's subcommittee is hoping to resolve. The subcommittee members include J. Lawrence Aber of Columbia University, Luis Laosa of the Educational Testing Service, Robert McCall of the University of Pittsburgh, Deborah Phillips, of the University of Virginia, Craig Ramey of the University of Alabama, and Diana Slaughter-Defoe of Northwestern University. Urie Bronfenbrenner of Cornell University has also been working closely with the subcommittee.

"Many assume that Head Start is *one* program and that it was dreamed up in

SEE WHITE ON PAGE 20

WHITE FROM PAGE 11

Washington and then disseminated in the 1,300 centers. But that is not the case," White says.

"There is no one Head Start curriculum. Each program is free to do whatever it can within the limits of very broadly defined performance standards. Furthermore, the centers now serve a surprisingly diverse community of small kids—the majority of centers are multicultural and some have as many as 10 different cultural groups. And it's not just a preschool program, it's a comprehensive intervention, including services such as health, family intervention, community action, nutrition and dental care.

New usages of research must be an important part of the answer . . .

SHELDON WHITE

Maintaining Decentralization While Enhancing Quality Control

"What you really have and want is a flexible program that can adapt to the needs of the customers. Decentralization is its great strength ... but the price you pay is quality control. There is unevenness, evidence that some kids are not getting their shots or other important services. The standard recipe for correcting this is to tighten up—regulate, supervise, simplify, standardize—and many are proposing this. But not I," White says.

"New usages of research must be an important part of the answer," White believes. The challenge is "to design research systems that will take advantage of what is good in some centers and present it to other centers to help them improve their own operations, and to design systems that allow non-obtrusive monitoring," White states.

This will require "much closer contact between the academic community and Head Start, to allow information to flow back and forth," White says. So, rather than turning Head Start into a heavily regulated environment "you try to keep a decentralized system while creating an information grid so that the centers can improve," White says.

There are no existing university centers connected with Head Start, but White believes they can and must be developed. "Nobody wants this contact between researchers and Head Start centers more than the Head Start Association, a grassroots group of center directors," White says, "and I'm convinced that if we can keep the attention of the Administration on this, we can [eventually] bring it about."

Twenty-five years ago we already had outcries for tests of social development, we had to have tests of emotional development . . .

SHELDON WHITE

Ed Zigler, a founder of Head Start, is a member of the Head Start research subcommittee, the member White mentions first (see November 1992 *Observer*). "If he weren't there at Yale doing what he's doing, you'd have to invent him—he's enormously important. I think he has done a tremendous amount of good because of his investment in Head Start, his great integrity, and his ability to keep on top of the most complex issues," White says.

"But part of the problem now is that not just Head Start but the HHS and many other agencies look bombed out. They've lost many senior people. Furthermore, because of the deficit it's not likely that the federal government will build up the staff, so there is not the same capacity as there used to be. Another part of the picture is that we are a hell of a lot poorer country that we used to feel we were in Lyndon Johnson's term. So it may be that we simply can't afford to provide services as much as we used to."

National Academy Board on Children And Families

As for his role as chair of the Board on Children and Families, White said, "We talked [at the July meeting] about the need for some kind of Academy-sponsored research effort and developed a kind of shopping list of 23 points or projects." It is hoped that many of the projects will gain foundation and corporate funding. Brief summaries of several research proposals follow:

- Explore the psychological consequences of dynamic economic process, sliding downward, on the health and well-being of the family systems: What happens to families and to children in them as they get poorer?
- Develop a new two-generational evaluation strategy for exploring changes in welfare policy.
- With discussions of health care reform now fixated on the explosive issues of financing and service utilization, find some way of focusing more attention on children and exploring consequences for children as a serious issue.
- Conduct a cross-national study of the elaborating impacts of immigration on children and family systems.
- Bring together researchers and television people to define better what "educational" means and what possible constructive roles media can play, given the recent federal demand that television must offer educational and information programs for children.

White recalls "an eye opener" in his first few years working on federal programs. It occurred when, in 1973, he plunged into the many years of history of federal programs for disadvantaged children. The information was in the second chapter of a three-volume study done with the help of an outside team of historians, *Federal Programs for Disadvantaged Children, Review and Recommendations.* An almost mystical flash made him aware that the history of psychology, which he had been teaching for a half-dozen years, "ran together with the historic stream of the federal programs for disadvantaged children." But all of this was hardly touched upon in the ubiquitous history of psychology, Edward G. Boring's *A History of Experimental Psychology*, a marvelous though limited work. White had been teaching it "cover to cover." The experience made White aware that "psychology has a social history, one that is much more relevant as psychology's mission, organization, and meaning than most people realized."

Across the years he has held to that vision of psychology's mission. Today he says, "As a psychologist I enjoy working on real things—it gives you a sense of what we are all fighting for. **D.K.**

Interdisciplinary board to focus on family issues

By Robin Michaelson
Monitor staff

WASHINGTON

Several psychologists will help set an agenda for action on children and family research and policy as members of a new permanent board convened by two branches of the National Academy of Sciences.

Sheldon H. White, PhD, of Harvard University, chairs the newly created Board of Children and Families, co-sponsored by the National Research Council and the Institute of Medicine.

Aletha C. Huston, PhD, of the University of Kansas, joins Dr. White on the 15-member board for a 2½-year term. And Deborah A. Phillips, PhD, on leave from her position at the University of Virginia, is serving as the board's project director for two years.

The interdisciplinary board includes experts in developmental psychology, education, health policy, sociology, public health, pediatrics, epidemiology, law and television news. A few more members will be appointed to the board to supplement the board's expertise in the policy process and public sector, Dr. Phillips said. The NAS solicited board nominations from its own members, staff and other individuals, she said.

The board provides a "solid home base" for scientific issues related to children and families, said Brian L. Wilcox, PhD, director of the American Psychological Association's Public Policy Office. This helps APA from a legislative standpoint because reports prepared by the National Research Council are very useful in policy contexts, Dr. Wilcox said.

"They provide us with good, solid, state-of-the-art statements of where the field is and give us clear directions on which way to go," he said.

During the board's inaugural meeting here July 20-21, board members discussed their charge of developing strategies to effectively apply research and practice knowledge to the development and implementation of policy decisions for children and families.

Drawing by Stephanie Shieldhouse

"It's unusual because we are not just constituted for research. We are trying to create some flow back and forth from the research community to the policy community."

Sheldon White, PhD
Harvard U.

Dr. White views this as a two-fold mandate: to stimulate research on children and families and bring current and future scientific knowledge to bear on the policy-making process.

To do this, the board oversees and coordinates relevant research in NAS. It also disseminates information about children and families to a wide audience, including policymakers, federal program officers, journalists and the public.

"It's unusual because we are not just constituted for research," Dr. White said. "We are trying to create some flow back and forth from the research community to the policy community."

At its meeting, the panel members discussed about 30 possible projects the board might pursue, Dr. White said. Topics included examining the psychological consequences of poverty on children as well as devising new instruments to evaluate government programs for children. The board might also assess how programs such as Head Start and health care and welfare reform affect children and families. Another project might attempt to define what educational television programs for children should be, he said.

Board members consider work in these areas to be both scientifically feasible and useful in policy settings, Dr. White said.

While the board itself doesn't run studies, it sets up study panels and working groups, he said. The board can also generate proposals for studies, forums, workshops, meetings and briefings.

In between meetings of the board, Dr. Phillips and b rd members search for funding from foundations and government agencies for the projects—a process Dr. White described as "mating and dating." The b d s twice a

The board can help policymakers in several ways, according to Dr. White. It might be the vehicle to "make sense" of the many government and state programs for children and families, Dr. White said.

"Someone needs to . . . look at the situation as a whole to determine what we can do and how we can orchestrate programs," he said.

The board might also help analyze existing problems facing families and children and help devise solutions, particularly after serious attempts by the Reagan and Bush administrations to "ignore or dismantle most domestic programs for children and families," he said.

"A group like this can help in that process by beginning to think once again what we're doing, why we're doing it, and where we're going," he said.

In addition to responding to administration and congressional research requests, the board can determine further research needs, undertaking a "blend of proactive work that the board selects," Dr. Phillips said. "It would be really wonderful to shape the agenda as well as to respond to it."

All three have extensive experienced working on issues connecting developmental psychology and child and family policy. Dr. White, a past president of the APA's Div. 7 (Developmental), has worked on the design or evaluation of government programs for children, including Head Start.

Dr. Huston co-directs the Center for Research on the Influence of Television on Children at the University of Kansas. She chaired APA's Task Force on Television and Society, which produced the 1992 book *Big World, Small Screen: The Role of Television in American Society*. The book has been quoted in the media recently as the debate on television violence has heated up again (see August *Monitor*). Dr. Huston was unavailable for comment.

Dr. Phillips has worked at the Congressional Budget Office and in the office of a U.S. representative as a congressional science fellow of the Society for Research in Child Development. She also directed the child care information service of the National Association for the Education of Young Children.

In January, the NAS Governing Board approved establishing the board, which receives funding from the Carnegie Corporation of New York and the federal Department of Health and Human Services.

The board's joint sponsorship by NRC and IOM is a unique "marriage" within NAS, Drs. Phillips and White said. The board reflects the interdisciplinary nature of children and family research. It is intended to create an institutional bridge between behavioral and social science issues and health and medical concerns relating to children and families.

Previously, the Committee on Child Development Research and Public Policy and then the National Forum on the Future of Children and Their Families coordinated scientific research on policies related to children and their families with the NAS. The new board will continue several programs established by the forum, including the Roundtable on Effective Services for Children, The American Family Series and the Culture and Development Series. ▲

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January 21, 1994

MEMORANDUM

TO: Members, Board on Children and Families

FROM: Deborah Phillips

SUBJECT: Board Operations and Member Roles

The Board on Children and Families is unusual within the Academy complex insofar as it is suspended between two operating units of the Academy--the Commission on Behavioral and Social Sciences and Education and the Institute of Medicine--each with somewhat different operating procedures. As we have begun to develop project proposals, assemble rosters for new Board members and committee members, and write reports, we have been constructing operating procedures for the Board that make the most effective and efficient use of its dual affiliation. This memo describes these procedures, as they have been developed to date. There will undoubtedly be revisions in these procedures; this is a working and evolving document.

Overview

The hierarchical structure of the Board affects the review procedures for our proposals, rosters, and reports. Every project that we initiate begins with the Board's approval. Only then do we take materials forward to other bodies. In many cases, the review that our projects undergo from these other bodies is routine. They often, however, raise questions that we need to address and may request revisions before we can proceed.

Specifically, following review by the Board (generally by a delegation of members), our projects are reviewed by the Commission on Behavioral and Social Sciences and Education (again, generally by a delegation) and by the Institute of Medicine. The final stage involves seeking approval from the National Research Council (NRC), which authorizes every project undertaken at the NRC. As you can see, this is a lengthy process (see attached timelines).

Review Procedures

There are three types of activities that require Academy review. I will describe the Academy procedures for each of these review activities in turn, as they apply to Board-sponsored activities.

With respect to the involvement of Board members, please note that some review procedures warrant the full participation of the Board membership. Other procedures can become the responsibility of a delegation of Board members who are selected by the full Board to act on its behalf. To the extent possible, delegations will be selected at the Board meetings, although unanticipated projects may require the appointment of a delegation via mail. The norm will be for delegations to complete their work via mail, rather than to convene in person.

1. Proposal Approval. Every activity that is undertaken at the Academy must be approved by the appropriate body representing the National Research Council. This proposal review process may be seen as one of granting permission to seek external support or to respond to RFP's, although sometimes projects are started with the help of internal Academy planning money.

All proposals for Board-sponsored activities are first reviewed by a delegation of Board members and, in many cases, have been written in part or full by Board members (see next section: "Other Roles for Board Members"). Subsequent to this approval, proposals are reviewed for approval by a delegation of CBASSE members and by the Executive Committee of the Institute of Medicine. Depending upon the subject matter, either CBASSE or the IOM will review the proposal as a "for action" item. The other body will see the proposal as a "for information" item. For topics that bear in important ways on both health and social/behavioral issues, both groups will review the proposal as a "for action" item.

("For action," as compared with "for information," distinguishes the authority to approve a project for referral to the next stage of review from a simple transmittal of information that entails no formal action. In both instances, advice and feedback are solicited.)

2. Membership Rosters. All rosters for Board and study panel members must be approved by the President of the National Academy of Sciences. Prior to this approval, the roster is reviewed by CBASSE and by the IOM President's Committee. Rosters of workshop participants and of participants in other activities that will not result in recommendations are reviewed only by the Board itself.

The Board's review process will vary with the nature of the roster. For new Board members, all current members of the Board will be solicited for nominations. The final roster that goes forward to the IOM and CBASSE will be approved by the chair and vice-chair of the Board. For Board-sponsored study panels, all current members of the Board will be solicited for nominations. The final roster that goes forward to CBASSE and the IOM will be approved by the chair and vice chair of the Board, as well as by the delegation of Board members who are assigned to the project.

3. Reports from Workshops/Studies. Every report prepared by a NRC or IOM group (workshop, study panel, etc.) is reviewed by a selected set of individuals other than its

authors. The NRC Report Review committee organizes the process. For reports of groups that the Board appoints, Board members will be part of the review process along with a selected group of other individuals. For projects for which the Board is the nominal author (for example, a letter report from the Board), the review will involve only non-Board members.

The review process is an essential aspect of assuring the independence and credibility of Academy reports. A report, for purposes of review, is any document that incorporates the advice or findings of an NRC or IOM group, including letter reports, lengthy study reports, and summaries of symposia and workshop proceedings. Specific procedures do vary with the character of the manuscript; study reports that include recommendations are subject to far greater scrutiny, for example, than are workshop reports that capture a discussion and do not make recommendations. The attached brochure describes the report review process in more detail.

Other Roles for Board Members

Participation in the review procedures of the Academy are a central role for Board members. You will be asked, therefore, to serve on review delegations for rosters, PIFs, full proposals, and workshop reports, and we will designate as many of these as possible at the meeting of the Board.

Fundraising

Board members are called upon selectively to assist with fundraising for projects that have already been approved by the Board as a priority, and for which Academy approval has been given. The chair and vice chair of the Board are major candidates for this role; however, other Board members who have contacts with funders (private and public) and/or have special expertise in an area of high priority for fundraising are also asked to assist. To facilitate this role, it would be very helpful for Board members to notify the director of their personal contacts as possible projects come up.

Planning projects

In addition to the strategic planning that occurs at Board meetings, members play a critical role in the development of new projects, ranging from one-day workshops to panel studies. Staff of the Board call upon Board members, for example, as sounding boards for new ideas, as sources of information and referral to readings and experts, and as informal reviewers of internal memoranda that outline plans for activities.

Drafting proposals

A core aspect of planning projects entails proposal writing, including both requests for Program Initiation Funds and proposals for external support. Only when the expertise of

a Board member maps directly onto a priority topic will that member be asked to play a major proposal writing role. More frequently, Board members will be called upon to review draft proposals or to contribute to sections of staff-drafted proposals.

Recommendations for Rosters, Staff

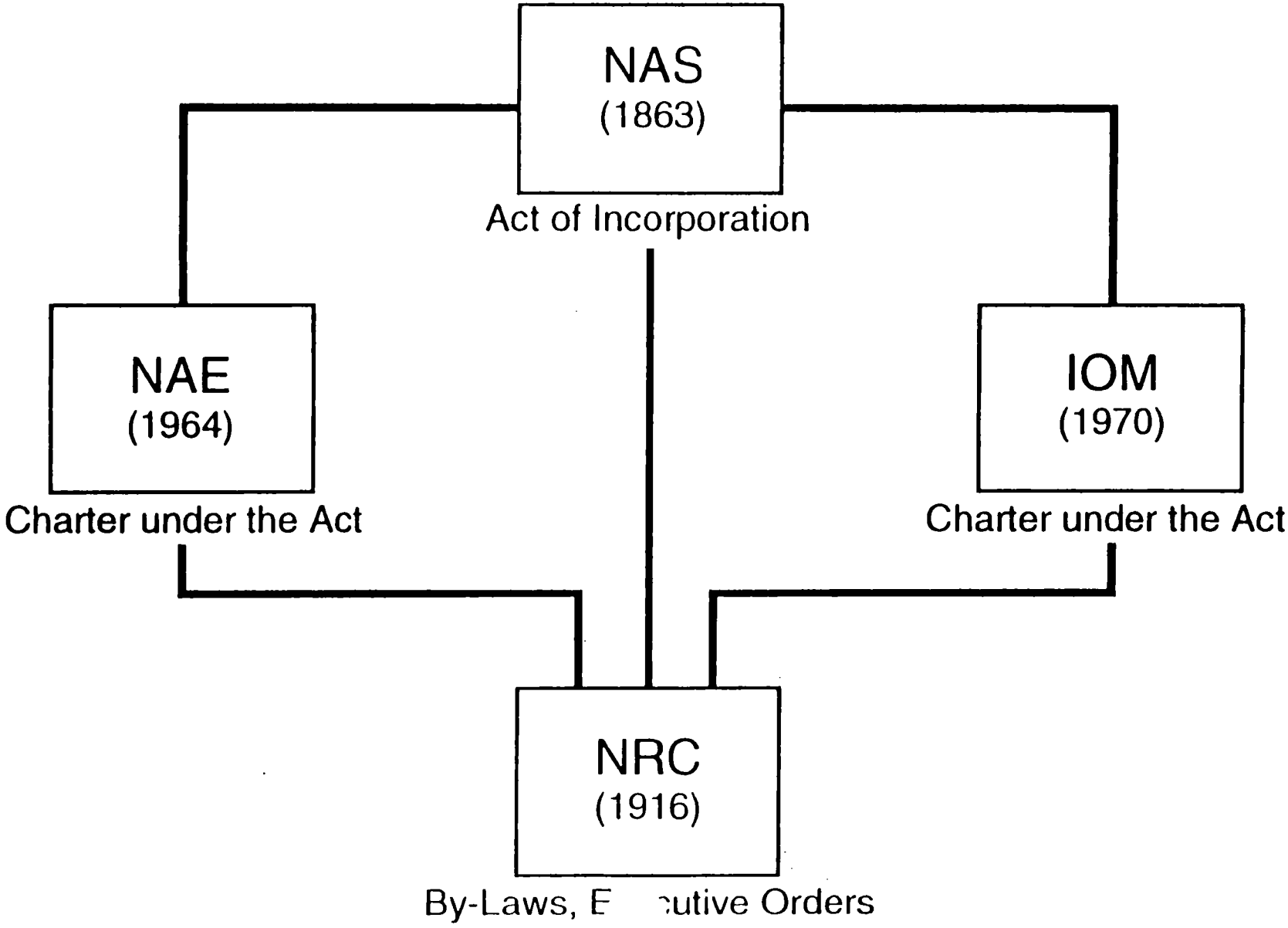
A critical contribution that Board members make is that of recommending names for workshops, studies, and other activities. In addition, when additional staff are needed for funded projects, Board members will be turned to for suggestions.

Participation in workshops/panels/etc.

Another central role for Board members is that of chairing and participating in workshops, panel studies, roundtables, and other such functions that are held under the auspices of the Board. As with the other forms of involvement, these roles will be tailored to individual interests. There is, however, an expectation that this type of participation will be part of your responsibilities as a Board member.

Review	IOM Executive Committee Meeting	CBASSE Approval Due	To Executive NRC Officers of IOM/CBASSE
February 8	January 12	January 20	January 3
March 15	February 14	February 21	February 4
April 18	March 14	March 21	March 4
May 17	April 12	April 19	April 4
June 16	May 9	May 16	May 2

The Academy Complex



Governance of the NRC

Governing Board

- Chair: NAS President
- Vice Chair: NAE President
- Members: IOM President
  - NAS Vice President
  - 4 NAS Councillors
  - 4 NAE Councillors
  - 1 IOM Councillor
- Ex Officio: Chairs of Major NRC Units

Sets policy and approves broad program areas

Executive Committee

- Chair: NAS President
- Vice Chair: NAE President
- Members: IOM President
  - 2 NAS Councillors
  - 1 NAE Councillor

Approves prospectuses

Presidents Committee

- Chair: NAS President
- Vice Chair: NAE President
- Member: IOM President

Dispenses discretionary funds

INSTITUTE OF MEDICINE

NATIONAL RESEARCH COUNCIL
COMMISSION ON BEHAVIORAL AND SOCIAL SCIENCES AND EDUCATION

2101 Constitution Avenue, Washington, DC 20418

BOARD ON CHILDREN AND FAMILIES

Telephone: (202) 334-1935
FAX: (202) 334-3768

January 24, 1994

MEMORANDUM

TO: Members, Board on Children and Families
Members, Commission on Behavioral and Social Sciences and Education

FROM: Deborah Phillips

SUBJECT: New Board Members

The Chairman of the National Research Council, Dr. Bruce M. Alberts, has approved the appointment of five new members to the Board on Children and Families. This supplemental set of appointments was necessary for two reasons. First, the lawyer (Michael Wald) who was originally appointed to the Board has taken a position within the Department of Health and Human Services. He, therefore, needs to be replaced. The new appointee is Peggy Davis. Second, the original plans for the Board involved the appointment of additional members from the policy and private sector, thereby making the composition of the Board similar to that of the Forum on the Future of Children and Families. The four new appointees for these slots are Dr. Raymond Marshall, Timothy M. Sandos, Dr. David Britt, and Dr. James Renier. We believe each will bring valuable experience and expertise to the Board.

Peggy C. Davis is Professor Law at New York University School of Law. She joined the N.Y.U. law faculty in 1982, having served during the preceding three years as a Judge of the Family Court of the State of New York. She received her law degree from Harvard Law School in 1968. She is particularly interested in the relationship between criminal and domestic law. She has served in federally funded programs that provide legal services to the poor, was associate counsel for the Capital Punishment Project of the NAACP Legal Defense and Educational Fund, Inc., and was appointed by the Major of New York City to serve as Deputy Criminal Justice Coordinator for the city.

Raymond Marshall is Audre and Bernard Rapoport Centennial Chair in Economics and Public Affairs, University of Texas-Austin. He was President Carter's Secretary of Labor from 1977 to 1981. He is a member of the Carnegie Corporation's Task Force on Meeting the Needs of Young Children and a member of their Board of Directors; Co-chair, Commission on Skills of the American Workforce; and was previously Chair of the Action Council on Minority Education and Director of the Task Force on Southern Rural Development. He is particularly interested in the economics of education and learning systems, school-to-work systems, and programs for disadvantaged business development.

Timothy M. Sandos is a member of the Denver City Council, elected in 1991 for a four-year term. The issues of families and education are top priorities for his work on the council. He played a leading role in establishing several new projects including the Denver Family Opportunity Program, the Family Resource Schools, and the KIDS grants to stimulate parental involvement in Denver Public Schools. He recently served on the advisory committee for the Carnegie Council on Adolescent Development's Task Force on Youth Development and Community Programs.

David V.B. Britt is President-chief executive officer of Children's Television Workshop. Previously, he has held posts as deputy director of communications for the U.S. Special Action Office for Drug Abuse Prevention, director of program and plans of the U.S. Equal Employment Opportunity Commission, and chief of the legislative presentation staff at the U.S. Agency for International Development. In 1993, he was elected to serve as the first Chairman of the Board of Governors for the American Center for Children's Television.

James J. Renier is chairman of Honeywell's Executive Committee, following his service as chairman and chief executive officer of the company starting in 1988. He serves on the Board of Governors of the United Way of America and was on the Advisory Board of the National Commission on Children. He is on the Board of the New American Schools Development Corporation, the Points of Light Foundation, and the Institute for Educational Leadership. He is a very active member of the Committee for Economic Development with a special interest in work-family and child care issues, and has served on CED Subcommittee on the Educationally Disadvantaged.

Summary of Board Member Responses Jan. 21, 1994

Proposed Board Activities

Leadership	Participant	Activity	Tentative Dates
		Children in Precarious Family Circumstances	
	Bumpass Michael	Panel on Trends in Family Structure during Middle Childhood	1995 start?
	Alpert	Planning Conference: Revisiting Teenage Pregnancy	Not scheduled
	Bumpass Michael Schorr Simpson Taylor		
Shonkoff		Planning Meeting on Family Violence	11/93
		The Developmental Effects of Social and Economic Dislocation	
Guerra		Planning Meeting on Immigrant Children and Families	6/94
		Schooling in a Diverse Society	
Stipek		Cultural Influences on Success of Early Childhood Education: 2nd Workshop -- from Research to Practice (already funded)	12/93
	Gross Guerra	Planning Meeting on Culture, Limited English Proficient Children and Early Education	?/94
White Stipek	Gross Richmond Schorr Wilensky	Head Start (to be determined)	1995 start?
		Children and the Media	
Huston	Simpson	Planning Workshop on Educational Uses of the Media	Not scheduled

	Huston Simpson	Children and the Opinion-Shaping Role of the Media	Not scheduled
		Scientific Infrastructure for Child and Family Policy	
Shonkoff	Gross Schorr Stipek White	Panel on the Science of Early Childhood Programs	4/94 - 9/96?
	Guyer Huston Michael Newacheck Schorr	Planning Workshop on Integrating Federal Statistics for Children (already funded)	3/94
Huston Schorr	Gross Michael Shonkoff Wilensky	Planning Workshop on Child Outcomes and Welfare Reform	11/94?
		Other	
Guyer Guerra Newacheck	Alpert Richmond Shonkoff Taylor	Symposium on Mothers and Children in Health Care Reform	Summer 1994

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6

Divider Title: _____

INSTITUTE OF MEDICINE

NATIONAL RESEARCH COUNCIL
COMMISSION ON BEHAVIORAL AND SOCIAL SCIENCES AND EDUCATION

2101 Constitution Avenue, Washington, DC 20418

BOARD ON CHILDREN AND FAMILIES

Telephone: (202) 334-1935
FAX: (202) 334-3768

January 21, 1994

MEMORANDUM TO: BOARD ON CHILDREN AND FAMILIES

FROM: Rosemary Chalk, Senior Program Officer

SUBJ: Development of the Family Violence Project

As reported in the first Board meeting, we have begun a planning effort to develop a comprehensive project that will characterize and assess what has been learned over the past decade in developing intervention efforts for different forms of family violence. This planning effort is currently supported by funds provided by the National Center for Child Abuse and Neglect and the Maternal and Child Health program in the U.S. Department of Health and Human Services and the Carnegie Corporation of New York.

The planning effort consists of the following activities:

- o A two-day workshop on family violence, held at the Wingspread Conference Center in May 1993. The report from that workshop is now in review and should be released in February 1994.

- o A one-day planning meeting, held at the Academy offices on November 17, 1993. Jack Shonkoff chaired the meeting, and Fernando Guerra also participated in the discussions. The planning meeting participants (who included members of the advisory committee of the Wingspread Workshop and federal officials concerned with research on family violence) agreed that it was appropriate and timely for the Academy to develop a project focused on interventions. (See attachment for agenda and list of participants)

- o The development of a prospectus for the Board's project on the assessment and characterization of family violence interventions, which has now been approved by the Governing Board of the National Research Council. (See attachment)

- o The identification of prospective sponsors of the family violence project. (see attachment)

- The development of a set of background papers designed to synthesize research on family violence interventions. Candidate topics and authors for these papers are now being reviewed.

On January 19, we learned that the Centers for Disease Control and Prevention is ready to commit $400,000 to the family violence project, over the course of the 30-month period outlined in the prospectus, starting in late summer. We are currently negotiating co-sponsorship arrangements with several other agencies and foundations.

If funds are available to initiate the project in the spring, we will form a study panel and develop a schedule of project meetings and workshops. During the Board meeting, I will review the types of expertise (see attachment) that we believe will be necessary to involve in the project. Your suggestions regarding potential candidates for panel members and authors for the background papers are most welcome.

Oversight and Liaison Groups for the

Planning Effort for the Project on Family Violence

Commission on Behavioral and Social Sciences and Education (CBASSE)

Ann Brown, Stanford University
David Mechanic, Rutgers University
Patricia King, Georgetown University Law School
William Morrill, Mathtec, Inc., Princeton, NJ
William Julius Wilson, University of Chicago
John Swets, Abt Associates, Cambridge, MA (CBASSE chair)

Board on Children and Families (BCF)

Jomills Braddock, University of Miami
Fernando Guerra, Dept. of Public Health, San Antonio
Bernard Guyer, Johns Hopkins University
John Shonkoff, Univ. of Massachusetts at Amherst
Gail Wilensky, Project Hope, Bethesda, MD
Sheldon White, Harvard University (BCF chair)

Wingspread Workshop Advisory Group

Margaret Heagarty, Harlem Hospital, New York (chair)
Lucy Berliner, Harborview Center, Seattle
Richard Gelles, University of Rhode Island
Jill Korbin, Case Western Reserve University
Lawrence Sherman, University of Maryland

Committee on National Statistics (CNSTAT)

Joel Greenhouse, Carnegie Mellon University
Robert Hauser, University of Wisconsin-Madison
Dorothy Rice, University of California at San Francisco
Keith Rust, Westat Inc., Rockville, MD

Board on Health Promotion and Disease Prevention (IOM/HPDP)

Deborah Prothrow-Stith, Harvard Mecial School
Others to be named

BOARD ON CHILDREN AND FAMILIES

Study on the Characterization and Assessment of Family Violence Interventions

A study committee of up to 16 members will be formed when sufficient funds are available to develop the project. Among the areas of expertise proposed to be represented on this committee are the following:

- Public health
- Developmental psychology
- Psychopathology
- Psychiatry
- Sociology
- Anthropology
- Emergency medicine
- Other medical specialties (gynecology, orthopedics, trauma)
- Nursing
- Epidemiology
- Statistics
- Criminal justice
- Family law
- Social work
- Economics
- Public policy
- Program evaluation
- Education

POTENTIAL SPONSORS FOR THE FAMILY VIOLENCE PROJECT

1. **U.S. Department of Health and Human Services**

   * Centers for Disease Control and Prevention
     Substance Abuse and Mental Health Administration
     Maternal and Child Health
     National Institutes of Health
     National Institute of Mental Health
     National Institute of Child Health and Human Development
     National Institute of Alcoholism and Alcohol Abuse
     Administration for Children and Families
     National Center for Child Abuse and Neglect

2. **U.S. Department of Justice**

   National Institute of Justice
   Office of Juvenile Justice and Delinquency Prevention
   Office of Victims of Crime

3. **National Science Foundation**

   Law and Social Science Program

4. **Department of Defense**

   Family Advocacy Program

5. **Foundations**

   Robert Wood Johnson
   Carnegie Corporation of New York
   W.T. Grant Foundation
   California Wellness Foundation
   Duke Foundation
   Annie Casey Foundation
   A.L. Mailman Foundation
   Pew Trusts
   Kellogg Foundation

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* Funds committed.

Family Violence Project Planning Meeting
Agenda and List of Invitees
November 17, 1993

BOARD ON CHILDREN AND FAMILIES

Family Violence Project Planning Meeting

Preliminary Agenda
Wednesday, November 17th
Room 110, Green Building
National Academy of Sciences

9:30 am	Coffee and refreshments
10:00 am	Opening remarks
	Jack Shonkoff, Vice-Chair, Board on Children and Families Margaret Heagarty, Chair, Wingspread Conference on Violence and the American Family Deborah Phillips, Executive Director, Board on Children and Families Rosemary Chalk, Study Director, Panel on Research on Child Abuse and Neglect
	Participant introductions
10:30 am	Review of the objectives of the meeting (Dr. Shonkoff)
	Review of the summary of the Wingspread Conference (Dr. Heagarty) (not confirmed)
	Review of the role of the Board on Children and Families (Dr. Phillips)
	General Discussion
11:00 am	Staff Paper on the Family Violence Project Plan (Ms. Chalk)
	General Discussion
12:30 pm	Lunch (A buffet will be served in Room 110)

1:30 pm — General Discussion

- Scope and design of the proposed study
- Relevant research themes that should be incorporated into the project
- Particular interventions that should be considered as candidates for study in the project

2:30 pm — General Discussion (cont.)

- Key individuals and organizations who should be considered as prospective members of the study panel or potential sources of data and expertise

- Relevance of the Board's project to other family violence initiatives within the Administration and the Congress

3:30 pm — Concluding Remarks

4:30 pm — Adjournment

FAMILY VIOLENCE PROJECT PLANNING MEETING

Invited Participants

Lucy Berliner *
Director of Research
Harborview Sexual Assault Center
325 9th Avenue
Seattle, WA 98104

Jomills Braddock **
Professor of Sociology
Department of Sociology
University of Miami
Coral Gables, FL 33124

Richard Gelles *
Director
Family Violence Research Center
University of Rhode Island
155 Stonehenge Road
Kingston, RI 02881

Fernando A. Guerra **
Director of Health
San Antonio Metropolitan Health District
332 West Commerce
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Bernard Guyer **
Professor and Chairman
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Johns Hopkins School of Hygiene
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Margaret C. Heagarty, MD *
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Jill Korbin *
Associate Professor
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President
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Medical School
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Sheldon H. White **
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Department of Psychology
Harvard University
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Cambridge, MA 02138

Gail Wilensky **
Senior Fellow
Project Hope
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Bethesda, MD 20814-6133

*Advisory Group, Wingspread Workshop **
*Members, Board on Children and Families ***

Other Invitees for Family Violence Planning Meeting

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Beatrix A. Hamburg
President
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Administration on Children, Youth, and Families
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Rosemary Chalk, Sr. Program Officer
Family Violence Project

Nancy Crowell, Research Associate
Board on Children and Families

Drusilla Barnes, Sr. Project Assistant
Board on Children and Families

Preliminary Prospectus for Family Violence Project
December 1993

Board on Children and Families

Commission on Behavioral and Social Sciences and Education
National Research Council

and the

Institute of Medicine

DRAFT/ For Comment ~~CONFIDENTIAL~~

December 22, 1993 Staff Paper
New Project

National Academy of Sciences/National Research Council
Commission on Behavioral and Social Sciences and Education
and the
Institute of Medicine

Characterization and Assessment of Family Violence Interventions
Board on Children and Families

PROJECT SUMMARY: The Board on Children and Families proposes, in a 30-month study, to appoint a committee of 16 experts from relevant disciplines and practitioner communities who would meet 5 or 6 times over the course of the study to develop a synthesis of the relevant research and expert opinion regarding the strengths and limitations of existing program interventions in the area of family violence. Following an examination of empirical and clinical research reports and databases relevant to studies of family violence, the committee's review of the research literature would be supplemented by three two-day workshops as well as site visits to selected programs to identify key elements and issues that appear to contribute to, or inhibit the development of, effective interventions for family violence. Based on these activities, the committee would produce a report that will be subject to the usual NRC report review procedures and be submitted to the consortium of sponsors by the end of CY 1995.

The primary tasks of the study committee will be to document the costs associated with family violence in the United States; to synthesize the relevant research literature and develop a framework for clarifying what is known about suspected risk and protective factors associated with family violence; to characterize what is known about selected interventions in dealing with family volence; and to identify policy and program elements that appear to improve or inhibit the development of effective responses to family violence.

In developing this study, the committee will draw upon information and expertise collected within earlier NRC studies related to this topic, including Understanding and Preventing Violence (1993) and Understanding Child Abuse and Neglect (1993) as well as other relevant materials from past CBASSE and IOM studies and federal, state, and local agency reports.

ORIGIN AND BACKGROUND: In the past three decades, there has been a tremendous growth of interest in the causes and consequences, treatment and prevention of violence among persons who are known to each other, particularly persons who share or have shared a household residence. Generically termed "domestic" or "family" violence, such cases may include the physical, sexual, or emotional abuse of children, spouses, elderly relatives, siblings, or intimate partners. Many Americans once believed that the risk of personal attack or injury lay in forms of interpersonal violence that did not involve one's circle of intimates, and, as noted by Fagan and Browne (1994, forthcoming)[1], "the average family, it was assumed, afforded at least some measure of nurturance and protection to its members." This belief, however, is increasingly challenged by increasing reports of various forms of family violence.

In May 1993, the Board on Children and Families (through its predecessor group, the National Forum on the Future of Families and Children) convened a workshop at the Wingspread Conference Center in Racine, Wisconsin, to examine the need for and feasibility of a comprehensive study on issues related to family violence (also termed "domestic violence")[2]. The workshop participants, who included research scholars, federal agency and foundation officials, judges, police officers, district attorneys, human resources personnel, clinicians, and staff from a battered women's shelter, concluded that the Academy could play an important and timely role by synthesizing what is known from the research literature and

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[1]. Fagan, J., and A. Browne, 1994 (forthcoming). Marital violence: Physical aggression between women and men in intimate relationship. Chapter in xxxx (eds.) Social and Psychological Perspectives on Violence. Volume 3. Washington, DC: National Academy Press.

[2]. The report of the Wingspread workshop is currently in review.

from the experience of service providers about the strengths and limitations of existing interventions in the area of family violence. This research synthesis can lead to improvements in efforts to prevent selected forms of family violence, as well as to ameliorate their consequences. In particular, the Academy could provide valuable guidance to program and policy officials by developing an analysis of what is known about the significance of selected risk and protective factors for family violence and the extent to which program interventions address important factors pertaining to the causes and consequences of family violence in the existing array of services available in the health, social service, and legal settings.

Documentation of the characterization and scope of interpersonal violence involving family or household members began to appear in the social and clinical research literature in the early 1960s. Over time, a wealth of descriptive, clinical, and more recently, theoretical and evaluation research studies have been published that provide some insight into the complex dimensions of family violence. The reported incidence and prevalence of selected forms of family violence are particularly disturbing. National surveys estimate that during an average twelve-month period nearly half of all homes in the United States experience an act of physical violence committed by a family member[3]. The 1988 National Incidence Study indicated that 10.7 abused children per 1,000 (representing 675,000 children nationwide) had been reported in 1986 alone as victims of physical, sexual or emotional abuse[4]. Household research surveys

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[3]. Fagan and Browne, 1994, forthcoming. Op cit.

[4] National Center on Child Abuse and Neglect. 1988. Study Findings: Study of National Incidence and Prevalence of Child Abuse and Neglect. Washington, DC: U.S. Department of Health and Human Services. [NIS 2]

have indicated that acts of physical aggression between spouses occur in one of six homes each year, that a minimum of 2 million women are severely assaulted annually by their male partners, and that one fifth to one third of all women will be physically assaulted by a partner or former partner during their lifetime[5]. Battering has been reported as the single most common cause of injury for which women seek medical attention[6]. Data on assaults involving the elderly, siblings, or intimate partners (including gay or lesbian households) have not been systematically collected, but clinical studies suggest that such acts of interpersonal violence are not uncommon. For example, one study conducted in the Boston metropolitan area indicated that 3% of the elderly had experienced some form of abuse which, if extrapolated to the national level, suggests that there are close to a million abused elderly in the United States[7].

Although the magnitude of the problem of family violence appears to be large, little is known about the range of direct and indirect costs associated with the impact of different forms of family violence on public and private sector services. The direct health impact of family

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[5]. Straus, M.A., R.J. Gelles, and S. Steinmetz. 1980. Behind Closed Doors: Violence in the American Family. New York: Anchor Press.

Gelles, R.J., and M.A. Straus. 1988. Intimate Violence. New York: Touchstone Books, Simon and Schuster.

Straus, M.A., and R.J. Gelles. 1986. Societal change in family violence from 1975 to 1985 as revealed by two national surveys. Journal of Marriage and the Family. 48:465-479.

Council on Scientific Affairs, American Medical Association. 1992. Violence against women: Relevance for medical practitioners. Journal of the American Medical Association. 267(23):3184-3195.

[6]. Stark, E., and A. H. Flitcraft. 1991. Spouse Abuse. Chapter in M.L. Rosenberg and M.A. Fenley (eds). Violence in America: A Public Health Approach. New York: Oxford University Press.

[7]. Pillemer, K., and D. Finkelhor. 1988. The prevalence of elder abuse: A random sample survey. The Gerontologist 28(1): 51-57.

violence involves a wide range of diverse injuries that require the use of health resources such as emergency room and trauma centers; mental health services; pediatric, obstetric and gynecological services; oral health and nursing facilities; and neurological and radiological treatment programs. In addition, the documentation and treatment of reports of family violence, especially spousal abuse, presents a significant burden on local police agencies and state and municipal courts, including the criminal, family, and juvenile justice systems. Responses to reports of family violence or endangerment of children involve time-consuming and costly interventions by a broad range of social service programs, including child protective services, children and family resource programs, child welfare, and foster care offices. More recently, a broad range of voluntary and quasi-public programs have emerged to deal with the aftermath and prevention of selected forms of family violence, including battered women's shelter programs, child mortality review teams, children's trust fund organizations, and family preservation services. The true range of costs associated with the immediate impact of family violence is simply unknown, but even conservative estimates (which would discount the impact of family violence on other behaviors, such as juvenile delinquency; learning disorders; job productivity; addictive behaviors, including alcoholism and substance abuse; and other stress-related dysfunctions, including eating disorders and some forms of sexual and fertility dysfunctions) would suggest that the costs are quite large.

Several theoretical and explanatory models have emerged in the research literature that seek to identify and explain significant risk and protective factors associated with the origins and

causes of family violence[8]. These models include (1) an interpersonal violence model, which suggests that certain individuals are "violence prone" as a result of personal physical, psychological, and family deficits; (2) a family violence model, which contends that intrafamilial violence is distinctive because of the unique nature and structure of the family as a social institution and because of social learning experiences (some of which are generational) that support the use of force as a tactic for resolving conflicts among household members; (3) a gender-politics model, which has emerged particularly in the context of spousal abuse and contends that violence in the family is but one instance of an American cultural pattern of male violence and control over women; (4) a developmental stages model, which suggests that family violence is systematically associated with critical stages of adult and child development (including courtship, pregnancy, birth, toddlerhood, and adolescence), and (5) a social interactional model that emphasizes the importance of considering the combination of clusters of risk and protective factors whose influence may increase or decrease over time. Although different aspects of these, and other, models have been invoked in the development and implementation of various interventions for family violence, no single approach has emerged with sufficient strength to warrant its universal acceptance as an effective framework and conceptual tool.

Variation in theoretical approaches and the absence of rigorous controlled studies in the field of family violence have resulted in uncertainty regarding the importance and relationship

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[8]. Stark, E., and A. H. Flitcraft. 1991. Spouse Abuse. Chapter in M.L. Rosenberg and M.A. Fenley (eds). Violence in America: A Public Health Approach. New York: Oxford University Press.

of an extensive range of suspected risk and protective factors that have been described in the research literature. Such factors include personal psychological characteristics (including a history of depression or aggression), family structure and behavioral characteristics (such as blended families, divorce, single-parent households, and the use of corporal punishment), developmental histories (such as teen parenting, premature births, and age of the child), and environmental characteristics (such as unemployment, alcohol and substance abuse, poverty, social isolation, and access to weapons). These factors may act individually or, as noted in the recent research reviews, they may cluster or accumulate their impact over time. However, no study has yet developed a hierarchical framework that clarifies the extent to which our understanding of the role of risk or protective factors for family violence is supported by empirical evidence in contrast to those areas for which there is limited or contradictory evidence of direct correlation. Furthermore, little has been done to differentiate among risk factors that may be modifiable or to highlight those that may serve as targets of opportunity for intervention.

Examples of selected program interventions that address aspects of family violence include mandatory arrest programs, initiated for police responses to reports of spousal abuse in several major metropolitan area in the United States; foster and "kinship" care programs, designed to provide stable homes for children who are at risk of harm if they remain under the care of their parents; family preservation programs, which provide intensive, short-term counselling and assistance to families where there is a risk of external placement for the child; and school-based educational programs in the area of child safety and conflict resolution, which are often developed in response to community-based violence but also deal with disclosures of

abuse involving family members. Other programs that have been developed to foster improved health services for new mothers (such as the home visitation program) have been shown to have some impact on the prevention of child abuse. Recent emphasis on the role of social and environmental factors, such as the availability of jobs, housing, health services, recreational facilities, weapons, etc.) have generated a new set of programs and policies that focus on reducing incentives and providing alternatives for violence in the community. Many of these efforts also have relevance for family violence.

NRC has conducted prior studies that considered the topic of family violence, but these reports are primarily research agendas, and their exploration of program issues and experience with interventions in the field of family violence are limited. In large measure, this is because many efforts, such as child mortality review teams or battered women's shelters, have developed very recently and have not been comprehensively evaluated in the research literature. While some of the program interventions described above have been subject to scientific evaluations, including the use of controlled studies, such evaluations are rare. As a result, the research literature offers little guidance at present in evaluating the strengths and limitations of the existing array of treatment and prevention services in the field of family violence. The report Understanding and Preventing Violence (1993) had only 6 pages dedicated to the discussion of family violence interventions, much of which described the barriers to evaluation (particularly selection bias) of such programs. The report Understanding Child Abuse and Neglect (1993) concludes that "little is known about the character and effects of existing interventions in treating different forms of child maltreatment" (p. 275), largely because "a coherent base of research

information on the effectiveness of treatment is not available at this time to guide the decisions of case workers, probation officers, health professionals, family counselors, and judges" (p. 275).

Over the past few decades, significant expertise has been acquired in the field among health, social service, law enforcement, and judicial professionals who handle different aspects of this problem. A series of congressional and state laws have been adopted, including the Child Abuse Prevention and Treatment Act and the Family Violence Prevention Act, as well as legislative initiatives such as the Violence Against Women and the Domestic Violence Community Initiative bills now under consideration in the U.S. Congress. In addition to activities authorized within social service programs (such as those supported under Titles IV-B and XX of the Social Security Act) and criminal justice programs, a recent series of initiatives addressing the psychological and public health dimensions of family violence have been developed by various agencies within the Public Health Service, including the Centers for Disease Control and Prevention and the National Institute of Mental Health. The White House has recently created an interagency task force on violence, chaired by Tipper Gore, to provide overall direction and policy initiatives for the range of efforts currently underway within the federal government.

The goal of the proposed project is to inform the development of policy and program initiatives in the field of family violence by providing a comprehensive characterization and assessment of existing interventions. This goal requires a study that can extract knowledge from research that has been reported in the scientific and clinical literature as well as insights reported

in program evaluations and other assessments of selected interventions (many of which are not accessible through scientific databases). The synthesis of research and program evaluation knowledge will be augmented by expert opinion through a series of workshops, commissioned papers, and site visits. For this reason, the proposed project will seek to identify effective ways in which the experiences and insights of service providers in the health, social service, and legal communities can be integrated with a synthesis of what is known in the scholarly research literature about the causes and consequences of family violence.

PROPOSED PLAN OF ACTION: In consultation with CBASSE and IOM, the Board on Children and Families proposes to appoint a study committee of up to 16 members. Among the areas of expertise proposed to be represented on this committee are the following: public health, epidemiology, statistics, developmental psychology, child psychiatry, sociology, emergency medicine, pediatric medicine, gynecology, gerontology, nursing, criminal justice, family law, social work, economics, public policy, and program evaluation. Suggestions for nominations to the committee will be sought from IOM and CBASSE board members and staff, including the IOM Board on Biobehavioral and Mental Disorders, the IOM Board on Health Promotion and Disease Prevention, the CBASSE Committee on Law and Justice, and the CBASSE Committee on National Statistics. Suggestions will also be sought from relevant sponsors and national professional and child advocacy organizations that monitor family violence program interventions.

Provisional project plans. The study committee will meet 5 or 6 times over an 18-month

period (the entire project is estimated to be a 30-month study, from 1 February 1994 until July 31, 1996). The committee will review the findings and conclusions of prior NRC and other comprehensive research reports focused on family violence; will identify strengths and gaps in the existing characterization and assessment of program interventions; and will organize a plan to supplement its research review with lessons learned by field professionals and service providers in the health, social service, and legal communities. A set of commissioned papers will be developed to supplement the research and program evaluation review. Three separate two-day workshops will be organized in the latter half of 1994 to provide a forum for highlighting "best practices" and for examining strengths and weaknesses in the existing array of policy and program elements that characterize our society's response to the problem of family violence.

The primary tasks of the study committee will be the following:

1) Document the costs associated with family violence in the United States, both in terms of the impact of family violence injuries and reports on public and private sector resources, and the comprehensive costs of service interventions. This analysis could include an assessment of what is known about the adequacy and validity of current reporting and detection data that are used to estimate the incidence and prevalence of selected types of family violence.

2) Synthesize the relevant research literature and develop a conceptual framework for clarifying what is known about relationships among suspected risk factors associated with family violence, including distinctions between areas where

research studies which have indicated that the interactions of certain risk factors pose clear evidence of harm for different types of family violence and areas where our knowledge is limited or uncertain.

3) Characterize what is known about selected interventions in dealing with family volence (such as home visitation, family preservation, offender control programs in the courts, foster care, mandatory arrest programs, battered women's shelter programs, and others). This task should include an assessment of what has been learned about the strengths and limitations of each approach in dealing with family violence and factors that need consideration in designing program evaluations for this field.

4) Highlight "best practices" models of selected intervention programs for different forms of family violence, and identify policy and program elements that appear to contribute to or inhibit the development of effective program responses to family violence.

VIOLENCE AND THE AMERICAN FAMILY
May 11-13, 1993
Wingspread Conference Center
Racine, Wisconsin

Roster of Participants

Margaret C. Heagarty, M.D., Director, Department of Pediatrics, Harlem Hospital Center, New York, NY
Lucy Berliner, Director of Research, Harborview Sexual Assault Center, Seattle, WA
Edward N. Brandt, Jr., M.D., College of Medicine, University of Oklahoma, Oklahoma City, OK
Karen Burstein, Judge, Brooklyn Family Court, Brooklyn, NY
Stu Cohen, Deputy Director, Health and Human Development Programs, Education Development Center, Inc., Newton, MA
Deborah Daro, Director of Research, National Committee for the Prevention of Child Abuse, Chicago, IL
Howard Dubowitz, M.D., Assistant Professor of Pediatrics, School of Medicine, University of Maryland, Baltimore, MD
Franklyn Dunford, Research Associate, Institute of Behavioral Science, University of Colorado at Boulder, Boulder, CO
Byron Egeland, Professor of Child Psychology, Institute of Child Development, University of Minnesota, Minneapolis, MN
Richard Gelles, Director, Family Violence Research Center, University of Rhode Island, Kingston, RI
Malcolm Gordon, Psychologist, Violence and Traumatic Stress Research Branch, National Institute of Mental Health/NIH, Rockville, MD
Katrina Johnson, Health Scientist Administrator, Behavioral and Social Research Program, National Institute on Aging/NIH, Bethesda, MD
Jill Korbin, Associate Professor, Department of Anthropology, Case Western Reserve University, Cleveland, OH
Albert Kramer, Consultant in Criminal Justice, Boston, MA
David Lloyd, Director, National Center on Child Abuse and Neglect, Administration on Children, Youth, and Families, Department of Health and Human Services, Washington, DC
E. Michael McCann, District Attorney, Office of the District Attorney, Milwaukee, WI
Lt. Thomas Malecek, Commander, Juvenile Division, St. Louis Metropolitan Police, St. Louis, MO
Craig Mayfield, Administrative Coordinator of Batterers Anonymous-Beyond Abuse, Sojourner Truth House, Milwaukee, WI
Marygold Melli, Professor, University of Wisconsin Law School, Madison, WI
James Mercy, Chief of Epidemiology, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, GA

Daniel O'Leary, Distinguished Professor of Psychology, State University of New York at Stony Brook, Stony Brook, NY

Courtney O'Malley, Program Associate, Edna McConnel Clark Foundation, New York, NY

Karl Pillemer, Human Development and Family Services, Cornell University, Ithaca, NY

Marshall Rosman, Director, Department of Mental Health, American Medical Association, Chicago, IL

Barbara Sabol, Commissioner, Human Resources Administration, New York, NY

Patricia Schene, Director, Children's Division, American Humane Association, Englewood, CO

Lawrence W. Sherman, Professor of Criminology, University of Maryland, College Park, MD

Kathie Stolpman, Sojourner Truth House, Milwaukee, WI

Murray Straus, Professor of Sociology, Family Research Laboratory, University of New Hampshire, Durham, NH

Craig Uchida, Acting Director of Research, National Institute of Justice, Washington, DC

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BOARD ON CHILDREN AND FAMILIES

INSTITUTE OF MEDICINE
NATIONAL RESEARCH COUNCIL

COMMISSION ON BEHAVIORAL AND SOCIAL SCIENCES AND EDUCATION
2101 Constitution Avenue, Washington, DC 20418

BOARD ON CHILDREN AND FAMILIES

Telephone: (202) 334-1935
FAX: (202) 334-3768

MEMORANDUM

TO: Members, Board on Children and Families

FROM: Deborah Phillips
Fernando Guerra

SUBJECT: Proposed Work on Immigrant Children and Families

Introduction

Attached is the internal request for support from the National Academy for a planning meeting on Immigrant Children and Families, as well as the very helpful comments from Fernando Guerra that were incorporated into the request. The Academy has approved this request and the Board will be holding a planning meeting on this topic this coming June. As you can see from the request for support, the meeting will be devoted to obtaining an accurate sense of the availability of research on the outlined issues and to getting advice about appropriate roles for the Board. Any thoughts that you can offer at this time, will be immensely helpful as I prepare for the planning meeting and begin to think ahead to the future. The remainder of this memo traces my own recent thoughts about our work in this area.

When originally conceived, a full-fledged panel study on this topic was the primary vehicle under consideration for future work. I have since talked with several immigration researchers and also with Eric Wanner, President of the Russell Sage Foundation. Eric has developed a program of research on immigration that has provided support for about half a dozen external research projects focused on second generation immigrants--specifically, efforts to understand the factors that affect the current status and future prospects of the offspring of immigrants arriving in the U.S. since the mid-1960's. As such, the Russell Sage Foundation has been instrumental in supporting a significant share of what little research exists on immigrant children and families. Perhaps ironically, in 1985, the National Research Council issued a report on immigration statistics calling for a national longitudinal survey of recent immigrant families. The federal response to this proposal has been lackluster at best.

These conversations have led me to the following conclusion: there is only a limited pool of research on immigrant children and families, aimed at the issues outlined in the attached internal proposal. A panel study would, therefore, appear to be premature.

research on immigrant children and families, aimed at the issues outlined in the attached internal proposal. A panel study would, therefore, appear to be premature.

On the other hand, two factors suggest a role for the Board on this topic. First, every scholar/expert to whom I have talked is emphatic about the need to focus greater attention on issues specific to immigrant children. They are woefully neglected in policy debates about immigration, and are barely touched upon by the research community. Second, there are several very interesting research projects underway that will soon be generating data which will be of great importance and interest to policymakers.

In this context, the convening role of the Academy becomes a very attractive option. Specifically, I am considering the creation of a Roundtable on Immigrant Children and Families. A roundtable provides an on-going forum to convene a consistent group of individuals to discuss issues of national importance. Roundtables are particularly well-suited to assuring that new research findings are examined, and their policy implications discussed, by researchers, policymakers, and practitioners. On a topic, such as immigrant children and families, where research is at a seminal stage, a roundtable can provide an ideal mechanism for assuring that new findings are channeled to and debated among the scientific and policy communities with benefits for the shaping of future research agendas and of policy directions. Such an activity never results in recommendations. Often workshops and conferences are held to consider advancing scientific or policy developments.

SA ANTONIO ETROPOLITA HEALTH DI TRICT

332 W. Commerce Street
San Antonio, Texas 78285-5201
(512) 299-8780

TO: Deborah Phillips, Board on Children and Families

FROM: Fernando A. Guerra, M.D., M.P.H.

SUBJECT: IMMIGRANT CHILDREN AND FAMILIES PROPOSAL

DATE: January 3, 1993

First, I apologize for the delay in forwarding my comments to you. I had reviewed the information when it first arrived, made a few marginal comments to myself and put it aside for further thought. With the holiday schedule adding to the confusion of pending assignments, I hope that my late response will still be of some benefit.

The proposal is very well done and from my standpoint leaves very little uncovered regarding research and policy issues related to immigrant children and their families. Some areas that might be included are:

* cross-generational history and experiences of immigrant families

* adoption or prospective adoptive placement of immigrant children within U.S. families; consideration of international policies pertaining to adoption; commercialization of such services; humanitarian considerations; biracial/bicultural placements and adoptions, including such as Ameriasians, etc.

* special considerations of immigrant or resident foreign populations in border communities, e.g. U.S./Mexico

* legal/judicial considerations regarding abuse and neglect or exploitation of immigrant children in a variety of circumstances where a perpetrator parent or adult caretaker is a non-citizen and child is immigrant.

* economic, health care, social support and educational benefits for U.S. born children of non-citizen parents and non-citizen siblings. Such might also include considerations pertaining to resident or citizenship status of children and families in the time of health care reform, especially as they might have infectious illness or life threatening illness or injury.

I am happy to discuss these items further as you wish. The original document is excellent and I am sure encompasses most of the above in one way or another. I leave it to your discretion if these additional items should even be considered.

Fernando A. Guerra, M.D., M.P.H.

Presidents' Committee

January 13, 1994

For Action
PIF Request

COMMISSION ON BEHAVIORAL AND SOCIAL SCIENCES AND EDUCATION
and
INSTITUTE OF MEDICINE

Planning Meeting for Project on Immigrant Children and Families
Board on Children and Families

SUMMARY INFORMATION:

Origin	Board
Type of Activity	Planning meeting
Duration	6 months
Cost	$29,500
New Personnel/Space Required	None/None
Potential Sponsors for Eventual Study	Rosenberg Foundation, Andrew Mellon Foundation, James Irvine Foundation, the David and Lucille Packard Foundation
Product	Internal report, assessing potential NRC study
Intended Audiences	Public and private agencies concerned with the current well-being and future prospects for immigrant children and families Board on Children and Families
Other NRC Units Involved	Institute of Medicine

PROJECT SUMMARY

The strategic plan developed by the Board on Children and Families (BCF) (approved by the Executive Committee of the Governing Board on October 21, 1993) included a proposed activity on immigrant children. In this proposal, the Board requests program initiation funds in the amount of $29,500 to convene a two-day planning meeting to examine the feasibility of a Board study focused on immigrant children and families. The meeting will convene an interdisciplinary group of scholars who study various dimensions of child and family immigration, including developmental and educational psychologists, anthropologists, sociologists, lawyers, demographers and epidemiologists. Representatives from public agencies, private organizations, and pertinent policy groups concerned with immigration will also be included. The two primary questions to be addressed at the workshop concern the adequacy and scope of the research base on immigrant children and families, focusing on the specific issues outlined below, and the most pressing federal, state, and local policy issues that could benefit from scientific input.

ORIGIN AND BACKGROUND

Demographic changes affecting the ethnic distribution of the U.S. population, driven by trends in immigration and by differential birthrates, constitute a critical social backdrop against which policy toward children is evolving. Minorities made up 31 percent of the population under 18 years of age in 1990, compared to 22 percent of the population age 18 and older (Pollard, 1993). The recent wave of immigration is accountable for a sizeable share of the ethnic diversification of the childhood population. These trends will force major adjustments in the social and economic institutions that affect the lives of children and the well-being of their parents, both immigrants and non-immigrants. Further, there is much to be learned from the current wave of immigration regarding factors that promote or hinder successful paths to assimilation.

Immigration currently accounts for almost one-third of U.S. population growth, most of which is concentrated in a few states where recent cohorts of immigrants have settled. Although the broad topic of immigration reform has riveted public and policy attention, the specific vantage point of children and families has been largely neglected. As has historically been the case, concerns about the effects of immigration on the labor force, on expenditures on public assistance, and on neighborhood cohesion and civic harmony have seized the bulk of public attention, including that of the Commission on Immigration Reform. The absence of a group or project that is focused on immigrant children is particularly ironic given the profound implications of each of these salient topics for children and for the institutions that serve them.

Six issues have been identified by the Board as warranting consideration for study:

(1) The demographics and circumstances of child and family immigration. Taking the child as the unit of analysis, very little descriptive information is available regarding basic demographic characteristics of the child immigrant population. Similarly, little is known about the legal and illegal conditions under which children immigrate to the United States, including refugee admissions, or about the detention of immigrant children. This is true despite the fact that family reunification is among the major criteria for admission to the United States.

(2) The family circumstances of immigrant children. A basic information need concerns documentation of the family circumstances and social networks that children leave behind versus join when they immigrate to the United States. Many dimensions of immigrant families are of interest, including issues of custody, the numbers and circumstances of children who move back and forth across the border or live with a parent who does so, and the changes in family configuration that characterize the childhood years of immigrant as compared to non-immigrant groups of children. It would be a notable contribution to examine these issues in the context of the cross-generational history and experiences of immigrant families.

(3) The social and economic assimilation of immigrant children and families. Among sociologists, a major topic of interest has been the assimilation of immigrant populations into communities and networks, many of which were shaped by prior (and distinctly different) immigrant populations. Critical developmental concerns include the effects of displacement from one's culture of origin and assimilation into a foreign culture on identify formation, peer relations, perceptions of future educational and occupational opportunities, and exposure to negative public attitudes. For families, salient concerns include the loss and reformation of social networks, economic disruption and altered patterns of mobility, and, potentially, discrimination and community violence.

(4) Legal issues associated with childhood immigration. The place of children in nationality law is a rapidly developing area of legal expertise. Issues include: (a) conditions under which unaccompanied minors can be detained, (b) the legal status of immigrant children who are wards of the state, (c) the effects on immigrant children of parental death or divorce, or of the deportation of an unnaturalized parent, (d) eligibility for and access to public benefits, (e) the adoption of immigrant children by U.S. families, including consideration of international policies, and (e) the interface of immigration and family law as regards cases of domestic violence.

(5) The educational implications of childhood immigration. The historic role of the schools as a vehicle for the cultural assimilation of new populations is now being seriously challenged by the magnitude, diversity, and nature of new immigrant populations. Issues of language of instruction pale alongside the challenges that schools now face from differing cultural expectations about appropriate classroom behavior, the need to rely upon and interact with parents who do not speak English or feel comfortable in American school settings, inter-group tensions among students, and the frequent mid-year entry of new students into the classroom. This aspect of immigration is particularly significant in light of federal and state consideration of proposals for school reform and pressures for accountability.

(6) The health care implications of childhood immigration. The health care system, like the schools, has become a lightening rod for public antipathy about immigration. Efforts have been initiated in some states to pare back public health benefits for aliens, including prenatal care. In addition to documenting the health status of immigrant children, issues of entitlement to health services, barriers and disincentives to access, the place of immigrant children in health care reform, and health care quality would appear to warrant examination.

Participants in the meeting would be asked to comment on the availability of research on each of these issues, as well as on their policy importance at both the national and state/local levels. They would also be asked to consider the most effective role for the National Research Council and the Institute of Medicine in further examining these issues and informing the development of effective strategies for facilitating the adjustment and assimilation of immigrant children and families.

PRODUCT AND DISSEMINATION PLAN

The result of this effort will be an internal report. The report will be presented to the Board on Children and Families for discussion of appropriate next steps. Suggestions for NRC studies that derive from the meeting will be discussed with a consortium of governmental and private agencies that have policy or program interests in immigrant children and families.

RESPONSIBLE STAFF OFFICER:

Dr. Deborah Phillips, Director, Board on Children and Families, HA 166P, ext. 1935

INSTITUTE OF MEDICINE

NATIONAL RESEARCH COUNCIL
COMMISSION ON BEHAVIORAL AND SOCIAL SCIENCES AND EDUCATION

2101 Constitution Avenue, Washington, DC 20418

BOARD ON CHILDREN AND FAMILIES

Telephone: (202) 334-1935
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January 24, 1994

MEMORANDUM

TO: Members, Board on Children and Families

FROM: Deborah Phillips

SUBJECT: Colloquium on Maternal and Child Health in Health Care Reform

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The Institute of Medicine has initiated a symposium series on health care reform. Prior symposia have focused on defining the benefits package, measuring and assessing quality, and implications of managed care for vulnerable populations. The Board on Children and Families, in collaboration with the Board on Health Promotion and Disease Prevention, has received approval to sponsor an additional symposium on "Maternal and Child Health in Health Care Reform".

Attached is a summary of the proposed symposium, which was drafted with the assistance of Toby Gross, Fernando Guerra, Bernard Guyer, Paul Newacheck. As you can see, the symposium will focus on children and their mothers (including prenatal care) as an example of a particularly vulnerable population that requires special treatment in health care reform. This includes children with chronic illness and disability, children not living with their parents, and undocumented immigrant children, as well as low-income children.

Fund-raising letters (see attached sample) have been sent to the Maternal and Child Health Bureau, the March of Dimes Foundation, the Commonwealth Fund, the David and Lucile Packard Foundation, and the Carnegie Corporation of New York. We hope to hold the symposium this coming June.

Finally, I have attached a (bad) copy of an October New York Times article that served to draw attention to the fate of children in the current Clinton reform plan.

National Academy of Sciences

INSTITUTE OF MEDICINE
Board on Health Promotion and Disease Prevention
and
COMMISSION ON BEHAVIORAL AND SOCIAL SCIENCES AND EDUCATION/IOM
Board on Children and Families

Workshop on Maternal and Child Health in Health Care Reform

Health care reform has become an issue of pressing concern to our nation. The Clinton administration has introduced its plan for congressional consideration, and the Congress is currently involved in detailed analysis of the administration's proposed Health Security Act and of several other legislative proposals generated by the Congress itself. The Institute of Medicine's (IOM) Board on Health Promotion and Disease Prevention and the Board on Children and Families, which operates under the joint auspices of the IOM and the Commission on Behavioral and Social Sciences and Education (CBASSE), will hold a workshop on maternal and child health in health care reform in the spring of 1994. The workshop will examine the proposition that the health care needs of children are different from those of adults (i.e. that they are not merely "small adults"): they are uniquely vulnerable and dependent, their health care needs flow seamlessly between medical and psychosocial issues, and the potential payoff for a healthy start in life is, in theory, greater than for any other age span. These attributes and others suggest that the health services children require and the systems through which they receive care may need to be different in some respects from the services and systems that pertain to adults. This general perspective has most recently been articulated as the need for a "child standard of care," which directly confronts the special position of children in the health sector. Pregnant women also may have cause for special consideration and treatment on many of the same grounds.

This workshop is part of a colloquia/workshop series on health care reform sponsored by the Institute of Medicine. The first two workshops held in this series focussed on: Issues in Defining a Benefits package for Health Care Reform (April 1993) and Issues in Measuring and Assuring Quality of Care for Health Care Reform (July 1993). On January 10, 1994, the IOM will hold a lecture on "Managed Care and Vulnerable Populations: Striking the Right Balance Between Access and Efficiency." As an example of how the health care reform plan deals with one specific vulnerable population, the IOM Board on Health Promotion and Disease Prevention and the CBASSE/IOM Board on Children and Families feel that they can contribute to the content and direction of the national debate as it relates to maternal and child health issues.

The planned IOM workshop will first explore the notion that children bring special (i.e. not equivalent to adults) attributes to health care system, and then consider how the needs of children as well as pregnant women are met in various approaches to reforming the health care system. Several types of health care reform will be considered (using legislative proposals as the key source documents) to focus on at least three aspects of health care reform from the maternal and child health perspective. Listed below are brief outlines of what these areas might be. But it is important to stress that a steering committee will be appointed to shape the workshop more specifically, and that this committee may well suggest that, given the fluid state of the policy debate in health care reform, other issues would be more appropriate for the workshop. This same committee will also develop a slate of speakers and will draft a summary of the workshop proceedings.

1. **Benefits.** Several aspects of the complicated benefits issues could be discussed, depending on the state of the policy debate in the spring. At this point, these include the following:

   - whether the standard of "medical necessity" that is brought to bear in considering whether a given individual should receive a particular benefit will accommodate the needs and health profiles of children and pregnant women. The risk is that too narrow a definition of "medical necessity" might prevent many individuals from securing care that meets current best pediatric and obstetric practices;

   - whether the needs of children with chronic and/or disabling conditions will be met under various benefits packages. This issue, which has recently gained quite a lot of press coverage, remains a contentious and murky area. It involves not only questions of what the benefits are that such children need, but also the setting in which they are provided; and it is further complicated by the fact that some of these needed benefits are now supplied to some children through both Medicaid and SSI. To the extent that Medicaid is significantly revised, the payment base for many of these services becomes unclear.

   - the extent to which the policy process has defined more clearly several benefits with enormous importance to maternal and child health. Such issues include "family planning services and supplies," and "pregnancy related services."

2. **Public Health Programs.** Many low income children and pregnant women have historically received health care services from a complex web of care supported by such publically financed programs as the Maternal and Child Health Services Block Grant, state and local health department clinics supported by various funds, and the Preventive Health Services Block Grant. Many such programs will be changed appreciably under almost all of the current plans for reshaping the health care system. It is not at all clear, however, what the proposed changes will mean for the future of these programs and the populations they serve. In particular, it is very uncertain what the relationship of the public health programs--in whatever form they take--will be to the large insurance

purchasing cooperatives that many reform plans propose (the administrations's, in particular), or to the several new grant programs that may be established to increase access to care. Some effort clearly needs to be devoted to understanding how these many disparate pieces will relate to each other under various new systems that have been proposed, and whether or not this new patchwork of programs will be responsive to the needs of children and pregnant women, especially those who are poor.

3. **Quality.** Although there is much discussion about how a reformed health care plan will balance the forces of cost-containment and quality assurance, there is a very real risk that cost-containment will overtake quality assurance, if for no other reason than the rudimentary state of the "science" of quality assurance. There is a need to examine several approaches to measuring quality of health care, and then to assess the extent to which available measures are applicable to children and pregnant women.

A detailed, analytic summary of the workshop will be developed under the supervision of the steering committee. It will be published and disseminated to a broad audience, including members of Congress and their staff, private sector leaders in the health care reform debate, MCH experts and advocates, and media leaders following the health care debate.

For further information, please contact:

Cynthia Abel, Program Officer
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(202) 334-2383

As of: December 17, 1993

INSTITUTE OF MEDICINE
NATIONAL ACADEMY OF SCIENCES
2101 CONSTITUTION AVENUE WASHINGTON, D.C. 20418

DIVISION OF HEALTH PROMOTION
AND DISEASE PREVENTION

FAX: 202/334-2939

January 3, 1994

Audrey H. Nora, M.D.
Director
Maternal and Child Health Bureau
Health Resources Administration
Parklawn Building, Room 18-05
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Nora:

The Institute of Medicine's (IOM) Board on Health Promotion and Disease Prevention and the Board on Children and Families, which operates under the joint auspices of the IOM and the Commission on Behavioral and Social Sciences and Education (CBASSE), are organizing a workshop on maternal and child health in health care reform in the spring of 1994. We are writing to inquire about the interest of the Maternal and Child Health Bureau in providing funds in partial support of the workshop, which is estimated to be $87,000. The purpose of the workshop is to discuss several issues in health care reform that are of special importance to maternal and child health, and then to determine whether and how these are addressed in several of the current proposals for reform legislation that are under active consideration by the U.S. Congress. The workshop will examine the proposition that the health care needs of children are different from those of adults (i.e. that they are not merely "small adults"): they are uniquely vulnerable and dependent, their health care needs flow seamlessly between medical and psychosocial issues, and the potential payoff for a healthy start in life is, in theory, greater than for any other age span. These attributes and others suggest that the health services children require and the systems through which they receive care may need to be different in some respects from the services and systems that pertain to adults. The attached prospectus provides a more complete description of the workshop as currently envisioned, and includes a list of the several maternal and child health issues that we believe should be highlighted and analyzed in relationship to pending proposals for health care reform. Once funding is in hand, we will assemble an expert steering committee to refine the workshop agenda and to develop a slate of speakers.

This proposed workshop is part of a colloquia/workshop series on health care reform sponsored by the Institute of Medicine. The first two workshops held in this series were: Issues in Defining a Benefits Package for Health Care Reform (April 1993) and Issues in Measuring and Assuring Quality of Care for Health Care Reform (July 1993). Each seminar was well attended by key health policy leaders. Enclosed are the summaries of those two sessions as published in the Journal of the American Medical Association (JAMA). On January 10, 1994, the IOM will hold a lecture on "Managed Care and Vulnerable Populations: Striking the Right Balance Between Access and Efficiency." The maternal and child health workshop that we plan to hold in the spring follows this lecture as an example of how the health care

reform plan deals with one specific vulnerable population. The workshop will differ somewhat from these other efforts in that it is not to be an IOM activity alone, but rather done in collaboration with the Board on Children and Families, which is the institutional successor, of sorts, to the NRC/IOM National Forum on the Future of Children and Families. The workshop will be targeted to health policy leaders and the final publication will be widely distributed.

In 1992 the Forum on the Future of Children and Families held two workshops to discuss the special concerns of children and pregnant women in health care reform. The report, *Including Children and Pregnant Women in Health Care Reform,* summarized these two workshops and examined how the important health policy issues presented by children and pregnant women were addressed by the then leading legislative proposals for health care reform. Following in a similar vein, the upcoming workshop on maternal and child health in health care reform will present an opportunity, in the neutral venue of the IOM and CBASSE, to discuss the important components of the health care system for mothers and children, asking whether their specific needs are adequately addressed in current health care reform legislation. The principal difference between these two activities--that sponsored by the Forum in 1992 and the current proposal--is that the former was at a high level of generality, whereas the intent now is to focus specifically on only three to four central issues, to analyze each in greater detail, and to decipher the implications for specific reform proposals that are under active consideration by the Congress. More generally, the policy environment has changed dramatically since 1992, due largely to the personal priority that the President has assigned to health care reform.

The one-and-one-half-day invitational workshop will bring together experts on public health, maternal and child health policy, health services researchers, and senior health policy staff from state and federal agencies and the Congress. A report on the workshop will summarize the discussions and outline promising approaches to ensuring that the special needs of mothers and children are addressed in health care reform. The workshop and preparation of the summary report will be guided by the steering committee. Dissemination activities will include probable publication in JAMA and complimentary distribution of the report to the Congress and other interested individuals.

There are several private foundations that have expressed considerable interest in the results of this workshop and a willingness to provide a portion of the required funds. We hope very much that the Maternal and Child Health Bureau will be able to provide supplementary support as well.

We greatly appreciate your consideration of this request. Sarah Brown, IOM Division of Health Promotion and Disease Prevention, will be in touch with you about this workshop shortly. If you have any questions you can reach her at (202) 334-1736.

Sincerely,

Deborah Phillips, Ph.D.
Director, CBASSE/IOM Board on Children and Families

Sarah Brown, M.P.H.
Senior Staff Officer, IOM Division of Health Promotion and Disease

Enclosures

CLINTON CARE PLAN MAY CUT BENEFITS TO SOME CHILDREN

DEBATE IN ADMINISTRATION

Gaining Basic Health Package, 7 Million Could Lose What Medicaid Now Provides

By ROBERT PEAR
Special to The New York Times

WASHINGTON, Oct. 10 — Advocates for children and some Administration officials are saying that President Clinton's health plan would eliminate some benefits received by millions of poor children on Medicaid, including many who are disabled.

Under the health plan's package of basic services, some Medicaid recipients under 21 could lose benefits they now have, including transportation to and from a doctor, certain types of hearing and vision care, physical rehabilitation and special education services.

Such extra services would still be available to 11 million children receiving welfare payments under Aid to Families with Dependent Children or the Supplemental Security Income program, but not necessarily to 7 million other children now covered by Medicaid.

Debate in Administration

The future of these children, and of the Medicaid program in general, has become an important topic of debate within the Administration as the President prepares a legislative proposal to revamp the nation's health care system.

White House officials have repeatedly said that nobody should become worse off in the transition to the new system. But health and education officials who work with children are saying that they want to make sure that no Medicaid recipients lose benefits.

Carol H. Rasco, the President's top domestic policy adviser, and Education Secretary Richard W. Riley have expressed concern that many children with disabilities could be adversely affected by the President's plan as it now stands. Ms. Rasco is particularly sensitive to the needs of such children be-

Continued From Page A1

cause her 19-year-old son, Hampton, is mentally retarded and has cerebral palsy.

"The new benefit package excludes coverage for treatment needed by many low-income children with chronic physical, mental and developmental disabilities," said a senior Administration official, who would speak only on the condition of not being identified. "The President's plan gives new benefits to the elderly and takes benefits away from children."

Dr. Judith Feder, a senior health policy adviser to President Clinton, said the White House was aware of the problem. "The issue is under review," she said, insisting that Medicaid recipients would get all the care they needed under the Clinton plan.

The situation is politically awkward for the President and his wife, Hillary Rodham Clinton. She was chairwoman of the Children's Defense Fund from 1986 to 1992, and throughout his career he has presented himself to voters as a child welfare advocate.

Under Mr. Clinton's plan, all Americans would be entitled to a standard package of health benefits. Most people would receive coverage through health insurance purchasing groups known as health alliances. The alliances would buy coverage from big networks of doctors, hospitals and insurance companies.

Under the President's plan, people receiving welfare payments would have their coverage in a health alliance financed by Medicaid, the Federal-state program for low-income people. They would generally receive all services now provided through Medicaid, meaning that they would have considerably greater coverage than that available in the standard package.

Program Was Expanded

Medicaid recipients who do not receive such welfare payments would be transferred to the new health care system and would have private insurance coverage with other Americans through health alliances. These people could receive Government subsidies to help pay their premiums under the new system.

Medicaid is automatically available to people on welfare. But in the last decade, Congress has expanded Medicaid to cover many children and pregnant women who are not on welfare. More than half the states now offer Medicaid to pregnant women with incomes up to 85 percent above the official poverty level. (A family of three was classified as poor if it had cash income less than $11,186 in 1992.)

The proposed changes have caused concern among advocates for children and for people with disabilities.

Kathleen H. McGinley, assistant director of the Association for Retarded Citizens, said, "We are concerned that children will lose access to services they now have, like hearing aids, respiratory therapy and rehabilitation services [illegible]

Worries About New York

Dr. Jennifer L. Howse, president of the March of Dimes, said that children with birth defects like spina bifida and cerebral palsy could also lose coverage for some services and equipment.

Dr. Irwin Redlener, chief of community pediatrics at Montefiore Medical Center in the Bronx, said, "New York is particularly vulnerable to what might appear to be minor changes in Medicaid policy."

"There are 2 million children in the New York metropolitan area," he said. "About 800,000 of them are living in [illegible] poverty. Another 400,000 have incomes less than twice the official poverty level. These kids would not benefit from just having a health security card. They need special extra services to help them gain access to comprehensive health care."

In Albany, Elie Ward, executive director of the Campaign for Healthy Children, an advocacy group, said: "We have at least 650,000 uninsured children in New York State who would get coverage under the Clinton plan. That's good. [illegible]

"But we are very, very concerned that hundreds of thousands of New York children will lose the specialized services they now get under Medicaid. These children do not get cash assistance now, but as Medicaid recipients they receive an enriched package of benefits far more comprehensive than the basic benefits package offered under the President's plan."

'Some Gaps in Coverage'

Education officials say they are concerned because many people in special education classes are also enrolled in Medicaid, which helps pay for medical and social services they need to attend school.

Under a Federal law passed in 1975 and strengthened since then, children with disabilities are entitled to "a free appropriate public education" in the least restrictive setting. An aide to Secretary Riley said: "There are some gaps in coverage for children with disabilities. We will work with the White House to resolve this because children could lose a lot under the plan as it now stands."

The Clinton's face a politically thorny situation.

Under current law, states must screen Medicaid recipients under 21 for medical and dental problems, and they must provide all services needed to "correct or ameliorate" such problems, even if the services are not covered for adults.

The law explicitly requires states to provide hearing aids for children on Medicaid who need them. But under the Clinton plan, hearing aids are covered for children or adults.

Dr. Feder, the senior White House health adviser, said that Medicaid recipients could get all the services they need as part of "the mainstream health care system" that Mr. Clinton would create. The President, she said, would pump money into community health centers, public clinics and programs for poor people.

Payments Limit Services

Under current law, Medicaid recipients theoretically have access to a broad array of medical and social services. But in reality, Dr. Feder said, Medicaid payments are so low that doctors often refuse to take these patients.

Suzanne M. Hansen, a policy analyst at the National Association of Children's Hospitals and Related Institutions, said: "The Clinton plan covers many services also covered by Medicaid. But the Clinton plan has limitations that Medicaid does not have."

For example, the Clinton plan covers rehabilitation services like physical therapy and speech therapy — but only to restore abilities impaired "as a result of an illness or injury."

Mental retardation is not an illness or injury, said Ms. McGinley of the Association for Retarded Citizens. People with this condition may not qualify for rehabilitation services under the Clinton plan, though they get such services now under Medicaid.

Adults may also be affected. Judy L. Chesser, director of New York City's office in Washington, said: "The New York State Medicaid program covers eyeglasses and dental services for all Medicaid recipients. Clinton's plan would cover eyeglasses and dental care only for children."

Nancy Siegel/The New York Times

Parents and advocates of children with disabilities are concerned that many such children could be adversely affected by the President's health care plan, which excludes coverage for the treatment needed by many low-income children with chronic ailments. Children like Crystal Gonzalez, above, who has spina bifida, a birth defect, could lose coverage for some services and equipment. Crystal worked with Linda Tomasand, a physical therapist, at St. Mary's Hospital in Bayside, Queens.

INSTITUTE OF MEDICINE

NATIONAL RESEARCH COUNCIL
COMMISSION ON BEHAVIORAL AND SOCIAL SCIENCES AND EDUCATION

2101 Constitution Avenue, Washington, DC 20418

BOARD ON CHILDREN AND FAMILIES

Telephone: (202) 334-1935
FAX: (202) 334-3768

January 24, 1994

MEMORANDUM

TO: Members, Board on Children and Families

FROM: Deborah Phillips

SUBJECT: Workshop on Integrating Federal Databases on Children

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In collaboration with the Committee on National Statistics, the Board on Children and Families has received program initiation funds to hold a planning workshop on "Integrating Federal Databases on Children". The workshop will be focused on examining the adequacy of the federal statistical system to inform efforts to design, implement, and evaluate policies aimed at improving the health and well-being of children and families. Our goal is to identify the most pressing data needs in the area of child and family policy, the capacity of existing national data to inform these needs, and potential strategies for rectifying these shortcomings. Robert Hauser will be chairing the workshop, which will be held March 31 and April 1, 1994.

As you can see from the attached copy of the request for internal support, a series of papers will be presented to focus the workshop on a set of shared issues that cut across substantive issues, as well as on issues that are unique to particular topics. The workshop participants will be asked, at the conclusion of the meeting, to make suggestions about possible next steps for the Academy, including the possibility of a panel study.

Paper authors have been finalized, as follows:

Paul Newacheck (with co-author), Professor of Health Policy, University of California, San Francisco, will write about the capacity of existing federal data on children and families to meet the data needs that will accompany health care reform.

Greg Duncan, Professor, Survey Research Center, Institute for Social Research, University of Michigan and Kris Moore, Executive Director, Child Trends, Inc., will write about our present ability to track trends in the economic well-being of children, as well as their access

to resources, across generations.

Colin Loftin, Professor, Department of Criminology, University of Maryland, will write about data that are (or are not) available to elucidate patterns of problematic, delinquent, and criminal behavior across the childhood years.

Aaron Pallas, Professor of Education, Michigan State University, will write about the capacity of existing federal data to inform education-to-work policies and other issues pertaining to children's transition into the labor force.

Sandra Hofferth, Senior Researcher, the Urban Institute, will write about our capacity to link data on the preschool years with data on elementary-age children, particularly with respect to their child care, and early and elementary educational experiences and attainment.

Each author has been asked to address the paper to the following:

o Discusses the most pressing information needs of those who formulate, implement, and analyze policies for children and families, focussing both on descriptive and analytic data needs.

o Outlines briefly the federal statistical data sources that are presently available or, to the extent possible, proposed for addressing these information needs, and comments on their strengths and shortcomings for this purpose.

o Comments on the extent to which existing sampling strategies follow children across critical transition points, and whether there are populations of children, such as immigrant or foster children, for whom adequate data do not presently exist.

o Comments on the extent to which it is possible to combine data to examine relations across various domains of development, such as school achievement, health, and criminal behavior.

o Discusses the most promising strategies for improving the capacity of the federal statistical system to address these information needs and whether the focus should be on enhancing the integration of existing data sets or on the development of a national survey of children.

o Discusses the most effective role for the National Research Council in further examining these issues and promoting more effective strategies for collecting and assembling national data on children and families.

A report, including the papers, will be written based on the workshop, and the staff, with input from the Board, Committee, and CBASSE, will consider possible future roles for the Academy on this topic.

September 15, 1993 For Information

COMMISSION ON BEHAVIORAL AND SOCIAL SCIENCES AND EDUCATION

Planning Workshop for Project on Federal Statistics and Children
Committee on National Statistics
Board on Children and Families

SUMMARY INFORMATION:

Origin:	Congressional request and deliberations of the Board on Children and Families and the Committee on National Statistics
Type of Activity:	Planning and convening of two-day workshop
Duration:	6 months
New Personnel/Space Required:	None/None
Potential Sponsor:	Annie E. Casey Foundation, Foundation for Child Development, MacArthur Foundation, Administration for Children and Families (DHHS), Office of the Assistant Secretary for Planning and Evaluation (DHHS), National Center for Education Statistics, National Center for Health Statistics, and other federal statistical agencies.
Product:	Internal report, including five commissioned papers and suggestions for NRC studies
Intended Audiences:	Public and private agencies concerned with status of data on children and families Committee on National Statistics Board on Children and Families
Other NRC Units Involved:	Institute of Medicine

PROJECT SUMMARY

As an outgrowth of prior requests made to the Committee on National Statistics (CNSTAT) and of the priorities for work established by the Board on Children and Families (BCF), these two units propose to convene a two-day planning workshop to examine the adequacy of the federal statistical system to inform efforts to design, implement, and evaluate policies aimed at improving the health and well-being of children and families. The workshop will convene a diverse group of interested parties, including representatives from the federal research and statistical agencies, researchers and policy analysts, and executive branch and legislative staff, for the purpose of identifying the most pressing data needs in the area of child and family policy, the capacity of existing national data to inform these needs, and potential strategies for rectifying identified shortcomings. As part of the workshop, five papers will be commissioned to focus the discussion on key developmental transition points and on issues that span the childhood years from birth through the preparation for the adult roles of work, citizenship, and parenting. Final plans for the workshop will be developed in consultation with experts in the research community, as well as with key representatives from public agencies and private organizations concerned with the status of child and family data.

ORIGIN AND BACKGROUND

Those who formulate and implement policies for children and families are seriously handicapped by several entrenched features of the federal statistical system. Three features are particularly problematic:

(1) Categorical fragmentation. The portions of the federal statistical system that are pertinent to children are, to a large extent, organized around categorically-defined issues. Agencies of the federal government conduct numerous cross-sectional surveys, each of which focuses on conditions and outcomes for which that particular agency is responsible, be it health status, education, or substance abuse. Moreover, the capacity to combine data sets is seriously constrained. As a consequence, it is virtually impossible to ascertain the joint occurrence of conditions, such as substance abuse and teenage pregnancy, or the synergistic effects of trends in one area, such as maternal mental health, fathers' child support payments, or children's health, on trends in another area, such as children's educational attainment.

(2) Sampling strategies that follow families. To the extent that non-categorical data on children are collected, it tends to be in the context of surveys that follow adults or families, as with the National Longitudinal Survey of Youth--Child Supplement and the National Survey of Family Growth. This becomes problematic in the context of recent and profound shifts in the composition, and even headship, of the family. Stability of family membership for a lifetime has become the exception rather than the rule. Only a survey that follows children can be assured of capturing the multiple shifts that many children experience in family composition and residence. Relatedly, family-based sampling strategies overlook children who live outside the family setting, in institutions and group homes.

(3) Lack of longitudinal data on children. Existing national data typically adopt one of two strategies: (a) one-time or periodic sampling of a continuous (though restricted) age range, as with the National Survey of Families and Households, or (b) longitudinal sampling of an age-restricted cohort, as with the proposed National Center for Education Statistics kindergarten cohort survey. This militates against an understanding of how the earlier conditions of children's lives, such as parents' welfare status or receipt of preventive health care, act independently and in concert to affect the subsequent and, even intergenerational, health and economic well-being of children. It also restricts our capacity to follow children across many critical transition points, such as from preschool to elementary school and from secondary school or college to work and parenting roles.

Last year, Senator Moynihan, at a meeting of Committee on National Statistics, requested that the Committee examine the status of national statistics on children and families. A similar request had also been made by Senator Kohl. In addition, at its inaugural meeting in July, the Board on Children and Families unanimously called for an analysis of the adequacy with which existing federal statistical data address contemporary policy questions about children and families, including questions about the factors that influence the intergenerational transmission of poverty, the extent to which health care reform will lead to improved health outcomes for women and children, and the conditions under which Head Start and other preschool experiences lead to later school success.

PROPOSED ACTIVITY

To initiate a review of federal statistical data on children and families, the Committee on National Statistics and the Board on Children and Families are request support to convene researchers and policy analysts who have worked extensively with these data, representatives from the federal research and statistical agencies, key executive department and legislative staff, and potential public and private sector sponsors of work in this area for a two-day planning workshop. The workshop will review the current status of the federal statistical system, with a particular interest in assessing its capacity to inform efforts to both assess the status of children and families and to elucidate points of intervention for those who shape policy and practice.

Participants in the workshop will address the following issues:

- What are the most pressing information needs of those who formulate, implement, and analyze policies for children and families? Attention will be paid to both descriptive and analytic data needs.

- What are the strengths and shortcomings of existing and proposed federal statistical data sources for addressing these information needs? To what extent do existing sampling strategies follow children across critical transition points? Are there populations of children, such as immigrant children, for whom adequate data do not presently exist? To what extent is it possible to combine data to examine relations across various domains of development, such as school achievement, health, and criminal behavior?

- What are the most promising strategies for improving the capacity of the federal statistical system to address these information needs? Should the focus be on enhancing the integration of existing data sets or on the development of a national survey of children?

- What is the most effective role for the National Research Council in further examining these issues and promoting more effective strategies for collecting and assembling national data on children and families?

Five papers will be commissioned prior to the workshop and will provide the focus for the discussion. These papers will address the first three questions, indicated above, with respect to policies in the following areas: (1) child health from pre-natal care through adolescence, (2) the transition into elementary school, (3) educational attainment and the transition into the labor force, (4) patterns of welfare dependency across generations, and (5) patterns of problematic, delinquent and criminal behavior across the life span.

PRODUCT AND DISSEMINATION PLAN

The result of this effort will be an internal report that includes the five commissioned papers. The report will be presented to the Committee on National Statistics and the Board on Children and Families for discussion of appropriate next steps. Suggestions for NRC studies that derive from the workshop will be discussed with a consortium of governmental and private agencies that have policy or program interests in the status of federal data on children and families.

RESPONSIBLE STAFF OFFICERS:

Dr. Miron Straf, Director, Committee on National Statistics, HA 192, ext. 3097

Dr. Deborah Phillips, Director, Board on Children and Families, HA 166P, ext. 1935

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APPENDIX E

INSTITUTE OF MEDICINE

ACTION PLAN**
1993

Mission Statement

The mission of the Institute of Medicine is to advance scientific knowledge and the health and well-being of all people of this nation and the world consistent with the role conferred by its congressional authority. It accomplishes this mission by providing objective, timely, and authoritative information to government, the professions and the public through its elected membership and access to the best expertise.

Goals, Objectives and Strategies

GOAL I:

TO IDENTIFY AND FRAME IMPORTANT ISSUES OF SCIENCE AND POLICY AND TO RESPOND WHEN APPROPRIATE TO REQUESTS FROM PUBLIC AND PRIVATE AGENCIES FOR STUDIES AND ADVICE ON MATTERS RELATED TO HEALTH BY

- -- setting priorities for the work to be accomplised;
- -- initiating and conducting studies in a non-partisan, objective, and timely manner. Convening knowledgeable individuals from appropriate disciplines and perspectives;
- -- preparing authoritative statements, disseminating information and promoting understanding of the issues and recommendations;
- -- evaluating the overall program of the Institute, as well as individual studies.

**Approved by the IOM Council on November 15, 1993

OBJECTIVES (Goal I)

OBJ. 1. Implement an explicit plan for the regular identification of important issues and priorities among issues, irrespective of funding availability.

Strategies

a) Request that the boards and the Council set priorities and determine whether new approaches can or should be developed.

b) Review the priority setting process and results with the Council.

c) Continue to use a membership survey for the identification of important program areas and expand its use to obtain input from other audiences.

d) Select annually a "special initiative" as an area of emphasis that is broad, crosses divisional lines and under which specific projects can be developed as a means of focusing attention on an area.

OBJ. 2. Experiment with alternative types of products and processes, in addition to the traditional deliberative committee report.

Strategies

a) Obtain support for some core committees and staff (generic staff expertise), adding experts as needed.

b) Where feasible, consider locating staff at the site of the committee chair.

c) Continue to experiment with methods to increase timeliness, maximize impact, and control costs.

d) Expand the development effort.

e) Make vigorous efforts to reduce both indirect and direct costs.

(Goal I - continued)

OBJ. 3. Strengthen the mechanism for review of possible requests to the IOM and for consistent, continued oversight of studies once initiated.

Strategies

a) Develop a mechanism for early review of potential requests by the chair of the appropriate Board with respect to scope of work, timing, nature of study and product.

b) Maintain early and regular monitoring of all committee (and other) processes to ensure that activities are consistent with their charge, including early and mid-review of reports before they enter the formal review process.

c) Maintain a mechanism for the regular review of the impact of studies and develop quality assurance and reporting functions appropriate to the activity (e.g., traditional report vs. convening function), including an assessment of the value-added impact of an IOM activity on policy.

OBJ. 4. Assure appropriate involvement both of the IOM in health-related reports elsewhere in the Academy complex, as well as involvement of appropriate components of the Academy in IOM reports touching on their areas of expertise.

Strategies

a) Develop an early-warning system for projects that may involve possible collaboration with other NRC units.

OBJ. 5. Expand and strengthen our interaction with governmental agencies impacting on health.

Strategy

a) Develop interactions with agencies with which the Institute has not traditionally been involved (e.g., ARPA).

(Goal I - continued)

OBJ. 6. Strengthen and expand effective mechanisms of dissemination of reports and public awareness of the Institute.

Strategies

a) Increase dissemination activities from 0.9% to 5% of program budgets.

b) Continue to develop a plan for dissemination of a report at the beginning of each study that identifies the relevant audiences for the report and is accepted by the particular committee.

c) Develop budgets that will permit continued support of the study director through release and dissemination of a report to insure sufficient staff follow-up on reports.

d) Keep funders involved as far as possible, consistent with the independence of IOM activities. Invite representatives of funding agencies as observers to appropriate meetings of a study committee.

e) Put executive summaries of reports on appropriate computer networks.

f) Expand efforts to disseminate and inform the Congress on Institute reports and recommendations.

g) Explore ways to improve and strengthen the National Academy Press (NAP). For example, invite a "visiting committee" to review important components of dissemination at NAP *and IOM*, e.g., name recognition, use of and interactions with the press, marketing of reports, etc.

OBJ. 7. Liaison should be maintained and enhanced with pertinent groups, including major scientific and professional organizations, all levels of government and their agencies, public and private philanthropies, industry groups, and appropriate citizens' groups.

Strategies

a) Develop the use of "circles," e.g., circle of industry, circle of foundations, circle of scientific societies, etc.

OBJ. 7 Strategies (continued)

b) Include in liaison activities the scientific societies/organizations that represent the major professional interests of the IOM, including, but not limited to, the biomedical, clinical and health sciences, social and behavioral sciences, law, administration, and so forth.

c) Explore the use of journals and newsletters of pertinent societies to provide effective dissemination routes, as well as IOM participation in other groups' annual meetings.

OBJ. 8. Obtain the resources necessary to carry out the Institute's program in an efficient, cost effective manner.

Strategies

a) Strengthen and expand the Presidents' Circle.

b) Seek flexible funds for high priority program areas.

c) Seek specific funding for special initiative programs.

d) Seek expanded endowment funds to increase the ability for IOM to be proactive and to support special initiative efforts.

GOAL II:

TO ELECT A DIVERSE AND ACTIVE MEMBERSHIP:

- **of distinction and achievement;**
- **devoted to the advancement of the health sciences;**
- **broadly based in health, the medical and biological sciences, the physical and mathematical sciences, behavioral and social sciences, law, engineering, and health policy;**
- **committed to contributing actively their efforts to the mission and goals of the Institute.**

OBJECTIVES

OBJ. 1. Seek an appropriate balance between breadth and specialized expertise.

Strategies

a) Examine and evaluate the effectiveness of changes made in the election process to accomplish this objective.

b) Monitor the participation of members on IOM committees.

c) Continue to identify and recruit members who have not yet served on IOM committees.

d) Identify outstanding committee members who deserve nomination for IOM membership.

e) Encourage section leaders to be proactive with respect to the desired diversity of the membership in the areas of minority and gender representation, geographic representation, and disciplinary/perspective representation. These efforts also should be monitored and evaluated.

GOAL III:

TO RECRUIT, RETAIN AND MOTIVATE A HIGH QUALITY STAFF THAT SUPPORTS THE INSTITUTE'S PROGRAM IN AN EFFICIENT, CREATIVE, AND COST-EFFECTIVE MANNER.

OBJECTIVES

OBJ. 1. Maintain and promote expanded and continuing staff development opportunities, both in general and in staff-to-member and staff-to-committee interactions.

Strategies

a) Develop a core staff with expertise to address the overall mission of the IOM.

b) Provide and strengthen opportunities or mechanisms for appropriate rewards for contributions to the work of the IOM (including, but not limited to): competitive salaries; participatory management; mentor programs (including the use of members as mentors); increased in-house intellectual, interactive exchanges.

c) Develop orientation procedures (utilizing technology, such as videotaping) for Institute members and study staff on the roles of staff and members in the study process; procedures for staff should emphasize working with volunteers. A special procedure should be developed for committee chairs.

d) Invite a visiting committee of human resource managers to evaluate and suggest creative changes or improvements in the areas of staff communication and development.

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OVERCOMING BARRIERS TO IMMUNIZATION

WORKSHOP REPORT: EXECUTIVE SUMMARY

By the time children in the United States enter school, more than 95 percent of them have received all recommended immunizations, but recent assessments show that in some states in 1989 less than 50 percent of 2-year-olds were completely immunized (unpublished data from CDC).[1] Epidemic levels of measles between 1989 and 1991 and subsequent outbreaks of pertussis and other vaccine-preventable diseases have made these low immunization rates among young children an especially serious concern.

In 1993, a Presidential Immunization Initiative made public and private efforts to improve immunization levels among preschool children substantially more visible. In 1990, *Healthy People 2000* had established a national objective for the year 2000 to have 90 percent of 2-year-olds fully immunized against the major preventable childhood illnesses (USDHHS, 1991). Under the President's Immunization Initiative, the date for reaching that target has been moved forward to 1996. This presents a formidable challenge. The 1989 data show that even under less stringent criteria no state immunization rates exceed 80 percent, still 10 percentage points lower than the target.

Finding ways to improve delivery of immunization services will require addressing problems that include costs of vaccine, costs of delivering services, inaccessible services, complexities of the immunization schedule, missed opportunities at health care visits to immunize children, incomplete information about children's immunization status, and apprehensions about the safety of vaccines.

The President's initial proposals focused on the cost of vaccines and provisions for purchasing and distributing them. Although these financial factors are important barriers to fully immunizing

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[1]Complete immunization is defined as four DTP shots, three doses of oral polio vaccine, and one MMR shot. A less stringent standard for complete immunization excludes the fourth dose of DTP. Under this definition, minimum rates of complete immunization increase to about 60 percent.

preschool children, removing them is not sufficient to solve the problem. Other barriers lie in the organization and delivery of immunization services, the practices of individual health care providers, and the knowledge and behavior of children's families.

To examine these other barriers and to identify opportunities to overcome them, the Institute of Medicine (IOM) held a two-day workshop on December 8-9, 1993. Participants included leaders of programs that have tried various approaches to reducing barriers to immunization, experts in the social and behavioral sciences, and pediatricians and other health care providers, including those familiar with health care for underserved populations. Funding was provided by the Carnegie Corporation of New York and the Centers for Disease Control and Prevention (CDC). In addition, the workshop received support through the Board on Health Promotion and Disease Prevention of the IOM. The National Vaccine Program Office of the U.S. Public Health Service provided nonfinancial assistance.

At the conclusion of the workshop, an eight-member steering committee reviewed the proceedings to outline for the workshop report their "vision" of the problem of underimmunization and specific responses that appear possible in the short term and in the longer term. The committee's special concern is those issues that require the attention of state-level decisionmakers, including government officials, public health officials, and leadership in the health professions. The report also addresses issues of concern to government and public health officials in large local areas, national leaders in government and the health professions, and public and private sector developers of health care reform plans.

The committee's assessments rest on several assumptions about immunization and immunization services. First, all children living in the United States should be immunized to protect

their health as individuals and to help protect the health of the community. Second, important factors affecting immunization and immunization services are in flux: introduction of new and reformulated vaccines; federal purchase of vaccine for Medicaid-eligible and uninsured children beginning in October 1994; adoption of managed care programs for Medicaid; and probable passage of health care reform legislation.

Third, immunization can best be seen as part of primary care delivered by a mix of public and private providers. A free-standing "immunization system" is not an appropriate goal. Finally, the United States cannot wait for health care reform to address its immunization problems. Although serious health care reform measures appear likely, no one can be certain when they will take effect or what their final form will be. In the mean time, of the approximately 4 million children are being born each year, about one million are added to the pool of underimmunized preschool children who remain susceptible to serious illness.

Across the United States today, immunization services are delivered by a diverse array of public and private health care providers and are assisted by an equally diverse array of federal, state, local, and private programs. Estimates are that half of all immunizations are administered by private providers. The committee agreed that almost any health care reform package will include immunization for children as a covered benefit and will remove financial barriers to access to primary care. A greater emphasis on care from private providers is likely along with reduced delivery of personal health services by public health departments. Those departments will remain responsible for assessing and assuring the health of the community and are likely to assume a greater role in outreach and education.

The workshop presentations and discussion indicated to the committee that efforts to improve immunization for preschool children should focus on (1) leadership for action on immunization; (2) accountability for providing immunizations; (3) support for improving provider practices; (4) effective communication with parents, the public, and the community; and (5) development of better information and information tools.

Stronger leadership for improvements in immunization is needed at the federal, state, and local levels and in the public and private sectors. At the federal level, the National Vaccine Program Office and the CDC can provide leadership through channels such as the President's Immunization Initiative, Immunization Action Plans, and the Standards for Pediatric Immunization Practices (CDC, 1993).

Leadership is essential at the state level because of states' unique legal and organizational responsibilities in public health in general and immunization in particular. Each state must, however, develop a unique response that takes into account its resources and the organization of its health and social services. Collaboration with local health departments, private providers, state and local chapters of professional organizations, community groups, and others will be needed.

Accountability for immunization must exist at many levels, but the committee sees that states have a particularly broad responsibility. In the committee's view, they should have an immunization plan, should ensure that all children have access to immunization services, and should assess whether children are receiving appropriate immunizations in a timely way and whether individual providers are giving the immunizations that their patients need.

Unfortunately, the resources that states, communities, providers, and parents need to ensure that children are properly immunized are not always available. Resource limits in the public sector emphasize the need to include private providers in immunization programs.

Improving the organization and delivery of immunization services by a complex array of institutional and individual health care providers promises to be an especially effective way to raise immunization rates. Changes can help children make contact with immunization services and help reduce missed opportunities for immunizations when children are with health care providers. Providers need to be able to identify children who should receive immunizations and to observe only valid contraindications to those immunizations. They also need encouragement to administer all scheduled immunizations in a single visit. The Standards for Pediatric Immunization Practices (CDC, 1993) are a valuable guide and are already being used in for in-service education for providers and as performance standards.

Improving the delivery of immunization services is critical, but more and better efforts are needed to inform families and communities about the importance of immunization and to encourage them to have children immunized appropriately--by the age of 2 rather than when they start school. Individual providers, office and clinic staff, community groups, and public health officials all need to be able to provide accurate and effective messages. To have a long-term impact, information programs have to be sustained and sustainable. Culturally appropriate messages and materials must be part of information and education programs. Families' fears and the small but real risks of vaccines must be acknowledged, but more can be done to communicate to families and the community the benefits of immunization. For example, the success of the vaccine against *Haemophilus influenzae* type b (Hib) in dramatically reducing the incidence of meningitis could be publicized more extensively.

Fundamental to all of these efforts is information--and generally the need for better information and information systems. Activities on two fronts will help. New CDC-sponsored random-digit dialing surveys are expected to begin producing data on immunization levels for states and some communities by the end of 1994. The other important activity is the development of immunization registries and tracking systems in states and communities across the country. HMOs and individual practices are also implementing tracking systems. Children and their families can benefit from individualized outreach and follow up; providers can more easily identify children due for immunizations and assess their own compliance with immunization guidelines; and public health authorities gain comprehensive population-based information on immunization rates. A national system of state-based registries that provides coverage of all children promises the greatest benefit.

Another somewhat different immunization information need exists as well. A comprehensive and annotated bibliography of studies on immunization practices would help providers and public health officials make better use of the substantial amount of research has been done over many years. A bibliography could usefully focus on studies on barriers to immunization that examine who is not immunized and why and studies on interventions that assess what approaches are succeeding in improving immunization rates and in what setting.

References

CDC (Centers for Disease Control and Prevention). 1993. Standards for Pediatric Immunization Practices. *Morbidity and Mortality Weekly Report* 42(No. RR-5):1-13.

USDHHS (U.S. Department of Health and Human Services). 1991. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. DHHS Pub. No. (PHS) 91-50212. Washington, D.C.: Office of the Assistant Secretary for Health.

INSTITUTE OF MEDICINE
NATIONAL RESEARCH COUNCIL

COMMISSION ON BEHAVIORAL AND SOCIAL SCIENCES AND EDUCATION
2101 Constitution Avenue, Washington, DC 20418

BOARD ON CHILDREN AND FAMILIES

Telephone: (202) 334-1935
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MEMORANDUM

TO: Members, Board on Children and Families

FROM: Sarah Brown

SUBJECT: Panel Study on Unplanned Childbearing

Attached are: (1) The "statement of task" that describes the purpose of this panel study

(2) The draft agenda for the committee's next meeting (Feb. 14 and 15, 1994)

INSTITUTE OF MEDICINE

Division of Health Promotion and Disease Prevention

The Role of Planned Childbearing in the
Health and Welfare of Children, Women, and Families

Statement of Task and Audience

The Institute of Medicine committee on planned childbearing is charged with developing a report that documents and discusses the effects of family planning and planned childbearing on the health and well-being of children, women, men and families, and makes recommendations for policy, practice and research. In so doing, the committee should:

o define what is meant by family planning, unintended/unwanted pregnancy, high-risk pregnancy and related terms used by the committee and in the relevant data and research;

o present evidence on the effects that controlling fertility (i.e. practicing family planning) has on the health and well-being of children, women and families, to include specific consideration of the effects of:
- unintended pregnancy (mistimed and unwanted), and
- high-risk pregnancy (with risk defined to include a broad range of social and medical factors);

o present data on patterns of family planning practices in the United States and the various reasons that might help to explain the patterns observed;

o describe the range of community-based programs that have been organized in the last ten years or so to affect the practice of family planning and, to the extent possible, comment on the effectiveness of various approaches; and

o make conclusions and recommendations for policy, practice and research based on the data assembled and reviewed.

The audience for this activity is policy makers at the federal, state and local level; administrators of relevant health and social service programs, including those who are active in the fields of family planning and reproductive health generally; opinion leaders, including the media; and researchers in a position to act on the committee's research recommendations.

The Role of Planned Childbearing in the Health and Well-being of Children, Women, and Families

Committee meeting - February 14-15, 1994

The Reasons Behind the Rates

Draft Agenda

Monday, February 14

8:00 - 8:30	Continental Breakfast
8:30 - 8:45	**Overview of the Workshop**
	Leon Eisenberg, committee chair and Sarah Brown, study director
8:45 - 9:15	**The rates**
	Kristin Moore, Ph.D., Executive Director, Child Trends, Inc.
9:15 - 9:30	Discussion
9:30 - 10:15	**Theological and socially conservative perspectives**
	Allan Carlson, Ph.D., President, Rockford Institute William D'Antonio, Catholic University Frances Kissling, Director, Catholics for a Free Choice
10:15 - 11:00	Discussion
11:00 - 11:15	Break (optional)
11:15 - 12:00	**Racial and ethnic perspectives on pregnancy planning**
	Vanessa Gamble, M.D., Ph.D., Department of History, University of Wisconsin, School of Medicine Ana Dumois, Ph.D., D.S.W., Executive Director, Community Family Planning Council Kazue Shibata, Executive Director, Asian Health Concerns, Inc.
12:00 - 1:15	Lunch
	Joycelyn Elders, M.D. Surgeon General of the United States
1:15 - 2:15	Discussion of racial and ethnic perspectives on pregnancy planning

2:15 - 2:45	**Sex education and sexuality in the United States**
	Debra Haffner, Executive Director, SIECUS
2:45 - 3:15	Discussion
3:15 - 3:30	Break
3:30 - 4:00	**Contraceptive methods**
	Betty Connell, M.D. Professor of Gynecology and Obstetrics, Emory University
4:00 - 4:45	Discussion
4:45	Adjourn
6:30	Dinner, Executive Committee Session
	Ruth Katz, J.D., M.P.H. Counsel, Subcommittee on Health and the Environment, invited guest

Tuesday, February 15

8:00 - 8:45	Continental Breakfast
8:45 - 9:15	**The communications media and pregnancy planning**
	Jane Brown, Ph.D., Professor and Director of Graduate Studies, School of Journalism and Mass Communications, University of North Carolina
9:15 - 9:30	**Contraceptive advertising on television** **Public opinion polls**
	Morton Lebow, American College of Obstetrics and Gynecology
9:30 - 10:15	Discussion
10:15 - 10:30	Break
10:30 - 11:30	**The financing and delivery systems through which people get contraceptives**
	Lisa Kaeser, J.D., Senior Public Policy Associate, The Alan Guttmacher Institute Catherine Hess, M.S.W., Executive Director, Association of Maternal and Child Health Programs Leighton Ku, Ph.D., Senior Research Associate, Health Policy Center, The Urban Institute Shelly Gehshan, M.P.P., Deputy Director, Southern Regional Project on Infant Mortality

11:30 - 12:30	Discussion
12:30 - 1:00	Lunch
1:00 - 1:20	**Personal and Interpersonal Issues**
	Nancy Adler, Ph.D., Associate Professor, Health Psychology Program, University of California at San Francisco
1:20 - 2:00	Discussion
2:00 - 2:30	**What about the men?**
	Freya Sonenstein, Ph.D., Director, Population Studies Center, The Urban Institute
	Joseph Pleck, Ph.D., Senior Research Associate, Center for Research on Women, Wellesley College
2:30 - 3:15	Discussion
3:15 - 3:30	Break
3:30 - 3:45	**Overall summary - what have we missed? Where do we need to look further?**
	Jacqueline Forrest, Ph.D., Vice President of Research, The Alan Guttmacher Institute
3:45 - 4:30	Discussion
4:30	Adjourn

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9

Divider Title: _____

March 15, 1994

For Action
New Project

COMMISSION ON BEHAVIORAL AND SOCIAL SCIENCES AND EDUCATION
and
INSTITUTE OF MEDICINE

The Science of Early Childhood Programs
Board on Children and Families

SUMMARY INFORMATION:

Origin	Board
Type of Activity	Study committee
Duration	30 months
Cost	(being developed)
New Personnel/Space Required	Study director/Research associate
Potential Sponsors for Eventual Study	Consortium of public agencies and private foundations, including U.S. Dept. of Health and Human Services (Administration for Children, Youth, and Families, Maternal and Child Health Bureau, National Institute of Child Health and Human Development, National Institute of Mental Health, Carnegie Corporation of New York, Foundation for Child Development, Ford Foundation, and Packard Foundation's Center for the Future of Children; and others
Product	Committee report and interim workshop summaries, commissioned papers
Intended Audiences	Policy and program officials of federal, state, and local agencies; child development, early childhood education, and child health research communities; constituency groups concerned with child health, development, welfare, and family support
Other NRC Units Involved	Institute of Medicine Board on Health Promotion and Disease Prevention, Institute of Medicine Board oN Biobehavioral Sciences and Mental Disorders, CBASSE Committee on National Statistics

PROJECT SUMMARY:

The Board on Children and Families proposes to conduct a study to define the empirical knowledge base and conceptual frameworks that can guide efforts to integrate human service programs for children and families. The Board will appoint a study committee of up to 16

experts from relevant disciplines and practitioner communities who would meet 5 or 6 times over the course of the 30-month study. The committee will examine the relevant empirical and theoretical literature; this review would be supplemented by three workshops aimed at identifying the goals and underlying assumptions that have guided the development of discrete areas of service (e.g., health, child care, early education, treatment of disability); describing the service delivery models that have been used in these independent areas; and assessing current evidence of program effectiveness. Based on these activities, the committee will produce a report that will be subject to the usual NRC report review procedures and be submitted to the consortium of sponsors by the end of CY 1996.

The study committee will synthesize and integrate the relevant research literature for the following five service streams:

- Preventive intervention and family support for children living under conditions of poverty and/or social disadvantage
- Child care for children of working parents
- Health promotion and primary medical care for all children
- Therapeutic/educational intervention and family support for children with developmental delays or diagnosed disabilities
- Specialized mental health services for young children and/or families exhibiting significant psychopathology

The committee will apply this review to the development of a conceptual framework that can inform the goals and operation of all early childhood programs; and analyze the extent to which the core science of early childhood programs is reflected in current policy making, service delivery, professional training, and scholarly research.

In developing this study, the committee will draw upon information and expertise collected within earlier NRC studies related to this topic, including Placing Children in Special Education: A Strategy for Equity (1982), Who Cares for America's Children (1990), Effective Services for Young Children (1991), and Improving Instruction and Assessment in Early Childhood Education (1991) as well as other relevant materials from past CBASSE and IOM studies and federal, state, and local agency reports.

ORIGIN AND BACKGROUND:

Services designed to promote the health and development of young children and their families in the United States have evolved within a highly fragmented infrastructure of categorical programs and both public and private systems. Separate service streams have developed in the areas of (1) Preventive intervention and family support for poor children, (2) Child care for children of working parents, (3) Health promotion and primary medical care for all children, (4) Therapeutic/educational interventions for children with developmental delays or diagnosed disabilities, and (5) Specialized mental health services.

Each of these service domains has its own discrete programmatic and bureaucratic roots and has evolved relatively independently from the others. Each has its own political and professional constitutencies, and its own advocacy organizations. Each faces persistent questions about short-term effectiveness and long-term benefits, and relies upon its own research community and scholarly literature for answers.

Despite a long-standing tradition of independent operation, all programs designed to serve young children and their families currently face growing demands for greater integration of human service systems and a recognition of the need to define best practices in order to guide the allocation of finite public resources. These pressures, in turn, have underscored the need for a strong knowledge base to guide the design and delivery of early childhood services. Specific needs include setting standards and regulations for child care, providing mandated early intervention services for infants with disabilities, promoting quality assurance in Head Start programs, defining the core content of universal child health supervision services, designing creative approaches to the care and protection of children who have been maltreated, and addressing the health and developmental needs of young children within the context of welfare reform.

As the demand for more comprehensive approaches to unmet early childhood needs has increased, the problems inherent in our highly fragmented infrastructure of categorical services have become more pronounced. In an attempt to promote greater service integration, however, most efforts have focused on bureaucratic and political dimensions, while relatively little attention has been directed toward the articulation of a unified, underlying science of early childhood services. Consequently, considerable debate has focused on professional territorial issues, and less attention has been directed toward informed, knowledge-based discussion of the basic health and developmental needs of young children and their families.

The knowledge base that is available to guide current "state-of-the-art" early childhood programs is derived from three sources: (1) developmental theory, (2) empirical data, and (3) professional experience. Although there is lively debate among those who reflect different service experiences, a core set of theoretical and empirically-validated principles can be identified that could support a common framework for the future development of more integrated early childhood services. The following three core principles, for example, are firmly grounded in developmental theory.

- The process of human development is fundamentally transactional in nature; i.e., individuals are influenced by their life experiences and they, in turn, exert a reciprocal impact in shaping the environment in which they live,

- Early caregiving relationships have a particularly important and enduring impact on the foundations of cognitive, emotional, and social competence, and

- Intrinsic developmental vulnerability (e.g., low birth weight) can be moderated by the influence of extrinsic protective factors (e.g., a nurturant home environment) that increase the probability of positive adaptation.

In contrast to its rich theoretical underpinnings, the empirical knowledge base on the efficacy of early childhood intervention is relatively uneven. The diversity of target populations and service models that have been studied contributes to the lack of consistency in the existing data base, and much of the available literature is further compromised by methodological deficiencies. Nevertheless, several decades of credible research have generated three basic findings:

- In the absence of formal intervention, there is a predictable emergence of social class differences on standardized cognitive measures between 18 and 24 months of age,

- Well designed early intervention programs can enhance the performance of children living in poverty such that their standardized test scores remain comparable to those of their more advantaged peers, and

- Structured interventions can promote significant short-term gains on standardized cognitive measures for young children with documented developmental delays or disabilities.

A critical analysis of the underlying knowledge base that guides all early childhood programs, and the articulation of an overarching conceptual framework that informs service delivery, would provide a common lens through which multiple service streams could be evaluated, professional training curricula could be assessed, and a more focused, cross-field research agenda could be delineated. The ultimate products of such a project would include: (1) a firm foundation on which a comprehensive service system could be built, based on shared insights from normative and atypical populations, and (2) a more refined strategy for evaluating program efficacy, characterized by hypothesis-driven studies that move beyond simplistic questions about whether early childhood programs work to more targeted inquiries regarding the extent to which specific aspects of intervention promote specific outcomes for different kinds of children and families.

PROPOSED ACTIVITY:

Board on Children and Families Study Committee. As an initial step, a subgroup of the Board on Children and Families, in consultation with CBASSE and IOM, would hold a preliminary meeting to refine the scope and composition of the study committee. The Board would then appoint a study committee of up to 16 members. Among the areas of expertise proposed to be represented on this committee are the following: public health, pediatrics, developmental psychology, early childhood and special education, sociology, economics, social work, public policy, and program evaluation. Suggestions for nominations to the

committee will be sought from IOM and CBASSE board members and staff, including the IOM Board on Health Promotion and Disease Prevention, the IOM Board on Biobehavioral Sciences and Mental Disorders, and the CBASSE Committee on National Statistics. Suggestions also will be sought from relevant sponsors and national professional and child advocacy organizations that work in the service domains that will be examined by the committee.

Provisional project plans. The study committee will meet 5 or 6 times during the 30-month study, from 1 April 1994 until September 31, 1996. The committee will review the findings and conclusions of prior NRC and other comprehensive research reports and theoretical articles focused on early childhood services; will identify the goals, underlying assumptions, and delivery models that have guided the development of discrete streams of service for young children; and will assess current evidence of program effectiveness. A set of commissioned papers will be developed to supplement the research and program evaluation review.

The primary tasks of the study committee will be the following:

1) Synthesize the relevant research and theoretical literature and summarize its implications regarding the goals and underlying assumptions that have guided the development of early childhood services in the areas of early intervention for children with specific vulnerabilities due to disability, poverty, or mental health problems; non-parental child care; and health care services directed at the shared needs of all young children.

2) Characterize the different approaches to delivering services that have developed for each of these service domains, including an assessment of current evidence of program effectiveness.

3) Apply these analytic tasks to the development of a conceptual framework that cuts across service domains. This task should include specific guidelines for the application of this framework to current service integration efforts and to the design of appropriate and useful evaluations of early childhood services.

Three separate two-day workshops will be organized in the latter half of 1994 and early 1995 to facilitate the committee's work, as follows:

Program Goals and Underlying Assumptions/Conceptual Models. This workshop will be organized around commissioned papers/presentations for each of the five early childhood service streams identified above. The objective of the workshop will be to identify common program goals and to delineate shared conceptual underpinnings. Particular attention will be focused on the diverse origins of the separate service streams, their historical evolution, and the convergence of their current goals and underlying assumptions based on the existing knowledge base.

Service Delivery Models. This workshop will be organized around five parallel commissioned papers/presentations designed to describe current standards for state-of-the-art service delivery, to analyze the empirical/theoretical knowledge base upon which such standards are based, and to present the findings in an historical context that demonstrates the evolution of best practices within each respective service stream. As in the first workshop, commonalities and differences among the five program areas will be highlighted.

Current Knowledge of Program Effectiveness. Five commissioned papers/presentations will analyze available efficacy data for each service domain. Specific attention will be focused on how program impacts have been measured and what has been learned, as well as on the methodological limitations of previous research, specific problems regarding measurement technology, and the articulation of cutting edge areas for future investigation. In view of the wide diversity of target populations among the five service streams, the identification of convergent findings will be of particular interest in this third workshop.

If sufficient funding can be obtained, the study will produce stand-alone workshop summaries from each of these meetings. The final two meetings of the study committee, which will be scheduled for early and mid-1996, will be directed at finalizing the committee's final report. The final phase of the study will be devoted to NRC report review, production and dissemination of the final report and executive summary, and possible preparation of journal manuscripts summarizing portions of the report for specialty audiences.

PRODUCT AND DISSEMINATION PLAN

The final committee report is the primary product of this project, but the commissioned papers and workshop sessions will provide supplementary materials that will constitute interim information for sponsors and other interested audiences. All products will be subject to standard NRC review procedures. The project will include a series of informal progress briefings with the Board on Children and Families, and relevant CBASSE and IOM boards and committees.

Subsequent to the release of the committee report, a series of dissemination meetings will be convened to facilitate more explicit utilization of the findings. The following three formats are suggested:

Applications to Policy Making and Service Delivery. Key representatives of the policy and service provider communities could be convened to assess the extent to which current policies and practices reflect existing knowledge regarding early childhood programs. Specific discussions could focus on such timely issues as the downward extension of Head Start below age 3, the provision of early intervention services for infants with disabilities within the context of national health care reform, and integration

of early intervention and child care services for children living under conditions characterized by neglect or abuse.

Applications to Professional Training. A multidisciplinary meeting could be convened to examine the extent to which selected professional training programs incorporate the full knowledge base for early childhood programs within their standard curricula. The degree to which family issues are addressed by disciplines that traditionally have focused primarily on children (e.g., education, physical, and occupational therapy) would be of particular interest.

Applications to Research and Program Evaluation. A multidisciplinary group of established investigators and representatives of key funding agencies could be convened to address the research agenda proposed by the panel report. Major unanswered questions could be identified and priorities established for further investigation.

ESTIMATED EXPENDITURES AND SOURCES OF FUNDS:

(being developed)

COMMISSION AND INSTITUTE OF MEDICINE ACTION:

REQUESTED ACTION BY THE EXECUTIVE COMMITTEE OF THE NRC GOVERNING BOARD:

RESPONSIBLE STAFF OFFICER:

Dr. Deborah Phillips, Director, Board on Children and Families, HA 166P, ext. 1935.

ATTACHMENTS:

(1) Roster of the Board on Children and Families