

To: Mrs. Clinton
Fr: Liz Bowyer
Da: 6/7/95
Re: Background information for event with Casey Center journalists

The following is background information for your meeting tomorrow on the upcoming event with journalists from the Casey Journalism Center:

The Casey Journalism Center Conference

As you know, thirty-one print and broadcast journalists from the Casey Journalism Center are coming to the White House on Tuesday to join you in a discussion on child welfare issues. The journalists are beat reporters who cover children and family issues for newspapers and television stations around the country, ranging from the Akron Beacon Journal to the L.A. Times to ABC World News Tonight. The journalists are participating in a week-long conference sponsored by the Casey Journalism Center entitled "Protecting the Welfare of Children" at the University of Maryland. The journalists competed for fellowships to attend the conference, and most have in-depth knowledge and experience with children's issues.

The agenda for the conference falls under the umbrella of child welfare, with particular emphasis on child abuse and foster care problems, teen pregnancy, children and violence, child welfare policy, and the impact of poverty on children. The purpose of the conference is to help the journalists explore and better understand the issues they cover by interacting with experts in children and family policy. Throughout the six-day conference, the journalists are meeting with leaders in academia, the government, and the private sector, including Dr. Barry Zuckerman, Bob Greenstein from the Center on Budget and Policy Priorities, Robert Rector from the Heritage Foundation, Larry Mead from Princeton, David Ellwood and Ann Rosewater.

The conference will also explore new models of project and beat reporting, and the practical problems that journalists who cover children's issues face. A summary report of the conference will be published in the American Journalism review, a national monthly magazine. Reports from the previous two Casey Center conferences are attached, along with a list of this year's participants and a conference program.

Your Participation

The journalists will be interested in hearing how you view the condition of children in this country, and your thoughts on how we can create more economic and cultural stability for vulnerable children and their families. They will probably ask for your predictions on how proposals on the Hill will affect children (particularly welfare reform) and your opinion on how the government's role and personal responsibility should intersect.

"Protecting the Welfare of Children" 1995 Conference Fellows

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Agenda

Casey Journalism Center for Children and Families

"Protecting the Welfare of Children"

June 11-16, 1995

University of Maryland

University College Conference Center

SUNDAY, JUNE 11

6:30 p.m.

Reception: East Patio

7:00 p.m.

Keynote Speaker:

Dinner: Founders Room

Leon Dash, Reporter, *The Washington Post*,
and 1995 Pulitzer Prize winner

MONDAY, JUNE 12

(All sessions will be held in Room 2101 except where noted.

Breakfast is served in the Mount Clare Room, which opens at 7:00 a.m.)

8:30-10:00 a.m.

"Welfare Trends"

Douglas J. Besharov, Resident Scholar,
American Enterprise Institute

10:30 a.m.-Noon

"Child Poverty Trends"

Donald J. Hernandez, Chief,
Marriage and Family Statistics Branch,
U.S. Bureau of the Census

Noon-2:00 p.m.

Luncheon: Founders Room

"Poverty and Child Welfare Policy"

David T. Ellwood,
Assistant Secretary for Planning and Evaluation,
U.S. Department of Health and Human Services

3:00-5:00 p.m.

"Impact of Welfare Reform on Children and Families"

Robert Greenstein, Executive Director,
Center on Budget and Policy Priorities;
Robert Rector, Senior Policy Analyst,
The Heritage Foundation

Monday, June 12 (continued)

5:00-5:30 p.m.

"Roundtable Discussion with Fellows"

Discussion Leader:

Sara Engram, Editorial Page Director,

The Baltimore Sun, and 1993 Casey Journalism
Center Fellow

6:30 p.m.

Reception: East Patio

7:00 p.m.

Dinner: Regents Room (1110)

"Poverty and Child Health and Development"

Dr. Barry Zuckerman, Professor and Chairman,

Department of Pediatrics,

Boston University School of Medicine/Boston City Hospital

TUESDAY, JUNE 13

8:30-10:30 a.m.

"Causes and Consequences of Being Poor Across Generations"

Jeanne Brooks-Gunn, Virginia and Leonard Marx Professor,
Child Development and Education, and

Director, Center for Children and Families,

Teachers College, Columbia University;

Robert H. Haveman, John Bascom Professor of Economics and
Public Affairs, University of Wisconsin;

Lawrence M. Mead, Weinberg Visiting Professor,

Woodrow Wilson School, Princeton University

10:45 a.m.-12:30 p.m.

"Structural and Cultural Trends in Families"

Sara McLanahan, Professor of Sociology and Public Affairs,
Princeton University;

David Popenoe, Professor of Sociology,

Assoc. Dean, Faculty of Arts and Sciences,

Rutgers University

12:30-1:00 p.m.

Luncheon: Founders Room

1:00-2:45 p.m.

"Causes and Consequences of Out-of-Wedlock Births"

Rebecca A. Maynard, Trustee Professor of Education
and Social Policy, University of Pennsylvania;

Stephanie J. Ventura, Statistician,

Division of Vital Statistics, National Center for
Health Statistics;

Nicholas Zill, Vice President and Study Area Director,
Westat, Inc.

"Fixing Teen Pregnancy"

Peter Beilenson, Commissioner of Health,
Baltimore City Health Department;
Judith S. Musick, Vice Chair,
Ounce of Prevention Fund

Luncheon: Room 2110
Informal Viewing/Listening: Broadcast and Audio Fellows' Tapes

"Fixing Families"

Karen J. Pittman, Director,
President's Crime Prevention Council;
Ann Rosewater, Deputy Assistant Secretary
for Policy and External Affairs,
Administration for Children and Families,
Department of Health and Human Services

"Fixing Child Welfare Systems"

Phyllis R. Bronson, former Acting Director,
Maryland Service Reform Initiative, and Senior Associate,
Center for the Study of Social Policy;
Marcia Robinson Lowry, Director,
ACLU Children's Rights Project;
Paul Vincent, Director,
Alabama Department of Human Resources,
Division of Family and Children's Services

"Roundtable Discussion With Fellows"

Discussion Leader:
Martha Shirk, Reporter,
St. Louis Post Dispatch, and 1994
Casey Journalism Center Fellow

Dinner and graduation: Chesapeake Room

Open bar: Chesapeake Room and adjoining courtyard

"The Media and Child Welfare Systems"

Jess McDonald, Director,
Illinois Department of Children and Family Services;
Benjamin Wolf, Director, Children's and Institutionalized
Person's Project, ACLU of Illinois;

Friday, June 16 (continued)

Rob Karwath, Assistant Metropolitan Editor,
The Chicago Tribune;
Steven M. Gorelick, Assistant to the President and Adjunct
Professor of Communications, Graduate School and
University Center, City University of New York;
Richard Wexler, Assistant Professor
of Communications, Pennsylvania State University, and
Vice President, National Coalition for
Child Protection Reform

10:30-11:00 a.m. Please check out and store bags

11:00 a.m.-12:30 p.m. *"Covering Child Welfare Issues"*

Pam Curry, Reporter and Special Projects Producer,
WFAA-TV, Dallas;
Jane Daugherty, Associate Editor/Children First,
Detroit Free Press;
Martha Shirk, Reporter,
St. Louis Post-Dispatch

12:30-1:30 p.m. Luncheon: East Patio

1:30-3:30 p.m. *"Getting Good Data"*

Brett Brown, Research Associate,
Child Trends, Inc.
Patricia Donovan, Senior Associate for Law and Public
Policy, Alan Guttmacher Institute;
Bill O'Hare, KIDS COUNT Coordinator,
Annie E. Casey Foundation

—End of Conference—

(Please Turn In Your Evaluation Forms)

*A report on a conference on the family
beat, sponsored by the Casey Journalism
Center for Children and Families.*

COVERING CHILDREN



Attorney General Janet Reno with Casey Journalism Center fellows

The American Family

The setting was a major university campus in Maryland: the first conference of the new Casey Journalism Center for Children and Families. Thirty journalists who cover children's and family issues gathered for three days of discussion about their specialty. Just a few miles away in Washington, D.C., urgent news was providing a tragic backdrop for the conference, "The American Family: A Tradition Under Siege."

Four youths were shot with handguns in a few hours' time over the course of a Saturday afternoon. One of the victims was a four-year-old girl, fatally shot in the head while watching a neighborhood playground football game.

The mission of the 30 journalists, chosen from 166 applicants and awarded Casey Center fellowships to attend the conference, was to better understand the complex forces that shape children's lives today.

But they also took a hard look at the way news organizations cover children's issues. More and more, newspapers, magazines and broadcast organizations are covering children and family issues as serious beats. The beat is on the front lines of pivotal national issues—and on the front pages. Some newspapers are even going a step further, launching "crusades" on behalf of disadvantaged children.

This summary of the conference was funded by the Casey Journalism Center and was written by its director, Cathy Trost, a former children's beat reporter for the Wall Street Journal. The 30 journalists and 27 guest speakers represented the first of an annual series of such conferences, conducted by the Casey Journalism Center for Children and Families at the University of Maryland College of Journalism.

Photos by John De Fabbio.

Conference Speakers

(in order of appearance)

Janet Reno, U.S. Attorney General

Douglas W. Nelson, executive director, Annie E. Casey Foundation

Charles Bruner, director, Child and Family Policy Center, Des Moines

Susan Kelly, program director, FAMILIES FIRST, Michigan Department of Social Services

John R. Schuerman, professor and faculty associate, The Chapin Hall Center For Children, University of Chicago

Bert L'Homme, executive director, City Lights School, Washington, D.C.

Robin Keys, caseworker, City Lights School

Lisbeth B. Schorr, director, Project on Effective Services, Harvard University

Irwin Redlener, M.D., director of community pediatrics, Montefiore Medical Center in the Bronx, N.Y.; vice chairman of the Health Professions Review Group of the President's Task Force on National Health Reform

Barbara Dafoe Whitehead, research associate, Institute for American Values, New York City

Norval D. Glenn, Ashbel Smith professor of sociology and Stiles professor in American Studies, University of Texas at Austin

Andrew Billingsley, chair, department of family studies, University of Maryland at College Park

Hope Hill, assistant professor, department of psychology, and director, Violence Prevention Project, Howard University

William A. Galston, deputy assistant to the President for domestic policy

Bruce Reed, deputy assistant to the President for domestic policy, and co-chair, Clinton Administration Working Group on Welfare Reform, Family Support and Independence

Jonathan Freedman, Pulitzer Prize-winning journalist and author of "From Cradle To Grave: The Human Face of Poverty in America"

Sister Mary Geraldine, Center For Family Life, Sunset Park, N.Y.

Edward Tetelman, director, Office of Legal and Regulatory Affairs, and overseer, School Based Youth Services Program, New Jersey Department of Human Services, Trenton, N.J.

Nancy Woodhull, president, Nancy Woodhull & Associates, Pittsford, N.Y.-based media consulting firm, and a founding editor, USA Today

Rebecca Chase, correspondent, ABC World News Tonight's "American Agenda"

Heath J. Meriwether, executive editor, Detroit Free Press

Steve Knickmeyer, deputy city editor for special projects, Arizona Republic, Phoenix

Leslie Baldacci, family beat reporter, Chicago Sun-Times

Kathy Williams, Women/Family/Children editor, Virginian-Pilot and Ledger-Star, Norfolk

Albert R. Hunt, executive Washington editor, Wall Street Journal

Nora Paul, library director and faculty, Poynter Institute for Media Studies, St. Petersburg, Florida

Eugene L. Roberts Jr., University of Maryland journalism professor and former executive editor, Philadelphia Inquirer

THE CHILDREN'S BEAT

As the children's beat grows, journalists face vexing issues. Should the media be advocates for children, and if so, how far should they go? What are the ethical issues involved in interviewing children and families? How do journalists get past the "crisis story of the week" and develop richer, more complex stories about the interlinking web of problems facing children today?

Journalists at the conference also traded practical information about covering the beat, and expressed deep concerns about its status, longevity, management support and story play.

The message to journalists from conference speakers was candid and tough: Your stories are often too simple and narrow. You need to write complex stories that really educate the public about the underlying roots of the crisis facing children. Put their problems in context. Bust through stereotypes. Write about people and programs that work. Don't just swoop into impoverished neighborhoods after the latest drive-by shooting, but stick around to see what is like on a daily basis.

"Accept complexity, embrace complexity," urged Lisbeth B. Schorr, director of Harvard University's Project on Effective Services. Added Sister Mary Geraldine, director of the Center for Family Life in Sunset Park, New York, a neighborhood-based family support program. "Quick and easy and fast stories that are sensational, you will never get from us. It is just not fair to the families and the children."

Douglas W. Nelson, executive director of the Annie E. Casey Foundation, said it is necessary "to push much more than we have for explanatory meaning. What makes these pregnancy numbers understandable? What is behind these abuse and neglect trends? Where does this growing violence originate?"

Schorr conceded that encouraging more complex stories "may be an impossible thing to say to journalists who are forever being pushed by their systems to make things simpler." But she said journalists make an "enormous contribution" when they conduct in-depth examinations.

Many speakers fretted that it takes the death of an abused or kidnapped child to get on the media's radar screen—and even then the reporting is often sensational and superficial.



Above: the Philadelphia Inquirer's John Woestendiek, ABC's Rebecca Lipkin and Congressional Quarterly's Jeffrey Katz; right, Howard University's Hope Hill

"You have got to make your stories about children shorter.... There is a tendency of America not to read beyond the front page."

—Attorney General Janet Reno

"When I was thinking about coming to talk to you I thought about, 'How do we get them not to write a big piece when a kid dies in foster care?'" said Schorr. "I decided the answer is you cannot. That is news." But she urged the journalists to "go back several steps" on the story to find out how and why the system failed the child. "Because when most people begin to understand it is not just rotten people that cause rotten things to happen, but it is the way we organize ourselves that is not working, maybe they would become more receptive to proposals for reform," she said.

Speakers voiced another common perception—no one wants to write about good news. Journalists generally



"would much rather hear about the problems than they would about the successes," said Edward Teitelman, who oversees New Jersey's School Based Youth Services Program.

Get out and talk to children, many speakers urged. "Get children's authentic experiences.... Try to see it in the child's eyes. Let them tell you," said Hope Hill, director of the Howard University Violence Prevention Project.

Attorney General Janet Reno echoed the call for more comprehensive reporting about children's problems. Then she waded hip-deep into the debate engaging newsrooms everywhere over story lengths and reader-friendliness. "You have got to make your stories about children shorter....," she warned. "There is a tendency of America not to read beyond the front page."

Journalists at the conference said their news organizations are increasingly recognizing the importance of the beat—and media audiences are responding. "There is a hunger out there for constructive news," said Rebecca Chase, a correspondent with ABC World

The American Family

News Tonight's "American Agenda." "I think people want to know that there is something that can be done about these very, very tough problems."

But many spoke of the constant tension between daily demands and the need for longer-range thinking. "The big picture stories, the in-depth series, they are all luxuries to us. And when we are chasing a big story with daily developments it is very hard to see out of the trenches," said Leslie Baldacci, who launched the Chicago Sun-Times' families beat three years ago.

Many reporters said their organizations would simply never give them the time to do what Sister Geraldine said a reporter from Time magazine did before writing a story on her center. "He almost lived with us for two months," she said.

Shrinking resources and leaner staffs can limit coverage in other ways, too. "We do not have a single reporter in our city who exclusively covers juvenile court," added Baldacci, "and I bet that is true in most of your cities, too."

Despite the common perception that they're only after bad news, journalists said they are eager to write positive stories about model programs and policies that improve the lives of children and families. But they want to avoid endorsing trends that may not pan out.

At the same time, the journalists spoke about roadblocks that keep them from writing more complex stories about the nation's troubled child welfare and juvenile justice systems.

Child welfare and juvenile court officials are often barred from divulging information about children, but many reporters think confidentiality rules go too far. Child welfare officials "see us as the enemy," said Mary Loftus, assistant city editor of the Ledger in Lakeland, Florida.

"I think there are a lot of people protecting failures within the bureaucracy, and children are dying," said ABC's Chase. She added that there are ways to protect privacy while opening the system to "some sunshine."

Randi Bjornstad, a reporter with the Register-Guard in Eugene, Oregon, noted that problems in her state's child welfare system led to an overhaul, including less rigorous confidentiality rules and more oversight. Steve Knickmeyer, the Arizona Republic's deputy city editor for special projects, urged journalists to "be aggressive in fighting confidentiality abuses. If you think they exist, go after them. Hell, you have all got lawyers!"

And though many journalists said public response to their stories and projects has been positive, some described problems with apathetic readers. Sara Engram, editorial page director of Baltimore's Evening Sun, noted how difficult it can be to get readers—and society as a whole—to focus on children's problems. She recalled two stories that ran in the Sun on the same day: One was about the family of a child who had been battered to death; the other was a pet column about two abandoned kittens. "We had 80 calls about the cats and not a single call about the child's family," she said.

BUST THROUGH STEREOTYPES

The political battle over family values has been a hot story in recent years as journalists chronicled the debate about

the changing American family and what it means for the healthy development of children. Vice President Dan Quayle's negative remarks last year about television's most famous single mother, Murphy Brown, touched off an explosion of stories about single-parent vs. two-parent families.

Barbara Dafoe Whitehead, research associate at the Institute for American Values in New York City, criticized the way the debate has typically been covered by reporters. (Whitehead's own Atlantic Monthly cover story last spring, headlined "Dan Quayle Was Right," summarized the growing social science evidence that, on average, intact two-parent families are better for children.)

She cited two "formulaic" stories favored by the media: Ozzie and Harriet vs. Murphy Brown, which usually pits a

THE STATUS OF AMERICA'S CHILDREN

During hours of policy discussions at the Casey Journalism Conference there was no argument about one fact: The well-being of American children is declining. William A. Galston, deputy assistant to President Clinton for domestic policy, described some causes of this decline, including the fact that education levels have dropped sharply since the mid-1960s; violent crime and homicide among youths has significantly increased, as has the rate of child poverty.

Several speakers noted that roughly one-fourth of all births and about two-thirds of African American births are out of wedlock. But the out-of-wedlock birth rate is going down in the African American population, while it is rising sharply among the white non-Hispanic population.

There are also rising reports of child abuse and neglect. Charles Bruner, director of the Child and Family Policy Center in Des Moines, noted there has been a 53 percent increase in reported cases of child abuse and neglect in the past decade, and about one-half million children are now in out-of-home placements.

But many experts said it is important for journalists not to focus on single issues or statistics. Look at the whole fabric of a child's life in context, they urged, to avoid "the partialization of solutions." Look at causes and not just effects.

There was less agreement about how to solve problems facing children.

Barbara Dafoe Whitehead of the Institute for American Values said there is growing consensus that family disruption is harmful to children. But there is continuing debate over how much harm children suffer and how long the damage lasts, and whether it's best to cushion the effects on children by building a stronger social safety net, or by trying to change values and behavior.

Marriage is becoming less central in people's lives, said Professor Norval Glenn of the University of Texas. As a result, many traditional family functions "are simply not being performed as well today as they were 20 years ago, 30 years ago." He sees evidence, however, that negative marriage trends are about to reverse.

Andrew Billingsley, chairman of the University of Maryland's Department of Family Studies, held out little hope that family structural trends will reverse course. "I believe that we are not going to be able to go back to the time when married couple families with their own children are the dominant form," he said.

"So I think the way to go in the future is not to try to put, as [Daniel Patrick] Moynihan did in 1965, a man in every house." He said institutions and alternative structures must be built to help care for children. ✦

traditional 1950s family against a single working mother and "typically overstates and exaggerates one of the dramatic changes in American family life." She said this story usually includes "one of the most common phony statistics in journalism"—that the traditional Ozzie and Harriet-style family headed by an employed father and stay-at-home mother "represents only 10 percent or 8 percent, or I've even seen 6 percent, of all family households in America." In fact, it's closer to 25 percent or 30 percent, she said. The second story sets out "competing explanations for children's declining well-being" as economic change vs. cultural change, she said, when in fact "both play a part in the story."

Whitehead urged reporters to focus on real evidence of family trends, "rather than simply reflecting the political fault lines in the family structure debate."

Some speakers said the media can actually play a role in changing the cultural and moral values of Americans—a notion which makes some journalists

"We want to be a part of a journalism that stands for something. We stand for children."

—Heath J. Meriwether,
executive editor,
Detroit Free Press

uncomfortable. Journalists can and should work to bring about changes in the attitudes and values of readers "that will make things much better for children and American society," said Norval D. Glenn, professor of sociology at the University of Texas at Austin.

Indeed, Glenn believes the media "aided and abetted" changes in values in the 1960s and 1970s that were "destructive to families."

Many speakers urged journalists to look at strengths in communities, not problems, and get beyond "us vs. them" thinking by showing how everyone in society has a stake in helping children grow into healthy, productive



Left, the Detroit Free Press' Jane Daugherty, the Chicago Sun-Times' Leslie Baldacci; right, the University of Maryland's Andrew Billingsley and Barbara Dafeo Whitehead of the Institute for American Values

citizens. If journalism doesn't explain why problems are occurring, there is a risk of people using racial and ethnic stereotypes as explanations.

Hope Hill of Howard University urged reporters not to go to neighborhoods only in times of trouble. "The nation has never seen those communities in any other time and never knows what...support systems exist there," she said. "Spend quality time with children and families who are making it despite the odds, and report on their stories."

At the same time, Hill called for a partnership between the press and researchers to communicate the devastating toll violence is taking on the physical and mental resources of America's youth. "I have seen a whole country of people become desensitized to death," she said.

"The major power you have is to make people feel uncomfortable," she told the journalists. "What you want to make people understand is there are children in Southeast Washington who witness 10 homicides a year. They have to grow up and your children are going to come into contact with them and it might be in the Safeway. When you bump up against them, they don't turn around and give you a nasty look, they turn around and do something. Somehow we have to tell people...that we are all interconnected."

NEW MODELS

The good news is that there is a surge of interest in reporting on children's and family issues all over the country. A Casey Journalism Center survey of 61 newspapers and news services shows that more than half have added children's and/or family beats in the last three

years, and these are cited as the newest, front-burner issues to which editors are trying to devote more space and resources. But many newsrooms still give the subject short shrift, and reporters struggle for space and attention.

Journalists at the conference wanted to know how to convince their newsrooms that children are a serious subject, worthy of serious coverage. There were other concerns. Should there even be a specific "children's beat"? Should it focus just on at-risk families, or the struggles of middle class families, too? What about the common perception that the "children's beat" is a low-status beat compared with covering politics or economics? Do reporters covering these issues have management support and good story play? Or do they fight turf wars every day for the right to space and stories?

And by the way, where are all the men? (Only 26 of the 166 applicants for fellowships to the conference were men; five of the 30 journalists attending the conference were men). The beat is dominated by women, sparking concern about marginalized status and pay. And what about their own children? Many journalists believe their jobs require them to spend too much time away from their own families.

Albert R. Hunt, executive Washington editor of the Wall Street Journal, told conference participants that coverage of children's and family issues is "incredibly important. It is going to affect what kind of society we have 20 or 30 years from now and it is every bit as important as writing about politics or current affairs or economics, and probably more so." Eugene L. Roberts Jr., a University of Maryland journalism

THE PLAGUE OF VIOLENCE

Homicide has become the leading cause of death among young African American men, according to Hope Hill of the Violence Prevention Project at Howard University. "We are literally witnessing a holocaust in our midst. Primarily of young African American and Latino youth," Hill said.

But beyond that chilling statistic are the scores of children who routinely witness violence, and carry indelible emotional and developmental scars.

She outlined a string of interlinking causes for the rise in violence: "kids who may have never seen or had a supportive family, who for the most part have been raising themselves" combined with the fact that "young people see up to 43,000 homicides on television before the age of 17." In addition, "many kids simply do not think anybody else outside their neighborhood knows or cares."

Without a safe, secure environment, it is difficult for children to develop the trust and bonds needed to

form healthy adult relationships. "You will hear many adolescents say today, 'I do not have a best friend. I only have associates,'" she said.

"I think it will particularly touch your heart when you are counseling a 14-year-old who tells you that when he dies he is going out hard, meaning that he is going to kill as many people as he can because he knows that he is going to get killed," said Robin Keys, a caseworker at City Lights School in Washington, D.C.

Attorney General Janet Reno backs steps to limit guns but said that's not the only answer. "We have got to raise children to disdain guns," she said.

She and others stressed the need to prevent problems that contribute to violent outcomes by building a comprehensive "continuum" of support for children, ranging from good prenatal care to parenting classes, quality day care and education, while also developing businesses and jobs in communities to provide an economic base for families. ♣

the problems, we needed to do something about making solutions happen." Both the Free Press and the Republic have mounted continuing, comprehensive newsroom efforts involving all news departments, plus the editorial page. Both papers encourage volunteerism and run boxes with stories outlining ideas for ways to help. Both papers are trying to be catalysts for change in their communities, too.

A REAL ATTENTION SPAN

"In our newsroom, at news meetings everyone asks how a story would affect children," says Meriwether. As part of coverage of Detroit's hotly contested mayoral race last year, the Free Press ran a page one story detailing each candidate's proposals involving children. The paper also tries to include stories about solutions. When 11 children were shot in Detroit schools in one day, Meriwether noted that the paper also did a story about conflict resolution programs that seek to reduce violence.

"We have developed a real attention span," said Meriwether.

Both projects have touched a chord with readers, community leaders and politicians, the editors said. "It makes a connection to your community that is palpable, that your publisher will feel," said Meriwether.

But some journalists saw potentially dangerous conflicts.

Jeffrey Katz, social policy reporter for Congressional Quarterly, raised two concerns: "What is to keep journalists from using children as mascots, or poster children, if you will, for whatever the cause of the day is?" he asked. "And if journalists are supposed to be advocates for these causes...we are not always the most accurate arbiters of what works."

Jane Daugherty, associate editor for Detroit's "Children First" project, said she had been an investigative reporter for most of her career and "this is harder than that because you have to be vigilant all the time. You do not want to use kids and you do not want your news organization to get used."

At ABC News, the mission of "American Agenda" is to do "solution-oriented stories," according to Chase. But she said the news segment has learned that it isn't good enough to highlight model programs, and now is focusing on obstacles to change with stories about "why is it so hard to get people off welfare? Why is it we cannot get violence under control?" She noted

professor and former executive editor of the Philadelphia Inquirer, called it "a rich beat," sweeping in scope and "intrinsically exciting."

"I think my job is the best job in network TV," said ABC's Rebecca Chase, who said she does stories about "cutting edge issues" like welfare, teen pregnancy, juvenile delinquency and child abuse. But the beat can be diminished by how it's defined, she warned. "You say 'family' and people think you are doing just tea parties and kids, you know, Barney stories or something."

Several models of innovative reporting on children's issues were spotlighted at the conference. They include ABC's "American Agenda," the Detroit Free Press' "Children First" project, the Arizona Republic's "Saving Arizona's Children" project and the Norfolk Virginian-Pilot and Ledger-Star's new Women/Family/Children team.

The Detroit Free Press and Arizona Republic have launched crusading newspaper campaigns in their states to draw attention to the plight of children and build a consensus for change.

Some journalists think these crusades smack of advocacy and overstep traditional lines of objective reporting. But

editors from both newspapers vigorously defended the integrity of their work while calling for new thinking about journalism's role.

"There has to be room in our definition of journalism that allows us to get involved and to truly care about what we are writing about," said Heath J. Meriwether, executive editor of the Free Press. "I call it a journalism that stands for something. We stand for children. We stand for the voiceless, for the underrepresented, and we are unashamedly advocates for their cause."

But both editors insist that advocacy doesn't mean sacrificing aggressive reporting and objectivity.

The Arizona Republic's Knickmeyer said advocacy journalism increases a reporter's responsibility "to do an accurate, objective job. Your opinions are still in the opinion page."

"Crusades are okay, we can go for things, we can fix things and make them better."

Both projects were launched last January with prominent publishers' letters. Free Press Publisher Neal Shine wrote that the paper had decided "to be more than just a keeper of the statistics—that instead of only reporting



Conference participants Celeste Williams, Barbara Vobejda, Deborah Cohen, Randi Bjornstad and Sharon Case Randall

increasing pressures generated by tabloid-style television to do more dramatic stories.

Solutions to all kinds of problems are what really connect with readers. The *Virginian-Pilot and Ledger-Star* in Norfolk dispatched a team of reporters to do a massive investigation of Virginia's day care regulations. They spent several months collecting thousands of inspection and complaint records, doing interviews, and building them into a database to spot trends.

"Parents were really starved for this kind of in-depth information," said Kathy Williams, an editor on the project.

Out of that project came the idea for a permanent reporting team on children's issues. After repeated planning meetings, the reporters successfully pitched the idea to management. The new five-member Women/Family/Children team headed by Williams covers everything from troubled families to rating the best playgrounds in the area.

Though projects like these enjoy management support and prominent play, many reporters still feel the beat is viewed as less important than others in the newsroom.

David Fritze, the lead writer for the *Arizona Republic's* project, said it is important to get more men writing about children's issues but "the irony is that there is less of a status.... It certainly does not have the respect or esteem that most other beats do."

Sharon Case Randall, a feature writer for the *Monterey County Herald* in California, said management backs her stories but "most of the men I

work with in the newsroom have the mindset that we are doing these stories not because they are important issues but because they will sell papers."

But other reporters disagreed. "I do not feel marginalized. I do not agree at all that it is looked down on or is getting less attention," said John Woestendiek, a Pulitzer Prize-winning reporter with the *Philadelphia Inquirer*.

SELLING THE BEAT

So you want to cover the children's beat, but your newspaper or broadcast station doesn't seem too interested? You write about the issues when you can, but you're loaded down already with two other beats. Developing these stories can be time-consuming. "Kids are not on Rolodexes," said Linda Matchan, a reporter with the *Boston Globe*.

Eugene Roberts advised reporters to build a case "before trying to sell the idea of a complete beat." Make the case first that there are a number of stories to be done for a considerable period of time, he said, while gradually getting editors more used to the idea. They'll eventually "be much more likely to embrace the idea of a full time beat."

He acknowledged that "getting any institution to do the right thing is sort of constant guerrilla warfare." But because the beat is so important, "I think you have a real shot of building it permanently into the structure of newspapers if you are given a chance."

Nancy Woodhull, president of a media consulting firm and a founding editor of *USA Today*, advised reporters to build a case for the beat "from a bottom line point of view." Because women's readership is declining, appeal to a news

REBUILDING FAMILIES

Attorney General Janet Reno said communities working together with the federal government must come up with comprehensive approaches to establish "a national agenda for children." Her agenda would include reducing teen pregnancy, freeing parents to spend more time with their children, providing preventive medical care for children, investing in the critical first three years of a child's life with quality health care, child care, nurturing environments and school reform, and reducing domestic violence to break cycles repeated from generation to generation.

"I have become convinced that unless we focus on children we will never be able to build enough prisons 18 years from now," she warned. "We will not have a workforce 15 years from now with the skills necessary to fill the jobs or maintain America as a first great nation."

Many experts stressed the need for solutions that are community-based, collaborative and family centered.

Dr. Irwin Redlener, director of Community Pediatrics at Montefiore Medical Center in the Bronx, said it is urgent that we work quickly to accomplish change for children. "It is only at the greatest cost that you can get even a minimal return to where you should be if you try to make things up that were missed in early childhood," he said.

William A. Galston, assistant to the president, pointed to the Clinton administration's early success in winning passage of a family leave law, expanding the earned income tax credit to aid poor working families, expanding nutrition, food and Head Start programs, and a new immunization program, while laying the groundwork for health care, welfare and education reform. But he said a two-track approach is needed. "Family values will not feed a hungry child, the president said, but without personal responsibility all the federal programs in the world are likely to be of little avail." ♦

organization's self-interest.

"News is still defined by very much of a traditional man's approach to news. It is a white man's world still," she said. But what women feel about how the family and children fit in is tremendously important in whether a newspaper, TV show, magazine or radio show is connecting with them or not."

That doesn't mean "dumbing down" to women, she cautioned, but recognizing that they are interested in a broad array of issues, from health care reform to local school news. Woodhull also urged reporters to get involved in the ways their news organizations cover issues—and speak out about problems. "I say force yourself into news meetings if you are not invited," she said. "And go into that news meeting with your kid hat on."

"One of the things I hear when I go into newsrooms, especially from women, is that 'I hate to bring up stories to do with women or children because I feel as if I am being accused of being the resident feminist or resident mommy,'" she said. But she urged journalists to realize the importance of the beat. "You are writing about the future."

WHAT ABOUT YOUR OWN KIDS?

"One of the great ironies of my life," said the Arizona Republic's Knickmeyer, "is that I am saving Arizona's children and I never see my own."

The more compelling the beat becomes to a newspaper, the harder it is for reporters to get home at night. Journalists at the Casey Conference spoke poignantly about how the demands of the news business restrict time with their own families and lead to burnout and stress.

Mary Loftus, the mother of a toddler, said she writes sometimes about her own life in her column for the Ledger in Lakeland, Florida. "I think I fictionalize most of it because I cannot remember what it is like to have a husband and son," she said.

Catherine Clabby, a reporter for the Times Union in Albany, New York, said people in her newsroom have left the paper in order to spend more time with their children. "We are losing their voices," she said. "If they had a more flexible schedule they might have stayed at the newspaper."

Norfolk's Kathy Williams said she was so busy on the paper's five-month-long day care investigation that she rarely saw her young son. Afterwards, she was reading him "Bambi" one night before bed. "Daniel," she asked him, "do you understand what happened to Bambi's mother?"

"He said, 'Yes, she went back to the newsroom.'"

Some talked about how the newsroom culture is slowly improving. The Detroit Free Press, for example, paid for a nursing reporter and her mother to fly to a children's conference so the reporter could take her infant with her. (It was also cheaper for two to fly and stay over a Saturday night.)

Journalists left the conference on a high note of optimism about the future of the beat.

"I think the most revolutionary idea that you could take back to your newsrooms in this sound-bite world is that on children, we are here to stay," said Detroit editor Meriwether. "If you do nothing else, convince your editors and publishers that...this is not just this year's hot subject but this is something enduring." ★

Thirty Fellows Selected for the Casey Journalism Center Conference

Pam Adams, Journal Star, Peoria, Ill.

Leslie Baldacci, Chicago Sun-Times

Randi Bjornstad, Register-Guard, Eugene, Ore.

Matthew Bowers, Virginian-Pilot, Norfolk

Catherine Clabby, Times Union, Albany

Deborah Cohen, Education Week, Washington, D.C.

Claudia Hampston Daly, WCAL-FM, Northfield, Minn.

Jane Daugherty, Detroit Free Press

Alison Delsite, Beaver County Times, Beaver Falls, Pa.

Leslie Dreyfous, Associated Press, New York

Roberta de Boer Durham, The Blade, Toledo, Ohio

Sara Engram, Evening Sun, Baltimore

Margie Fisher, Roanoke Times & World News, Va.

Beth Frerking, Newhouse News Service, Washington, D.C.

David Fritze, Arizona Republic, Phoenix

Diane Granat, Washingtonian, Washington, D.C.

Gail Stewart Hand, Grand Forks Herald, N.D.

Jeffrey Katz, Congressional Quarterly, Washington, D.C.

Rebecca Lipkin, ABC World News Tonight's "American Agenda," Washington, D.C.

Mary Loftus, The Ledger, Lakeland, Fla.

Charles Madigan, Chicago Tribune

Carla Marinucci, San Francisco Examiner

Linda Matchan, Boston Globe

Mary Mohler, Ladies' Home Journal, New York

Laurie Petrie, Cincinnati Post

Sharon Case Randall, Monterey County Herald, Monterey, Calif.

April Saul, Philadelphia Inquirer

Barbara Vobejda, Washington Post

Celeste Williams, Milwaukee Journal

John Woestendiek, Philadelphia Inquirer

WHAT'S THE CASEY JOURNALISM CENTER FOR CHILDREN AND FAMILIES?

It's a new national resource for journalists who cover children and family issues. Its mission is to enhance reporting about the issues and institutions affecting disadvantaged children and their families. The center, which operates out of the University of Maryland College of Journalism, is funded by the Annie E. Casey Foundation, the nation's largest philanthropy dedicated exclusively to disadvantaged children. The center is a nonpartisan, independent group with a national advisory board of journalists and experts on children's issues. The center conducts an annual conference for print and broadcast journalists, and administers a journalism awards program for distinguished reporting. The center also publishes a quarterly newsletter, "The Children's Beat," highlighting quality journalism on children's and family topics. It also assists journalists by providing information about programs and trends from a database of experts on a wide variety of children's issues. To apply for a fellowship covering most costs of attending the Casey Journalism Center's 1994 conference, write Cathy Trost, director, Casey Journalism Center, College of Journalism, University of Maryland, College Park, Md. 20742-7111. (301) 405-2482.

Agenda

Casey Journalism Center for Children and Families

"Protecting the Welfare of Children"

June 11-16, 1995

University of Maryland

University College Conference Center

SUNDAY, JUNE 11

6:30 p.m.	Reception: East Patio
7:00 p.m.	Dinner: Founders Room
Keynote Speaker:	Leon Dash , Reporter, <i>The Washington Post</i> , and 1995 Pulitzer Prize winner

MONDAY, JUNE 12

(All sessions will be held in Room 2101 except where noted.

Breakfast is served in the Mount Clare Room, which opens at 7:00 a.m.)

8:30-10:00 a.m.	<i>"Welfare Trends"</i> Douglas J. Besharov , Resident Scholar, American Enterprise Institute
10:30 a.m.-Noon	<i>"Child Poverty Trends"</i> Donald J. Hernandez , Chief, Marriage and Family Statistics Branch, U.S. Bureau of the Census
Noon-2:00 p.m.	Luncheon: Founders Room <i>"Poverty and Child Welfare Policy"</i> David T. Ellwood , Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services
3:00-5:00 p.m.	<i>"Impact of Welfare Reform on Children and Families"</i> Robert Greenstein , Executive Director, Center on Budget and Policy Priorities; Robert Rector , Senior Policy Analyst, The Heritage Foundation

Monday, June 12 (continued)

5:00-5:30 p.m.

"Roundtable Discussion with Fellows"

Discussion Leader:

Sara Engram, Editorial Page Director,
The Baltimore Sun, and 1993 Casey Journalism
 Center Fellow

6:30 p.m.

Reception: East Patio

7:00 p.m.

Dinner: Regents Room (1110)

"Poverty and Child Health and Development"

Dr. Barry Zuckerman, Professor and Chairman,
 Department of Pediatrics,
 Boston University School of Medicine/Boston City Hospital

TUESDAY, JUNE 13

8:30-10:30 a.m.

"Causes and Consequences of Being Poor Across Generations"

Jeanne Brooks-Gunn, Virginia and Leonard Marx Professor,
 Child Development and Education, and
 Director, Center for Children and Families,
 Teachers College, Columbia University;
Robert H. Haveman, John Bascom Professor of Economics and
 Public Affairs, University of Wisconsin;
Lawrence M. Mead, Weinberg Visiting Professor,
 Woodrow Wilson School, Princeton University

10:45 a.m.-12:30 p.m.

"Structural and Cultural Trends in Families"

Sara McLanahan, Professor of Sociology and Public Affairs,
 Princeton University;
David Popenoe, Professor of Sociology,
 Assoc. Dean, Faculty of Arts and Sciences,
 Rutgers University

12:30-1:00 p.m.

Luncheon: Founders Room

1:00-2:45 p.m.

"Causes and Consequences of Out-of-Wedlock Births"

Rebecca A. Maynard, Trustee Professor of Education
 and Social Policy, University of Pennsylvania;
Stephanie J. Ventura, Statistician,
 Division of Vital Statistics, National Center for
 Health Statistics;
Nicholas Zill, Vice President and Study Area Director,
 Westat, Inc.

Thursday, June 15 (continued)

9:45-11:45 a.m.

"Fixing Teen Pregnancy"

Peter Beilenson, Commissioner of Health,
Baltimore City Health Department;
Judith S. Musick, Vice Chair,
Ounce of Prevention Fund

Noon-1:30 p.m.

Luncheon: Room 2110
Informal Viewing/Listening: Broadcast and Audio Fellows' Tapes

1:30-3:00 p.m.

"Fixing Families"

Karen J. Pittman, Director,
President's Crime Prevention Council;
Ann Rosewater, Deputy Assistant Secretary
for Policy and External Affairs,
Administration for Children and Families,
Department of Health and Human Services

3:00-5:00 p.m.

"Fixing Child Welfare Systems"

Phyllis R. Brunson, former Acting Director,
Maryland Service Reform Initiative, and Senior Associate,
Center for the Study of Social Policy;
Marcia Robinson Lowry, Director,
ACLU Children's Rights Project;
Paul Vincent, Director,
Alabama Department of Human Resources,
Division of Family and Children's Services

5:00-5:30 p.m.

"Roundtable Discussion With Fellows"

Discussion Leader:
Martha Shirk, Reporter,
St. Louis Post Dispatch, and 1994
Casey Journalism Center Fellow

7:00 p.m.

Dinner and graduation: Chesapeake Room

8:30-9:30 p.m.

Open bar: Chesapeake Room and adjoining courtyard

FRIDAY, JUNE 16

8:30-10:30 a.m.

"The Media and Child Welfare Systems"

Jess McDonald, Director,
Illinois Department of Children and Family Services;
Benjamin Wolf, Director, Children's and Institutionalized
Person's Project, ACLU of Illinois;

Friday, June 16 (continued)

Rob Karwath, Assistant Metropolitan Editor,
The Chicago Tribune;
Steven M. Gorelick, Assistant to the President and Adjunct
Professor of Communications, Graduate School and
University Center, City University of New York;
Richard Wexler, Assistant Professor
of Communications, Pennsylvania State University, and
Vice President, National Coalition for
Child Protection Reform

10:30-11:00 a.m. Please check out and store bags

11:00 a.m.-12:30 p.m. *"Covering Child Welfare Issues"*

Pam Curry, Reporter and Special Projects Producer,
WFAA-TV, Dallas;
Jane Daugherty, Associate Editor/Children First,
Detroit Free Press;
Martha Shirk, Reporter,
St. Louis Post-Dispatch

12:30-1:30 p.m. Luncheon: East Patio

1:30-3:30 p.m. *"Getting Good Data"*

Brett Brown, Research Associate,
Child Trends, Inc.
Patricia Donovan, Senior Associate for Law and Public
Policy, Alan Guttmacher Institute;
Bill O'Hare, KIDS COUNT Coordinator,
Annie E. Casey Foundation

—End of Conference—

(Please Turn In Your Evaluation Forms)

Casey Journalism Center *2*

for Children and Families

Melissa
Cathy Trost, Director

Neel Lattimore
Deputy Press Secretary
Office of the First Lady
The White House
1600 Pennsylvania Avenue NW
Washington, D.C. 20500

June 6, 1995

Dear Mr. Lattimore:

Patti Solis suggested I speak with you about arrangements we are making for 31 journalists to meet with Hillary Rodham Clinton at 4 p.m. next Tuesday, June 11, at the White House. *off to Tor Lencuete*

These 31 print and broadcast journalists who specialize in children's issues are participating in a week-long conference, "Protecting the Welfare of Children," at the University of Maryland next week. A list is attached.

Journalists attending these intensive conferences participate with a range of experts to better understand the complex forces which shape children's lives today. Past speakers have included Attorney General Janet Reno, Children's Defense Fund president Marian Wright Edelman and Baltimore Mayor Kurt Schmoke. We are a journalism center funded by the Annie E. Casey Foundation and based at the University of Maryland, aimed at enhancing the quality of reporting about the issues and institutions affecting disadvantaged children and their families.

The journalists will be spending the week engaged in discussions with a wide array of experts, including Mrs. Clinton, about the competing proposals for welfare reform, causes and consequences of poverty and out-of-wedlock births across generations, and ways to strengthen families.

*** Our conferences are taped and transcribed by professional transcribers so that they may be summarized for publication in the national monthly magazine, *American Journalism Review*. Typically, speakers make remarks and a session of Q and A follows with the journalists. It's our hope that Mrs. Clinton's remarks will be on the record, as are the 39 other speakers at the conference. We would like to arrange to have the transcriber unobtrusively tape record the session, if possible, for inclusion in our subsequent summary. We would also like to bring a photographer to take pictures of Mrs. Clinton with the journalists. Please let me know how we should proceed. I am making arrangements with Ms. Solis for the group to arrive about 3:30 p.m. by bus from the University of Maryland on the 11th. *On 7/10/95*

Sincerely,

Cathy Trost
Cathy Trost, Director

Maggie - Is this what you have agreed to?
Shal

College of Journalism, University of Maryland, College Park, MD 20742-7111
Phone (301) 405-2482 ■ FAX (301) 314-1516

Wally

1/2 hr
2) 1/2 hr on 1/2 hr

MARY NEWSOM
Editorial Writer
The Charlotte (N.C.) Observer



Administration for Children and Families
Washington, D.C.

DATE: Fri Jun 2 16:39:54 1995

FAX TO: Maggie Williams

FROM: Wendy Jacobson

SUBJECT: cc on memo to Carol Rasco, Alexis Herman, Doris Matsui

FAXED FROM THE HHS BANYAN NETWORK!

If you need this fax to be retransmitted, please call the originator above.

----- MESSAGE -----

Attached is a memo sent today to Carol Rasco, Alexis Herman and Doris Matsui from the Senior Women Appointees Policy Subgroup on Children and Families.

MEMORANDUM

TO: Carol Rasco
Alexis Herman
Doris Matsui

FROM: Senior Women Appointees Policy Subgroup on Children and Families

SUBJECT: Recommendations on message and strategy

We want to commend you for bringing this group of senior women appointees together. In the past few months, we have taken the opportunity to learn from one another -- to expand our understanding of related, on-going work throughout the government, and to think carefully about how we can advance the Administration's mission on behalf of children and families.

The Senior Women Appointees Policy Subgroup on Children and Families convened for the first time in February. We defined our task as building a network among women appointees who become knowledgeable ambassadors about what the Administration is doing on a spectrum of issues important to women, focusing on children and families. It was quickly apparent that as a group we could capitalize on this knowledge base to develop some key messages around children and families and possible strategies for delivering these messages.

We would like to share with you some themes and recommendations, and to urge President Clinton (and the Administration) to seize an opportunity for political advantage by reinvigorating his strong moral leadership on an issue of vital importance to the nation's future.

The opportunity: a voice for children and families

The President and the Administration have a critical role to play in bringing Americans together toward a greater commitment to children and families.

This Administration clearly understands that America's tomorrow can be seen in today's children. If we want a positive future, we must build on people's strengths, hopes, and successes, and act immediately and together to reverse the neglect which has led to more children doing poorly in school, more children under great stress, more teenage pregnancies, more community decay, fewer jobs and opportunities, more violence and more despair -- not just among the poor, but across all except the wealthiest economic groups.

Polling expert Celinda Lake, who has spoken to our group, observed that the public assumes children's issues are a strength of this Administration, and that they don't have to worry about the specifics because they are "being handled." Yet in order to mobilize the American people around these needs and concerns, the Administration must reassert itself as the central voice in the nation for children and families -- putting forth a unified framework and vision that resonate widely.

By capitalizing on both the President and the First Lady's considerable credibility as long-standing champions of children, there is a chance to build and amplify upon themes which have, to date, been addressed primarily in relation to remedial, program-specific efforts such as reforming the welfare system and stepping up child support enforcement.

Focusing the national discussion about children in this limited way has two results: it turns securing the future of children into yet another responsibility of "big government," and it does not reach the great number of middle class and working parents -- the ordinary people with whom the Administration is seeking to connect -- who are not involved in the welfare system but who nonetheless have a sense of urgency about their children's safety and future. Polling data suggest that people feel they don't have to look to the poor to find children in trouble -- indeed, 71% of the public think the American dream is not going to be there for their own children.

The Responsibility: putting forth a broad vision

If the President's opportunity is to bring together all Americans to a greater commitment for children and families, then his responsibility is to lead the Administration to a more integrated approach that links discrete components of programs and Administration accomplishments for children and families into a broader and more meaningful whole.

The American people do not measure the success of an Administration in terms of its specific programs or list of accomplishments, but rather in terms of the impact the Administration has had in the contexts or places which are most immediate and relevant to them: "the Home," "the Community," and "the Workplace." These are the places the American people look when they want to measure their well-being, or assess their sense of security and their feelings of hopefulness about the future. These are the places where children's education, health and development are either nurtured or compromised.

We would like to see this Administration broaden its vision for children and families -- enabling all parts of the Government to express the impact of their work and accomplishments within this framework of "Home," "Community," and "Workplace." The work of each agency could then be showcased as a key part of the whole:

the Administration's commitment to building a positive future for America's children and families.

Such efforts as the Working Women Count initiative of the Department of Labor and the Family Involvement effort of the Department of Education are good examples. Right now they are viewed primarily as programs of individual departments rather than being woven into a broad agenda of what the Administration is doing. The President's attention to these initiatives has given them an important boost, but there is more to be gained from fitting them and others into a more comprehensive framework of Administration accomplishments and efforts. We must begin to talk across traditional boundaries and move beyond different branches of government championing individual causes and initiatives.

Moving this vision forward

The Administration is expending a great deal of energy participating in the debate over the role of Government -- and the National Performance Review and Reinventing Government efforts have been important accomplishments.

But the debate over the role of government has also served to polarize the nation. We see a chance for the President to elevate a broad vision for children and families above this political fray by repositioning the current arguments. The role of government should not be defined in terms of size -- big government or small -- or in terms of program sponsor -- Federal or state. Rather it should be stated in terms of what needs to be done in this country to protect and enhance our role in the world and the quality of life in our communities, and how this quality of life is dependent on what happens within American families and in the workplace, and especially what happens to children.

The President, the First Lady, and the Administration can be the champions of whatever it takes to make sure that all of our nation's children succeed -- they should be seen as the protectors of the American dream. We believe this stance would resonate well with working women, and has the potential to excite the interest and support of other key groups as well.

The "don't punish innocent children" theme, sounded by the President in response to the House Republicans' welfare reform and school lunch proposals, and carried on in relation to the Republican's budget-cutting proposals, has been one of the Administration's most successful messages to date. And, it should now be used more expansively -- to mobilize Americans to work toward positive outcomes for all children. After all, children at all income levels need greater investment and participation from all institutions in our society.

The education theme has begun to move in this direction and could be used more expansively to include school readiness and child care. Also, a return to the theme of personal responsibility that the President himself staked out so effectively during the campaign and early in his term would be another productive vehicle. This theme too can be spoken in the context of our responsibility as community members and as a nation to ensure the well-being of all our children and families.

And, as the President has said, the Federal government is not the source of the solution, but the impetus to solution. Government alone cannot solve the painful problems confronting our children, or eliminate the tensions between good parenting and productive employment. But government can help the whole society to see those problems clearly. It can bring attention to what works in enabling families to raise their children and in helping young people to achieve success. It can catalyze action across segments and sectors of society, and it can recruit all to a shared solution. The President can marshall all sectors -- the business community, churches, state and local governments -- into a partnership that forges a greater commitment to children and families. He has a critical chance to help individual Americans understand how they can and must play a role and work together in building communities.

Next steps

We believe Senior Women Appointees can play a key role in shaping and getting out these messages. We know we have laid out broad themes here -- not yet the nuts and bolts. But if you agree that there is a useful message, we would be pleased to take the next steps and help to concretize it with specific strategies that will augment upcoming Administration activities and develop key roles for senior members of the Administration.

We would like to work closely with a designated member of the White House message team. This partnership will provide you with unified input from across the different branches of government, and it will give us the benefit of the perspective of someone who is up to speed on Administration messages and strategies.

We look forward to discussing this with you in the near future.

cc. Erskine Bowles
Mark Gearan
Kitty Higgins
Jack Quinn
Maggie Williams

Attachment

(Roster of Senior Women Appointees Policy Subgroup on Children and Families)

**Senior Women Appointees
Policy Subgroup on Children and Families**

Co-Chairs:

Ann Rottewater, DHHS
Eddie Achasou, DoJ

Roberta Achtenberg, HUD
Ann Rottewater, DoJ
Mary Bourdette, DHHS
Noel Brennan, DoD
Ida Castro, DoL
Deborah Chang, DHHS
Carolyn Calvis, SSA
Susan Daniels, SSA
Ruby DeMoss, DoD
Diane Francis, IMS
Olivia Golden, DHHS
Junita Hernandez, DoJ
Marlene Johnson, GSA
Mary Lu Jordan, FMSHRC
Augusta Kappner, ED
Naomi Karp, ED
Mary Ann Keffe, USDA
Renee Landers, DoJ
Regina Lee, DHHS
Lavika Limon, DHHS
Susan Liu, DoJ
Joan Lombardi, DHHS
Bonnie Lutken, USDA
Cheryl Macias, FCA
Annanda Manning, USDA
Patricia McNell, ED
Linda Morgan, ICC
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FEB 20 '95 01:41PM CASEY CENTER

Casey Journalism Center for Children and Families

Cathy Trost, Director

Lisa Caputo
Press Secretary
Office of the First Lady
The White House
1600 Pennsylvania Avenue NW
Washington, D.C. 20500

January 17, 1995

Dear Ms. Caputo:

I am writing in the hopes of arranging an interview with Hillary Rodham Clinton at the White House with 30 print and broadcast journalists who cover child welfare issues. These journalists will be attending the Casey Journalism Center's week-long conference on "Protecting the Welfare of Children" at the University of Maryland, June 11-16, 1995.

The journalists, who compete for fellowships to attend the conference, have substantial backgrounds in covering children's issues and their work has wide impact. Past conferences have included journalists from the *Washington Post*, *Congressional Quarterly*, *ABC World News Tonight*, *American Agenda*, *USA Today*, *U.S. News & World Report*, *Education Week*, *Chicago Tribune*, *Boston Globe*, *San Francisco Examiner*, *Philadelphia Inquirer* and *Baltimore Sun*. Mrs. Clinton's remarks would receive even wider exposure through a summary of the conference which is published in the national monthly magazine *American Journalism Review*.

Journalists attending these intensive conferences participate with a range of experts to better understand the complex forces which shape children's lives today. Past speakers have included Attorney General Janet Reno, Children's Defense Fund president Marian Wright Edelman and Baltimore Mayor Kurt Schmoke. We are a journalism center funded by the Annie E. Casey Foundation and based at the University of Maryland, aimed at enhancing the quality of reporting about the issues and institutions affecting disadvantaged children and their families.

Key themes which we will explore in the conference are the connecting problems which challenge children and families today, and the roles that government, communities and families play in protecting and supporting children and families. The core focus of the conference will be exploring the causes of increasing poverty among the young, and the debate over how we as a country can create more economic and cultural stability for vulnerable children and their families. The journalists will be spending the week engaged in discussions about the competing proposals for welfare reform, teen pregnancy, the role of fathers and the changing economic structure and ways to strengthen families.

Would it be possible to arrange such a session at any time during the weekday portion of our conference, Monday through Friday, June 12-16? I will call your office next week to follow up.

Sincerely,

Cathy Trost
Cathy Trost, Director

Casey Journalism Center for Children and Families

Cathy Trost, Director

February 20, 1995

Dear Melissa:

Here's the letter which was sent to Lisa Caputo in Mrs. Clinton's press office in mid-January. As I mentioned on the phone, I spoke to Karen Finniak, a deputy press secretary on Feb. 7, who said she was handling the request and had no answer yet.

I can't think of a better person to keynote this conference than the First Lady. I did not extend an invitation to be keynote speaker because I thought that would be a more difficult proposition than just bringing the reporters to the White House. If you think Mrs. Clinton might be interested, please extend the invitation personally on behalf of the Casey Center. The keynote kicks off the opening night of the conference, which is Sunday, June 11. We usually open with a 6 p.m. reception and 7 p.m. dinner, followed by the keynote address and Q and A with the journalists. These are on-the-record sessions which are transcribed for summary and publication. When Attorney General Janet Reno was the keynote speaker in 1993, we had the 30 journalists and about 60 members of the university community attending the dinner, including the president and provost of the University of Maryland.

If her office thinks it would be more workable to bring the journalists to the White House, however, we will certainly do that. I had left the dates wide open, offering to bring them any time during the course of the conference, Monday through Friday, June 12-16. I'm starting to schedule panels during those days, assuming that if we get the go-ahead we'll just rearrange our schedule. At this point, Wednesday afternoon, June 14 would be the best fit on our schedule, if that gives any assistance. We were going to try to spend Wednesday morning on the Hill, getting briefings from Congressional members and staff. But nothing is locked in yet.

Thank you so much for helping with this. I do believe Mrs. Clinton is a voice that should be heard by serious journalists covering child welfare issues, and this would be a very good forum. I'll wait eagerly to hear from you.

Best regards,

Cathy Trost
Cathy Trost

DRAFT AGENDA
"CHILDREN'S POVERTY AND CHILDREN'S LEARNING"
MARCH 22 AND 23, 1995

Wednesday, March 22, 1995, 7 p.m.

Dinner and Conference Opening

Introduction by Marian Wright Edelman and Howard Hiatt

Comments by Robert Solow

Remarks by Luther Williams, Assistant Director, Directorate of Education and Human Resources, National Science Foundation

Response by Administration Representatives

Response by Alex Kotlowitz

Thursday, March 23, 1995

8:30 a.m. to 10:45 a.m. Pathways from Income to Learning

Overview by Lawrence Aber

"Stress, Depression, Family Process" -- Vonnie McLoyd

"Health and Nutrition Paths from Poverty to Learning" -- Lorraine Klerman

Panel Response by Christopher Jencks and others

In-Room Break

11 a.m. to 1 p.m. The Size of Child Poverty Effects on Learning

"Poverty and Educational Attainment" -- Robert Haveman and Barbara Wolfe

"Long-Term Poverty as Predictor of Achievement Test Scores" -- Sanders Korenman and Jane Miller

"Impact of Income on School Dropout Rates" -- Susan Mayer

Panel Response



1-2 p.m. Lunch

2:15 to 4 p.m. Labor Market Implications

"Education and Earnings" -- Thomas Kane

"Measuring Indirect Productivity Effects of Poverty, via Education" -- TBA

"Labor Market Effects of Poverty, Measured Directly" -- Mary Corcoran

Panel Response by Lawrence Katz and others

4 to 5 p.m. Reflections/Identifying Future Research Needs

5 p.m. Cash Bar Reception

To: First Lady's staff

From: Melissa Ludtke
Public Policy Fellow
Radcliffe College

Re: Follow-up memo to conversations with the First Lady
about children/family issues

March 28, 1995

This memo is a compilation of ideas discussed during several meetings I've had with the First Lady, and a suggestion about a strategy I am proposing for her continuing involvement in issues impacting the lives of U.S. children and their families.

During our meeting in February, Hillary and I talked for quite a while about the media's increasing interest in the coverage of children's issues. I shared with her a report done by the Casey Journalism Center for Children and Families; it shows that during the past five years some 35 or so newspapers and news services have added children and/or family beats to their coverage. We talked about how a lot of these reporters now covering children/family issues are eager, because of wanting to develop their beats, to find "serious" news stories to justify and enhance their newspaper's commitment to such coverage.

My point in mentioning this to Hillary was to establish the presence of a growing contingent of reporters and writers, and editors who are all recent converts to the coverage of children. These reporters are not part of the inside-the-beltway press corp but are scattered around the country, trying in various ways to bring news coverage of children and families to readers and viewers. In many instances, given the newness and scope of their assignment, these reporters are not yet knowledgeable about the full range of issues involved in children's lives. Nor do many of them have the kind of opportunity they should to be exposed to the valuable information being unearthed by physicians, social scientists, educators, and neurobiologists about children's needs for healthy development. Instead, many news stories about children arise only out of rancorous political argument about legislation such as welfare reform, in which children become used more as rhetorical devices than as the people whose well-being ought to be the driving force in shaping the debate.

2.

What I proposed to the First Lady - and am now putting on paper for your consideration - is the development of a well-thought-out strategy by which Hillary's vast knowledge about and experience with children's issues, as well as her extraordinary ability to focus public attention and inform public opinion, is utilized in a national effort to educate Americans [and this new crop of reporters and editors] about the immediate, vital need to find common ground in a campaign to improve the lives of all children.

Let me begin by saying what this strategy is NOT.

It is NOT an attempt to have her assume a new and visible policy making role in the administration

It is NOT an attempt to have her spend time up on Capitol Hill visibly appearing to impact legislation

It is NOT an attempt to have her delineate a large governmental solution to problems of children's poverty, etc.

In this strategy, the First Lady's role would be as:

A CONVENER for experts about what is happening in children's lives, to focus a spotlight on the key developmental ingredients which too many children don't have in their lives

A LISTENER to what experts are able to tell us about what each and every child needs to develop into a healthy and productive adult

A GUIDE to take the American people on a voyage of discovery about how some communities have responded well to the needs of children

What I propose is to create a strategy by which the First Lady appears AT THE HUB of an multi-faceted outreach effort to inform and educate the American people about the key developmental issues in children's lives.

How to do this: When we envision a child's life, we think of it as beginning at birth [or before birth] and moving through various developmental stages on its way to adulthood. These developmental stages can be roughly divided into four parts [for the sake of this discussion]:

Zero to Three: Infant to Toddler

Four to Eight: Preschool to Elementary

Eight to Twelve: Elementary to Pre-Adolescent

Twelve to Seventeen: Adolescence

3.

My suggestion is that intermittently, during a period of four to five months [maybe from July until December 1995], the First Lady would take the American people on a well-coordinated journey of discovery about what constitutes healthy development for a child in each of these stages. And there is no lack of medical and education experts, such as T. Berry Brazelton [to name an obvious one] who would be delighted to work alongside the First Lady to bring what they know about this to the American people.

For example, in the initial section, when we focus on the Zero to Three years, Hillary - AT THE HUB of this effort could highlight a wealth of fascinating and important new findings about what happens in an infant/toddler's brain. Now that scientists can, for the first time, actually peer inside of a child's developing brain and see the formation of synapses which determine his/her future intellectual growth, they are also finding strong links between what happens [or fails to happen] inside the brain with the environmental stimulation and nourishment a baby receives.

The Carnegie Corporation's report "Starting Points" drew attention to the importance of these new findings in 1994 but neither that report nor this information has been widely disseminated or stressed to legislators who are, for the most part, ignorant about such findings. Also, I gave Hillary [and Liz Bowyer] a five-part, Pulitzer-award winning Chicago Tribune series from 1993 which was about brain development. In these articles the author noted that during the past decade scientists have learned more about the human brain than in all previous history. Pioneering studies, the reporter tells us, show the IQs of children born into poverty can be significantly raised by exposure to toys, words, proper parenting and other stimuli. It is important that what these scientists are learning be also learned by the American people who must make decisions about how we, as a society, invest our resources.

By bringing together a group of articulate scientists whose work is on the cutting edge of this research, the First Lady would inject into this on-going partisan debate the kind of solid information [and persuasive and powerful visual images of brain development] which is woefully lacking. Present also could be early childhood development experts from the worlds of psychology and education to address from their perspectives what can happen to divert healthy development in a child during these years.

I have discussed with Hillary the idea of convening such a group - not unlike the President's pre-inaugural economic summit in Little Rock - getting C-Span to televise it, and issuing findings from it as a public service to the American people. Dr. Barry Zuckerman, a member of

4.

the National Commission on Children, a pediatrician and researcher and head of Boston City Hospital's division of Developmental and Behavioral Pediatrics, told me that this information about early brain development and the visual evidence he's able to show people are the most powerful and persuasive tools he's ever found in convincing people of the need to pay attention.

Each of these four developmental stages offers fertile ground for gathering new and important findings regarding children and families, and highlighting them for both reporters and the public who are astonishingly ill-informed. [I won't detail each one of them now, but suffice it to say there is more than enough material for the First Lady to spotlight - such as, in the pre-adolescent and adolescent stages, her concern about drawing attention to the impact of violence in the lives of children.] And while this strategy keeps the First Lady away from explicitly entering the fray of public policy debate, her ability to place a frame of public policy around this information and inform basic principles which should guide Americans in instructing their legislators how to invest their resources!!!

At each stage, a "big" event with Hillary (which would be different each time to capture anew the media's attention) would signal the change-over from one stage to the next. However, after this event takes place, both Hillary and surrogates [within the administration as well as outside of it] would travel around the country to illustrate the primary messages applicable to this developmental time. These visits to successful programs or community-wide efforts would be a way to emphasize and sustain the dispersal of this information.

I urge you to act on this suggestion. I believe it is well suited to the abilities and interests of the First Lady, fits well into a role she is comfortable in assuming, and could be of ENORMOUS benefit to the children and families of this nation. It also emphasizes her own personal role as a mother to Chelsea and a concerned parent!

DESIGNING A STRATEGY:

I suggest putting together a small working group to discuss this strategic approach - or others - regarding Hillary's involvement in children and family issues. Aside from staff of the First Lady, I'd suggest inviting people such as:

5.

Peter Edelman
Dr. Barry Zuckerman
Dr. T. Berry Brazelton
Lisbeth B. Schorr [author of "Within Our Reach"]
Dr. Ed Zigler

I would also like to be included in such a discussion. I feel I bring to the table a high level of understanding about the media's role in this kind of an enterprise, after having covered children and families for Time magazine for nearly a decade.

And, I'd suggest inviting someone such as

Ms. Ann Finucane, an expert in marketing who worked (pro-bono) with Marian Wright Edelman in devising some successful outreach strategies regarding children's issues. She is located in Boston. Her expertise would be in helping us to strategize about how to position Hillary in such a campaign and how to creatively package this idea....

Of one thing I am convinced: By creating this kind of logical, easy-for-the-American-people-to-follow strategy of linking Hillary's educative role to the stages of a child's development, she can be positioned as someone to whom Americans will want to listen when it comes to figuring out what to do to help children. It provides her with a visible stage by which she can respond, as she is often asked to do, in the midst of public policy debates such as the one we are now engaged in about welfare reform.

Casey Journalism Center
for Children and Families

File Casey

Cathy Trost, Director

June 19, 1995

Margaret Williams
Office of the First Lady
The White House
1600 Pennsylvania Ave NW
Washington, DC

Dear Ms. Williams,

Thank you so much for your efforts
on behalf of The Casey Journalism Center
for Children and Families journalism
fellowship program's meeting with the
First Lady last week. I thought the
discussion was superb, and the journalists
were both impressed and energized.
We will send you copies of the week-long
conference summary when it is published
in American Journalism Review this fall.

I have enclosed a personal note of thanks to
Mrs. Clinton.

Sincerely,
Cathy Trost

American Journal of Public Health

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tremely low birthweight children. Utilities were used to estimate a single value between 0.0 and 1.0 (0 = dead; 1 = perfect health) to reflect the global health-related quality of life for individual children.

Utility scores may be used in assessing the proportion of children whose health-related quality of life is considered worse than death from the perspective of the parents or that of society in general.¹⁶ Saigal is now assessing quality of life in this cohort from the perspective of the children themselves as teenagers.

A comprehensive economic evaluation of neonatal intensive care was done by Boyle and colleagues^{17,18} in Canada. This study, reported 12 years ago, needs to be repeated. The feasibility of such a study in the United States is enhanced by ongoing changes in health care reimbursement that provide incentives to health care institutions to determine the true costs of expensive methods of care. My colleagues and I have quantified the resource costs in terms of the number of additional days of intensive care required per survivor (or the number required per survivor without major neonatal morbidity) in different risk groups among infants with birthweights of 501 through 800 g. (Tyson J, Younes N, Verter J, Wright L. Viability, major morbidity, and resource requirements among newborns 501–800 g birth weight. Submitted for publication.)

Although impairment rates of 30% to 40% have been reported in some recent studies of extremely small or preterm infants,¹⁴ only a small proportion of school-age survivors^{13,16} have the kind of devastating problems that most parents are likely to consider worse than death. Moreover, the costs of neonatal intensive care—if expressed per life-year gained or per quality-adjusted life-year gained—are

likely to be less than those for intensive care of many older children and adults (Tyson et al., submitted manuscript).^{17,18} Although these findings seem encouraging, the benefits and hazards as well as the cost-effectiveness of perinatal intensive care relative to other expensive methods of treatment need much more study. Whether or not to administer perinatal intensive care at the margins of viability continues to be an extremely difficult decision that should be based on the best information possible. High priority should be given to developing and implementing improved methods to address the long-term effects of decisions to use perinatal intensive care. □

Jon E. Tyson

Department of Pediatrics

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at Dallas

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Editorial: Can We "Cure" Mild Mental Retardation among Individuals in the Lower Socioeconomic Stratum?

In 1962, the President's Panel on Mental Retardation suggested that the use of existing knowledge could "eliminate perhaps half or more of all new cases of mental retardation."^{1(p 47)} The possibility of increasing intelligence quotients gained popularity in the ensuing decade, fueled by a naive belief in the unlimited power of the environment to shape hu-

man traits. By 1972 the panel, now called the President's Committee on Mental Retardation, reiterated its suggestion with the strength of a declaration: "Using present knowledge . . . it is possible to reduce the occurrence of mental retardation by 50 percent before the end of this century."^{2(p 11)} President Richard Nixon proclaimed this to be a major national

goal, sparking interest in research and intervention activities. As the millennium draws near, it seems appropriate to assess the progress that has been made toward

Editor's Note. See related articles by Kramer et al. (p 312), Murphy et al. (p 319), Yeargin-Allsopp et al. (p 324), and Drews et al. (p 329) in this issue.

halving the occurrence of mental retardation and to speculate whether the goal will be attained—or is in fact attainable.

The presidential advisors did not specify which forms of intellectual retardation might be reduced so dramatically. However, their hopes to lower the prevalence rate rested on both the biological sciences and efforts to improve the environments that seemed to prevent some children from developing their full intellectual potential. This approach presupposes two basic types of retardation, each of which has been further differentiated into a number of subgroups.^{3,4} Retardation due to organic causes encompasses genetic disorders, brain damage, and other neurological and metabolic defects that affect the development of formal cognitive structures. Familial retardation (also called cultural familial, retardation owing to psychosocial disadvantage, intergenerational) is a larger diagnostic grouping. Individuals in this category have no identifiable organic disturbance and at least one first-rank relative with the same type of retardation. Organically retarded persons generally (but not always) exhibit severe retardation, whereas those in the familial group are invariably mildly retarded. Organic retardation occurs with equal frequency throughout the socioeconomic strata, but familial retardation is typically found in the lower strata.

The two-group approach to mental retardation is part of a heated controversy over the significance of etiology to behavior and prognosis.⁵ On one side of the debate are difference theorists,⁶⁻⁹ who argue that the only feature relevant to the study of retardation is low IQ, indicative of cognitive development and functioning that are qualitatively different from those of the nonretarded population. On the other side are developmental theorists,^{10,11} who believe that how one came to have a low IQ is of primary importance. Those in the organic groups have damaged cognitive apparatus, which affects their intellectual growth and processes. Familial retarded individuals have intact cognitive systems; their low IQs represent the lower portion of the normal distribution of intelligence. In other words, they have the same cognitive structure that develops in the same manner as higher IQ individuals, differing only in the rate at which they traverse the cognitive stages and in the final asymptote they attain.

Resolution of the developmental-difference controversy has profound implications for educational methods and, especially, prevention strategies. If low

intelligence reflects abnormal functioning, biomedical research holds the only hope of discovering a cure. But if some nonorganic retardation is to be expected to occur in the population, the hope is not to find a cure but to find ways to enable affected individuals to lead full and productive lives. This long-standing controversy is not about to be resolved in the near future, but my reading of the progress that has been made in reducing mental retardation over the past 3 decades shows that most of the success has been in the organic categories. Familial retardation remains the same mystery today as it has been for most of this century.¹⁰ Medical research continues to hold great promise, but after all the time and effort that have been expended, it seems clear that solutions to alleviate mild retardation will require other approaches.

Intelligence in all individuals is a product of nature and nurture. The nature portion is the most difficult to change, but such change is not impossible. Organic causes of retardation can be alleviated through preventive techniques such as genetic testing and counseling, the elimination of lead and other toxins, and protection from diseases that damage the brain. Familial retardation occurs in impoverished environments that may pose more subtle risks to brain development and functioning. For example, poor nutrition or inadequate shelter may deter the proper growth of the brain. The success of vitamin therapy with some mildly retarded children^{12,13} definitely suggests a physical deprivation underlying their poor functioning. In fact, improved health care and nutrition in the general population, purer water and food supplies, and regulation of environmental contaminants are changes that have coincided with an upward trend in standardized intelligence test scores.¹⁴ Healthier environments have been slower to reach the lower socioeconomic strata, where familial retardation most often occurs.

While further improvements in living conditions may eliminate some cases of mild retardation, the phenomenon will never be eradicated if it is part of the normal expression of the population gene pool. The law of human variability dictates that for every continuously distributed human trait, there will always be cases that fall at the lower end of the distribution. However, having limited intellect does not mean that there is no room for improvement. The actual expression, or phenotype, for the genotype for intelligence that one inherits depends on the

environment (both physical and social) encountered. The range of environments that the genotype can potentially encounter represents a reaction range. The better the environment, the higher the actual expression of intelligence as reflected in the IQ score. For many mildly retarded persons, encountering a very good environment can place them well within the range of normal functioning. Therefore, optimizing the environments in which children in poverty are raised might reduce the prevalence of mild retardation to some extent.

Efforts to enhance the functioning of impoverished children and those at risk of mental retardation through environmental intervention have met with some success. For example, comprehensive early intervention with low-birthweight infants and their families shows promise for enhancing cognitive development.¹⁵ Although, with very few exceptions,^{16,17} attempts to raise intelligence permanently have failed,^{9,18} preschool intervention programs have been quite successful in preparing children for school and in boosting their measured intelligence. In fact, the most common outcome of these programs has been an immediate 10-point increase in IQ. These gains have been found to be related to better motivation, familiarity with the test content, and comfort in the test setting¹⁹—factors that help children make better use of the intelligence they possess. This advantage, however, often fades as they progress through elementary school, perhaps because comparison children catch up during their experiences in school and/or because educational practices fail to build upon the gains made in preschool. An extremely important but often overlooked point is that the loss of higher IQ scores does not necessarily mean that all has been lost. Various studies suggest that longer-lived benefits of preschool involve better achievement, reduced special class placement, improved family functioning, and lessened delinquency and welfare dependency.²⁰

Most children who attend preschool intervention programs are not retarded, of course. But they are poor and at risk of failing in school and later in life—the same factors that threaten mildly retarded children. Preschool appears to help poor children behave more competently over time—even though their IQs remain the same. The same result can reasonably be expected for children whose IQs are below the normal range.

Why is it that one person with an IQ of, say, 65 manages to progress through

school, maintain employment, and function as a contributing member of society while another with the same IQ fails in school and requires supervised living and social support? Motivational and emotional variables certainly contribute to these differences in lifestyle. Traits such as poor self-esteem, low expectancy of success, overdependence on external cues, and an "I can't do it" attitude are common in retarded individuals as a result of frequent encounters with failure and personal rejection. Experiences that increase their exposure to success can bolster self-confidence and determination, leading to better performance. In these cases, the "treatment" for mild retardation involves education and training regimens that encourage full use of individual potential by removing psychological barriers.

The question, then, is not how we can "cure" mild mental retardation but how we can encourage those in this category to use fully the intelligence they possess. Comprehensive early childhood intervention for children and families in poverty is one promising strategy. Head Start, for example, has been highly successful in improving the physical well-being and school readiness of poor children by providing health, educational, mental health, and family support services and opportunities for parental involvement. One year of preschool, however, cannot be expected to inoculate children against the ravages of poverty for the rest of their lives. Because children reared in poverty can experience so many developmental threats before they reach age 4, intervention must begin earlier, preferably during the prenatal period. To continue the momentum toward success made during preschool, comprehensive services for children and families should continue

during the critical time of transition to elementary school. Other means of prevention and enrichment include universal access to health care, improved nutrition, a cleaner environment, quality schooling, safe neighborhoods, good child care, and services that support families in their roles. Such changes will benefit the entire society, not just those at risk of mild retardation. While these improvements cannot be expected to slice the prevalence of mental retardation in half, they might very well slice the proportion of those who do poorly in school and in life regardless of their intelligence level. □

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Annotation: The Sociodemographic Correlates of Mental Retardation

In a series of three articles in this issue of the Journal,¹⁻³ investigators at the Centers for Disease Control and Prevention (CDC), the Georgia Division of Public Health, and Emory University provide new data on an old question: namely, the link between mental retardation in children and various sociodemographic characteristics of the children's families. These reports, together with a related article from CDC's National Center for Health Statistics in this same

issue,⁴ are important in defining the scope of the problem and in identifying children (and their families) who might benefit from early health and educational intervention programs.^{5,6}

Recent publications, including *The Bell Curve*,⁷ have heightened sensitivity and concern regarding the relationship between sociodemographic factors (especially race) and cognitive ability (or intelligence). Therefore, it is important that we make every effort to put into

proper perspective the important articles dealing with this problem that are included in this issue of the Journal. Because there is some disagreement among professionals about the meaning of the terms *mental retardation* and *IQ*, as well as about the measurement of cogni-

Editor's Note. See related articles by Kramer et al. (p 312), Murphy et al. (p 319), Yeargin-Allsopp et al. (p 324), and Drews et al. (p 329) in this issue.

The Mentally Retarded Child. NY: Pergamon; 1963.

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tive ability in general, the authors of the first three articles are cautious in the interpretation of their findings. For example, Murphy and colleagues state, "We recognize that an IQ test is a measure not of innate intelligence but of performance on a set of skills defined by a specific test instrument and considered relevant to intelligence by the prevailing culture."¹

Although the method of case ascertainment for mental retardation used in the Georgia study is not synonymous with the prevalence derived from conducting cognitive testing on all children in a given population, the relative prevalence of mental retardation among the various sociodemographic subgroups of children is similar to that found in studies where investigators tested all subjects.^{8,9} Thus, these results can be viewed as valid estimates of the relative prevalence of mental retardation within the racial and educational subgroups studied.

The investigators began with a descriptive epidemiologic survey.¹ In this component of their studies, they observed higher prevalence rates of both mild (IQ = 50-70) and severe (IQ < 50) mental retardation among Black 10-year-old children compared with White children of the same age. Because Black and White populations in the United States generally differ with regard to social, economic, cultural, and behavioral factors that affect health, the authors analyzed data from the case-control component of the study to attempt to uncover factors that might explain the Black-White difference.² They were able to demonstrate that about one half of the excess of mild mental retardation among Black children was related to a disproportionately high burden of adverse socioeconomic risk factors among the Black mothers, such as low education and residence in neighborhoods with low median family incomes.

The investigators also considered a number of possible explanations for the residual difference in mild mental retardation between Black and White children. These included lack of information on other possible confounding variables; the higher prevalence of certain adverse medical and environmental factors in the Black population (e.g., anemia, lead); intergenerational social, educational, and economic deprivation among Blacks; and differential access to the skills and knowledge assessed in cognitive tests. Although genetic factors have been shown to account for a fair share of the individual variability in IQ scores,^{10,11} group differences raise ecological questions not ame-

nable to the same analysis, and the authors did not speculate on whether genotypic variation may have contributed to those they observed.

In pursuing the search for other sociodemographic risk factors for both mild and severe mental retardation, the authors identified low maternal education (defined as less than 12 years) as the strongest risk factor in their data, independent of the six other factors (including race) that they examined. Mothers with less than 12 years of schooling at the time their children were born were four times more likely to have their children diagnosed as mildly retarded by age 10 years than were mothers with 13 or more years of education.³ Although the data are not shown in that article, children of both Black and White mothers with less than 12 years of schooling were at almost equally high risk (Pierre Decoufle, ScD, Developmental Disabilities Branch, National Center for Environmental Health, personal communication).

Overall, 54% of children with mild mental retardation in the Georgia study were born to mothers with less than a high school education.³ Together with the observed elevated risk in this group, the results point to a large portion of mild mental retardation that is potentially preventable. The specific correlates of a low maternal education that directly affect children's cognitive ability could not be identified in this study, but the work of other investigators in the child development field suggests a number of possibilities.^{12,13} These include the physical and socioemotional characteristics of the home environment and the quantity and quality of parent-child interactions.

The investigators also clarified the source of the Black-White differential in cases of severe mental retardation. They found that the disparity was confined to the isolated form of the condition in which no other severe neurologic impairment is present.³ This isolated form of mental retardation is strongly linked with maternal education level. Thus, as is the case with mild mental retardation, the Black-White difference in the severe form may be at least partly an effect of sociodemographic factors other than race.

From a national perspective, three interesting facts emerge about low maternal education. First, of all births in the United States in 1990, about 22% were to women with less than 12 years of education. Second, low maternal education crosses racial and ethnic boundaries. In 1990, White women had 367 196 such

births; Hispanic women, 309 054; and Black women, 190 105. Third, low maternal education is not confined to teenage mothers. Of women who gave birth in the United States in 1990 without finishing high school, about 65% were 20 years old or older at delivery.

In another article in this issue of the Journal,⁴ data from the third National Health and Nutrition Examination Survey (NHANES III) show that children aged 6 through 16 years from both Black and Mexican-American families and from families with lower incomes or lower education levels had lower mean scores on each of four tests of cognitive functioning. The sociodemographic differences in cognitive ability uncovered in these studies suggest that in certain groups environmental factors raise barriers against optimal intellectual development. Indeed, a recent report from the Carnegie Corporation goes beyond questions of intellectual function and underscores the importance of early (birth to 3 years) experiential and social factors in brain development.¹⁴ The report emphasizes long-lasting effects of early environmental experiences on both brain structure and cognitive function.

I believe that this nation can make a difference in the lives of children by helping to facilitate their early health and learning environments. Thus, in addition to the fine work done by other organizations, CDC is mobilizing resources for a demonstration program aimed at promoting the cognitive, communicative, and behavioral development, as well as the health, of children born to women with fewer than 12 years of education. This effort (Project BEGIN) seeks to determine whether an expanded version of a previously proven early-intervention model¹⁵ can be successfully implemented in diverse community settings and be of decided benefit to participating children and their families.

This early-intervention model is a comprehensive and particularly intensive program, consisting of home visits with the families from birth to age 3 years; enrollment of the child in a full-day, year-round child development center during the second and third years; and parent group meetings throughout the 3-year program. CDC's commitment to the conduct of rigorous, high-quality research together with a neutral stance regarding the effectiveness of early-intervention programs are critical to the success of this new endeavor. Due to the generosity of the Robert Wood Johnson Foundation, CDC has been assisted by a number of

ardation

tive the important articles this problem that are in this issue of the Journal. There is some disagreement about the meaning of mental retardation and IQ, as the measurement of cogni-

related articles by Kramer et al. (p 319), Yeager et al. (p 324), and Drews et al. (p 329)

localities in developing the plan for this community intervention project. Because our children are one of the nation's most important resources, we have made this project a priority at CDC. □

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Annotation: Physicians' Attitudes and Decision Making Regarding the Withdrawal of Life Support

During the past few decades, there have been dramatic changes in both the treatment of critically ill patients and in attitudes about how decisions about care should be made. The development of sophisticated technologies has increased the ability to prolong life, which is usually of clear benefit. However, there is growing acceptance of the notion that in some cases treatment may merely prolong the dying process or lead to survival with a very poor quality of life. Indeed, it is now nearly 20 years since Karen Ann Quinlan ceased breathing on the night of April 15, 1975,¹ and the ensuing court case thrust decision making about withdrawal of life support into the public arena.

Formerly, choices about life-sustaining treatment were seen primarily as medical decisions for physicians to make. The debates about criteria for withdrawing life support led to clearer recognition that such decisions cannot be based only on objective facts but must always reflect value judgments about issues such as the meaning of life and death, the quality of life, and the proper use of technology. Therefore, in parallel over the past 20 years, the principle of patient autonomy has steadily gained ground. Court decisions, statutes, and professional standards have supported the right of competent

patients to make decisions to forgo treatments, either directly or through the use of advance directives (living wills and health care proxies).²

Despite the clear guidelines, empirical research has shown that many factors prevent adherence to patients' preferences about care at the end of life.³ This situation affects public health not only because care thought to be inappropriate can cause suffering for patients and families but also because the inappropriate prolongation of treatment uses health care resources for unwanted care. Little is known, however, about the extent to which actual treatment decisions vary from patient preferences. For many reasons, this topic is very difficult to study. One problem is that research would need to uncover patient preferences that may never have been explored; another problem is that these decisions are made when patients and their families are in crisis. One way to address the issue is to look at physician responses to hypothetical situations and ask them about how they would treat terminally ill patients. The research conducted by Christakis and Asch,⁴ reported in this issue of the Journal, is important because it demonstrates that physicians' characteristics affect both attitudes and practices related to the with-

drawal of life support. Although the response rate to their survey was lower than that usually reported in this Journal, the article is an important contribution because it is one of the first to provide data on the relationship of attitudes to practice.

Christakis and Asch presented hypothetical vignettes and asked physicians to indicate treatment choices in order to study responses to the most clear-cut type of case: a terminally ill, comatose patient who had previously stated, and whose family currently indicated, that under the circumstances presented they would want life supports withdrawn. Nevertheless, responses varied; many physicians chose to give life-sustaining treatments. In addition, unlike many previous studies that examined only attitudes, this study asked physicians to report on their actual practices. Professional characteristics such as specialty and work setting, personal characteristics such as age and religion, and the attitudes manifested in the responses to the vignettes were associated with the number of times the respondents said they had withdrawn life support during the last year.

Editor's Note. See related article by Christakis and Asch (p 367) in this issue.

Politics and Practice: Introducing Norplant into a School-Based Health Center in Baltimore

ABSTRACT

As one element of Baltimore's effort to combat its high rate of teenage pregnancy, the Baltimore City Health Department added the implantable contraceptive Norplant to the array of services offered at one of its school-based health centers in early 1993. The initial findings with the adolescents who received this contraceptive at the school were favorable, particularly regarding condom use, parental involvement, and patient acceptance of the contraceptive. This new policy garnered a significant amount of attention, both nationally and locally. It attempts to address problems that have complicated etiologies as well as diverse clinical, social, and ethical ramifications, all complicated by political realities. The Norplant experience offers useful lessons regarding controversial health initiatives that address problems facing public health practitioners today. (*Am J Public Health*. 1995;85:309-311)

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Introduction

The city of Baltimore has long had one of the nation's highest adolescent birth rates. The emotional, social, and economic costs of this problem are significant. In 1990, 10% of all 15- to 17-year-olds living in Baltimore gave birth, with direct costs of teenage births to the government (through Aid to Families with Dependent Children [AFDC]; the special supplemental food program for Women, Infants, and Children [WIC]; food stamps; and Medicaid) of \$222 million.¹ Health risks to adolescent mothers and their children are well documented, ranging from pregnancy complications such as preeclampsia to low-birthweight babies.² In addition, there are the long-term consequences of lower levels of educational and job attainment for the mothers and higher rates of living in poverty for their offspring.^{3,4}

Over the past decade, many different approaches have been attempted to combat the problem of adolescent pregnancy and birth in Baltimore. These approaches include (1) the development of an inner-city, mall-based comprehensive health clinic that provides a host of services, including family planning, to over 5000 adolescents each year; (2) a citywide media campaign promoting abstinence; (3) school-based efforts, including peer-taught and teacher-taught abstinence curricula in middle schools, male outreach activities, and sex education; and (4) the development of family planning services in two middle and six high school-based comprehensive primary care centers. These activities have resulted in some success. After several years of increasing rates, Baltimore's adolescent birth rate has stabilized (Baltimore City Health Department, unpublished natality statis-

tics, 1992). However, it remains among the highest in the country, and further approaches are being considered.

One widely discussed approach is making the implantable contraceptive Norplant more readily accessible to adolescents. Norplant has been available to adolescents in Baltimore City Health Department family planning clinics since the summer of 1992. However, clinicians working in the health department's school-based health centers, after hearing requests for Norplant from students and parents, felt that these centers would be the best setting for adolescent Norplant insertions and would provide the best access to this contraceptive.

The Baltimore City Health Department operates school-based health centers that provide comprehensive primary and preventive health care to enrolled students at eight secondary schools.⁵ These schools are all in locations where there is a particular need for accessible adolescent health care.

Family planning counseling and exams have been available on site at the school-based health centers since their inception in 1985. Vouchers for contraceptives, to be redeemed at off-site locations, were given to students who desired them. However, this voucher system did not work well because students rarely followed up to obtain contraceptives. To alleviate this problem, the health department decided to make oral contraceptives, foam, and condoms available in the health centers at the start of the 1990/91

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school year. The decision became policy only after an extensive survey of parents of students enrolled in the clinics demonstrated strong support (75% in favor) for offering contraceptives on site.⁶ The contraceptive availability policy has been very well accepted by students, staff, and parents. A follow-up survey in the second year of this policy revealed no parental complaints about the availability of contraceptives on site (P. Beilenson, unpublished data, 1991).

The Decision and the Reaction

As Norplant began to be discussed in the general media, health care professionals in the school-based health centers were asked by students and parents about its availability in these sites. These requests, combined with the fact that the current contraceptive policy was so well accepted by parents, led the commissioner of health to decide to make Norplant available on a pilot basis at one of the health department's school-based health centers in the 1992/93 school year.

The school chosen as the pilot site, a combined middle and high school for pregnant and parenting teens, was selected for two reasons. First, adolescents who have already given birth are at even higher risk of pregnancy than other adolescents.⁷ Second, the principal of this school was very supportive of the program.

In December 1992, as the health department's Bureau of School Health began to develop the structure for this pilot program, the media learned that Baltimore would be the first city in the nation offering Norplant at a school-based health center. The media coverage—local, national, and international—was almost universally favorable and plans for implementing the pilot program were finalized.

However, in late January 1993, shortly after the first Norplant was inserted at the school, a small but vocal group of citizens spoke out in opposition to the program. This group contended that the Norplant policy targeted inner-city African-American teenagers (some argued that this amounted to "genocide"); that Norplant had not been tested in this population; that Norplant users would be less likely to practice safer sex and therefore would be at higher risk for human immunodeficiency virus (HIV) and other sexually transmitted infections; that the health department was promoting the use of this contraceptive over abstinence; that Norplant had dangerous side effects; and that the program excluded families from the

decision-making process of their adolescents.^{8,9}

The strategies used by the opposition were similar to those used nationally against other school health programs instituting reproductive care. These strategies included misinformation, manipulation of public meetings, preying on fears of parents, intimidation and pressure tactics, and accusations of racism.¹⁰

To ensure that these concerns got a public airing, a city councilman introduced legislation calling for a hearing on the health department's policy of offering Norplant in the schools. The hearing, held in early February 1993, was contentious. The opponents' claims were refuted (Appendix) and their public opposition to the program subsided as it became obvious that the general public was in favor of making Norplant available as long as it was not promoted and no coercion was involved. The Norplant program continued during the hearing process and Norplant continues to be available to students in the school-based health center.

Outcomes

In the first semester after the new policy was implemented, 11 of the approximately 100 nonpregnant students in the school received Norplant from the school-based health center. Before receiving Norplant, each of these 11 students attended a counseling session at the school, accompanied by a parent or guardian; in most instances, a relative was also present during the insertion procedure. All of the students have tolerated Norplant well; there have been no requests for removal and no students have exhibited any but minor side effects. All of these students reported using condoms at least as frequently as they did before receiving Norplant (with follow-up of 5 to 12 months), and most reported using condoms significantly more frequently since getting the implant. As support for these students' self-reports on condom use, we know of only a single case of a sexually transmitted disease among these Norplant recipients. One possible explanation for this increased use of condoms is the intensive counseling on condom use all students receive before getting the implant, combined with extensive follow-up counseling.

Plans for the Future

With the successful implementation of this policy, the health department has

expanded the availability of Norplant to three more high schools, with plans to expand to the remaining two high schools that have school-based health centers over the next year. (The implant will not be available in the two middle school health centers.) In light of the controversy the initial proposal generated, however, the health department educated various segments of the community about Norplant before this expansion. The health department (1) discussed the issue with religious groups and a city-wide community health advisory group; (2) discussed the issue with interested parents in each school; (3) educated the teaching and administrative staffs of the schools; and (4) made presentations to student groups about postponing parenting, including a discussion of abstinence, Norplant, and other contraceptive methods.

Discussion

If community acceptance can be obtained, school-based health centers are ideal places to offer contraceptive services. They are readily accessible to students, a well-recognized advantage in delivering any kind of health care to adolescents. This accessibility is also important for the health care staff, who can locate the students easily when follow-up and compliance are important. In addition, the close, trusting relationship that typically develops between school-based health center staff and individual adolescents is critical to the success of efforts to provide effective health care to teens.

One important lesson our experience teaches is that the community may not immediately accept measures that make good public health sense. Extensive education of all involved, including community members, elected officials, and religious groups as well as all pertinent staff (who might not be knowledgeable about the proposed intervention), is essential to the successful and smooth implementation of controversial policies. The lead time necessary for doing this important groundwork is rarely appreciated by funders or program managers as a sound investment.

There is a real need for affected communities to be in on the development of public health policies from the beginning, playing a major role in identifying the community's important health problems, suggesting intervention strategies, and working with health experts to implement them. However, any progressive public health initiative, from family planning to violence and substance abuse

prevention, is likely to arouse opposition; fear and anger may make rational discourse difficult. If progress is ever to be made against the major public health and social problems affecting us, public health leaders must be willing to stand up to confrontation and to point out ignorance and misconceptions.

Although some public health advances in the past were controversial (e.g., fluoridation of public water supplies), many were less so, in part because they primarily dealt strictly with health issues. For example, many of the epidemic diseases of the past were curtailed or eradicated either by simple changes in hygiene or by the introduction of effective antibiotics. In contrast, many of today's public health initiatives are controversial because they attempt to address issues that are both social and medical in nature. As an example, the Norplant issue touches on adolescent sexuality and the social and ethical questions of coercion vs choice.

In addition, Norplant raises concerns in some about genocide or selective use. Because some minority communities distrust the health care system, they view Norplant as a means of controlling certain populations. The negative consequences of the infamous Tuskegee syphilis study on the practice of public health cannot be overestimated; the study's strong repercus-

sions in the Black community continue today.

Consequently, with any public health initiative that might be perceived as having a disproportionate impact on minorities (another example would be needle exchange programs for intravenous drug users), public health practitioners must educate the affected community about the scope of the problem and about the specific initiative as a potential solution. How this is done depends on the specific locale. First, local public health practitioners need to know their community and which community leaders must be involved. In Baltimore, for example, religious leaders and their organizations are very influential forces in the city. With the Norplant issue, the opinions of teachers and principals of the affected schools must be considered. Obviously, parents of adolescents in the schools must also be involved. In addition, formal and informal leaders should be sought out and involved: recreation center directors, school volunteers, neighborhood librarians—all those who have grassroots knowledge of the needs and perceptions of the community. It is with the involvement of all these members of a community that the likelihood of successful implementation of progressive, controversial public health policies will be the greatest. □

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APPENDIX—Opposition Claims and Baltimore City Health Department Responses about the Health Department's School-Based Norplant Policy

Opposition Claim	Health Department Response
Targeting inner-city African-American teens is genocide.	The policy is simply one of equity: making all contraceptives available in school-based health centers to those who would not otherwise be able to get them.
Insufficient testing of Norplant has been done on African-American adolescents.	(1) Food and Drug Administration trials of Norplant did include similar populations in Newark and San Francisco. (2) Norgestrel (the hormone found in Norplant) has been used in oral contraceptives by hundreds of thousands of African-American adolescents over the past 25 years, with no known differences in efficacy or side effects from those experienced by the rest of the population.
The new policy will lead to higher rates of sexually transmitted diseases and HIV infections in teenaged Norplant users because they will feel protected against pregnancy and will thus neglect to use condoms.	(1) The students will receive extensive counseling on the importance of condom use in conjunction with Norplant. (2) Norplant recipients in the first school-based site will be evaluated to ascertain the efficacy of this counseling.
The health department is promoting Norplant and sexual promiscuity over abstinence.	Abstinence is the only method of contraception that the health department promotes; the school system also has an abstinence curriculum. Norplant is simply another contraceptive option available to sexually active teenagers in the school-based health centers.
Norplant has dangerous side effects.	Norplant's side effects are primarily "nuisance" side effects; a stringent follow-up protocol will be observed to identify patients who need to have the implant removed or who need further counseling about side effects.
The program excludes families from adolescents' decisions about contraception.	Families are strongly encouraged to be present both for counseling sessions and for the actual insertion procedure.

Health and Social Characteristics and Children's Cognitive Functioning: Results from a National Cohort

ABSTRACT

Objectives. The purpose of this study was to examine the associations between cognitive functioning in children and sociodemographic, family, and health characteristics.

Methods. Data from phase 1 of the third National Health and Nutrition Examination Survey were used to evaluate performance on standardized cognitive tests in a representative sample of 2531 children 6 to 16 years of age. Multivariate analyses were used to assess independent associations between covariates and test performance.

Results. Lower income, minority status, and lower education of an adult reference person (one of the persons in the household who owned or rented the home) were independently associated with poorer performance on all cognitive subtests. To a lesser degree, general health status, history of birth complications, and sex also were independent predictors of performance for some of the subtests.

Conclusions. These findings illustrate disparities in cognitive functioning across sociodemographic and health characteristics of children in the US population. They suggest the need for public health policies to take a multifaceted approach to optimizing childhood environments in order to overcome the effects of socioeconomic and minority status. (*Am J Public Health*. 1995;85:312-318)

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Introduction

Improving the health and well-being of each child is paramount among the national goals for the field of public health.¹ Over the past 4 decades, the health profile of children has changed its focus from largely infectious diseases to troubles affecting overall health, including emotional, psychological, and learning problems. The intellectual development and academic performance of children have become public health concerns because of their implications for the future performance and quality of life of individuals and society as a whole.

Intellectual development results from a complex interaction of environmental, social, and hereditary factors.²⁻⁶ Investigation of the relative contribution of these elements has revealed variability in functioning with regard to a number of sociodemographic and environmental characteristics. Lower intellectual functioning and academic achievement have proved to be associated with minority status and socioeconomic position (e.g., income, education, and household composition).^{3,7-16} Disparities have also been observed across geographic regions and various health and nutritional indicators.^{3,17-22} Other developmental risk factors associated with the "host" environment, such as complications during birth, age of mother at the time of birth (both older and younger mothers present potential risk), and maternal smoking during pregnancy have also been linked to subsequent deficiencies.^{5,23-30}

Disentangling the relative impact of these individual characteristics is complex because of the high correlations among them. In particular, children in lower income households tend to be disproportionately Black, live in a single-parent household, and have parents with lower

educational levels.³¹ Poverty is also associated with compromised general health as a result of less than adequate access to health care, poor environments, and inadequate nutrition.^{31,32}

The third National Health and Nutrition Examination Survey (NHANES III) offered an opportunity to evaluate the collective and independent contributions of sociodemographic factors, family characteristics, and health indicators to intellectual development and academic performance within a national sample. The objective of this paper is to present an overall picture of the association of children's cognitive functioning with these factors and thereby help guide public health policy focused on creating optimal environments for children.

Methods

NHANES III was a 6-year (1988 to 1994) survey conducted by the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention. A stratified multistage clustered probability design involving two 3-year phases was used to select a sample of the civilian noninstitutionalized US population 2 months of age and older.³³ Each

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phase produced a representative national sample, the first of which was used for this analysis. Data were collected through a household interview and a physical examination conducted in a specially equipped mobile examination center.³⁴

Dependent Variables

The dependent variables were scaled scores from two subtests (Block Design and Digit Span) of the Wechsler Intelligence Scale for Children-Revised (WISC-R) and two subtests (Reading and Arithmetic) of the Wide Range Achievement Test-Revised (WRAT-R).^{35,36} These inventories are widely used psychometric tools designed to assess general intelligence and simple academic coding skills, respectively.^{2,35,36} In its entirety, the Wechsler Intelligence Scale for Children-Revised can be used to estimate an individual's IQ; NHANES III included only two subtests of the scale to serve as indicators of cognitive functioning rather than to provide an actual IQ score. The subtests were selected, in part, because they are among the least likely of Wechsler's Verbal and Performance subtests to be culturally loaded.³⁷ The scaled scores for all four subtests were on a common scale and derived for each child relative to his or her age group, based on test-specific standardization samples created by the test developers.^{35,36}

The tests were administered in a standardized environment during the physical examination to all children 6 to 16 years of age by trained interviewers according to standardized procedures.^{35,36} Ninety-five percent of the children were tested in English, and the remainder were tested in Spanish. Adherence to the protocol, accurate timing of the tasks, and data collection were enhanced by an automated data recording system. Quality control activities were conducted throughout the survey and indicated consistent adherence to the protocol.

Independent Variables

Data collected during the household interview, as reported by the examined child or a knowledgeable informant, were used for the independent variables.

Demographic characteristics. Age at examination was defined in years and months. A composite race/ethnicity variable divided the sample into four groups: non-Hispanic White, non-Hispanic Black, Mexican American, and other. The terms Black and White are used here to refer to the non-Hispanic Black and non-Hispanic White populations.

TABLE 1—Weighted Mean Scaled WISC-R and WRAT-R Subtest Scores in Children 6 to 16 Years of Age, by Covariates: United States, 1988 to 1991

Covariate	No. ^a	WISC-R Subtest Score, Mean (SD)		WRAT-R Subtest Score, Mean (SD)	
		Block Design	Digit Span	Reading	Arithmetic
Sex					
Male	1242	9.70 (0.19)	8.66 (0.16)	8.12 (0.19)	8.47 (0.15)
Female	1289	9.28 (0.18)	8.98 (0.16)	8.73 (0.17)	8.93 (0.12)
Race/ethnicity					
Non-Hispanic Black	711	7.18 (0.19)	8.01 (0.14)	6.77 (0.21)	7.05 (0.15)
Mexican American	1044	8.59 (0.11)	7.42 (0.20)	6.86 (0.40)	7.23 (0.12)
Non-Hispanic White	776	10.11 (0.22)	9.14 (0.19)	8.95 (0.19)	9.22 (0.17)
Income level ^b					
Low	1084	8.04 (0.21)	8.02 (0.19)	6.71 (0.18)	7.02 (0.20)
Moderate	831	9.62 (0.20)	8.80 (0.22)	8.54 (0.16)	8.85 (0.21)
High	381	10.84 (0.14)	9.81 (0.19)	10.20 (0.25)	10.30 (0.21)
Education ^c					
Less than high school	1093	8.02 (0.20)	7.78 (0.17)	6.67 (0.16)	6.92 (0.23)
High school	781	9.28 (0.21)	8.58 (0.22)	8.13 (0.16)	8.37 (0.17)
More than high school	636	10.65 (0.14)	9.71 (0.17)	9.85 (0.25)	10.16 (0.16)
Size of household					
1-4 persons	1091	9.76 (0.19)	9.02 (0.12)	8.91 (0.13)	8.95 (0.13)
5+ persons	1440	9.16 (0.21)	8.55 (0.19)	7.79 (0.21)	8.37 (0.16)
Region					
Midwest	483	9.92 (0.32)	9.20 (0.22)	8.73 (0.30)	9.14 (0.13)
South	882	9.04 (0.33)	8.62 (0.16)	8.29 (0.20)	8.29 (0.24)
West	929	9.74 (0.22)	8.53 (0.19)	7.85 (0.32)	8.73 (0.27)
Northeast	237	9.56 (0.22)	8.92 (0.57)	8.79 (0.37)	8.82 (0.17)
General health status					
Fair/poor	224	7.96 (0.49)	6.96 (0.31)	6.27 (0.46)	7.15 (0.44)
Very good/good	1425	9.01 (0.25)	8.42 (0.12)	7.86 (0.17)	8.09 (0.18)
Excellent	882	10.12 (0.14)	9.37 (0.18)	9.17 (0.19)	9.44 (0.14)
Marital status ^d					
Married	1766	9.76 (0.18)	8.94 (0.15)	8.72 (0.15)	9.04 (0.15)
Not married	755	8.63 (0.24)	8.40 (0.20)	7.43 (0.25)	7.55 (0.25)
Mother's age at birth, ^e y					
Less than 18	151	8.10 (0.59)	8.21 (0.28)	6.61 (0.62)	8.02 (0.32)
18-35	1451	9.57 (0.20)	8.89 (0.15)	8.02 (0.18)	8.79 (0.18)
Greater than 35	68	10.58 (0.64)	9.31 (0.71)	9.06 (0.69)	8.72 (0.56)
Birth complications ^f					
Yes	184	9.52 (0.40)	8.45 (0.35)	7.31 (0.40)	8.31 (0.47)
No	1386	9.51 (0.18)	8.95 (0.15)	8.11 (0.13)	8.82 (0.15)
Prenatal smoke exposure ^g					
Yes	344	9.05 (0.26)	8.63 (0.18)	7.40 (0.32)	8.19 (0.28)
No	1324	9.68 (0.20)	8.97 (0.16)	8.24 (0.15)	8.95 (0.17)

Note. WISC-R = Wechsler Intelligence Scale for Children-Revised; WRAT-R = Wide Range Achievement Test-Revised.

^aUnweighted sample size.

^bDefined by poverty income ratio (PIR) of low (0.00 < PIR < 1.30), moderate (1.30 ≤ PIR < 3.00), or high (PIR ≥ 3.00).

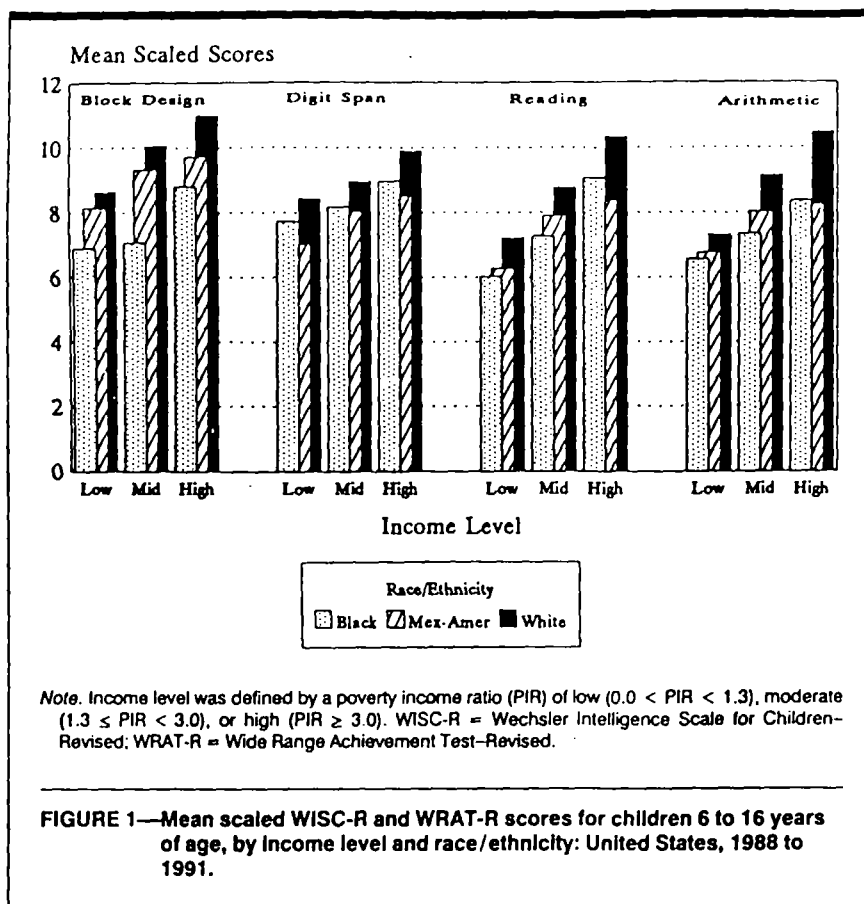
^cYears of education completed by the adult reference person.

^dMarital status of the adult reference person (yes indicates married or living as married, no indicates all other responses).

^eCollected only for 6-11-year-olds.

Annual family income was used to calculate a poverty income ratio, defined as the ratio of the total family income to a poverty threshold for the year of interview, adjusted for family size.³⁸⁻⁴⁰ A poverty income ratio of 1.00 or higher represents those at or above the US

poverty level. In analyses, this ratio was used as both a continuous and a categorical variable (a low poverty income ratio was defined as one of less than 1.30; a moderate ratio, as one between 1.30 and 2.99; and a high ratio, as one of 3.00 or greater). The categorization was selected



to be consistent with criteria used by the US Department of Agriculture for food stamp eligibility.⁴¹

Information was also collected on an adult reference person, defined as one of the persons in the household who owned or rented the home (most often the parent). The highest grade of education attained for the adult reference person was categorized into three groups (<12 years, 12 years, and >12 years). The marital status of the reference person was dichotomized into married or living as married vs all others.

Number of persons per household was dichotomized into an indicator of household size (1 through 4 and 5+) that divided the sample close to the median for size and was consistent with the variable used to create the sample weights. The regional divisions were defined by the US census: Midwest, South, West, and Northeast.

Health status and host characteristics. General health status was based on responses to the following question: "Would you say the child's health in general is excellent, very good, good, fair, or poor?" Three categories were derived: excellent health, very good or good health, and fair or poor health.

Information on host characteristics (age of mother at birth, birth complications, and prenatal smoking) were collected only for children 6 to 11 years of age. The age in years of the biological mother at the time of birth was divided into three categories (<18, 18 through 35, and >35). A history of birth complications was based on a report of birthweight less than 2500 g and/or the response to the following question: "Did the child receive any newborn care in an intensive care unit, premature nursery, or any other type of special care facility?" A history of prenatal smoking exposure was based on the response to the question "Did the child's mother smoke at any time while she was pregnant with the child?"

Analytic Sample and Response Rates

Of the 3261 children 6 to 16 years of age who were selected to participate in the survey, 2965 were interviewed and eligible for examination. Of those children, 2778 were examined, and 2624 had a score for at least one of the cognitive subtests (an overall response rate of 80% [2624/3261]).

The final analytic sample was limited to those children who were non-Hispanic White, non-Hispanic Black, and Mexican

American ($n = 2531$). Children identified as belonging to other races/ethnicities were excluded from the sample because of the small size ($n = 93$) and heterogeneous nature of the subgroup.

The potential effect of nonresponse on the estimates for cognitive functioning was evaluated by comparing observed and expected scores according to previously used methods.⁴²⁻⁴⁴ Missing values for the test scores were more common among the youngest children, yet no apparent bias due to differential nonresponse was detected.

Statistical Analysis

All analyses, unless specifically noted, incorporated the sampling weights and survey design of NHANES III.^{33,45} SUDAAN,⁴⁶ a statistical software package compatible with SAS,⁴⁷ was used to determine standard errors for the estimates, taking into account both the weights and the complex survey design.

Weighted mean scaled scores and accompanying standard errors were calculated for the four subtests, with stratification by the covariates. For each subtest, multiple linear regression models were then separately constructed for two age groups (6 to 11 years [$n = 1686$] and 12 to 16 years [$n = 849$]), with the scaled score serving as the dependent variable. Initially, models were run with the full set of covariates; they were then reduced by removing variables that failed to reach significance ($P < .05$) in all models so as to arrive at a common set of covariates. The reduced models included sex, race/ethnicity, income, education of the adult reference person, general health status, and a history of birth complications (6- to 11-year-olds only). The direction and magnitude of the associations of these covariates with the test scores were comparable in both the full and reduced models. Interaction terms were also introduced but not included in the reduced models because they added little to the fit or failed to reach statistical significance. A small proportion of children were missing information on income level (9%), education of the reference person (1%), and history of birth complications (7%) and thus could not be included in the final models.

Additional analyses were conducted to evaluate the sensitivity of the findings and potential sources of bias. Models were run with modified samples of (1) only those administered the test in English ($n = 2401$) to examine the influence of Spanish administration and (2) only

one child per family ($n = 1125$ for the 6- to 11-year group and $n = 596$ for the 12- to 16-year group) to remove the potential effect of the shared environment and genetic background of clusters of siblings. A single child was chosen from families with more than one child (707 families) through a random selection process within each age category. Models run on both modified data sets demonstrated results comparable in direction and significance to those from the full sample.

Results

Univariate Analyses

The unweighted sample sizes, weighted mean scaled scores, and accompanying standard errors for the four subtests, stratified by the covariates, are presented in Table 1. As expected, lower scores tended to be associated with a lower socioeconomic status. Children with lower family income and level of education of the reference person, an unmarried reference person, and a larger household had uniformly lower test scores.

Lower scores were also associated with minority status. Mean scores were generally highest among White children, intermediate among Mexican Americans, and lowest in Black children.

Test scores also varied according to health-related factors. Children with poorer general health and prenatal exposure to smoke scored lower on all four subtests. Those with a history of birth complications scored lower on all but Block Design. In addition, children born to young mothers demonstrated consistently lower test scores.

The differences in test scores according to sex and region were small and less consistent. Girls performed better than boys, on average, on the Digit Span, Reading, and Arithmetic subtests, while boys performed better on Block Design. Children from the Midwest performed better, on average, than those in the other regions on all of the subtests except Reading, on which children in the Northeast had the highest mean score.

Stratified Analyses

After the data had been further stratified, disparities among race/ethnicity groups were observed in all income levels; mean scores were higher among White children than among minority (Black and Mexican American) children, regardless of income level (Figure 1). Mean test scores were also consistently

TABLE 2—Coefficients from Linear Regression Analysis of Age-Standardized WISC-R Scores, by Age Group: United States, 1988 to 1991

Covariate	Block Design, Coefficient $\pm$ SE		Digit Span, Coefficient $\pm$ SE	
	6-11-Year Group	12-16-Year Group	6-11-Year Group	12-16-Year Group
Sex				
Male	0.43 $\pm$ 0.19*	0.29 $\pm$ 0.35	-0.45 $\pm$ 0.21*	-0.16 $\pm$ 0.30
Female	0.00	0.00	0.00	0.00
Race/ethnicity				
Non-Hispanic	-1.64 $\pm$ 0.29**	-3.05 $\pm$ 0.38**	-0.15 $\pm$ 0.26	-1.24 $\pm$ 0.34**
Black				
Mexican	-0.20 $\pm$ 0.29	-0.31 $\pm$ 0.35	-0.57 $\pm$ 0.26*	-0.88 $\pm$ 0.31**
American				
Non-Hispanic	0.00	0.00	0.00	0.00
White				
Income level ^a	0.56 $\pm$ 0.16**	0.31 $\pm$ 0.10**	0.25 $\pm$ 0.11*	0.37 $\pm$ 0.12**
Education ^b				
Less than	-1.37 $\pm$ 0.42**	-1.96 $\pm$ 0.37**	-1.11 $\pm$ 0.32**	-1.03 $\pm$ 0.33**
high school				
High school	-0.97 $\pm$ 0.40*	-0.52 $\pm$ 0.28	-0.64 $\pm$ 0.24*	-0.89 $\pm$ 0.36*
More than	0.00	0.00	0.00	0.00
high school				
General health				
status				
Fair/poor	-0.96 $\pm$ 0.66	-0.58 $\pm$ 0.69	-1.60 $\pm$ 0.50**	-1.19 $\pm$ 0.29**
Very good/	-0.15 $\pm$ 0.28	-0.62 $\pm$ 0.33	-0.34 $\pm$ 0.18	-0.65 $\pm$ 0.27*
good				
Excellent	0.00	0.00	0.00	0.00
Birth complica-				
tions ^c				
Yes	-0.15 $\pm$ 0.25		-0.53 $\pm$ 0.35	
No	0.00		0.00	
R ²	0.17	0.27	0.09	0.18

Note. WISC-R = Wechsler Intelligence Scale for Children-Revised. The last category serves as the reference category for categorical variables.

^aDefined as a continuous value for the poverty income ratio.

^bYears of education completed by the adult reference person.

^cCollected only for 6-11-year-olds.

* $P < .05$; ** $P < .01$.

higher among children in higher poverty income ratio categories, regardless of race/ethnicity. In a similar fashion, the race/ethnicity differences persisted when they were examined in the context of education of the reference person, general health status, and presence of birth complications (data not shown).

Multivariate Analyses

After all of the covariates had been controlled, income level, race/ethnicity, and educational level demonstrated significant independent associations with each of the subtests. Greater family income was significantly associated with higher test scores in all models. Similarly, White children performed significantly better than Black children on all tests, with the exception of Digit Span and Reading in younger children. The difference between

Whites and Mexican Americans was significant only on Digit Span (for both age groups) and Arithmetic (for older children). Greater education of the reference person was associated with higher test scores in all models.

The remaining covariates, including sex, general health status, and presence of birth complications, were less consistently associated with the test scores. Sex was significantly associated with performance only among 6- to 11-year-olds; boys scored higher on Block Design, and girls scored higher on the other three subtests. General health status and the presence of birth complications were generally consistent in the direction of their association with the test scores, but they were not consistently significant. Children 6 to 11 years old with poorer health scored significantly lower only on Digit Span and

TABLE 3—Coefficients from Linear Regression Analysis of Age-Standardized WRAT-R Scores, by Age Group: United States, 1988 to 1991

Covariate	Reading, Coefficient $\pm$ SE		Arithmetic, Coefficient $\pm$ SE	
	6–11-Year Group	12–16-Year Group	6–11-Year Group	12–16-Year Group
Sex				
Male	$-1.00 \pm 0.24^{**}$	-0.16 ± 0.23	$-0.64 \pm 0.21^{**}$	-0.32 ± 0.23
Female	0.00	0.00	0.00	0.00
Race/ethnicity				
Non-Hispanic	-0.57 ± 0.29	$-2.18 \pm 0.42^{**}$	$-0.68 \pm 0.24^{*}$	$-2.14 \pm 0.21^{**}$
Black				
Mexican	-0.34 ± 0.47	-0.53 ± 0.46	-0.21 ± 0.27	$-0.93 \pm 0.27^{**}$
American				
Non-Hispanic	0.00	0.00	0.00	0.00
White				
Income level ^a	$0.56 \pm 0.14^{**}$	$0.66 \pm 0.18^{**}$	$0.59 \pm 0.14^{**}$	$0.55 \pm 0.14^{**}$
Education ^b				
Less than	$-1.55 \pm 0.34^{**}$	$-2.41 \pm 0.35^{**}$	$-1.57 \pm 0.29^{**}$	$-2.66 \pm 0.45^{**}$
high school				
High school	$-0.88 \pm 0.27^{**}$	$-1.17 \pm 0.39^{**}$	$-1.10 \pm 0.37^{**}$	$-1.12 \pm 0.48^{*}$
More than	0.00	0.00	0.00	0.00
high school				
General health				
status				
Fair/poor	$-1.65 \pm 0.60^{*}$	-0.64 ± 0.61	-0.42 ± 0.75	-0.80 ± 0.56
Very good/	-0.17 ± 0.25	$-0.97 \pm 0.27^{**}$	-0.32 ± 0.22	$-0.99 \pm 0.29^{**}$
good				
Excellent	0.00	0.00	0.00	0.00
Birth complica-				
tions ^c				
Yes	$-0.85 \pm 0.34^{*}$		-0.79 ± 0.39	
No	0.00		0.00	
R ²	0.15	0.34	0.17	0.32

Note. WRAT-R = Wide Range Achievement Test-Revised. The last category serves as the reference category for categorical variables.

^aDefined as a continuous value for the poverty income ratio.

^bYears of education completed by the adult reference person.

^cCollected only for 6–11-year-olds.

* $P < .05$; ** $P < .01$.

Reading; older children with poorer health scored lower on Digit Span, Reading, and Arithmetic. Among the 6- to 11-year-olds, those with birth complications scored significantly lower only on the Reading subtest.

The percentage variations in the test scores explained by the set of variables included in these models are represented by the R^2 values provided in Tables 2 and 3. These variations ranged from 9% on the Digit Span subtest to 34% on the Reading subtest.

Discussion

The data from phase 1 of NHANES III demonstrate that poorer performance on standardized measurements of cognitive functioning was independently associ-

ated with minority status, lower income, and less education of an adult reference person in a national sample of children. Although less consistent as independent predictors of test performance, general health status, history of birth complications, and sex also demonstrated independent effects on the measurements of intellectual functioning and academic achievement.

These findings help refine an understanding of the factors associated with cognitive functioning for the US population of children. They emphasize the importance of using a multifaceted approach when advocating for environments that allow children to reach their full potential. Although physical health status and host characteristics are important areas for intervention, the effects of

poverty, lack of adequate education, and being a member of a minority are most consistent in their independent associations with poorer performance. As a result, effective public health initiatives designed to enhance a child's chances for developing skills and knowledge must include multiple levels of intervention.

The NHANES III results are unique in that they are a product of the latest national survey providing estimates using highly standardized methods and a large representative, unbiased sample of US children. NHANES III was the first survey to include a large national sample of Mexican Americans, the fastest growing minority group in the United States. It was also designed to include large samples of Blacks and children so that estimates could be produced with acceptable precision. Because of its magnitude, it provides sufficient power to simultaneously examine the associations between cognitive test scores and sociodemographic, general health, and family characteristics.

Despite the strengths of the data collected in NHANES III, there are also some limitations. As with most survey data, potential biases associated with nonresponse, either through refusal to participate in the survey or due to item nonresponse, may exist. Although the overall response rate was relatively high (80%) and evaluation of the effect of nonresponse on test scores failed to detect an apparent bias associated with nonparticipation, there is still room for additional biases not measured in these analyses. Item nonresponse for the income variable, in particular, presents a potential source of bias since 9% of the sample could not be included in the multivariate analyses as a result of missing data.

In addition, a potential bias may have resulted from the influence of bilingualism and acculturation on performance among Mexican American children.^{48,49} Other dimensions of the testing context may have also produced bias in performance among selected subgroups. The volley of requests from medically garbed (predominantly non-Black) examiners in the mobile examination center was potentially distracting and perhaps anxiety provoking for young children and Blacks. Black children, in particular, may have been accustomed to different cultural norms for interacting with adults and may have found it difficult to adjust to an unfamiliar environment.⁵⁰

Finally, the small proportion of variability (9% to 34%) explained by the

models represents a limitation to the findings and may have been due to factors not available from the NHANES III data set. Considering the complexity of intellectual functioning and the range of variability explained by other investigators (20% to 60%), it is not surprising that we were unable to account for a larger percentage.^{7,10,17,51,52}

Keeping these limitations in mind, the findings from this study can be distinguished for their general agreement with the existing literature on cognitive functioning in children. Similar predictors of performance on cognitive tests have been demonstrated in reviews of the literature and prior prevalence studies.* In particular, an earlier version of NHANES III (cycles 2 and 3 of the Health Examination Survey, 1963 to 1970) also presented associations among subtests of the Wechsler Intelligence Test for Children-Revised and Wide Range Achievement Test-Revised and race, sex, family income, parental education, and geographic region.^{17-19,56}

Whereas other investigators have presented evidence supportive of associations between cognitive abilities of children and marital status of parents, household size, age of biological mother at birth, and a history of prenatal smoking, our results did not replicate these findings.^{7,27,28} Inconsistencies between our findings and those of other investigators may be due to the inability of other studies to adequately control for confounding factors such as income, parental education, or race/ethnicity.

The demonstrated patterns of race/ethnicity differences have been proposed by some to result primarily from inherent cultural biases associated with standardized tests. Some researchers have even proposed a race/ethnicity-specific differential in the predictive ability of IQ tests for achievement, such that tests of intelligence predict achievement most successfully in White children.⁵⁷ The literature does not consistently support such contentions,^{2,49,58,59} however, and often maintains that tests of intelligence and ability are equally good predictors for Black, White, and Mexican American children.^{2,60} Nonetheless, it is important to keep in mind that subtle effects of culture may still influence performance and should be taken into account when interpreting test results.

Whether the variability observed in this analysis is real or the result of limitations in the cognitive tests cannot be

adequately discerned from the available data. Assuming that the differences are real, the implication is that remedies focused on income alone cannot overcome the inequities introduced by a history of limited opportunities for Blacks and Hispanics. Critical contrasts in experience and life-style specific to race/ethnicity groups remain even after the effects of social class and economic status have been removed.²

Possible mechanisms of action for both race/ethnicity and income may work through similar channels by reducing access to resources that increase the chances for development of skills and knowledge. Children of minority status and those living in poverty face difficult challenges related to physical and emotional health, housing, educational and social opportunities, nutrition, and general discrimination and racism in US society.^{2,48,59,61,62} These factors, in conjunction with characteristics specific to minority cultures (e.g., culture-specific attitudes, values, and motivations and native language), have been postulated to contribute to a child's performance on standardized cognitive tests.^{2,49,58,59,61,62}

Independent of race/ethnicity and income, the educational level of the adult reference person also proved to be an important predictor of performance. The education of the reference person, who may be a parent or adult living in the household, could represent both environmental and hereditary contributions to a child. Some studies have found that intellectual functioning and academic achievement of parents are by far the strongest predictors of a child's intellectual functioning.^{3,63} The educational level of adults living in a child's household, regardless of whether they are parents, may also be viewed as an indicator of the household's "human capital."⁶⁴ This capital provides a resource for a child and would naturally be augmented with greater education of the reference person. The investment of a household's human capital in the development of a child would surely contribute to that child's cognitive functioning.

The differential effects of the remaining variables included in the models suggest independent associations between test performance and sex, health status, and a history of birth complications. The general implications of these findings are that being male, having compromised health, and having a history of birth complications are all associated with poorer cognitive performance on selected subtests.

To meet the goals of providing optimal environments for children, it is clearly important to diminish the adverse effects of race/ethnicity, poverty, and compromised physical health on cognitive functioning. Current population estimates suggest that the US population has exhibited an increase in the percentage of minority children and an increase in the number of impoverished children across all race/ethnicity groups.⁶⁵ Such changes in the configuration of the population make the apparent associations among poverty, minority status, and the cognitive functioning of children even more important as a focus for the implementation of programs to improve the health of US children.

Further investigation is warranted to account for the unexplained variability in test performance and to identify modifiable factors that may improve functioning. Research focused on causal mechanisms for cognitive functioning will also aid in the development of appropriate remedies. These results indicate that, as America becomes more diverse, greater efforts need to be directed toward improving access to economic and educational opportunities and removing obstacles such as poor health and the possible effects of discrimination and racism. Such efforts are essential if we are to prepare for a healthy and productive population in the next century. □

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The Children's Beat

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Cathy Trost

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This Just In...

□ **The Chicago Tribune** published an 88-page reprint of its 1994 project, "Saving Our Children," which followed an earlier project, "Killing Our Children." Five separate series made up "Saving Our Children" and its examination of the social conditions that put children at risk and what can be done to change them. "When Families Fail" looked at the Illinois Department of Children and Family Services and its task of mending broken families; "When Kids Have Kids" examined teen pregnancy; "Before Abuse Begins" looked at efforts to reach parents early and prevent child abuse before it starts; "Birth" examined how the way children think, love and relate to the world are determined from their first moments of life; and "Block by Block" profiled neighborhoods where people are working to help the disadvantaged.

□ **The Sun-Sentinel** (Ft. Lauderdale, Fla.) published "Profits from Pain," a five-part series documenting the widespread problems with Florida's Medicaid HMO system (Dec. 11-15, 1994). The series, written by reporters Fred Schulte and Jenni Bergal, examined inadequate services and profiteering in the system which is responsible for the health care of 360,000 of the state's poorest residents, the majority of them young women and their children.

□ **KLRU-TV**, PBS station in Austin, Texas, is leading a "community-wide conversation" on juvenile crime and violence with elected officials, churches, parent-teacher associations

and civic leaders. The initiative began in January 1995.

□ **Columbia University's Graduate School of Journalism** launches its Prudential Fellows for Children and the News. Four fellows were chosen for the 1995-96 academic year: **David Hechler**, an independent investigative reporter who will be studying Sudden Infant Death Syndrome and homicide; **Melissa Ludtke**, an independent journalist and 1995 Casey Journalism Center fellow who will be examining children and violence; **Lenore Gittis**, a lawyer and child advocate in New York who will work on a television documentary about what we know about what works for children and public policy; and **Katherine Schulten**, an English teacher at a Brooklyn high school who will examine the culture of American high schools and what school means to youth in diverse communities. Fellows will participate in a program of special seminars, meetings with leading experts, interdisciplinary studies and project-oriented work. The nine-month fellowship offers tuition and a stipend to offset living expenses. The school also plans to launch a new course, "Covering Children's Issues," next year.

Send us your clips and tell us what you're doing. We'd like to keep track of fellowship and medals recipients' moves, promotions, awards, works in progress, etc. We're also interested in stories about children's issues from all news organizations. If you would like a copy of any of the stories mentioned, please give us a call.

Inside Story

Apply Now:
The Casey Medals for Meritorious Journalism

...7

Source Box

...6

31 Journalists Selected for Casey Conference on Child Welfare Issues

Thirty-one print and broadcast journalists from around the country have been awarded fellowships to attend the Casey Journalism Center's conference on "Protecting the Welfare of Children," to be held June 11-16 at the University of Maryland.

Triple the number of applicants applied for the available fellowship spots for the Center's third annual conference. Some are starting new beats or projects related to children's issues at their news organizations, while others have long been involved in reporting about the welfare of children. They are united in a common goal to better understand child abuse and foster care problems, child poverty, violence, and teen pregnancy, especially in light of sweeping changes proposed in many

federal and state child welfare programs. (See list of fellowship awards, p. 2.)

The intensive, week-long conference will feature discussions with a range of experts on the connecting problems which challenge children and families today. The conference will explore the causes of increasing poverty among the young and the debate over how the nation can create more economic and cultural stability for vulnerable children and families.

Sessions will focus on helping journalists better understand issues that are widely covered—but rarely covered well: the causes and consequences of child poverty and teen pregnancy, and analysis of how competing proposals for welfare reform will impact the

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Cincinnati Enquirer Creates Children's Index While New Reporting Beats, Teams Spread

The *Cincinnati Enquirer* created an innovative index to measure the well-being of children and plans to run it annually.

The "Tristate Child Index," which ran on Page One in January with a jump to 1 1/2 pages inside, showed that juvenile crime and school dropout rates are worse in the local region than national averages, but the region has fewer children in poverty and less child abuse than the country as a whole.

"People are surprised that this is America's 'most liveable city' but kids aren't doing as well as they might think," says *Enquirer* Managing Editor Janet Leach.

The index was the final installment of *The Enquirer's* seven-month "Everybody's Children" series, but Leach said the paper is committed to continuing coverage of children and their problems. (See sidebar, p. 4.)

The *Enquirer's* effort joins a growing list of new print and broadcast projects and teams on children's issues. Newsroom restructurings, a rising interest in new forms of community journalism, and the national focus on the potential impact of welfare reform on families and children are behind the trend.

In Milwaukee

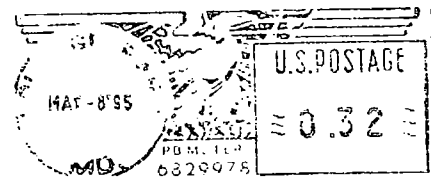
When the newly merged *Milwaukee Journal Sentinel* debuted in early April, it featured a new "Family and Children" team of reporters. The five-reporter team, edited by Marilyn Krause, is one of four new teams under the supervision of Celeste Williams, senior editor/issues. Williams, who was a fellow at the first Casey Journalism Center conference in 1993,

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The Children's Beat

Casey Journalism Center for Children and Families
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Conference
from page 1

prospects of children and families. Sessions will also focus on efforts to revamp state child welfare systems and tension between the media and child welfare systems and how that affects policymaking and public views.
Speakers confirmed for the conference so far include: Elijah Anderson, professor of

sociology at the University of Pennsylvania; Douglas Besharov, resident scholar at the American Enterprise Institute; Jeanne Brooks-Gunn, director, Center for Children and Families, Teachers College of Columbia University; Leon Dash, staff reporter, *The*
continued on next page

31 Fellows Selected for Third Casey Conference

JUNE ARNEY Juvenile Justice Reporter <i>The Virginian-Pilot</i> Norfolk, Va.	RACHEL L. JONES National Correspondent <i>Knight-Ridder, Inc.</i> Washington, D.C.	SARAH NORDGREN Reporter <i>Associated Press</i> Chicago
GEORGE BAUER National News Editor <i>Monitor Radio</i> Boston, Mass.	ADRIAN NICOLE LeBLANC Freelance Journalist (<i>New York Times Magazine, Esquire</i>) New York	NATALIE PARDO Reporter <i>The Chicago Reporter</i>
LAURA BRUNO Reporter <i>Staten Island (N.Y.) Advance</i>	MARCELLA LEE Reporter/Field Producer <i>WBNS-TV, Columbus, Ohio</i>	LESLIE PHILLIPS Reporter <i>USA TODAY</i> Arlington, Va.
CAROLE CANNON Staff Writer <i>Akron (Ohio) Beacon Journal</i>	DONNA LEINWAND Staff Writer <i>The Miami Herald</i>	STEVEAN ROSENBLIND Special Projects Reporter <i>The Fresno (Calif.) Bee</i>
SALLY CHERIEL Family & Children Team <i>The (Portland) Oregonian</i>	MELISSA LUDTKE <i>Random House</i> book contract on unmarried motherhood Cambridge, Mass.	CATHERINE RYAN Reporter <i>Gannett Suburban Newspapers</i> White Plains, N.Y.
EVAN DAVIS Deputy Editorial Page Editor <i>The Journal-Gazette</i> Fort Wayne, Ind.	MEG MCSHERRY Education Writer <i>The Daily Southtown, Chicago</i>	KRISTINA SAUERWEIN Reporter <i>Las Vegas Sun</i>
D'ARCY FALLON Writer <i>Gazette Telegraph</i> Colorado Springs, Colo.	ELIZABETH MEHREN Staff Writer <i>Los Angeles Times</i>	CASSANDRA SPRATLING Staff Writer <i>Detroit Free Press</i>
NICOLE GALLAGHER Producer <i>ABC World News Tonight</i> New York	TERESA MOORE Reporter <i>San Francisco Chronicle</i>	JUANITA STEVENSON Reporter/Anchor <i>KFSN-TV</i> Fresno, Calif.
BRIAN GREGG Family and Children Reporter <i>The Cincinnati (Ohio) Enquirer</i>	MARY BETH MURPHY Social Issues Reporter <i>The Milwaukee Journal Sentinel</i>	JANE SUTTER Passages & Learning Circle Edit. <i>The State</i> Columbia, S.C.
JOANNE JACOBS Columnist & Editorial Writer <i>San Jose (Calif.) Mercury News</i>	ANNIE NAKAO Metro Reporter <i>San Francisco Examiner</i>	SUSAN WALLACE Reporter <i>The Houston Post</i>
	MARY NEWSOM Editorial Writer <i>The Charlotte (N.C.) Observer</i>	

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non-traditional public service announcement discouraging youth from joining violent street gangs.

□ **Karen Houppert** (1994 fellow), staff writer for the *Village Voice*, has co-written a play with her husband, Stephen Nunns, based on a series of articles she wrote for the *Voice* about the Glen Ridge, N.J., rape trial of neighborhood boys for the sexual assault of a young retarded woman. The play, "Boys in the Basement," had a limited engagement in April at HERE, a New York theater.

□ **Andrea Neal** (1994 fellow), reporter for *The Indianapolis Star*, moves to editorial writer. Kim Hooper now covers social issues for *The Star*.

□ **Deborah Cohen** (1993 fellow), assistant editor at *Education Week*, is

the editor of a new special monthly section of the weekly newspaper called "Communities." The section will explore efforts to build better connections between schools, families and communities to address the nonacademic needs of children and further the goals of school reform.

□ **Leslie Dreyfous** (1993 fellow), reporter for the Associated Press, New York, is concluding a Nieman Fellowship at Harvard this year and writing a book on communities and families, which will be published this fall.

□ **Linda Matchan** (1993 fellow), staff writer for *The Boston Globe*, reported on the Massachusetts Bay Transportation Authority's attempts to make the public transit system more understandable and accessible to kids (Dec. 15, 1994).

□ **Kimberly Mills** (1993 fellow), former acting city editor at the *Seattle Post-Intelligencer*, has been promoted to city editor.

□ **Celeste Williams** (1993 fellow), former reporter for the *Milwaukee Journal*, has been promoted to senior editor/issues for the newly merged *Milwaukee Journal Sentinel*. Four new teams under her supervision include a new "Family and Children" team of reporters (see story, p. 1).

□ **John Woestendiek** (1993 fellow), reporter for *The Philadelphia Inquirer*, was part of a team of *Inquirer* reporters who won the 1994 National Award for Education Reporting (for a series, Newspapers over 100,000 circ.) from the Education Writers Association for a series called "District in Distress."

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Casey Journalism Center for Children and Families

Casey Medals for Meritorious Journalism

First-place winners in ten categories receive \$1,000 awards and \$2,000 study/travel grants

The awards will honor distinguished coverage of disadvantaged and at-risk children and their families, and the institutions and agencies charged with serving them. **WORK PUBLISHED OR BROADCAST BETWEEN JUNE 1994 AND JUNE 1995 IS ELIGIBLE.** Categories include news or features in daily newspapers over 100,000 circulation; news or features in daily newspapers 50,000 to 100,000 circulation; news or features in daily newspapers under 50,000 circulation; news or features in national/regional magazines; editorials or commentary in daily newspapers or magazines of any size; television (documentary, investigative and features categories); radio; and photojournalism. Judges include nationally known journalists, editors and journalism educators. There is no entry fee.

ENTRY DEADLINE: RECEIVED BY AUGUST 1, 1995

For an application, contact:
Cathy Trost, Director, Casey Journalism Center, College of Journalism,
University of Maryland, College Park, Md. 20742-7111. Phone: 301-405-2482.

The Center is part of the University of Maryland College of Journalism and is funded by the Annie E. Casey Foundation.

The Enquirer is sponsoring a community fair to help link people who want to help children with agencies and groups involved in foster care, child advocacy and volunteering on behalf of children.

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In April, *ABC News* broadcast an hour-long prime time special report on children's issues hosted by *ABC News* Anchor Peter Jennings with reporting by *ABC News* "American Agenda" correspondents Bill Blakemore, Carole Simpson and Rebecca Chase. "Putting Children First: How To Save Our Future" explored early childhood care and development, parent involvement and school reform, and teen pregnancy and other risks of adolescence, with an emphasis on how communities across the country are working to solve problems confronting children and families.

The Bradenton (Fla.) Herald has embarked on a year-long reporting project on child

sexual abuse, which was touched off late last year with a computer-assisted reporting project on child abuse statistics at the state and local level. The "public journalism" project also involves a public awareness campaign to get the community involved in identifying problems and possible solutions. *The Herald* has hosted two community forums on child sexual abuse with the goal of stimulating community solutions. "Our goal was to start the community—people like yourselves—thinking together about solutions to the pervasive and growing problem of child sexual abuse," wrote *Bradenton Herald* Executive Editor Wayne Poston. **CB**

The Enquirer's Children's Index

When *The Cincinnati Enquirer* set out to provide readers a broader picture of how children are doing in the region, it ended up creating a new statistical index to measure the well-being of children.

The Enquirer's "Everybody's Children" project team met with Sally Lloyd, acting dean of Miami University's School of Education and Allied Professions, to identify statistics to be used. Data was organized into four categories: economic status, health, safety and educational attainment. Grades were assigned to data collected in each category to show how local conditions compared to national statistics. (See next page.)

The index results provided information on the percentage of children in poverty, median household income, child support collection rates, percent of children receiving AFDC, infant mortality, rate of underweight newborns, percent of women receiving early prenatal care, juvenile violent crime rates, substantiated cases of abuse/neglect, percent of children in foster care, percent of ninth- and 12th-graders passing Ohio's Ninth-Grade Proficiency Test, percent of youth in 7th-12th grades dropping out of school and number of the region's 18-to-24-year-olds without diplomas.

The index assigned a grade of "F" to juvenile crime and "D" to school dropout rates. The statistics showed that about 68 in 1,000 of the region's children under 18 have been arrested for a violent crime compared to the national ratio of 44 in 1,000. On the dropout rate, 4.7 percent of regional students in grades seven through 12 left school in the 1992-93 school year, compared to the national rate of 4.4 percent.

But "A" was awarded in five areas—lower-than-average rates of child abuse and neglect, children in foster care, strong high school

graduation rates, fewer children in poverty and better-than-average child support collections.

"Overall, children here fare better than children do on a national scale," wrote Mark Cornutte in the Jan. 29 story. "But, advocates for children say, that's not good enough. In a region where unemployment is low, the economy diverse, the religious community strong and the culture family oriented, advocates say, there should be zero tolerance for childhood misery."

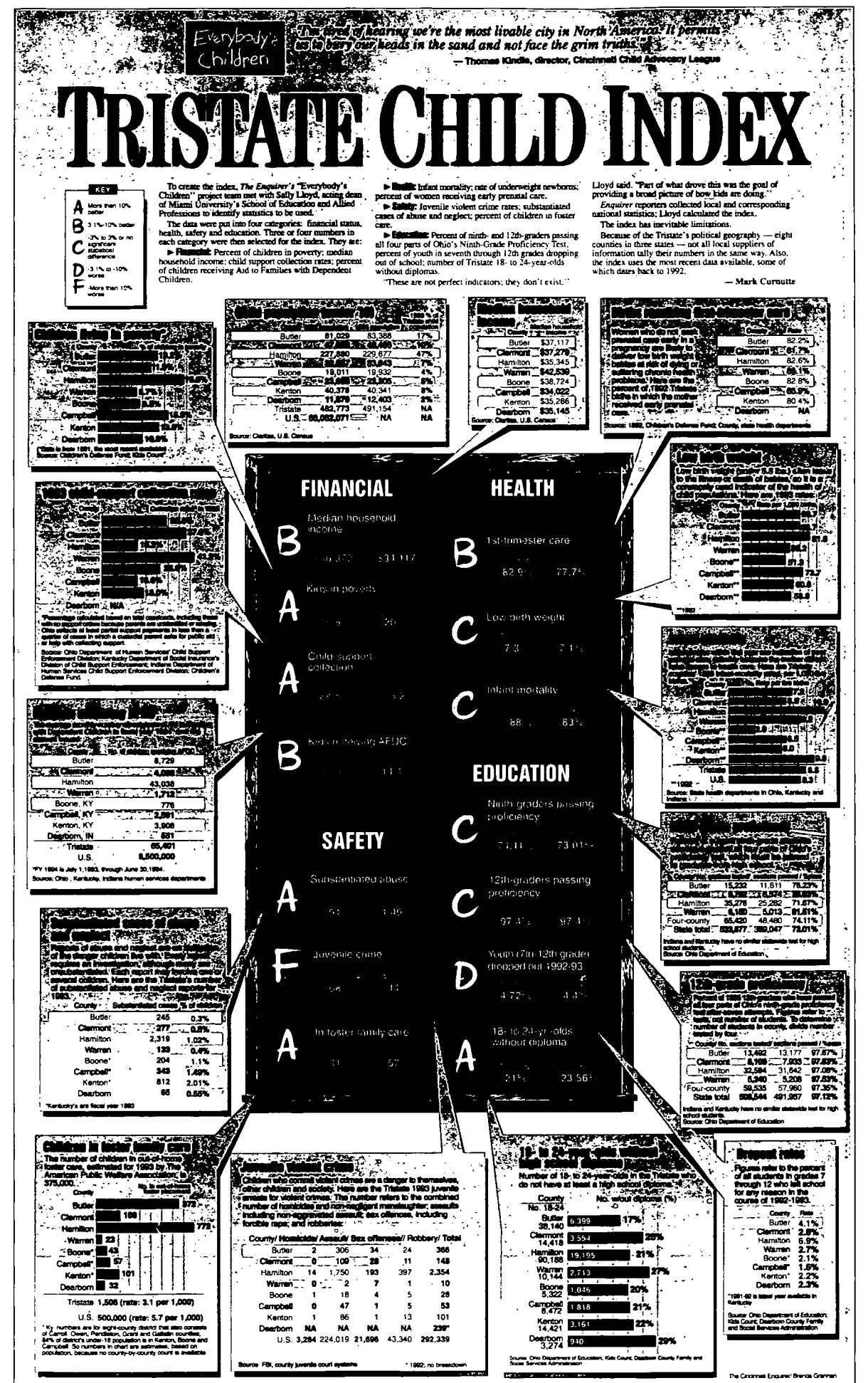
Statistics were collected from four counties in Ohio, three counties in Kentucky and one county in Indiana. *Enquirer* reporters collected the local and national statistics, while Ms. Lloyd calculated the index.

Beyond the statistics and ratings, *The Enquirer* also included interviews with local experts about the problems and possible solutions.

Meanwhile, *The Enquirer's* children's beat reporter, Brian Gregg, and other reporters continue to produce stories under the logo "Everybody's Children." The project, launched last year, examined poverty, homelessness, violence, education, health care and teen pregnancy.

The paper is also planning a major investigation looking at groups which work on behalf of kids to find out who is actually helping children and where the money goes.

In other areas, *The Enquirer* is sponsoring a community fair to help link people who want to help children with agencies and groups involved in foster care, child advocacy and volunteering on behalf of children. "We had so much response to the series and the index, but people don't know how to get involved," said Leach. The paper also plans a second children's health hotline, which offers free phone lines to readers to query doctors from the local children's hospital. **CB**



Source Box

(This is a regular feature spotlighting a resource or expert on children and family issues. We're looking for diverse sources around the country so please send us good ideas from your city and state. Fax to Source Box: 301-314-1516)

BOARD ON CHILDREN AND FAMILIES

National Research Council

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What It Does:

The Board on Children and Families was created in 1993 to provide a national focal point for authoritative, non-partisan analysis of child and family issues relevant to policy decisions. The Board is part of the National Research Council, which is the National Academy of Sciences operating arm, and the Institute of Medicine. The Board synthesizes, analyzes and evaluates behavioral, social and health science research that relates to critical national issues about children and families. The Board convenes meetings and workshops to foster exchange of ideas and examine timely issues, and sponsors large-scale studies to synthesize research and make recommendations on nationally important issues. The Board also disseminates information from projects within the National Research Council and Institute of Medicine.

Areas of Major Focus:

The Board's four priority areas include: Children in Precarious Family Circumstances (engaged in determining what we know and need to learn about successful interventions in the area of family violence); The Social Implications of the Growing Diversity of the Childhood Population (establishing priorities for scientific work on the growing population of non-English speaking students in schools along with a focus on health and mental health of immigrant children and families); The Science Base for Childhood Interventions (discussion of research and models to advance the quality of Head Start, enhance knowledge about welfare and children's development, child care research and federal statistics on children); and The Quality of Children's Health Care.

Recent Publications:

"Immigrant Children and Their Families" (summer 1995); "Integrating National Statistics on Children" (1995); "Cultural Diversity and Early Education" (1994); "Benefits and Systems of Care for Maternal and Child Health" (1994); "America's Fathers and Public Policy" (1994); "Violence and the American Family" (1994).

This Just In...

Breaking News About Casey Center Fellows and News Coverage of Children's Issues From Around the Nation.

□ 1994 Casey Center fellows continue their reporting on children's issues:

John Barry completed an extensive five-part series for *The Miami Herald* focusing on the impact intelligence has on early childhood development (Nov. 4-9, 1994). The articles explored current understanding of intelligence, the effects of illicit drugs, and the cultural biases embedded in IQ tests. (Port St. Lucie, Fla.) *News* reporter **Jennifer Maddox** wrote an article revealing the difficulties involved in recognizing, reporting and prosecuting incest cases (Feb. 19, 1995). **Betsy Rubiner**, family reporter for the *Des Moines Register*, wrote a story on Minnesota Parents' Fair Share, a program that helps parents who are behind on child support payments get education, job training and counseling. The goal is to enable parents to financially support their kids, keeping them off welfare. **Louise Kiernan**, staff writer for the *Chicago Tribune*, is part of the team of reporters which worked on "Saving Our Children," a year-long project which ran in 1994 analyzing the social conditions that put children at risk and examining what can be done to save lives (see next page).

□ **Ben Holbert** (1994 fellow), news reporter and anchor for WUAB-TV, Cleveland, received the 1995 Community Service Award from Kent State University in recognition of his contributions to the Cleveland area. KSU's Office of Diversity presents the award annually to an individual dedicated to supporting the African American community. The university noted that Holbert frequently visits Cleveland area schools to talk to students and that he was featured in a

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Washington Post, and 1995 Pulitzer Prize winner; David Ellwood, assistant secretary for planning and evaluation, U.S. Department of Health and Human Services; Robert Greenstein, executive director, Center on Budget and Policy Priorities; Robert Haveman, John Bascom Professor in the department of economics at the University of Wisconsin; Donald Hernandez, chief of the Marriage and Family Statistics Branch of the U.S. Bureau of the Census; and Marcia Robinson Lowry, director, ACLU Children's Rights Project.

Also, Rebecca Maynard, trustee professor of education and public policy, University of Pennsylvania; Jess McDonald, director, Illinois Department of Children and Family Services; Sara McLanahan, professor of sociology and public affairs, Princeton University; Lawrence Mead, visiting professor, Woodrow Wilson School, Princeton University; Kristin Moore, executive director, Child Trends, Inc.; David Popenoe, professor of sociology, Rutgers University; Robert Rector, senior policy analyst, The Heritage Foundation; Stephanie J.

Ventura, Division of Vital Statistics, National Center for Health Statistics; Paul Vincent, director of the Alabama Department of Human Resources Family and Children's Services Division; Benjamin Wolf, staff attorney, Illinois ACLU; and Dr. Barry Zuckerman, chairman of the department of pediatrics, Boston University School of Medicine.

There also will be panels on new models of reporting from around the country and on coverage of child welfare issues with noted journalists and researchers. In addition, the journalists will spend a day on Capitol Hill in briefings with key congressional officials and staff.

The selection committee which chose the fellowship winners included: Dorian Friedman, associate editor, *U.S. News & World Report*; Rebecca Lipkin, producer, *ABC World News Tonight*; and Laura Sessions Stepp, staff writer, *The Washington Post*.

A summary of the conference will be published next fall in the national journalism monthly, *American Journalism Review*. 

Enquirer *continued from page 1*

has long had an interest in children's issues and most recently headed a team covering urban issues. The family and children team covers five areas: aging and demographics, family management (family financial issues), children and family rights (juvenile justice and child welfare issues), parenting and relationships, and a Friday tabloid for teens called "Jump."

The areas of coverage are similar to those devised last year by *The (Portland) Oregonian* when it launched its own five-member family team. *Milwaukee Journal Sentinel* managing editor Martin Kaiser studied *The Oregonian* and other newsrooms around the country in redesigning the paper's new flattened team concept of coverage. "The new structure is based more on covering issues and people rather than buildings and institutions," says Williams. The other three "issues" teams include health and medicine, regional affairs, and enterprise and projects.

Williams says interest in the newsroom in the new teams was strong, with 95 applications for 18 slots. The family and children team also is responsible for a weekly tab section called "Family." One of its first features examined an early childhood learning center, and included a column by the family management reporter on how families can take advantage of the Earned Income Tax Credit.

At Other News Organizations

In other new projects, Monitor Radio, the broadcast service of the *Christian Science Monitor*, is picking up the pace of its children's coverage with several series and special reports scheduled this year in which children and family matters play a pivotal role. Among them are poverty and its effects; an examination of foster care and how to make the child welfare system work better; a report card on the state of education 12 years after the report, "A Nation At Risk," was released; and a series on the elderly, including how elderly Americans interface with the current generation in their 20s, or "Generation X." The five-part series on the elderly will air in May, just prior to the White House Conference on Aging.

In addition, Monitor Radio has been covering as a continuing news story the political battle over welfare reform and its impact on families. Last year, seven journalists contributed segments for the Monitor Radio series, "American Family Portrait."

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Winning Casey Medals Entries Available

Booklets featuring the winning entries of the 1994 Casey Medals for Meritorious Journalism will soon be available. The publication will include the articles and transcripts of the nine winners, information on how the stories were conceived and problems overcome, and judges' comments. Copies are limited, and working journalists will be given first preference. Contact the Casey Journalism Center to receive a copy at no charge.