

GIH EARLY CHILDHOOD DEVELOPMENT

*Putting Knowledge
Into Action*

ISSUE BRIEF NO. 8

BASED

ON A

GRANTMAKERS

IN HEALTH

ISSUE DIALOGUE

WASHINGTON, DC



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Foreword

As part of its continuing mission to serve trustees and staff of health foundations and corporate giving programs, Grantmakers In Health (GIH) convened a select group of grantmakers and national experts who have made a major commitment to improve the health and well-being of young children. The roundtable explored the latest research examining early childhood development, as well as public and private programs serving families with young children. The discussion ultimately centered upon the importance of grantmaker involvement to improve early childhood development, including the services delivered to young children and their families, training for professionals, and continued research and evaluation.

This report brings together key points from the day's discussion with factual information on demographic, health and human services, and public policy trends drawn from a background paper prepared for the meeting. When available, recent findings, facts, and figures have been incorporated.

Special thanks are due to those who participated in the Issue Dialogue but especially to presenters and discussants: Andrea Gielen, deputy director of the Center for Injury Prevention Research and Policy at Johns Hopkins University; Maneesh Goyal, program officer at The Dyson Foundation; Carol Welsh Gray, director of the Center for Venture Philanthropy at the Peninsula Community Foundation; Karen Hendricks, program advisory committee member at The Dyson Foundation;

Michael Kelly, program officer at the Paso del Norte Health Foundation; Kathryn Taaffe McLearn, assistant vice president at The Commonwealth Fund; Deborah Phillips, chair of the Department of Psychology at Georgetown University; Amy Ritualo, research associate at The Annie E. Casey Foundation; Mark Rosenberg, director of programs at the Center for Child Well-Being; Phyllis Stubbs-Wynn, chief of the Infant and Child Health Branch within the Maternal and Child Health Bureau; and Fasaha Traylor, senior program officer at the Foundation for Child Development. The meeting was chaired by Anne Schwartz, vice president of GIH.

Kate Treanor of GIH's staff planned the program and wrote the initial background paper. She also synthesized the background paper with points made at the meeting. Anne Schwartz and Leslie Whitlinger of GIH also contributed to the final report. GIH also gratefully acknowledges The Commonwealth Fund for its support of this program, the eighth in a series of forums designed to bring grantmakers together with experts in policy, practice, and research to exchange information and ideas about key health issues.

About GIH

Grantmakers In Health (GIH) is a nonprofit, educational organization dedicated to helping foundations and corporate giving programs improve the nation's health. Its mission is to foster communication and collaboration among grantmakers and others, and to help strengthen the grantmaking community's knowledge, skills, and effectiveness. Formally launched in 1982, GIH is known today as the professional home for health grantmakers, and a resource for grantmakers and others seeking expertise and information on the field of health philanthropy.

GIH generates and disseminates information about health issues and grantmaking strategies that work in health by offering issue-focused forums, workshops, and large annual meetings; publications; continuing education and training; technical assistance; consultation on programmatic and operational issues; and by conducting studies of health philanthropy. Additionally, the organization brokers professional relationships and connects health grantmakers with each other as well as with others whose work has important implications for health. It also develops targeted programs and activities, and provides customized services on request to individual funders. Core programs include:

- **Resource Center on Health Philanthropy.** The Resource Center monitors the activities of health grantmakers and synthesizes lessons learned from their work. At its heart are staff with backgrounds in philanthropy and health whose expertise can help grantmakers get the

information they need and an electronic database that assists them in this effort.

- **The Support Center for Health Foundations.** Established in 1997 to respond to the needs of the growing number of foundations formed from conversions of nonprofit hospitals and health plans, the Support Center now provides hands-on training, strategic guidance, and customized programs on foundation operations to organizations at any stage of development.
- **Building Bridges with Policymakers.** GIH helps grantmakers understand the importance of policy to their work and the roles they can play in informing and shaping public policy. It also works to enhance policymakers' understanding of health philanthropy and identifies opportunities for collaboration between philanthropy and government.

GIH is a 501(c)(3) organization, receiving core and program support from more than 175 funders annually.

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Introduction

Positive early development is essential to the health and well-being of children, and to promoting their success now and in the future. The early years of life are a critical period during which children's brains develop rapidly, and their cognitive, emotional, and social competencies, as well as their sense of well-being, form and expand. While recent public attention regarding childhood development has focused on physical and cognitive development in the formative years, there is solid awareness among researchers and specialists in the field that the development of healthy, well-adjusted children encompasses a much greater length of time and involves many interacting factors. According to Deborah Phillips, chair of the department of psychology at Georgetown University, "Development is continuous ... it does not have sharp demarcations. The focus on birth to 3 both starts too late and ends too soon." Additionally, how young children feel – their socioemotional development – is as important as how they think.

A great deal is already known about the developmental process in infants and young children, and how a number of factors – physical health, parental involvement, economic status, and the environment, among others – can affect that development. New research constantly adds to our existing knowledge base, informing the practices used in various settings where children are cared for and nurtured, and contributing to evaluating current efforts and determining future priorities. "The challenge is to apply proven knowledge and integrate it into campaigns that shape social norms and influence public will," suggests Mark Rosenberg, director of programs at the Center for Child Well-Being in Atlanta, Georgia. "The challenge is to expand funding for proven programs while continuing to track and learn from newer efforts."

Good health is one of the cornerstones of early childhood development. Healthy children suffer from fewer preventable illnesses and disabilities, and their parents bear a lesser burden of caring for sick children and paying for medical care. Healthy children are also more likely to succeed in school, to become productive workers, and to be better parents themselves (Carnegie Corporation of New York 1994). Conversely, poor health can prevent children from participating in physical activities, limit school attendance, and restrict social development. Although tremendous improvements have been made in children's health over the last century, some children still face serious illness and chronic conditions. Disparities in children's health also continue to exist in terms of access to and quality of health care services, health education and prevention, and community safety (Brown et al. 1999).

During the first years of life, children are especially sensitive to relationships with their parents and families and to their environment. These experiences have a significant impact on how they function from preschool to adolescence and into adulthood (Carnegie Corporation of New York 1994). Unfortunately, a significant number of children under the age of 3 experience one or more of the following risk factors: inadequate prenatal care; substandard child care; poverty; and isolated parents due to an increased number of divorces and single-parent households, as well as decreased family support. Moreover, a greater percentage of children born in our largest cities face higher risk levels than those living in the rest of the country (The Annie E. Casey Foundation 1999). Many of these risk factors are multiplicative: While the outcomes of children with only one risk factor are the same as those with no identified risks, children with two or more risk factors are four times more likely to develop social and academic problems (Carnegie Corporation of New York 1994).

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We are witnessing a sea change in the area of early childhood development. We have learned a great deal and are standing on firmer scientific ground than ever before in our understanding of the importance of children's early years. Although we don't understand everything, we have a great deal of knowledge about nature and nurture, biology, the environment, and what a difference these elements make in the lives of young children and the families they live in.

KATHRYN TAAFFE MCLEARN
THE COMMONWEALTH FUND
NOVEMBER 2000

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Child development should be considered broadly. The strengths that young children need to develop at various junctures and the characteristics expected at different ages should be examined in an all-encompassing way. “We must take a comprehensive look across the life span, because development is lifelong – how children develop affects who they become as adults,” explains Mark Rosenberg.

Grantmakers have a tremendous knowledge base from which to understand and influence child development, and this knowledge is constantly growing. The field – as described by the National Academies’ Board on Children, Youth, and Families – is “guided by a common convergent body of knowledge, derived from a mixture of theory, empirical research, and ‘practical’ professional experience” (National Academies 2000a). The challenge for grantmakers is to apply this multifaceted knowledge to program design, implementation, and evaluation.

Grantmakers In Health (GIH) convened an Issue Dialogue on November 1, 2000, bringing together experts from the fields of research, government, health care, and philanthropy to examine the latest child development research and explore its application to new and existing programs. The day’s discussion took a holistic approach to early childhood development, emphasizing the importance of examining developmental stages in an integrated way, rather than as separate stages. Emphasis also was placed on child well-being, which includes a physical domain (both health and safety), a cognitive domain, and a socioemotional domain.

This Issue Brief incorporates the meeting’s presentations and discussion with information from a background paper written for the Issue Dialogue. It provides a picture of the health and well-being of young children in America

and an overview of the factors influencing their development. It also looks at current privately funded and government-sponsored programs. Elements of successful programs, along with evaluation results, are also presented. Finally, the Issue Brief highlights innovative programs that strive to improve the health and well-being of young children.

The report is divided into the following sections:

- the continuum of child development, including the latest research on brain development;
- child and family demographics;
- indicators of child health and well-being;
- programs supporting early childhood development, including both government and privately funded programs;
- elements of successful programs and evaluation results; and
- strategies and opportunities for grantmaker work in early childhood development.

The Continuum of Child Development

While good health and positive relationships with primary caregivers form the foundation for positive child development, other factors and considerations also play an integral role. The process of development is complex and nonlinear, characterized by unexpected bumps, turns, detours, and obstacles, with many pathways to competence. Children and their families are heterogeneous, and their abilities vary widely. Viewing all child functioning within the context of a simple developmental continuum thus has limitations. Finally, there is a distinct interplay between vulnerability and resilience – not all challenges or risks have the same effect. What may be devastating to one child will be overcome by another. At the same time, cumulative burdens or risks are viewed as

the most powerful determinant of development (National Academies 2000a).

Traditionally, the field of child development has focused on physical health and on the domains of cognitive, motor, and language skills. Social and emotional development, however, are equally important. Including measures of these capabilities and skills in evaluations of early childhood development can increase both the meaning and value of evaluation processes. The National Academies' Board on Children, Youth, and Families identified three dimensions of early childhood development which involve this continuum: self-regulation, establishment of early relationships, and the acquisition of knowledge and development of specific skills, as described below (National Academies 2000a).

- *Self-regulatory behaviors* are essential from the start of life and are related to feeding, sleeping, and crying; ongoing interest in emotional reactivity, attention, and activity level; and, later in childhood, to the behavioral dimensions of school readiness (such as taking turns or following directions).
- *Establishment of secure and stable relationships* is central to both child development and effective service intervention. Early relationships with parents, siblings, and peers, for example, are the foundations on which cognitive, emotional, and social development are built. "Children cannot be considered outside of the relationships in which their development is embedded," said Deborah Phillips at the Issue Dialogue. "Children who lack at least one loving and consistent adult often suffer severe and long-lasting developmental difficulties," she continued.
- *Knowledge acquisition and the development of specific skills* have traditionally focused on the promotion of cognitive-linguistic abilities and

the mastery of concrete skills. While these skills are important, there is growing awareness that knowledge acquisition even at the earliest of ages can include more than numbers and letters.

Other factors that influence early childhood development include both family characteristics, such as cultural values and beliefs, and community factors, including threats to physical health and safety as well as the more insidious lack of social and educational opportunities. In addition, broader social policies can affect young children, including changes in overall economic prosperity or parental access to government-funded programs, such as Medicaid, State Children's Health Insurance Programs, Head Start, or nutritional programs.

Child and Family Demographics

Societal changes in the last several decades have had a profound impact on the shape, structure, size, and functioning of American families. Today more women are in the work force, and there are more single-parent families, leading to increased family isolation (Carnegie Corporation of New York 1994). Of these trends, the number of children living in single-parent households is generally indicative of the amount and quality of human and economic resources available to the child. Although most children live in two-parent households, about one-quarter of all children live only with their mothers. Furthermore, about half of the children living in female-headed households in 1998 lived in poverty (The Annie E. Casey Foundation 2000).

As Deborah Phillips described during the Issue Dialogue, "We used to think if we just got more parents to work that would solve a lot of our problems. Well, parents are working their

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Society is changing and the needs of young children are really not being met in many ways.

DEBORAH PHILLIPS
GEORGETOWN UNIVERSITY
NOVEMBER 2000

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EARLY BRAIN DEVELOPMENT

In the past several decades, significant advances in neuroscience, behavioral, and social sciences have shed new light on early development and what young children need to thrive. Positive experiences drawn from the early years of life are critical to the formation of intelligence, personality, and social behavior.

Although much of the brain is already formed by birth, most brain cell growth and structuring of neural connections take place during the first two years of life. The months immediately after birth are particularly critical. During this time, the number of synapses in the brain – the connections that allow for learning to take place – increase twenty-fold (Evans and Stansbery 1998). The environment also plays an important and lasting role in brain development. For example, both health and nutrition affect developmental outcomes during the first 18 months. Moreover, proper nutrition and stimulating interactions with caregivers in early childhood have been shown to have long-lasting effects, still influencing brain functioning at age 15. In addition, environmental stress can affect brain development. Young children experiencing extreme stress are at a greater risk of developing cognitive, behavioral, and emotional problems (Evans and Stansbery 1998).

The National Academies' October 2000 report, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, suggests that efforts to protect the developing brain should begin prenatally. During gestation, the brain is vulnerable to both internal and external hazards, such as exposure to drugs and alcohol. As a result, emphasis should be placed on prenatal and postnatal care services, as well as public health efforts to reduce, for example, a child's exposure to drugs and alcohol. In addition, the National Academies suggest that the scientific evidence on brain development points toward a greater need for early detection, identification, and treatment of problems such as defects in hearing, vision, and motor skills.

For the majority of children the report found that brain development is on course. It warned, however, that young children growing up in environments that fail to provide them with growth fostering inputs, that expose them to environmental hazards, and that subject them to neglectful or abusive care warrant the greatest amount of concern (National Academies 2000c).

tails off. They're working multiple jobs, and they're working odd hours. Everybody is working. Some parents – out of economic necessity – are returning to work just a few weeks after their babies' birth. And yet, we still have huge numbers of poor children in this country.”

In 1999, there were 70.2 million children under the age of 18 in the United States, representing about 26 percent of the total population. Of this figure, 23 million children were under the age of 5. This total number is

expected to increase considerably over the next two decades, rising to approximately 77.2 million by 2020. An estimated 13 million live in poverty¹ with 8 percent in extreme poverty, that is, in families with incomes below 50 percent of the federal poverty level (National Center for Children in Poverty 2000).

Children are thus a large and vulnerable portion of our population and, increasingly, are a diverse population. There is significant cultural distance between providers and recipients of

¹In 1998 the federal poverty threshold was \$16,660 for a family of four.

health and human services, which can make it difficult to build and maintain the relationships needed for the acceptability and success of early childhood intervention and family support programs (National Academies 2000c). In 1999, 16 percent were Hispanic; 15 percent of children were black, non-Hispanic; 4 percent were Asian or Pacific Islander; and 1 percent were American Indian or Alaska Native. White, non-Hispanic children comprised 65 percent of the population, down from 74 percent in 1980 (Forum on Child and Family Statistics 2000). Over the last 20 years, the proportion of both Asian or Pacific Islander and Hispanic children has increased. By 2020, however, estimates suggest that one in five American children will be of Hispanic origin. At the same time, the proportion of black, non-Hispanic children is expected to remain stable while the number of white, non-Hispanic children declines.

Indicators of Child Health and Well-Being

Indicators of child health and well-being enable researchers, policymakers, child service providers, and others to assess and compare how children are faring. They also inform public debate at the national and state levels, allow policymakers to focus funding and services, and create a common target for intervention (National Governors' Association 2000). Data for child indicators are collected at the national level by a number of governmental and private organizations. In addition, several states – including Florida, Georgia, Iowa, Minnesota, North Carolina, and Vermont – have established indicators related to the conditions of children and their families. For example, Florida has identified kindergarten readiness, child poverty, teen birth rates, and infant mortality as benchmarks to receive special attention

from policymakers, state agencies, and private organizations (National Governors' Association 2000).

In most cases, indicators reflect data on children from birth to 18, and span multiple categories ranging from economics to school readiness. Although indicators such as high school completion or youth violence provide a picture of adolescent behavior, they can also affect young children, particularly those born to teenage parents.

The following is an overview of several key indicators, specifically those related to economics, health, and education that have the greatest impact or effect on young children.

Economic Indicators

Child Poverty

Poverty is the most widely used indicator of child well-being, and is linked to numerous undesirable outcomes particularly in health, emotional well-being, and education. Poverty also has lifelong implications. Compared with children living above the federal poverty level, poor children are less likely to be in very good or excellent health. In 1997, 68 percent of poor children were reported to be in very good or excellent health, compared to 86 percent of children in families living at or above the poverty level (Forum on Child and Family Statistics 2000). Children living in poverty also are more likely to have difficulties in school, become teen parents, earn less, and experience more frequent unemployment as adults. Although child poverty rates have declined since 1993, the gap between economically advantaged children and those living in poverty has widened considerably.

An estimated 13 million American children live in poverty. Young children are most likely to be poor. In 1998, 21 percent of children under the age of 6 lived in poverty, compared to 17

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Although the 1990s have seen unparalleled prosperity for Americans, many kids haven't benefitted. Many kids living in urban and rural neighborhoods are disconnected from economic opportunity, disconnected from social support, and separated from the services that help families nurture and care for their children.

AMY RITUALO
THE ANNIE E. CASEY
FOUNDATION
NOVEMBER 2000

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If you look at what the typical family is confronted with when they go out and look for child care, it's worse than it was 5, 10, perhaps even, 15 years ago in terms of the kinds of things that matter for successful child development.

DEBORAH PHILLIPS
GEORGETOWN UNIVERSITY
NOVEMBER 2000

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percent of older children. Although the majority of children living in poverty are white, non-Hispanic, the poverty rate is higher for black, non-Hispanic and Hispanic children. In 1998, 10 percent of white, non-Hispanic children lived in poverty compared to 36 percent of black, non-Hispanic and 34 percent of Hispanic children (Forum on Child and Family Statistics 2000).

Parental Employment

Stable parental employment reduces poverty and its related consequences. It can also be a determinant of access to health care since most parents obtain health insurance for their families through their employers. Finally, stable parental employment can enhance the psychological and emotional well-being of both parents and their children.

Stable parental employment increased during the 1990s, largely because of the country's low unemployment trend. In fact, in 1998, 89 percent of children lived in two-parent families with at least one parent working full time year-round, and 31 percent lived with two parents who worked full time year-round (Forum on Child and Family Statistics 2000).

Access to Health Coverage

Children with access to health coverage have a reasonable assurance of receiving preventive and needed medical and dental care. Access is considered both the availability of a regular source of health care and the family's ability to pay for care.

In 1998, 85 percent of children had health insurance coverage. The proportion of children with private health coverage, however, declined from 74 percent in 1987 to 68 percent in 1998. Concurrently, the proportion of children with government-sponsored coverage grew from 19 percent to 23 percent. Children ages 6 to 11 are more likely to have health coverage than

those under the age of 5 (Forum on Child and Family Statistics 2000).

Child Care

A growing number of children spend substantial amounts of time with child care providers other than their parents. Children are cared for in a variety of settings, including in their homes by relatives or nonrelatives, and in center-based care and early education centers.

Research examining the effects of child care has traditionally focused on two primary concerns: the mother-child relationship, and the child's cognitive, language, social, and emotional development. The results suggest that a child's experiences and the quality of care provided are more important than whether or not a child participates in child care (National Academies 2000c).

In 1999, more than half of all children from birth to third grade received child care on a regular basis from someone other than their parents. The type of care received depends largely upon the age of the child. Typically, children from birth to age 2 receive in-home care either from a relative or nonrelative. In 1999, children ages 3 to 6, not yet enrolled in kindergarten, were more likely to receive center-based care (59 percent), while children in kindergarten, as well as those in the first through third grades, were more likely to receive home-based care (32 percent and 30 percent, respectively) (Forum on Child and Family Statistics 2000).

Health Indicators

Infant and Child Mortality

Rates of infant and child mortality are associated with a number of factors including access to medical care, socioeconomic conditions, and maternal health.

In 1998, the United States' infant mortality rate was 7.2 per 1,000 births, down from 9.2 in

1990 – a 22 percent decrease. Roughly two-thirds of infant deaths occur within the first month of life and are largely due to pregnancy complications or problems such as preterm birth or birth defects. Infant deaths occurring after the first month of life are influenced more by social or environmental factors, such as access to care. As overall infant mortality rates have fallen, so have the rates for all racial and ethnic groups. Substantial racial and ethnic disparities remain, however. In 1997, black, non-Hispanic and American Indian or Alaska Native infants had significantly higher mortality rates than white, non-Hispanic and Asian or Pacific Islander children.

In 1998, the death rate for children ages 1 to 4 was 34 per 100,000 children. The leading causes of death for this age group are unintentional injuries, congenital anomalies, and cancer. Among children ages 1 to 4, black, non-Hispanic children had the highest death rate (61 per 100,000) (Forum on Child and Family Statistics 2000).

Preterm Babies and Low Birthweight

Preterm infants (less than 37 weeks of gestation) and low-birthweight infants (less than 5.5 pounds at birth) have higher rates of health and developmental problems, such as cerebral palsy and mental retardation. A shortened gestational period is also associated with an increased risk of death during the first year of life. In 1997, approximately 11 percent of infants born in the United States were preterm, and about 8 percent were low birthweight (The Annie E. Casey Foundation 1999).

One of the primary factors contributing to preterm births and low birthweight is a lack of adequate prenatal care. Furthermore, pregnant women without health coverage are less likely to receive or seek out prenatal care, suggesting a lack of availability of health care services.

Childhood Immunizations

Immunizations protect against 10 once common childhood diseases. In 1998, 79 percent of children ages 19 to 35 months received the recommended combined series of immunizations. Children living in families below the poverty level, however, had lower rates of immunization (74 percent) than those in families at or above the poverty level (82 percent). Immunization rates were also higher among white, non-Hispanic children (82 percent) than black, non-Hispanic and Hispanic children (73 percent and 75 percent, respectively) (Forum on Child and Family Statistics 2000).

Teen Births

Teen births often diminish opportunities for both mothers and their children. Teen mothers are frequently unmarried, are less likely to complete high school, and are typically not settled into a job or career. Also, teen fathers are frequently unable to provide economic assistance for their children. In addition, children born to teen mothers are less likely to obtain the emotional and financial resources required to develop into well-adjusted adults.

In the United States, birth rates to teens ages 15 to 17 have fallen during the last decade from 37 births per 1,000 in 1990 to 32 births per 1,000 in 1997. Several factors have influenced this trend, including fewer teens having sex and an increased use of contraception (The Annie E. Casey Foundation 2000).

Education Indicators

Family Reading to Young Children

A wealth of recent research emphasizes the importance of early childhood literacy experiences and its benefit to school achievement. The number of young children read aloud to every day by a family member is considered an indicator of school readiness.

CHILDHOOD INJURY PREVENTION

Unintentional injury is one of the leading causes of death among young children. According to the National Center on Health Statistics, more than 6,000 children under the age of 14 died in 1997 from unintentional injuries, including drowning, suffocation, and burns. This death rate is the equivalent of a Boeing 727 crashing and killing all passengers and crew two times each week.

Deaths from unintentional injury are just the tip of the iceberg. Approximately 150,000 children and adolescents are permanently disabled each year, with brain and spinal cord injuries, burns, and limb loss at the top of the list. In addition, for every death, 34 children are hospitalized, and 1,000 visit hospital emergency departments.

Referring to unintentional injuries as “accidents” is a misnomer. Many of these injuries, while unintentional, can be prevented. They can be studied and prevented much like diseases.

Using a behavioral approach, health and safety experts have significantly reduced the levels of injury incidence. For example, car seats have reduced injury and death rates by up to 70 percent, and bicycle safety helmets have reduced head and brain injuries by 85 percent to 88 percent. “We know a lot about prevention,” said Andrea Gielen, deputy director of the Center for Injury Research and Prevention at Johns Hopkins University. “Now we need to apply what we know.” In order to do this, Gielen recommended conducting education and intervention programs, making safety devices more accessible, and crafting public policies to encourage use of such devices. She also suggested that injury prevention can and should be elevated to the same status as other health care indicators and interventions, noting that unintentional injuries are “predictable and preventable.” Each of these recommendations represents opportunities for grantmakers interested in childhood injury prevention.

In 1999, 53 percent of children ages 3 to 5 were read aloud to on a daily basis. There are, however, considerable racial and ethnic disparities. While 61 percent of white, non-Hispanic children were read to, only 41 percent of black, non-Hispanic and 33 percent of Hispanic children were read to by a family member each day. Economic status is also associated with this indicator. In 1999, children living in families with incomes below the federal poverty level were less likely to be read aloud to each day, compared to children living in families with incomes at or above the poverty level (38 percent and 58 percent, respectively) (Forum on Child and Family Statistics 2000).

Early Childhood Education Program Participation

Children participating in early childhood education programs learn skills that increase their

chances of school success. High-quality early education programs have been shown to have short-term positive effects on IQ and academic achievement, as well as long-term effects on school completion for low-income minority children.

In 1999, 59 percent of children ages 3 to 5 (not yet enrolled in kindergarten) attended center-based early childhood education and care programs, such as nursery schools, preschools, and Head Start programs. Seventy-three percent of black, non-Hispanic children attended these types of programs, compared to 59 percent of white, non-Hispanic and 44 percent of Hispanic children (Forum on Child and Family Statistics 2000). The number of children with disabilities attending early education programs has also increased. In fact, between 1991 and 1998, 49 states and the District of Columbia

significantly increased the number of children with disabilities enrolled in preschool (National Education Goals Panel 1999).

Government Programs Supporting Early Childhood Development

The federal government supports child development by providing funding for health services, nutrition supplements, child care, school-based programs, and other services. The following programs are among the major government initiatives to support early childhood development.

Medicaid and SCHIP

Medicaid and the State Children's Health Insurance Program (SCHIP) are joint federal-state health insurance programs for low-income children. These programs are the largest source of child health financing in the country and provide a range of preventive, acute, and chronic care services. Pre- and postnatal care is also provided to qualified pregnant mothers and their infants. Medicaid alone covers approximately 23 million – or one in four – low-income children. Medicaid is also the largest insurer of maternity care in the country covering about 35 percent of all live births. Low-income children under the age of 19 are entitled to Medicaid. At the same time, Medicaid coverage is mandated for children under 3 who live in families with incomes up to 133 percent of the federal poverty level.

Children enrolled in Medicaid can receive a wide range of Early Periodic Screening, Diagnostic and Treatment (EPSDT) services, including physical examinations; dental, vision,

and hearing services; and an array of medical care as described under the federal definition of medical assistance. Furthermore, states provide scheduling and transportation services, as well as assistance in obtaining needed services that fall outside the scope of Medicaid, such as Title V maternal and child health services and Women, Infants, and Children (WIC) programs.

SCHIP is an important complement to state Medicaid programs, covering low-income children whose family income and resources are too high to qualify for Medicaid. SCHIP programs may be free-standing coverage programs, Medicaid extensions, or a combination of the two. At a minimum, however, the benefits offered by a free-standing program must provide coverage that reflects the level of coverage offered under one or more private health plans in the state.

Medicaid and SCHIP have the potential to improve the availability of child development services for low-income children because they influence access to and use of health care services. These programs also provide states with flexibility in financing health care services and the option of adopting more liberal eligibility standards. In 1999, all states used this option and adopted eligibility standards above the federal minimum requirement. Medicaid and SCHIP are not required to cover child development services; however, they have the flexibility to cover most of such services and to receive federal matching funds for the costs they incur. In a recently released report by The Commonwealth Fund, Sara Rosenbaum and her colleagues suggest several basic options to enhance the provision of early childhood developmental services within these programs, such as:

- defining covered benefits to include preventive health care related to child development,

- permitting innovations in the range of health professionals who may participate in state programs,
- building financial incentives into provider compensation agreements that will reward provision of child development services, and
- implementing quality measurement and improvement procedures that emphasize the provision of child development-related preventive health services (Rosenbaum et al., 2001a).

Head Start

Head Start is a comprehensive child development program established in 1965 as part of the federal Administration on Children, Youth, and Families, housed within the U.S. Department of Health and Human Services (HHS). Its goal is to increase the school readiness of children from low-income families by providing a range of services including education; medical, mental, and dental health; nutrition; and opportunities for parental involvement.

THE VALUE OF INTERAGENCY AND PRIVATE PARTNERSHIPS

The Maternal and Child Health Bureau (MCHB), part of the Health Resources and Services Administration, is the federal agency charged with caring for mothers, infants, and children. Many of the health and child care issues addressed by the Bureau require an interdisciplinary approach and, to that end, other agencies within the U.S. Department of Health and Human Services, as well as state and local agencies, are collaborating with MCHB to integrate services. Additionally, the Bureau tries to extend its efforts by reaching out and partnering with private organizations. These groups are finding innovative solutions and identifying best practices for improving the health and well-being of mothers and children that can be applied in communities across the country.

One of MCHB's current interdisciplinary efforts is Partnership for the Health of Children in Foster Care. Children are entering into the foster care system at younger and younger ages and staying for extended periods of time. Working closely with the Child Welfare League of America, the American Academy of Pediatricians, and numerous state child health and welfare agencies, MCHB is looking to define and implement best practices to support the growth and healthy development of these vulnerable children.

The first step will be a needs assessment of the adequacy of health care services for foster care children. Additional steps include identification of critical elements of successful health care programs, dissemination of this information, and implementation of lessons learned at the state and local level.

To date, two research grants have been awarded to support the needs assessment portion of this initiative. The first grant, awarded to MCHB's Infant and Child Health Policy Center at the University of California, Los Angeles, is examining how various factors affect the adequacy of health care received by children in foster care. The study will assess the status of health service delivery, document how services are organized and financed, determine factors that influence the delivery of health care services, and, finally, examine barriers to adequate services. The second research grant, awarded to the Child Development Center at Georgetown University, will identify promising approaches to meeting the health care needs of children in foster care by analyzing critical services and identifying replicable program components. Currently, site visits are being conducted at 16 locations.

Head Start provides grants to organizations such as local public and private agencies, Indian tribes, and school systems that, in turn, provide services to children and families. In 1999, the Head Start budget was approximately \$5 billion, which amounted to nearly \$5,000 per child, per year (HHS November 1999).

In 1998, more than 800,000 children were enrolled in Head Start with nearly three-fourths of them living in families with annual incomes of less than \$12,000. Thirty-six percent of children who were enrolled in Head Start were black, and another 26 percent were Hispanic. Thirteen percent of children were disabled with mental, sensory, physical, and learning impairments (HHS November 1999).

Early Head Start, a component of Head Start, serves low-income families with infants and toddlers, and pregnant women. Established with the reauthorization of Head Start in 1994, the program is founded on evidence that early intervention can enhance the physical, social, emotional, and mental development of children, and can provide parents with opportunities to improve their parenting skills and achieve personal goals. This national demonstration program began in 1995 with 65 sites; by 2001, there were 600 sites serving 45,000 low-income families with infants and toddlers.

Currently, Early Head Start grantees operate as a national laboratory to demonstrate the impact of early, intensive, and continuous services to infants and toddlers (HHS October 1999). Like Head Start, the program provides resources to community programs and agencies that, in turn, provide direct services. Similar to Head Start, eligibility for enrollment in Early Head Start is based on family income and other factors determined by local Early Head Start sites.

Extensive studies of Head Start have been conducted, many in conjunction with other early

childhood programs. A national review of 36 programs (many of which were Head Start sites) found that participating children from low-income backgrounds were less likely to be held back or placed in special education, more likely to graduate, and more likely to be rated well-behaved and well-adjusted in school.

Head Start programs were found by the U.S. Department of Education as more likely to meet national accreditation standards for good quality early childhood development programs, and were more likely to provide comprehensive services and opportunities for parental involvement. Head Start is recognized to have immediate benefits on cognitive abilities, self-esteem, and social behavior. Recent research by the Administration for Children and Families indicates that children enrolled in Head Start are more likely to demonstrate kindergarten readiness than children in similar circumstances that are not enrolled in Head Start. In addition, enrolled children have higher nutritional intake than those not enrolled (Abt Associates, Inc. 1984).

Title V

Title V of the Social Security Act includes a federal maternal and child health block grant program. Block grants enable states to meet maternal and child health challenges, including:

- reducing infant mortality;
- offering comprehensive care for women before, during, and after pregnancy and childbirth;
- ensuring preventive and primary care services for children and adolescents;
- providing comprehensive care for children and adolescents with special health care needs;
- immunizing all children;
- reducing adolescent pregnancy;
- preventing injury and violence;
- employing national standards and guidelines at the community level (for example, prenatal care, healthy and safe child care, and health

supervision of infants, children, and adolescents);

- ensuring access to care for all mothers and children; and
- meeting the nutritional and developmental needs of mothers, children, and families (Maternal and Child Health Bureau October 12, 2000).

State maternal and child health agencies, funded by Title V, provide a range of services, including direct services, enabling services (transportation, translation, outreach, case management, Medicaid coordination), population-based services (lead screenings, immunizations, counseling, public education), and infrastructure-building services (needs assessments, standards development, evaluation). The federal Maternal and Child Health Bureau's budget in 1999 for the Title V Block Grant was \$700 million (Maternal and Child Health Bureau October 12, 2000).

Bright Futures

Bright Futures is a set of guidelines and a practical development approach to providing health supervision for children. Funded by HHS and directed by the Maternal and Child Health Bureau, it is based on the principle that all children deserve to be healthy, and that optimal health involves a trusting relationship between the family, the child, the health professional, and the community. The overall project goals include fostering partnerships between families, health professionals, and communities; promoting desired outcomes for infants, children, and adolescents; and increasing family and provider knowledge, skills, and participation in health-promotion and prevention activities. The objectives of the program are to develop and disseminate materials and tools for practitioners, families, and communities; train health professionals, family members, and communities; develop public-private partnerships to sustain these efforts; and evaluate and refine the

program as needed. The Bright Futures guidelines feature information on health supervision visits, including aspects such as physical exams, observation of parent-child interactions, immunizations, additional screenings, and anticipatory guidance for families. In addition, the guidelines outline various factors necessary for successful child health promotion, and provide information for parents and families regarding child health and development (Green and Dalfrey 2000).

Bright Futures was initiated in 1990, and has developed over the last decade. Its comprehensive health supervision guidelines were developed by an interdisciplinary panel of experts and then reviewed by practitioners, educators, and advocates. Published in 1994 and implemented the following year, the guidelines include practical tools and materials for practitioners. The program also provides technical assistance and training. In 2000, the guidelines were updated and revised to incorporate more current scientific knowledge.

Healthy Start

Healthy Start is a federal program designed to mobilize and assist communities in reducing infant mortality and low-birthweight births. Developed in 1991, Healthy Start supports innovative community-based interventions, and aims to ensure that women and infants participating in the program have access to the health care delivery system. Healthy Start began with 22 demonstration sites that developed and implemented successful strategies to reduce infant mortality in those areas with high rates. Phase II of the program, which began in 1997, supports additional communities interested in implementing these identified strategies in their own neighborhoods. In 1999, the Maternal and Child Health Bureau's budget for the Healthy Start Initiative was \$105 million (Maternal and Child Health Bureau October 2000).

State Programs Supporting Early Childhood Development

States also support early childhood development programs. A survey by the National Governors' Association and the National Association of State Budget Officers indicates that state expenditures on child care have increased 55 percent between 1994 and 1998. State legislatures are enacting legislation, engaging communities, developing benchmarks and indicators to measure progress, and encouraging partnerships to increase the capacity of communities in addressing healthy child development (National Governors' Association 1999).

North Carolina, Utah, Vermont, and Washington are enhancing their state Medicaid programs to support effective early childhood development services. The National Academy for State Health Policy, with a grant from The Commonwealth Fund's Assuring Better Child Health and Development Initiative, is assisting these states in this three-year initiative. All four states are devoting significant resources to enhancing developmentally based health promotion and intervention. Each state has taken its own approach and is providing a combination of services unique to its circumstances. For example, Utah will implement a home visitation program for all children born to Medicaid mothers. North Carolina and Vermont, on the other hand, will expand and refine existing home visitation programs.

State governments support preschool efforts as well. Research from the Families and Work Institute indicates that 37 states fund state prekindergarten programs in schools and communities, and 13 supplement federal Head Start programs. Investments in these programs range from \$1 million to more than \$200 million, serving a few hundred to more than 40,000 children. Many states use eligibility guidelines to ensure that children from low-income families are able to enroll, while others

support school districts with significant percentages of children from low-income families. Some states – including Alabama, California, Florida, Georgia, New York, North Carolina, Kentucky, Oklahoma, South Carolina, and Washington – now provide universal prekindergarten programs (National Conference of State Legislatures June 1999). “This is an issue and an idea that seems to be catching on around the country,” said Fasaha Traylor, senior program officer at the Foundation for Child Development. “The knowledge base, however, is not there to support it. So developing a research agenda around this issue is something that needs to be worked on.”

Effects of Early Childhood Programs

An extensive body of literature on the effects of early childhood programs exists, although information about long-term effects is generally available only for programs that have been in operation for more than 20 years. One of the more well-known analyses to synthesize evaluations and assessments of these programs is the *Future of Children*, published by the Center for the Future of Children at The David and Lucile Packard Foundation in 1995. The report examines both child-focused programs (such as Head Start and preschool programs) and family-focused programs (such as home visitation programs, drop-in centers, and parenting classes) and examines outcomes of early childhood programs along four dimensions: cognitive outcomes, social outcomes, health outcomes, and effects on parents.

- *Cognitive Outcomes.* A review of 36 studies of model demonstration programs for early childhood programs reveals the significant cognitive effects of these programs. In gen-

eral, children's IQ scores increased and were sustained until school entry (age 5); of the 33 studies that examined IQ scores, all reported gains at some point during or after participation. Most programs demonstrated a sustained increase until age 5 at which point 10 programs reported an increase between 4 and 11 points and 1 reported a gain of 25 points. Of 11 studies that collected data on achievement test scores, 5 indicated statistically significant positive effects after the third grade. In addition, all but one of the 36 studies demonstrated that grade retention and special education rates were lower for enrolled children than those not enrolled in early childhood programs (Barnett 1995).

- *Social Outcomes.* An examination of social outcomes highlights the importance of ensuring that early childhood development programs are of good quality. Some studies of short-term effects of child care have indicated that low-quality programs, in fact, have a negative impact on children's play and their

relationships with caregivers. Three studies indicated that children enrolled in good programs demonstrate higher levels of aggression at school entry, but two of those studies demonstrated that those children later had better classroom behavior, and were rated by teachers as being more socially adjusted (Barnett 1995). While few studies examined the long-term effects of programs on social issues such as delinquency and crime, those that did found that individuals who had been enrolled in programs had significantly fewer contacts with the criminal justice system in later years. Higher parent ratings, teacher ratings, and more pride in school achievement have also been demonstrated by these studies (Barnett 1995).

- *Health Outcomes.* Many positive health outcomes may result from services and activities provided by early childhood programs. Enrollment in these programs, for example, can require up-to-date immunizations of children. As a result, children enrolled are more

PERRY PRESCHOOL

One example of the potential for long-term benefits from early childhood programs is the Perry Preschool Project in Ypsilanti, Michigan, that used an active learning approach. It is one of a number of early childhood programs developed in the 1960s and 1970s for which a great deal of evaluation data is available. It served African-American children from a low-income neighborhood who were at risk for academic failure. At ages 3 and 4, children were randomly divided into control and experimental groups, with the control group not participating in the preschool program. They were then followed throughout childhood, adolescence, and into adulthood. Most recently, 95 percent of the program participants, now age 27, were interviewed. This longitudinal study revealed a number of long-term positive effects of the Perry Preschool Project, including:

- four times as many participants earned \$2,000 a month or more, compared to non-preschoolers;
- almost three times as many participants owned homes;
- female participants had only two-thirds as many out-of-wedlock births as those females from the comparison group; and
- seventy-one percent of participants graduated from high school or received a GED, as compared to 54 percent of nonpreschool children (High/Scope Educational Research Foundation 2000).

likely to be properly immunized than those not enrolled in programs and not receiving all their vaccinations until they start kindergarten. Early childhood programs such as Head Start can also link children and families to health services or provide developmental, vision, and hearing screenings. Many programs also provide children with nutritious meals.

- *Effects on Parents.* While most child-focused programs have not been examined for their effects on parents, some that provide parent support have demonstrated positive effects on parents. These include helping mothers to interact with their children in more positive ways, and changing parental expectations for their children. Measures of life outcomes for parents, separate from parenting outcomes, have also been examined. Programs that offer full-day services for children – allowing mothers to pursue full-time work or further education – have demonstrated effects such as delays in timing of pregnancies and reduced reliance on welfare (Gomby et al. 1995).

Common Elements of Successful Programs

Programs that support early childhood development have common elements, although they originate in a number of service fields. Programs for young children can address health care, early education, mental health, and child care. The common features of the best of these programs are individualization of service delivery; high quality implementation; family-centered, community-based, and coordinated orientation; involvement of providers with skills, knowledge, and relationships with families; and early, intense, and long-term services (National Academies 2000a).

Effective early childhood development programs deliver individualized services to children. They do not employ a one-size-fits-all model for development. Instead, programs tailor services to match the goals and needs of children and their parents. Implicit in this approach is recognition that families in similar situations – extremely low-income families, or families with developmentally disabled children – can have different needs and desires for assistance, as well as different ideal outcomes for their children. Additionally, services that directly target the everyday experiences of children who are at developmental risk are more effective than generalized programs to increase parental competence or improve the caregiving environment.

Another common feature of good programs is a focus on the quality of program implementation. Early childhood programs range from programs with well-funded, well-trained staff to programs with small budgets and undertrained employees. Programs are often based on well-funded demonstration programs that have been evaluated and shown to be effective. Unfortunately, they are sometimes replicated with inadequate budgets, little technical assistance from the public or private sectors, and fewer skilled staff members.

Effective early childhood programs are also family-centered. Family-centered programs embrace the concept of empowering parents as those who know best about their children's needs, and support the development of healthy relationships between parents and professionals to achieve objectives. There are four tenets of family-centered programs. These programs must:

- treat families with respect;
- provide choices that include family concerns, interests, and priorities;

- provide families with all the information they need to make informed decisions; and
- support and enhance parental competence.

Programs that are community-based are also acknowledged to be effective. Integration in a community allows broader access for families, and limits any stigma associated with services provided in segregated settings. Community-based programs can be located in schools, houses of worship, or other service settings. This is especially important for children with developmental disabilities as normal community settings can allow them to generalize their newly acquired functional skills, and gain social acceptance outside their service setting.

Coordinated services are another important component of effective childhood development programs. Many families whose children are enrolled in early childhood programs have a variety of social service needs, and fragmentation of services makes access and utilization of services more difficult. While true service integration can be an elusive goal, the coordination of services does move one step closer to simplifying the complex web of social services for families.

Another common element of good programs relates to the provider's knowledge, skills, and relationship with the family. Providers of child development services must be well-trained, with broad knowledge and highly developed technical skills. In almost any child development program, providers face a wide array of challenges, ranging from developmental and behavioral disabilities among the children in their care to family members dealing with emotional, economic, and health problems. In addition to staff expertise, effective programs must create an environment conducive to the development of strong working relationships between providers and families.

Finally, the timing, intensity, and duration of services are important features in determining the effectiveness of early childhood programs. While research results are mixed, programs that start early in childhood rather than later generally have a greater impact, due both to the growth of children's brains in the early part of life, and to the early formation of relationships with caregivers and peers. The intensity of the services provided (generally measured by the amount of professional time spent with children and families) and the duration of the program are also factors that contribute to effectiveness. Families and children who receive greater service intensity and are involved with programs for a longer period of time (birth to age 5, for example, rather than birth to age 3) often reap greater benefits.

Improving the Field

A recent National Academies' report examining the science of child development suggests that – given the wealth of new scientific knowledge about early childhood development, as well as recent social and economic changes – the United States should reexamine policies affecting young children and reinforce its investments in child well-being (National Academies 2000c). Grantmakers are poised to take advantage of this tremendous knowledge by working to influence the programs and policies that foster child health and well-being.

The National Academies argue that – although emphasis has traditionally been placed on intellectual achievement – social and emotional development are also important. For example, very young children are able to experience deep anguish and grief in response to trauma, loss, and personal rejection. Many early childhood programs, however, have failed to incorporate such research findings into their everyday work.

This situation is further exacerbated by the critical shortage of professionals trained in children's mental health.

The report, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, presents four primary themes that emerged from an extensive review of scientific literature and child policies. It also presents recommendations designed to “stimulate fresh thinking and promote constructive public dialogue and action about the most important issues facing the nation’s youngest children and their families” (National Academies 2000c). Each of the four themes and their corresponding recommendations are discussed briefly along with opportunities for grantmakers within the context of each, as follows.

- *All children are born wired for feelings and ready to learn.* The National Academies recommend an examination of our country’s school readiness initiatives and an increased investment in the emotional, regulatory, and social development of children. It also recommends substantial investments in mental health services for young children. Grantmakers can help reduce disparities in school entry for children, for example, by supporting Head Start and Early Head Start programs. They can also support mental health providers and programs for children by funding professional education, research, and advocacy.
- *Early environments matter and nurturing relationships are essential.* The National Academies call for better public and private child care policies and improved qualifications, compensation, and benefits for nonparental caregivers. Grantmakers interested in work force issues, as well as policy, may find opportunities to respond to this need by funding, for example, professional education opportunities for child care providers and teachers.

The National Academies also call for stronger environmental protection, reproductive health services, and early intervention efforts. Grantmakers can help to expand efforts to reduce the risks associated with harmful prenatal and early postnatal neurotoxic exposures, and those associated with disruptions in early childhood relationships due to chronic mental health problems, substance abuse, and family violence.

- *Society is changing and the needs of young children are not being addressed.* The National Academies recommend that the President develop a joint federal-state-local task force to review the country’s portfolio of public investments in child care and early education. The task force’s goal would be to develop a blueprint for locally responsive systems of early care and education. Another recommendation is that the President’s Council of Economic Advisors and Congress assess the country’s tax, wage, and income support policies and their adequacy in protecting children and their families from poverty. Grantmakers could support policy analysis on these issues and seek opportunities for collaboration with federal, state, and local governments.
- *Interactions among early childhood science, policy, and practice are problematic and demand dramatic rethinking.* The National Academies recommend that state and local decision-makers design and implement coordinated, effective infrastructures to reduce the fragmentation of early childhood programs and policies. Grantmakers may support capacity building efforts for local programs, and promote the ability of those caring for children to partner with each other. The National Academies also call for a comprehensive analysis of the professional development challenges facing the early childhood field. Grantmakers could fund such research as well

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Embedded in the discussion of what all kids need are the questions: Do we really need to turn to universal strategies? Do we need strategies capable of garnering more public support than has been the case with targeted strategies?

FASAHA TRAYLOR
FOUNDATION FOR
CHILD DEVELOPMENT
NOVEMBER 2000

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as programs supporting the professional organizations and training institutions that prepare people to work with young children and their families.

In discussing these themes at the Issue Dialogue, Deborah Phillips said, “There was a strong sense on the part of the committee . . . that the scientific knowledge base is simply not being put to work adequately to inform the development of policies and practice for children and families.”

Grantmaker Work

Health grantmakers are in a unique position to directly influence the field of early childhood development and to promote long-term change across this diverse system. By collaborating with both public and private organizations, they can develop and implement multifaceted child development approaches and generate broad community support for advocacy groups or parent education initiatives. Grantmakers can also improve early childhood programs, as well as family services, through public policy work at both the state and national level.

This section illustrates foundation initiatives and grants in the field of early childhood development. Because the number of foundations involved in early childhood development is large and growing, the following is only an illustration of selected strategies, and does not contain exhaustive information on foundation work in the area.

Comprehensive Early Childhood Development Programs

A number of foundations have created comprehensive initiatives to address early childhood development issues on local, state, or national levels. A prime example is The Commonwealth Fund’s Healthy Steps Program, a

national initiative linked to health care practices that focuses on the importance of the first three years of life. Healthy Steps has three underlying premises: the first three years of life are very important; relationships between parents and children are key to healthy development; and an expanded approach to primary care which centers on a child’s health as a whole and strengthens relationships is needed. The program was initially launched by The Commonwealth Fund in 1994, and is funded by national and local funders and providers. It is implemented in pediatric and family practices throughout the country. As Kathryn Taaffe McLearn, vice president at The Commonwealth Fund, explained at the Issue Dialogue, “It encourages an openness and increased contact between the pediatric team and parents. It really helps parents understand their child’s development. It also offers them a diverse approach to child-rearing and problem-solving. It helps build self-esteem and stresses the application of common sense.” Healthy Steps services include:

- enhanced well-child care,
- home visits,
- child development telephone information line,
- child development and family health check-ups,
- written information for parents that emphasize prevention,
- parent groups, and
- linkages to community resources.

The Commonwealth Fund has also provided a grant to the Johns Hopkins School of Public Health and Hygiene to conduct a full evaluation of the Healthy Steps program; the evaluation will be complete in 2002.

More than 70 local and national funders have invested in Healthy Steps, including The Boston Foundation, The Colorado Trust,

Community Memorial Foundation, William T. Grant Foundation, Hogg Foundation for Mental Health, Houston Endowment, Kansas Health Foundation, The John D. and Catherine T. MacArthur Foundation, The Dorothy Rider Pool Health Care Trust, Michael Reese Health Trust, Rose Community Foundation, and The Fan Fox and Leslie R. Samuels Foundation, Inc. Their funding supports implementation of new sites and maintenance of existing Healthy Steps sites, support for Healthy Steps specialist positions, evaluation of the program, and evaluation of the program's impact on participating parents and children.

The Paso del Norte Health Foundation in El Paso, Texas, also has a comprehensive early childhood development initiative. Begin at Birth is a \$6.8 million, five-year project designed to increase public awareness about the importance of early development from birth to 3 years of age, as well as to provide training and technical assistance to caregivers in the El Paso, Texas, region. The intent is to use prevention strategies to promote the academic achievement, health, safety, and overall well-being of the region's young children. Begin at Birth is built on four themes: reading, playing, communication, and music. As Michael Kelly, program officer at the Paso del Norte Health Foundation, explained at the Issue Dialogue, "Parents and caregivers should be reading more to children from birth to 3, playing with them, communicating with them, and providing appropriate music or singing to them."

Through the initiative, early childhood service providers work closely with representatives from community-based organizations, non-profit organizations, businesses, and houses of worship to increase knowledge and understanding of:

- early brain development,
- the importance of fathers in the lives of young children,
- the importance of quality childcare and its impact on very young children, and
- best practices in parenting and caregiving.

The initiative has three major components. First, a media information campaign raises public awareness about how children learn. The campaign includes television, radio, and print media; expands the Texas Tech Hotline providing information and referrals to caregivers, parents, and social service agencies; and provides environmental education. Second, an outreach campaign will improve the quality of care for children from birth to age 3, focusing on both formal and informal systems of care. This component includes implementation of the Texas Fragile Families Initiatives in partnership with The Ford Foundation and the Hogg Foundation for Mental Health. Finally, an evaluation of the initiative will be conducted by the El Paso Community College Early Childhood Initiative Team in cooperation with the Families and Work Institute. This will be a qualitative and quantitative evaluation of measurable outcomes over the five-year initiative period.

Training Health Care Professionals

A number of foundations support programs that improve the capacity of health care providers to improve the health of children in their own communities. The Dyson Pediatric Initiative, a program of The Dyson Foundation in Millbrook, New York, is one example of this strategy. The initiative seeks to encourage hospital departments of pediatrics to create residency training programs that instill in today's pediatricians the need to develop long-term commitments to community concerns.

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*We strongly believe that
change occurs from within.
We're making changes at
home where it counts and we
hope to show some wonderful
results in the years to come.
We'd like to point to El Paso
as a model for change and,
hopefully, help change policy
in the state of Texas.*

MICHAEL KELLY
PASO DEL NORTE
HEALTH FOUNDATION
NOVEMBER 2000

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THE DYSON INITIATIVE – PEDIATRIC TRAINING IN THE COMMUNITY

This initiative, developed by Annie Dyson, a pediatrician and past president of The Dyson Foundation, challenges medical schools to redefine the role of pediatricians. According to Dr. Dyson, “The initiative is based on the belief that pediatricians need to be trained to deal not just with the physical, allopathic needs of children but with their social needs as well.” The goal of this \$15 million program is to develop pediatric professionals with greater skills and interest in community-based medicine, advocacy, and the capacity to improve the health of all children in their community.

Six medical schools, responding to a request for proposals issued by the foundation, were selected to receive approximately \$2.5 million each over five years to implement special pediatric resident training programs tailored to their communities. Working with community-based organizations, these programs will broaden the focus of pediatric resident education to include an understanding of and responsibility for the health of all children in a community. Each school’s approach is self-defined and unique but addresses specific requirements set out by the foundation.

“The goal is to create a more holistic pediatrician, one with more concern and interest in all the children in the community,” explained Maneesh Goyal, program officer at The Dyson Foundation. “They will be using local resources – for example, learning how to write grants, how to testify before legislative committees, how to sit on the board of community organizations like the YMCA or a Big Brothers organization. They will develop relations within their communities to be a resource. For example, they will be able to go to the local school board and warn about injuries or health outcomes seen in the clinical setting and then partner with others in the community to prevent them,” he concluded.

In September 2000, Dr. Dyson passed away after a struggle with breast cancer. The foundation is dedicated to furthering the initiative as it stands as an example of Dr. Dyson’s dedication to improving the well-being of children throughout the country.

Improving Child Care

A number of foundations have become engaged in funding early childhood programs through grants to improve child care in their communities. The Colorado Trust – in partnership with more than 130 philanthropic, business, governmental, nonprofit, and community leaders – supports Educare Colorado, a collaboration developed to ensure that all children from birth to age 5 have access to high-quality early childhood care and education in safe and nurturing environments. Educare Colorado also works to strengthen the decision-making role families have in all aspects of their children’s care.

Other components of the program include an educational campaign to assist parents with child care decisions, provision of educational and technical assistance to child care providers who wish to improve the care they offer families, and an extensive evaluation of the initiative to learn what works and whether children are entering kindergarten better prepared to learn. Initially begun in the counties of Denver, Gilpin, and Clear Creek, Educare Colorado will continue to expand. The Trust has provided grants totaling \$7.5 million to the initiative.

The Health Foundation of South Florida is also working to improve child care at the state level. Entitled Starting Points, the program aims to create more effective child care delivery models, structure an evaluation process to monitor progress and measure outcomes, select and highlight successful child care sites, and create a consortium of local child care providers to educate their peers in child care.

Home Visitation and Home-Based Programs

Some foundations support programs and initiatives that enhance the abilities of parents to provide healthy environments for their children. The Peninsula Community Foundation's Raising-A-Reader is one such program. Raising-A-Reader seeks to build a preliteracy program within the homes of children from

RAISING-A-READER

The Peninsula Community Foundation's Raising-A-Reader program is a preliteracy program for children birth to age 5. It encourages families to read with their children and to love books. Emphasis is placed on lap reading with all the positive things that go on when a child is sitting in someone's lap. "Stop for a moment and think about lap reading," said Carol Gray, director of the Center for Venture Philanthropy at the Peninsula Community Foundation. "Think about the arms of someone around a child, and all the interactions that go on. And let's say the book has pictures, but no words – it doesn't really matter because what's important is the conversation about the story, the closeness and feeling of bonding that can be created." Lap reading also helps children with self-regulatory behavior such as taking turns and moving forward through projects. Additionally, the program helps children with the sequence and cadence of good language which has been shown to be a strong precursor to school readiness.

Through child care settings, Raising-A-Reader rotates bright red book bags filled with children's books among families so that children can be engaged in reading activities during nonschool hours. The materials selected are high-quality children's books, including multicultural and bilingual books. The goal is to help families establish and maintain a regular reading practice. The standard the program hopes to foster is daily reading, and to engage the child in promoting reading. The brightly colored book bags and engaging sets of books are intended to be like a toy for the child – so the child drives the process.

A second component of the program is linking families to local libraries. In order to encourage families to access books outside of the child care setting, Raising-A-Reader created a blue book bag that a child can put his or her name on, keep at home, and fill with library books. The program works with librarians to recognize the bags, and has developed library-linked programs to support early literacy.

The program is customized to work with various professionals engaged in child care: teachers, child care providers, librarians, and home visiting nurses. Materials such as training videos, reference guides, book lists, and reading tips have been developed for parents and child care professionals to help ensure the program's success. Raising-A-Reader has reached more than 12,000 families in the San Francisco Bay Area. Every Head Start program in San Mateo and Santa Clara counties has become involved and the program is working closely with local child care providers and libraries. "The keys to success are a partnership blueprint that ensures strong collaboration among many local partners," explained Gray.

Early program feedback indicates that once families get into the practice of lap reading, it becomes part of their routine and helps them with a lot of other things like quieting their child before feeding or getting their child ready for bed.

birth to 5 by encouraging families with young children to read together. Colorful book bags are filled with quality children's books and are rotated among families, who can engage their children in reading activities during nonschool hours.

The Mt. Sinai Health Care Foundation's Cuyahoga County Early Childhood Initiative supports home visitation programs that address the needs of high-risk families in the earliest years of children's lives. This public/private partnership includes a Welcome Home visit by nurses to every first-time or teen mother; Early Start, a curriculum-based home visitation program for high-needs families; the creation of 1,000 new home-based certified child care providers; and ongoing parenting education.

The Colorado Trust's Home Visitation 2000 Initiative provides more than 500 low-income mothers and their infants with home visitation services to promote health and development. The program's services are delivered by two types of home visitors: high school graduate paraprofessionals and bachelors' trained nurses. The Trust's grant will be used to study the effectiveness of both types of home visitors compared to a control group that receives standard health care and referrals when needed. Five pilot home visitation learning groups were established in 1998 to help strengthen and improve existing programs. The Trust's funding will also support implementation of the home visitation model in interested communities across Colorado.

Other foundations that support home-based programs include the Mary Black Foundation, Inc., The Health Trust, Irvine Health Foundation, The Skillman Foundation, and the Williamsburg Community Health Foundation.

Increasing Knowledge and Public Awareness

A number of foundations have used their resources to expand public awareness of various aspects of early childhood development. The Foundation for Child Development has focused much work in this area on universal prekindergarten. It provided a grant to the Advertising Council for a statewide public education campaign in New York to increase awareness of New York's universal prekindergarten program because, as Fasaha Traylor, senior program officer at the Foundation for Child Development described, "As hard as this might be to imagine, there was some concern that when the prekindergarten program first began, that parents would not enroll their children." The foundation has also funded Columbia University to develop a research agenda on universal prekindergarten in order to improve the knowledge base on this issue, and has funded a case study of Georgia's universal prekindergarten program.

The Jenifer Altman Foundation, which focuses primarily on environmental health issues, has provided grants to the Learning Disabilities Association to support a 1999 symposium designed to further public knowledge of the role of endocrine disrupting chemicals in the development of childhood learning disabilities.

The Robert Wood Johnson Foundation has also committed resources to increasing knowledge and public awareness of early childhood issues. The foundation's support helped the Families and Work Institute implement a national campaign to promote young children's healthy development by raising public awareness and connecting families to the information and resources they need. In addition, the foundation has provided funding for the Center for Child Well-Being. The center, established in 1999, gathers knowledge about child development and shares it with parents, health care

practitioners, caregivers, researchers, policy-makers, and others. Its goal is to set positive benchmarks for child development – physical, social, cognitive, and emotional – in order to improve parenting skills, ensure that programs are shaped appropriately, and that investments are made with a comprehensive understanding of what constitutes best practices. This will be achieved by gathering information, building a strong knowledge base, and applying knowledge to practice by disseminating information to those who need it.

The center uses a developmental approach examining each phase of child development separately, but it is also studying them in an integrated fashion. It is conducting a comprehensive examination of the strengths that need to be developed at various junctures in child development and the characteristics that can be expected at different ages. Because development is lifelong – how children develop affects who they become as adults – the center is looking across the lifespan. To illustrate, Mark Rosenberg explained, “In the realm of nutrition, if children are started off with good habits, those qualities usually endure. The same is true with things like persistence when setting goals, attentiveness, exploration, and curiosity – these cognitive characteristics stay with an individual for life. Similarly, with social behaviors such as empathy, sympathy, autonomy, interaction with others, self-concept, self-esteem, emotional engagement – these also are lifelong characteristics that are germinated in childhood.”

The center works to make this comprehensive approach useful to parents, caregivers, policy-makers, and others by seeking input from experts across disciplines, identifying best practices, applying findings to practice, informing policymakers about allocation of public funds, and working with communities and organizations to take successful programs to scale.

In the coming year, the center will put out a book, *Child Well-Being: Positive Elements Across the Lifespan*. For the general public, a Web site is being developed that answers parents’ and practitioners’ questions and also helps them recognize positive strengths and attributes. At the state level, the center is linking early childhood experts with state legislators so they know best how to invest public funds.

The I Am Your Child campaign is another example of the ways in which foundations support increasing public awareness. This national effort aims to raise public awareness and promote citizen engagement regarding the importance of the first three years of life; to provide families with information and resources; to unite and expand local, state, and national work to provide comprehensive and integrated early childhood development programs; and to increase the public will to make resources more widely available to families. The campaign has coalitions in all 50 states and the District of Columbia, and is working with more than 150 national organizations to further its efforts. A number of foundations support this program, including The California Wellness Foundation, The Commonwealth Fund, The Robert Wood Johnson Foundation, the W.K. Kellogg Foundation, and The John D. and Catherine T. MacArthur Foundation.

Public Policy and Government Programs

Foundations with experience in working with the public sector have derived methods for educating and engaging policymakers regarding early childhood development issues and developing new models for delivering services. The Commonwealth Fund’s Assuring Better Child Health and Development (ABCD) initiative aims to identify policy changes to Medicaid and other programs that can help assure a healthy start for all low-income children. The

goal of the program is to strengthen the capacity of the health care system to provide low-income parents with the necessary knowledge and skills to support young children's development. The ABCD program also emphasizes new opportunities to expand child development services through Medicaid, state children's health programs, and managed care. The program works with Medicaid and other officials to develop financing and delivery mechanisms for providing improved well-child care to low-income families, encourage managed care programs to enhance low-income parents' knowledge about healthy child development, and identify family risk factors for possible health and developmental problems.

ABCD is funding Medicaid agencies in four states (North Carolina, Utah, Vermont, and Washington) to enhance the provision of early childhood development services. Each state is pursuing a different strategy. For example, Utah is developing a public health nurse home visiting program for all Medicaid families with children under the age of 3. North Carolina is taking a more local approach. Beginning in one county, a case manager is being added to local health centers to coordinate Medicaid, Title V, WIC, and other public services. The four state programs will be evaluated using a case study approach. A consortium has also been developed, coordinated by the National Academy for State Health Policy, with monthly grantee conference calls.

The Annie E. Casey Foundation's KIDS COUNT is another example of policy-focused work in early childhood development. Since 1990, KIDS COUNT has been a cornerstone of the foundation's efforts to increase public awareness of the condition of children and to foster greater public accountability for improving child outcomes. The initiative is a national and state-by-state effort to track the educational, economic, social, and physical well-

being of children in the United States. It also seeks to enrich public discussions about the most promising ways to help children grow up to be healthy, productive adults. By providing policymakers and the public with benchmarks of child well-being, the KIDS COUNT initiative enriches local, state, and national discussions concerning ways to secure better futures for all children. At the national level, the principal activity of the initiative is the publication of the annual *KIDS COUNT Data Book*, which uses the best available data to measure the educational, social, economic, and physical well-being of children. The foundation also funds a nationwide network of state-level KIDS COUNT projects that provide a more detailed community-by-community picture of the condition of children. Said Amy Ritualo, a research associate at KIDS COUNT, "The success of the program is its longevity. We've been doing this since 1990 and every year we improve on it. We also work to get the KIDS COUNT data out to a wide range of audiences: the media, legislators, government agencies, health and human service organizations, and others."

Supplementing Existing Early Childhood Programs

Many foundations support the work of the federal government by enhancing and expanding services funded through federal grants. Head Start and Early Head Start are two federal programs that receive foundation support. For example, grantmakers provide operating funds for organizations providing Head Start services, and fund these organizations' health education programs, therapeutic interventions, counseling, and family support services.

Other foundations support community participation in national programs. Foundations including the The Boston Foundation, Community Memorial Foundation, and The Healthcare Foundation of New Jersey have

supported local hospitals to implement the national Reach Out and Read program. This program trains health care providers to educate parents about the value of reading to children, and also provides books and volunteers for waiting rooms to engage children in reading.

Other Programs

Foundations without explicit early childhood development programs have also been involved in funding programs and projects that support healthy child development. Many foundations provide funding to expand health care services and screenings to low-income families; fund initiatives to reduce racial and ethnic disparities in health; and support organizations that work for cleaner environments, a reduction in community violence, or increased involvement of fathers in the lives of children. All of these programs, whether or not directed toward early childhood development outcomes, have the potential to increase opportunities for young children to grow up healthy. The multiplicity and complexity of factors that influence children's growth challenges the development of effective programming in this area. At the same time, the variety in programming demonstrates the potential for foundations of any size, geographic focus, or health grantmaking portfolio to support community, state, and national efforts to improve the health and well-being of children.

Conclusion

The early years of a child's life are critically important. Grantmakers, health care professionals, child care providers, and public and private organizations serving young children need to come together to use current knowledge to its fullest advantage and to seek out best practices and approaches that will improve the lives of young children.

Throughout the Issue Dialogue, several recurring themes emerged and can be drawn on to inspire continued work in this area. Development is a continuous and lifelong process. A strong foundation in early childhood can lead to success in adulthood. Social and emotional development are as important as health and cognitive development. A positive relationship with a caring adult can make all the difference to a young child. Despite a strong economy and an era of prosperity, too many American children remain in poverty and lack access to quality health care services or providers for even routine care, such as physicals and immunizations.

Numerous public and private early childhood development programs are successfully reaching children in need of strong health, nutritional, educational, and social starts in life. Some of these programs, such as Medicaid and Head Start, affect children's lives well into adulthood. The challenge today is to integrate new scientific and practice-based knowledge with such successful programs to strengthen the services and opportunities for this vulnerable population.

Grantmakers can play an important role in both continuing to build the early childhood development knowledge base, and in putting this knowledge into practice. Funders can support pilot projects and replication of successful programs into new communities. As neutral conveners, grantmakers can bring together various child development and medical professionals with educators, policymakers, and other leaders from the field to enhance existing programs or design new ones. Grantmakers can also find a niche in funding research, where opportunities exist in areas such as biological and environmental threats, implications of cultural diversity in delivering child development services, developing measures for social and emotional development, or injury prevention behavioral research.

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