

**NATIONAL LEAGUE OF CITIES**  
**EARLY CARE AND EDUCATION CITY NETWORK**  
**JULY/AUGUST 2007**

Thank you for your ongoing interest in strengthening early care and education. If you have any questions about the network or this Update, contact Tonja Rucker, Senior Program Associate, Institute for Youth, Education, and Families (YEF Institute) at: rucker@nlc.org, phone – 202/626-3004 or fax – 202/626-3043. The YEF Institute staff wants to thank all of the members of the Early Care and Education City Network for working so diligently on behalf of young children. Your dedication and commitment to strengthen early care and education provides numerous families with resources that improve their quality of life. We look forward to working with you and continuing to build upon the successes of initiatives launched in your community.

**NLC NETWORK NEWS**

- **Register for National Summit on Your City’s Families**  
The Summit, which takes place Sept. 30-Oct. 2 at the Westin Riverwalk Hotel in San Antonio, is the nation’s largest gathering of municipal officials and other local leaders who are working to improve the lives of children, youth, and families in their communities. Denver Mayor John Hickenlooper and Ralph Smith, senior vice president of the Annie E. Casey Foundation, will be the keynote speakers. All conference participants must register in advance by completing and returning a registration form. No registrations will be processed without payment in full, or without an accompanying purchase order or city voucher. There will be a special team-building session for city teams of three or more people, as well as recognition of cities that adopted the [Platform for Strengthening Families](#).  
[Full Story >>](#)  
[Learn More and Download the Summit Registration Form >>](#)  
[Make Hotel Reservations Online >>](#)
  
- **YEF Institute Announces Upcoming Audioconference Schedule**  
NLC’s Institute for Youth, Education, and Families (YEF) continues its popular audioconference series beginning in Sept. 2007. These free, hour-long audioconferences feature panel discussions of city officials and national experts in policy and programming to help listeners learn new strategies and ideas for supporting children, youth, and families. Registration is now open for:
  - **Thurs., Sept. 20, 2:30 p.m. Eastern Time:** “Natural Allies: Partnerships with Local United Ways and Chambers of Commerce”
  - **Thurs., Oct. 18, 2:30 p.m. Eastern Time:** “Building on Success: Taking City Initiatives to Scale”
  - **Thurs., Nov. 15, 12:30 p.m. Eastern Time:** “Seeking Financial Stability: City Strategies to Help Families Save and Build Assets”
  - **Thurs., Dec. 13, 12:30 p.m. Eastern Time:** “Reaching and Serving Immigrant Families”
  - **Thurs., Jan. 17, 2:30 p.m. Eastern Time:** “Safe Streets: Preventing Gang Affiliation and Violence”

**TO REGISTER FOR THESE FREE CALLS**, send complete contact information (name, address, city, state, phone, fax, and email) to [iyef@nlc.org](mailto:iyef@nlc.org). Please indicate which audioconference(s) you are registering for. No phone registrations can be accepted. If you wish, gather a group of people around a speaker phone and use the call as a springboard for brainstorming or training. One day prior to the call, each registrant will receive an email or fax providing a toll-free, dial-in number.

- **YEF Institute Welcomes Sarah Bainton and Kathryn Meade**

The YEF Institute extends a warm welcome to Sarah Bainton, who joined the Institute as program associate for early childhood and family economic success, and Kathryn Meade, who joins as program assistant for outreach.

Sarah is a graduate of Villanova University and will receive a Masters in Social Work and Social Policy in August from the University of Pennsylvania. Her previous employment includes working for the Center for the Study of Social Policy and Senator Jack Reed. Sarah can be reached at (202) 626-3044 or [bainton@nlc.org](mailto:bainton@nlc.org). Kathryn recently received a Masters in Criminal Justice from George Washington University and previously attended Boston University. She has worked for the Boston Mayor's Youthline and was an intern for the Washington, D.C. Youth Advisory Council. She can be reached at (202) 626-3074 or [meade@nlc.org](mailto:meade@nlc.org).

**CITY SPOTLIGHT: St. Louis, Missouri (Pop. 347,181)**

NOTE: This spotlight provides an opportunity to gather ideas from other network members. Each month, we will spotlight a new city or region. You are encouraged to share information about your local efforts, so that we can spotlight your activities and best practices in a future update.

**Getting Started**

In response to a 2003 National League of Cities' (NLC) mayoral challenge to make young children a real and lasting priority for American cities, St. Louis Mayor Francis Slay, with coordination from the United Way, Freddie Mac, and NLC sought to build an effective early childhood system in the city. Mayor Slay called together city childcare, health, and education stakeholders and experts to create a 38-member Commission of Children, Youth, and Families. Next, the city underwent a strategic planning process around early childhood and from that the St. Louis Council for Early Childhood Success was developed.

Mayor Slay launched the city's planning process in 2004 with a Summit on Early Childhood Success. During a series of four follow-up summits and numerous conference calls, a large task force of community stakeholders, comprised of representatives from the City of St. Louis Mayor's office, the Department of Human Services, Child Day Care Association, University of Missouri-St. Louis, United Way of Greater St. Louis, Vector Communications and organizations such as Vision for Children at Risk, developed the city's Strategic Vision for Early Childhood Success, which the mayor announced at a press conference in October 2004.

The Council developed a five-year strategic plan for early childhood success. The members convened each month in order to determine what would be the key areas and city priorities around early childhood success:

#### Community and Economic Development

- Supporting working parents
- Meeting employers' needs
- Spurring neighborhood development
- Increasing city revenues

#### Child Health and Safety

- Preventing abuse and neglect in the community and at home
- Creating safe places for children to live, learn and play
- Eradicating lead poisoning

#### Access to Quality Child Care

- Supplying quality care to all infants, toddlers and preschoolers
- Improving the quality of care through licensing and accreditation
- Eliminating the barriers to care, such as cost and transportation

#### School Readiness

- Developing curricula to address brain development and early literacy
- Coordinating early care and education with K-12 education
- Fostering educational achievement

### **Funding to Support Early Childhood Work**

One of the first success stories for the mayor's Early Childhood Success Council was the award of \$1 million grant targeting early literacy. The city of St. Louis received a \$1 million federal grant to promote early childhood literacy. The grant is designed to develop community resources to boost early childhood literacy in populations with the largest need. The plan has four focus areas, including community and economic development; child health and safety, access to quality care and school readiness. The United Way of Greater St. Louis acts as fiscal agent of the grant. Numerous local agencies and organizations participate in the program, including the area Head Start programs; the St. Louis Public Library; KETC Channel 9; Vector Communications; Parents as Teachers National Center; Area Resources for Community and Human Services (ARCHS); Child Day Care Association; Missouri Child Care Resource and Referral Network; Vision for Children at Risk; University of Missouri-St. Louis; and the Clergy Coalition.

In November 2004, voters approved a new and dedicated tax to fund much-needed children's services. Much of the credit for the passage of Proposition K: The Community Children's Services Fund goes to a group of children's agency directors and community leaders advocating and creating a children's services plan for the City of St. Louis. The plan, which incorporates input from citizens, provides a road map for the distribution of the funds which were made available in 2006. Funds are administered by the St. Louis Mental Health Board (MHB), the public mental health authority for the city.

In 2005, St. Louis was able to access some federal dollars when it was awarded an Early Learning Opportunities Act grant (ELOA). The federal grant assists the Council's work to improve early learning through childcare licensing and provider training, early literacy programs, linkages to health services, and parent supports.

The city has launched and supported initiatives/programs that support early care and education. While limited funding and competing city demands has impeded the progress of some of the great work started in its early years, the Council still works hard to move the agenda forward. Descriptions of three efforts are listed below.

## **Key Program Efforts to Support the Early Childhood Initiative**

### **Preventing Lead Poisoning**

Lead has particularly harmful effects on young children. In 2003 the city was ranked sixth in nation for total number of childhood lead poisonings. Elected officials in St. Louis felt that this was a prime opportunity to discuss and address the problem. An awareness campaign was launched for children and caregivers about how to protect children from lead poisoning as well as requiring an annual blood lead level testing of all children under age six.

The city reached out to parents, guardians, schools, day cares, preschools and the medical community to increase rate of childhood blood lead level testing through the following methods:

- Improve accessibility to easy-to-use, low-invasive blood screening techniques, such as filter paper testing;
- Label medical charts of every child under age 6 who lives in the City with a “reminder to test” sticker;
- Offer annual blood lead level testing at every elementary school, pre-school, kindergarten and licensed child care centers;
- Promote annual blood lead level testing through the media;
- Enact ordinance requiring documentation of annual blood lead level testing for schools, pre-schools, kindergartens and licensed child care centers; and
- Ensure MC+ Managed Care plans are monitoring and enforcing required blood lead level testing requirements.

The city’s strategy around lead poisoning began with determining which children were at risk and had not been tested. The city then used grant and corporate donation money for outreach and data management. Next the city was able to leverage public (Medicaid) and private health insurance dollars to cover the costs of the approximately 28,000 children under six who reside in the city.

### **Linking Early Childhood Education to Economic Development**

Early childhood education plays an important role in the long-term success of both the individual child and the region as a whole. Quality, licensed early child care programs have a major economic impact on the City of St. Louis. With support from the city, these programs help keep close to 22,000 parents of children under age six employed. These workers are often more productive and reliable knowing their children are in a safe and quality early learning environment. The St. Louis goals around improving early childhood education include increasing public awareness and citizen engagement around this issue, and funding for early childhood education through the Invest in Kids campaign. City staff informs business leaders about the benefits quality early care and education can bring to their community and their business. The engaged local business and community members often serve as champions or spokespeople to lend clout and influence to early childhood initiatives.

## **The St. Louis Neighborhood Network**

With state and local support, the St. Louis Neighborhood Network is committed to "building safe children, healthy families and strong communities." The Neighborhood Network is a partnership of parents, neighborhoods, schools, churches, businesses, social service providers, Children's Division, and block clubs. The Neighborhood "hubs" are located in four zip codes in south and north St. Louis. Throughout the four zip-code area, there are "hubs" or centers of activity which help to connect a community with the Neighborhood Network. Each hub has a team consisting of parents, teachers, community members, service providers, and Division of Family Services workers. Each hub team builds and coordinates strategies which reflect both the concerns and the dreams of its community. Such strategies include Parent and Family Welcome Centers, Parent Support Groups, Community Canvassing, Family Nights, and Community Celebrations. In addition, a broader strategy is in place to target three populations of children: prenatal through five years old, kindergarten through fifth grade, and those experiencing chronic neglect. Community residents and service providers work together to develop new tools to help support families at risk.

For additional information contact:

Richard Patton, Executive Director, Vision for Children at Risk/St. Louis Metropolitan Children's Agenda, (314) 534-6015, [rhpatt@visionforchildren.org](mailto:rhpatt@visionforchildren.org)

## **STRATEGY SPOTLIGHT:**

### **PROVIDING BETTER ACCESS TO HEALTH CARE FOR YOUNG CHILDREN**

NOTE: Strategy spotlights can help spark ideas that might be appropriate for your community. If you have additional approaches to contribute on this month's topic, please pass them along so we can add them to this list for future use.

The first few years of life can lay the foundation for a lifetime of good health. Keeping children healthy and ensuring that they have access to health service is one of the most important jobs of parenting. Factors such as getting good information about healthy physical development, connecting to community resources, and having access to regular checkups with quality health care providers impacts children's overall health and growth and development.

For many low-income minority children in the United States, good health is a distant goal. Approximately nine million children over the age of six are considered obese, the rate having tripled over the past 30 years. Among black and Latino children, one child in every four is now classified as obese. Obese children are increasingly developing serious medical conditions, such as type 2 diabetes, or are placed at a greater risk of developing health problems later in life, including heart attack, stroke, and hypertension. It is important that all children have access to comprehensive, age-appropriate, quality health care but factors such as economic status, race/ethnicity, gender, education, disability, and geographic location impacts families' abilities to access health care and promote healthy practices and lifestyles for their children.

Many elected officials and senior city staff persons are addressing this challenge to ensure that children from poor and minority communities have access to quality and comprehensive health services. Great progress has been made in cities where local elected officials and community leaders have put this issue on the city's agenda and declared the health of young children as a priority public health issue.

## THE STRATEGY IN FOCUS

Early childhood is a time of great opportunity to promote healthy development. Good health is needed to provide a supportive base for future growth in all areas. Research shows that improved health outcomes in young children have long-lasting health effects throughout the life-span, including increased performance and productivity.

Having access to health care is one of the most important determinants of the healthy well-being of America's children. The timely and appropriate use of medical care, such as physical examinations, immunizations, and screenings, can significantly improve the health of children. This is especially important now because health experts have warned that increasing rates of obesity, unhealthy eating habits, and physical inactivity may make this generation of children the first in American history that will be less healthy and have a shorter life expectancy than their parents.

Recent economic and social changes have called attention to new challenges to children's health and their need for health services. It is without question that families with financial means have greater access to information, resources, insurance, and quality comprehensive health services than do minority and poorer families. When elements of racism, poverty, and community environments converge, greater overall threats to health develop. Through common concern, collaborative action and shared resources all children can get off to a healthy start in life.

When mayors, city councilmembers, and other municipal leaders spread the word and support initiatives that provide preventive health care and increase access to quality health care services for children, they do more than help families. These local initiatives can also potentially reduce the cost associated with providing long-term medical assistance to young children who are at risk for a lifetime of medical support/assistance. When working families cannot afford health care for their children, the consequences can be dire. Elected officials play a vital role in ensuring that all of their youngest grow up healthy and strong.

### What City Leaders Can Do:

Mayors and other city officials can — and in many cities already do — play a key role in ensuring that all the children in their city have access to quality health care services. Here are some key steps that city leaders can take:

- **Launch an outreach campaign for free and low-cost health insurance.** Promoting access to affordable health insurance may strengthen efforts to ensure that children get the care they need. A modest amount of local funding goes a long way when used creatively. Transit ads, posters in public buildings, inserts in water bills, meeting space available in municipal buildings, and flyers or brochures that inform employees and the public about free or low-cost health insurance (State Child Health Insurance Program-SCHIP) eligibility are just some of the ways that municipal government can aid outreach efforts. In addition, senior city staff may provide parents and community residents with information about the importance of access to health care for young children. Numerous materials and resources are available to help municipalities get started. NLC's *Helping Working Families Action Kit* describes steps that mayors, city council members, and other municipal leaders can take to help working families by developing city-led outreach campaigns. It tells how to get started, describes proven outreach strategies, and offers

background information and suggestions on places you can turn for help to start you on your way. The *Covering Kids & Families* Web site provides a one-stop shop for information, materials and other tools to help reach and enroll uninsured families in public coverage programs, as well as to support a broad range of efforts to get America covered.

- **Encourage community-based programs to check income eligibility.** Staff at Head Start, child care centers, and other community-based programs routinely ask about parents' income to determine whether children are eligible for benefits. Since families can qualify for Medicaid or SCHIP only if their incomes are below specified levels, community groups that already check income to see whether a child is eligible for their services can easily assess where that child is likely to be eligible for health coverage.
- **Host health-related informational gatherings.** Community-wide events that target parents of young children are an effective way to disseminate health service information to families. The events also give cities an opportunity to bring a variety of local service providers together allowing families to gather information directly from the source to educate parents about local providers and services. Event ideas may include health and safety fairs, first day of school festivals and immunization days.
- **Use the “bully pulpit” to highlight the importance of equal access to health care services for all children.** Local officials are in the best position to inform the public and put the issue of health care coverage for children on the community's agenda.
- **Enlist the help of health care providers.** Hospitals and community clinic staff, doctors, nurses, therapists, medical social workers, and pharmacists make ideal outreach partners. They have direct contact with low-income families and generally have their trust. One way to involve these providers is to organize a joint outreach training of health care providers and staff from community based organizations.
- **Utilize community health workers.** Trained to provide health information to low-income residents and help them obtain care from the formal health and human service systems, these workers are based in local hospitals and clinics, government health offices, and social service agencies. Some health workers are current or former Medicaid beneficiaries themselves, making them particularly well suited to help families overcome some of the barriers to accessing services.
- **Screen families for health insurance and other benefits.** Communities are seeking to promote access to a broader array of work supports but they often encounter challenges. To address these issues, a growing number of communities are using benefit screening tools to improve information about and access to benefits. Through a single set of questions, screening tools are designed to give families a sense of all the benefits for which they are likely to be eligible and the financial impact these benefits could have on their family budgets. Many tools also provide practical information on where and how to apply, as well as what documents are required. The use of such screening tools makes it more likely that eligible individuals will apply for work supports, and these tools can significantly reduce the number of visits and the amount of time spent in social service offices.

## City Examples

- **Austin, Texas.** The City of Austin Community Care Services Department operates nineteen Community Health Center (CHC) service delivery sites which provide comprehensive primary care and medical, dental, and behavioral health services to residents of Travis County in Public Health Region Seven. The city manages these provider sites pursuant to an interlocal agreement with the District. The CHC system is the family doctor for over 50,000 children and adults in Austin and Travis County. The CHCs provide outpatient primary healthcare, dental, behavioral health, and HIV/AIDS treatment services. CHC locations serve Travis County residents whose low incomes and lack of private health insurance qualify them for enrollment. The CHC system serves those individuals at 200 percent of the federal poverty level. The CHC system accepts Medicaid, Medicare and local Medical Assistance Program (MAP) patients.
- **Nashville, Tennessee.** Healthy Nashville 2010 is a process to continually improve health status and quality of life for Nashville as a community. Healthy Nashville 2010 uses an approach called "Mobilizing for Action through Planning and Partnerships" or MAPP. Healthy Nashville 2010 is guided by Healthy Nashville Leadership Council. Mayor Bill Purcell makes appointments to the Council through Executive Order. The Council convened in February 2003 and is composed of diverse community members with a common goal of improving health in Nashville. Action Teams have been created to focus on specific assessments and action plans. Some of the action plans address health access issues for young children. Events to date have included a Healthy Kids Kickoff, a two-day event that allow parents to access the health services their children need. The two-day fair included basic health screenings, offering children physical examinations, vision, hearing, dental, mental and behavioral health, and developmental screenings as well as vaccinations. All services offered were free of charge
- **District of Columbia.** The Early Care and Education Administration (ECEA), a branch within the District of Columbia's Department of Human Services, monitors and supports the provision of high health services via the DC Developing Families Center (DCDFC). DCDFC is comprised of three nonprofit service providers: the DC Birth Center, the Healthy Babies Project, and Nation's Capital Child and Family Development. A unique umbrella organization, DCDFC is the first collaboration model of its kind to offer continuous, uninterrupted care for women and their families during the important childbearing and early child-rearing years. Services include health checkups for women, children, and teens; immunizations; pregnancy testing; prenatal care and education; a free-standing, homelike birth center; early childhood development services; social service assistance; job training; and continuing education. All services are provided under one roof in a personalized setting that is easily accessible to the low-income communities of Carver Terrace and Trinidad/Ivy City in northeast Washington, DC.
- **Baltimore, Maryland.** The Maternal and Infant (M&I) Nursing Program provides home visiting and case management services to high-risk pregnant women and infants in the city. Referrals are made primarily by prenatal care and pediatric providers and hospitals; self-referrals can also be made. Services are provided by community health nurses, social workers and community outreach workers include assistance with making and keeping prenatal care and pediatric appointments and care coordination with medical providers.

The Baltimore City Health Department is reaching new parents throughout the city quickly and inexpensively with life-saving infant safe sleep messages printed on delightful baby t-shirts, often referred to as “onesies.” The ABC's of Safe Sleep Initiative, launched in 2004 educate parents on the risks of unsafe sleep environments.

- **Longbeach, California.** Long Beach officials have taken concrete steps to address childhood obesity. Through the Department of Health and Human Services, the city’s Healthy Active Long Beach (HALB) initiative provides free activities such as nutrition classes for children ages 4 to 11, healthy cooking demonstrations, trainings for health service providers, and food stamp outreach at local farmers’ markets. HALB and the Parks and Recreation Department provide qualifying activities at four park sites spread around the city. Some sites offer cooking demonstrations, afterschool programs, presentations, farmers’ market tours, and food stamp guidance.
- **Bridgeport, Connecticut.** Under the leadership of Mayor Joseph P. Ganim, the city has begun working to enroll some of the 15,000 uninsured children in the area in Medicaid or the HUSKY plan (Healthcare for UninSured Kids and Youth, Connecticut’s SCHIP program). The city worked with area chambers of commerce to identify fast-food chains, grocery stores, retail operations and other businesses that employ low-wage workers. Letters were then sent to the identified businesses explaining the benefits of HUSKY and asking that employers promote the program.

## RESOURCES

*NLC’s Combating Childhood Obesity Action Kit* — The action kit was created not just for municipal officials, but for the children, youth, and families in local community. It is based on the latest research and best practices from across the nation and offers a wide-ranging menu of opportunities for municipal leadership to make the health of children and youth a community-wide priority. Mayors and city councilmembers across America now have an action kit that addresses the health and well-being of the nation’s children. For more information see: [http://www.nlc.org/ASSETS/FC9AD61015584D1789198583E6C888E8/IYEF\\_Action\\_Kit\\_Childhood\\_Obesity.pdf](http://www.nlc.org/ASSETS/FC9AD61015584D1789198583E6C888E8/IYEF_Action_Kit_Childhood_Obesity.pdf)

*NLC’s Screening Tool to Help Families Access Public Benefits* — The tool provides municipal officials with approaches, considerations, and specific technology options for using screening tools to connect eligible residents to key state and federal benefits. Highlighted in the report are several local, state, and nationally franchised electronic screening tools utilized by city governments. For more information see: <http://www.nlc.org/content/Files/IYEF%20Screening%20Tools.pdf>.

*The Centers for Medicare and Medicaid Services (CMMS)* — As part of the US Department of Health and Human Services (DHHS), administers the State Children's Health Insurance Program (SCHIP) program. The SCHIP Program, authorized in 1997, provided \$24 billion in federal funds for 10 years to help states expand health care coverage to over 5 million of the nation's uninsured children. SCHIP is jointly financed by the Federal and State governments and is administered by the States, who determines the design of its program, eligibility groups, benefit packages, payment levels for coverage, and administrative and operating procedures. Federal

payments under title XXI to States are based on State expenditures under approved plans effective on or after October 1, 1997. The program will expire in 2007 unless reauthorized. SCHIP <http://www.cms.hhs.gov/home/schip.asp>.

*The Center for Disease Control (CDC)* – The CDC and National Center for Health Statistics (NCHS) is releasing selected estimates of health insurance coverage for the U.S. population based on data from the 2005 National Health Interview Survey (NHIS), along with comparable estimates from the 1997–2004 NHIS. This data and report includes information specifically about children. For more information see: <http://www.cdc.gov/nchs/pressroom/06facts/insurance2005.htm>.

*Families USA* – Families USA is a national nonprofit, non-partisan organization dedicated to the achievement of high-quality, affordable health care for all Americans. Working at the national, state, and community levels, they strive to be an effective voice for health care consumers for over 20 years. For more information see: <http://familiesusa.org/issues/medicaid/>.

*Insure Kids Now!* – Insure Kids Now! is a national campaign to link the nation's 10 million uninsured children to the free and low-cost health insurance they are eligible for by providing state specific information for families regarding health insurance for their children. Families are put in direct contact with their state's children's health insurance program and other outreach via foundation and corporate partners. For more information see: <http://www.insurekidsnow.gov/>.

*The Urban Institute* – The Urban Institute provides a great deal of budget and program related materials around health care coverage for kids. For more information see: <http://www.urban.org/children/health.cfm>

## **Publications:**

*Children's Health Insurance: States' SCHIP Enrollment and Spending Experiences and Considerations for Reauthorization.* This report, from the Government Accountability Office (GAO), addresses trends in SCHIP enrollment and the current composition of SCHIP programs across the states, states' spending experiences under SCHIP, and considerations GAO has identified for SCHIP reauthorization. <http://www.gao.gov/new.items/d07558t.pdf>.

*SCHIP 101: What Is the State Children's Health Insurance Program, and How Does It Work? And SCHIP and Children's Health Coverage: Fitting the Pieces Together* (June, 2007), are both reports from *Families USA*. The upcoming SCHIP expiration/reauthorization provides the perfect opportunity to review how SCHIP works, examine what has been learned about children's health coverage in the last 10 years, and discuss what Congress must do to continue the progress made in reducing the number of uninsured children. <http://www.familiesusa.org/assets/pdfs/SCHIP-101.pdf>.  
<http://www.familiesusa.org/assets/pdfs/SCHIP-Fitting-the-Pieces.pdf>.

*The Great Divide: When Kids Get Sick, Insurance Matters* (March 1, 2007), also a report from *Families USA*, examines common conditions that require hospital-level care, and how mortality rates, utilization rates for certain medical procedures, follow-up care, and lengths of stay all differ significantly between insured and uninsured children. <http://familiesusa.org/resources/publications/reports/the-great-divide.html>.

*SCHIP At A Crossroads: Experiences To Date And Challenges Ahead* (June 27, 2007) by Genevieve M. Kenney and Justin Yee of the Urban Institute, examines SCHIP's first decade and identifies changes needed so that the program can better serve its target population. <http://www.urban.org/url.cfm?ID=1001087>.

## **RESOURCES FOR COMMUNITIES**

**Kids & Politics: Minding the Budget.** Federal domestic spending on children has declined by 23 percent since 1960, according to the Urban Institute. To reverse this trend, Urban and the bipartisan advocacy organization First Focus are hosting this event at the National Press Club in Washington, D.C., from 8:30 a.m. to 3:30 p.m. It will include policy and communications experts and state groups that have successfully advocated for additional funding. Related Documents:

- KIDS' SHARE 2007: How Children Fare in the Federal Budget (Urban Institute): <http://www.urban.org/publications/411432.html>.
- How the Budget Affects You (Emergency Campaign for America's Priorities): [http://www.actnow.org/pages/how\\_does\\_the\\_budget\\_affect\\_you/](http://www.actnow.org/pages/how_does_the_budget_affect_you/).
- Budget Topic Page (Coalition on Human Needs): <http://www.chn.org/issues/budget/>.
- Federal Budget Research (Center on Budget and Policy Priorities): <http://www.cbpp.org/pubs/fedbud.htm>.

### **Framing Early Childhood Development: Recommendations for Infant-Toddler**

**Professionals & Advocates:** This article by Debbie M. Rappaport, is part of the framing series and explores specific early childhood frames, the impact of those frames on how people reason about infant-toddler development, and the consequences of those messages for public policy. Also included are practical tools which infant-toddler advocates can use to develop their own messages about infant-toddler policy issues. <http://www.zerotothree.org/site/DocServer/Framing4.pdf?docID=3541>.

**Transition to Kindergarten: Policy Implications for Struggling Learners and Those Who May Be at Risk for Learning Disabilities:** This policy brief (March 2007) written by Sheldon H. Horowitz, Laura Kaloi; and Susan Petroff from the National Center for Learning Disabilities (NCLD), provides five major policy recommendations for easing the transition to kindergarten for young children, especially those with learning disabilities. Among these recommendations are mandating universal developmental screening of cognitive skills and increasing awareness of early warning signs of learning difficulties. Find the policy brief at: [http://www.nclld.org/images/stories/downloads/school\\_transition\\_policy\\_paper.pdf](http://www.nclld.org/images/stories/downloads/school_transition_policy_paper.pdf).

**Making Pre-kindergarten Work for Low-income Working Families (June 2007):** This paper, by Rachel Schumacher, Katie Hamm, and Danielle Ewen from CLASP, looks at research on initiatives ensuring access to preschool for children who need it most – those in working families and those in low-income households. Also discussed are key strategies to address the needs of low-income working families and examines the extent to which state preschool education policies currently do so. Find this paper at: [http://www.clasp.org/publications/making\\_pre-k\\_work.pdf](http://www.clasp.org/publications/making_pre-k_work.pdf).

### **Promoting Effective Early Learning: What Every Policymaker and Educator Should Know**

This brief from the National Center for Children in Poverty highlights effective preschool curricula and teaching strategies to help low-income young children close the achievement gap in early literacy and math. [http://www.nccp.org/publications/pub\\_695.html](http://www.nccp.org/publications/pub_695.html).

### **What Is Evidence-Based Practice (EBP) and A 10-Step Guide to Adopting and Sustaining EBP in Out-of-School Time Programs**

Out-of-school time practitioners often become frustrated because of the time lag between discovering effective practices and incorporating them into “on the ground” practice in out-of-school time programs. The aim of this brief is to reduce that time lag by: 1) describing EBP for practitioners, and 2) providing valuable resources in an easily accessible format that can be used immediately. From identifying and selecting an EBP to training staff and beginning implementation to learning, reflecting, and improving programs, practitioners can use this brief to identify and adopt evidence-based practices.

[http://www.childtrends.org/Files//Child\\_Trends-2007\\_06\\_04\\_RB\\_EBP2.pdf](http://www.childtrends.org/Files//Child_Trends-2007_06_04_RB_EBP2.pdf).

### **Aiming Higher: Results from a State Scorecard on Health System Performance**

Where you live has a lot to do with the quality of state health care you get, according to a new Commonwealth Fund comparison of state health system performance. States vary widely in terms of access, quality, avoidable hospital use and costs, equity, and “healthy lives.” Overall, better access is closely associated with better quality. If the poorer-performing states could bring their rankings up to the level of the more successful states, it would mean better health and lower costs to governments. If insurance rates nationwide reached that of the top states, the uninsured population would be cut in half. (Written by Joel C. Cantor, Cathy Schoen, Dina Belloff, Sabrina K. H, and Douglas McCarthy, June 2007).

[http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=494551](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=494551).

### **Health Care Matters to Voters**

How will the 2008 presidential candidates handle health care? That’s the top domestic issue for voters, according to the latest Kaiser Family Foundation Health Tracking Poll. Iraq remains the most important topic overall for candidates to talk about (43 percent), but health care is second (21 percent).

<http://www.kff.org/kaiserpolls/pomr062007pkg.cfm>.

### **The National Effective Parenting Initiative (NEPI)**

NEPI is about working together to make it the birthright of every child in the United States to be raised effectively and humanely by loving and skillful parents who receive the best possible parenting education and support. Within the scope of NEPI is creating and supporting effective parenting projects at the community level, such as projects that bring parenting education opportunities into every preschool, child care center, and family day care home, and projects that bring these opportunities into work places and schools. In addition, reaching the goal entails having more individuals trained as parenting instructors, family life educators and parent coaches.

[https://www.effectiveparentingusa.org/What\\_s\\_It\\_About\\_.html](https://www.effectiveparentingusa.org/What_s_It_About_.html)

## **RESEARCH AND REPORTS**

**Fully Funding Head Start Will Boost Graduation Rates, Cut Crime.** A new report from Fight Crime: Invest in Kids suggests that if Head Start were fully funded, it could increase graduation rates by 10 percentage points. That, says the report, would decrease murder and assault by 20 percent, motor vehicle theft by 13 percent and arson by 8 percent. Economists

Lance Lochner, University of Western Ontario, and Enrico Moretti, University of California, Davis, calculated the reductions in crime using their research on how graduation rates affect crime. The report is available at: <http://www.fightcrime.org/reports/gradrates.report.pdf>.

**Study: Wealthy Kids Do Better in School.** San Francisco children are doing better, on average, than those in other counties across the state, according to a new study released Monday, but family advocates say the numbers don't reveal the disparity between different income and racial subgroups. Not surprisingly, the data reveals that, according to the report's "critical indicators," children fare better in counties where families have a higher economic well-being. Article can be viewed at: <http://nieer.org/news/index.php?NewsID=1504>.

**National Early Intervention Longitudinal Study Releases 10-Year Results.** Earlier this year, the National Early Intervention Longitudinal Study (NEILS) released the final report from a 10-year study that looked at policy issues related to infants and toddlers with disabilities and their families. The first national study of its kind, the [NIELS report](#) presents the findings on a national sample of children and their families, as well as discusses the implications for policy and practice. [http://www.sri.com/neils/pdfs/NEILS\\_Report\\_02\\_07\\_Final2.pdf](http://www.sri.com/neils/pdfs/NEILS_Report_02_07_Final2.pdf).

**The Abbott Preschool Program Longitudinal Effects Study**, recently released by NIEER, the National Institute for Early Education Research at Rutgers, displays the results of a rigorous study of New Jersey's landmark state-funded preschool program for children in the state's highest poverty school districts. The Abbott Preschool Program Longitudinal Effects Study (APPLES) focused on two aspects of the program: (1) Measuring the persistent favorable effects of the program on children's learning through the end of their kindergarten year, and (2) Examining the quality of the preschool classroom environments and program structure. <http://nieer.org/resources/research/APPLES.pdf>.

**National Evaluation of Early Reading First: Final Report to Congress.** The Early Reading First program provided grants that were designed to enhance teacher practices, instructional content, and classroom environments in preschools to ensure that young children, especially those from low-income families, start school with the skills needed for academic success. This report to Congress presents program impacts on children's language and literacy skills and on the instructional content and practices in preschool classrooms. The report notes that the program had positive, statistically significant impacts on several classroom and teacher outcomes and on children's print and letter knowledge. Report: [http://www.mathematicampr.com/publications/redirect\\_pubsdb.asp?strSite=pdfs/earlyreading.pdf](http://www.mathematicampr.com/publications/redirect_pubsdb.asp?strSite=pdfs/earlyreading.pdf). Executive Summary: [http://www.mathematicampr.com/publications/redirect\\_pubsdb.asp?strSite=pdfs/earlyreadinges.pdf](http://www.mathematicampr.com/publications/redirect_pubsdb.asp?strSite=pdfs/earlyreadinges.pdf).

**British Study Finds Disadvantaged Children Lagging by Age 3:** A study tracking more than 15,000 boys and girls born in the United Kingdom between 2000 and 2002 found that by age 3, children from disadvantaged families are already lagging about a year behind their middle-income peers. In vocabulary tests, 3-year-olds whose parents graduated from school were 10 months ahead of those from families where parents were poorly educated. The children of more educated parents were 12 months ahead in their understanding of colors, letters, numbers, sizes and shapes. The findings are from the Second Survey of the Millennium Cohort Study begun in 2001 by the Center for Longitudinal Studies at the Institute of Education at the University of

London to provide a broad-based long-term picture of early childhood and family dynamics. In 1999, the UK launched the comprehensive Sure Start Program which provides universal preschool, child care and family and health services. The new Millennium Cohort Study report is available at <http://image.guardian.co.uk/sys-files/Society/documents/2007/06/11/MCS2.pdf>. (Just print out pages 1-15 if you want the Executive Summary).

**The Unique Challenges to the Well-Being of California's Border Kids:** This report from Children Now states that only half of all children living on the border come from immigrant families--families with at least one parent born abroad. Moreover, 93% of all border kids are from families with at least one working parent, which mirrors the statewide percentage, and the vast majority of children of immigrants living on the border--81%--are U.S. citizens, a rate on par with the rest of California.  
<http://publications.childrenow.org/assets/pdf/policy/borderkidscount-2007.pdf>.