

Addressing the Developmental Needs of Children, Youth, and Families

**Report prepared for the
Center for Child Well-being
The Task Force for Child Survival and Development**

by

**Center for Youth Development and Policy Research
Academy for Educational Development**

January 2002

Table of Contents

| | |
|--|-----------|
| FOREWORD | i |
| INTRODUCTION | 1 |
| METHOD | 1 |
| SAMPLE..... | 1 |
| PROCEDURES | 1 |
| RESULTS | 1 |
| MOST IMPORTANT ISSUES AFFECTING CHILDREN, YOUTH, AND FAMILIES | 2 |
| <i>Lack of Supports for Children, Youth, and Families</i> | 2 |
| <i>Lack of Support for Organizations Focused on Child and Youth Well-Being</i> | 3 |
| <i>Lack of Connection Between Research, Policy, and Practice</i> | 3 |
| <i>Lack of Public and Political Will</i> | 3 |
| <i>Lack of Focus on Professional Development for the Workforce</i> | 4 |
| <i>Lack of Involvement of Local Communities</i> | 4 |
| <i>Lack of Understanding of the Life-Span Development Approach</i> | 4 |
| RECOMMENDED STRATEGIES FOR PROMOTING CHILD AND YOUTH WELL-BEING | 5 |
| <i>Eliminate Poverty</i> | 5 |
| <i>Promote a Holistic View of Child Well-Being</i> | 5 |
| <i>Focus on Health Promotion</i> | 5 |
| <i>Link Early Childhood Development and Youth Development</i> | 6 |
| <i>Provide Out-of-School Time Opportunities</i> | 6 |
| <i>Build Public and Political Will</i> | 6 |
| <i>Focus on Early Childhood Development</i> | 6 |
| <i>Focus on Family Development</i> | 7 |
| <i>Focus on Community Development</i> | 7 |
| <i>Focus on Education</i> | 7 |
| <i>Focus on Workforce Needs</i> | 8 |
| <i>Identify and Disseminate Research on Best Practices and Indicators</i> | 8 |
| ROLE FOR AN ORGANIZATION SUCH AS THE CENTER FOR CHILD WELL-BEING | 8 |
| <i>Be a Neutral Convenor</i> | 9 |
| <i>Build More Effective Collaborations</i> | 9 |
| <i>Promote Child and Youth Development in the Public Health Field</i> | 10 |
| <i>Promote Healthy Families</i> | 10 |
| <i>Support Communities and Community-Based Programs</i> | 10 |
| CONCLUSION | 11 |
| AFTERWORD | 12 |
| APPENDIX A: LISTING OF RESPONDENTS' ORGANIZATIONS | 13 |
| APPENDIX B: INTERVIEW PROTOCOLS | 14 |

Foreword

Center for Child Well-being

In 1997, The Robert Wood Johnson Foundation asked William Foege, MD, MPH, who was then the Executive Director of The Task Force for Child Survival and Development and a past director of the Centers for Disease Control and Prevention (CDC), what future investments would most dramatically improve the lives of children in the United States. The Task Force, as one of a number of public health organizations and agencies, has traditionally focused on improving the physical growth and health of children and their families. Over the last century, there have been tremendous gains in this area. However, many who work in public health have become increasingly aware of the impact of other developmental issues—those related to cognitive growth and social and emotional development—on the general health and well-being of children and the adults they become.

Recognizing the interrelatedness of these physical, cognitive, and social and emotional domains, the Task Force began an effort to determine what is known about child well-being, what gaps in knowledge exist, and how well existing knowledge is being translated into practice. With this information in hand, Dr. Foege suggested that the greatest gains in improving the lives of children stood to be realized by developing a collaborative, scientific, strength-based approach to promoting the physical health, and cognitive and socio-emotional development of children. In 1999, The Robert Wood Johnson Foundation funded the Task Force to develop a program, the Center for Child Well-being, that would undertake this work. In subsequent years, the Center has initiated a number of projects to assess and synthesize the science base and communicate that information to others who work in the field.

To avoid duplicating what was already being done in this arena and to identify organizations that might participate in a collaborative effort, CCW undertook an extensive environmental scan of organizations that have an impact on child well-being. The Center contracted with the Center for Youth Development and Policy Research at the Academy for Educational Development (AED) to conduct a scan of organizations that work in the areas of policy, program, research, advocacy, and communications related to child and youth development. From an initial list of hundreds of organizations, AED identified approximately 100 influential organizations that have received national or international attention (from the federal government, policy makers or advocates, funders, the media, or other sources such as peer-reviewed journals, other publications, and conferences) for their efforts around research, policy, advocacy, technical assistance, or direct service for children and youth. A directory of these organizations will be available from the Center in March 2002.

In the second phase of this project, the Center was interested in the opinions of the leaders of a number of the influential organizations about key issues facing the field today, major competing themes, programs that have been particularly successful, and major gaps that deter progress in improving children's lives. To accomplish this, AED conducted interviews with 34 child and youth development and public health experts and provided this report. The discussions stimulated by the report have been extremely valuable to the Center as we plan our future course. Ultimately, we aim to infuse the strengths of public health into the strong mix of expertise that characterizes the broader field of child development. Because we believe that the results of AED's effort may be helpful to other organizations wishing to work towards this same goal, we are sharing their report with you.

Introduction

In the spring and summer of 2001, the Center for Child Well-being (the Center), a program of The Task Force for Child Survival and Development, commissioned a series of interviews with child and youth development and public health experts, in order to develop a strategy for furthering the public health role in improving the health and development of children and youth. The Academy for Educational Development (AED), a Washington, D.C.-based independent non-profit organization, designed the interview protocols and conducted the majority of interviews for the Center. This report summarizes the major findings from two rounds of interviews conducted with 43 child and youth development and public health experts from across the United States.

The Center, based in Atlanta, Georgia and funded by The Robert Wood Johnson Foundation, is dedicated to exploring ways to dramatically improve the lives of children and youth. From its inception in 1999, the Center has looked beyond improvements in physical health that characterized the twentieth century to envision a world in which all children and youth have the supports, the strengths, and the opportunities they need to flourish in every aspect of life—physically, cognitively, socially, and emotionally.

Method

Sample

Twenty-seven child and youth development experts and 16 public health experts participated in the interviews. Respondents were selected based upon both Center and AED recommendations. Respondents included representatives from local, state, and national organizations and represented both the private and public sectors. A listing of the respondents' organizations appears in Appendix A. The child and youth development experts were interviewed in January through March, 2001, and the public health experts were interviewed in July through September 2001.

Procedures

Both interview protocols were developed by project staff from the AED Center for Youth Development and Policy Research with input from colleagues from other centers within AED and from the Center. Copies of the interview protocols appear in Appendix B. All interviews were conducted by telephone, and respondents were given the opportunity to review the interview transcription if requested.

Results

The following section highlights the major findings from the interviews. While there are many areas of overlap, the findings are organized into the following three overarching topics:

- Most Important Issues Affecting Children, Youth, and Families
- Recommended Strategies for Addressing Issues and Promoting Child and Youth Well-Being
- Role for an organization such as the Center for Child Well-being

The interview notes were coded by one AED staff person using ATLAS.ti Version 4.1 for Windows 95, a qualitative data analysis software package.

Most Important Issues Affecting Children, Youth, and Families

Several recurrent themes emerged from the respondents' responses with regard to the most important issues affecting children, youth, and families. Differences between developmental and public health experts are noted when applicable.

Lack of Supports for Children, Youth, and Families

Respondents commented that children, youth, and families are faced with a critical lack of supports, including funding for and access to high quality services, such as child care, health care, schools with well-trained teachers, and services for youth with disabilities who "age out" of the system. Others expressed concern about the lack of integration among delivery systems, the need for comprehensive health services, the identification of causes of birth defects, and treatment for infectious diseases. Several respondents were also concerned with the lack of focus on children's mental health.

Several respondents expressed concern about the quality of childcare in particular. One childcare expert said, "14 million out of 19 million children under five are in child care every day. This is an enormous opportunity that we ignore, a big blank. This is [an important] portal through which kids could be reached." Others expressed concern about policies for working families. Respondents commented that part of the challenge is due to the ambivalence that Americans feel about the role of women. One respondent said, "There is growing attention to the need for adequate child care, but there are problems wrapped up in the social roles of women and the workplace...While we commit to universal education, we do not clearly commit to universal child care and that is a major barrier." Another respondent said, "Why aren't we investing in parental leave when children are born and investing in high quality day care? This is not a child-centered or family-friendly society. What we do is driven by the bottom line, and this conflicts directly with child well-being." In addition, one respondent suggested that part of the problem is due to the fact that "people are putting work first, and not acknowledging a child's need for stability."

Many respondents remarked that in much of the social science literature, or in information that is disseminated to the general public and policymakers, the child is seen to be separate from the family and the community. One respondent commented, "Children's strengths are in the context of family and community, not in isolation." Another child development expert observed that social science is inherently biased because "it tends to see the child as an independent actor." Several people felt that the economic well-being of the *family* needed to be addressed before an individual child's well-being could be addressed. Others expressed concern about the lack of interest in non-custodial parents and in fathers.

Another important issue is the lack of integration among multiple service delivery systems. For example, one respondent said that in the disabilities field, "there needs to be some leadership around bridging all of the different systems [such as health, education, and social services] that deal with children with disabilities. It really comes down to allocating funds. One group can't cover the breadth of things that need to be addressed." Similarly, another respondent said that there is a need to step outside of the "single service delivery system" mindset, and look across systems.

Not surprisingly, given their roles in the health field, many of the public health experts stressed the need for providing comprehensive health services to children, youth, and families. One respondent said, "Currently, there is an uneven patchwork of finance that gives a 'mirage' of access. There are many children whose parents are unable to engage in the available systems." Part of the problem with the current public health funding and financing streams is that they are segmented and designed to address problems, not promote development.

Several respondents noted that determining the causes of and risk factors for birth defects and developmental disabilities was a priority issue for children and youth. One respondent said that a major public health goal would be to say things such as "no babies were born with spina bifida because mothers are now regularly taking folic acid during pregnancy," or "no babies with fetal alcohol syndrome were born

because of reduced alcohol use in pregnancy.” Many of the public health experts also stressed the importance of eradicating diseases as a priority issue. One respondent observed, “Many of the common adult diseases stem from poor health behaviors established in childhood.” The mental health of children is also an important and often neglected area of health promotion. As one federal government official said, “Kids don’t have devastating infectious diseases anymore. The challenges they are faced with are much different now. They are faced with severe emotional stress, and the system of care only addresses children who are diagnosed. The primary care system is not equipped to deal with this issue.”

Lack of Support for Organizations Focused on Child and Youth Well-Being

Many of the respondents who represent organizations focused on child and youth development believed that while there is already a strong focus on prevention and development among those who are working together to address child and youth well-being, the greater issue is the lack of resources for these organizations. For example, one respondent said, “In the United States, there is no one well-funded early childhood development system linked to the other relevant systems like health and education. The reason is that there is not adequate funding for advocacy and analysis to improve policy.” Moreover, there is a lack of resources for dissemination.

The child and youth development experts differed on their views of leadership in the field of early childhood development. One respondent said that while there are challenges to working together, there are leaders who can articulate priorities and build consensus. Similarly, another respondent said that early childhood development organizations try many different strategies to promote child well-being, not because of disorganization or lack of leadership, but rather as a “response to reality and the real difficulty of change in this field.” On the other hand, some respondents said that the existing leadership is “spotty” and there is more effective leadership in other areas such as children’s health care and human services. Another respondent, in describing the youth development field, said, “There is an absence of a recognized and visible leadership group.”

Lack of Connection Between Research, Policy, and Practice

Several respondents observed that there is a lack of connection between research, policy, and practice. For instance, one respondent said, “At the policy level, the policies for children are not well-aligned with what we know children need....There isn’t a close alignment between science and policies.” Others concurred by noting that “even with good data, elected officials act as they wish,” and “what happened to policymakers when they were kids is how they make decisions.” One respondent from the federal government said, “Policymakers and funders focus more on the problem. They are comfortable looking at problems. The absence of problems and well-being is a new concept. There isn’t sufficient consensus about what well-being is supposed to include.” However, others disagreed, stressing that there is consensus about the importance of early learning and children’s health. One respondent said, “While the strategies and assessment may be different..., there is a consensus on what is good for kids. For example, the Bush people and Marian Wright Edelman are not really saying different things about what is good for kids. They differ on social policies.”

Many respondents were concerned about the lack of data on child well-being. Specifically, they felt that there was a lack of comprehensive data, a lack of longitudinal data, and a need for more funding for data collection. Some respondents also believed that there is a lack of clearly defined outcomes. One respondent said that there is “one set [of outcomes] for White affluent kids, and another set for the rest of the kids. We don’t know enough about what works.” Another respondent observed, “There is a lack of focus on the positive. For example, ‘youth development’ has become a catch-all phrase that means everything and nothing.”

Lack of Public and Political Will

The lack of public and political will is another priority issue that many of the respondents mentioned. Building up public and political will as a “vehicle for improving child well-being, health, and education” was

described as an overarching issue. For instance, one respondent said, “The Earned Income Tax Credit has been one of the most effective policy changes to impact child well-being. It is palatable to the American public but more and more information on child poverty does not necessarily lead to increased public support for other policy and program changes.” Similarly, a respondent representing a private philanthropy observed, “There is no comparison between the understanding we have of gerontology and the understanding of children. There is so much more going on in the aging field. Policy issues are so oriented toward voters. We have to figure out how to deal with that.” There is also a lack of public demand for improvement in children’s health. As one respondent said wryly, “Children don’t cost a lot in terms of health care dollars, and so their issues often lay unrecognized.”

Another researcher said, “A major impediment to improving child well-being is the lack of understanding about the extent to which individual attitudes and policymakers’ attitudes toward making public investments [in children] affects children and youth.” As one respondent indicated, there is “an increasing hostility toward government as a solution to the nation’s problems.”

Lack of Focus on Professional Development for the Workforce

Many respondents were concerned about the lack of focus on professional development for child and youth workers. One respondent said that we need to address the “horrendous state of early childhood professional development.” Another respondent in charge of a professional association said, “The training and preparedness of people who work with young children...has the greatest impact on child outcomes. This is one of the most important elements in helping children.” One of the public health experts said that the current public health workforce is “insufficient in size and education to adequately implement health promotion strategies and collaborative practices.” He said that there is a lack of interest in using public dollars for training and professional development. In addition, this respondent viewed managed care as a barrier that results in high staff turnover and lack of incentives to support staff training.

Lack of Involvement of Local Communities

Several respondents highlighted the importance of focusing on communities, and the link between different systems, such as families, schools, and communities. One researcher said, “People want politically defensible outcomes but they’re not developmentally achievable without sustained community efforts.” Another researcher said that there is a need to go beyond the “conventional approaches to research which alienate communities.”

Lack of Understanding of the Life-Span Development Approach

Several child and youth development experts said that they were concerned about the general lack of understanding of the life-span development approach. For example, one respondent said, “No one has a guide to understanding the developmental life-span approach. There is not enough focus on the interstices of the developmental sequence.” One respondent noted, “A good development strategy should focus on development over the life-span to improve human development, adults as well as kids.” Another respondent concurred by pointing out that a “human development model [should be used] to promote development. Health and development communities focus on preventing illness and injury, but it lends itself to thinking pathologically rather than thinking about development. There is a lot of non-pathologizing thinking, but it doesn’t always get filtered to practitioners because they are seeing the sequela of disease and injury. A better conceptual approach is thinking about optimizing development rather than prevention.”

Another child development expert expressed concern about medical professionals, noting that “people trained in medical fields are not taught to think developmentally. It is not instinctive. It is easier for people [from the psychology field] to think about optimizing development—which has prevention as a consequence. If the goal is developmental, the strategy is development.”

Recommended Strategies for Promoting Child and Youth Well-Being

Respondents from both rounds of interviews were asked to describe strategies for promoting child and youth well-being. While child and youth development experts and public health experts differed slightly in their responses, they agreed on the importance of addressing the underlying factors that affect child and youth well-being, the effective use of data, addressing the needs of families and communities, and addressing public and political will.

Eliminate Poverty

Eliminating poverty was an important overarching strategy for most of the respondents. Many felt that poverty must be eliminated before any other issues could be addressed. One respondent, a physician and researcher, said, “Society is really moving in two different directions. Those who are well-connected are doing well, but many people are being left behind.” Most of the public health experts interviewed also agreed that the underlying economic and educational factors that affect child and youth well-being need to be addressed before any specific health needs can be addressed. One public health expert observed, “We know enough about the excess risk that occurs from a poor environment. Poor environments are destructive across society; thus, improving the environment offers protective effects.”

One respondent suggested that the federal and state governments could take advantage of their budget surpluses to invest in children and youth. He said, “We need new and creative opportunities to invest in children.” Others said that there is a need for broad social programs to reduce poverty.

Promote a Holistic View of Child Well-Being

Many of the public health experts called for a more holistic view of child and youth well-being. They believed that child health programs, in particular, are segmented. One respondent noted, “We forget that the same children need more than one service, and we need to be sure that all prevention services are integrated into one medical home. In addition, there are fairly new interventions for which no fully developed infrastructure exists within the health care system.” One suggestion was to more fully integrate the health care system into other systems, such as the educational and child care systems. Another respondent said that he likes to think that child and youth development are a part of everyone’s agenda, but “people [in public health] don’t always know what it means. When they think development, they think healthy physiological development.”

A federal government official summarized his thoughts by saying that improving child and youth well-being takes “early and sustained investment to appreciate long-term benefits. This is a challenge, because society expects instant return. We have to think of kids in a longitudinal, dynamic way, considering long-term consequences. We need to know from families and providers—what is harmful in terms of psychosocial, biological, physical, [and so on] terms? What is harmless? We are uncertain about this and need a sustained look. How can we make beneficial things even better and more available for kids?”

When asked about public health’s role in promoting child and youth well-being, public health experts’ responses were mixed. One respondent said, “Public health is already involved in youth development although there’s not that label on it. It doesn’t get the recognition from the ‘official youth development field.’ There is a difference in language—public health is an umbrella covering everything.” Another respondent concurred, noting that the “greatest thing about public health is that there isn’t a thing in the world that public health doesn’t get involved with—it’s very broad-based. The downside, when you get that broad, is that you can’t focus.”

Focus on Health Promotion

Not surprisingly, nearly all the public health respondents described the importance of health promotion, and thinking about health not just as the “absence of disease.” One respondent described the evolution of

public health. He said, “The first revolution in public health was focused on disease. The second focused on prevention. Now we must focus on health promotion, and how we can help kids achieve and maintain well-being. We want to find out how to help them grow and achieve their full potential, push that upper boundary by focusing on learning, environment, and family. We need to move from looking at causes of death only to examining assets. We need information and a vision about how children live, learn, grow, and play. This information must be based on accurate growth and developmental science.” Others said that we should not forget the “roots” of the public health system, such as reinforcing basic efforts to “create a healthy child” (e.g., immunizations and lead-based paint removal).

There is a need to “foster adult behavior that establishes healthy lifestyles and behaviors in children in order to stave off diseases that might otherwise affect them as adults.” Examples of behaviors that should be promoted include healthy eating habits, exercise, getting sufficient amounts of sleep, and good oral health. Respondents also said that resources should be devoted to developing and delivering new vaccines, particularly to developing countries. There was also a call from child and youth development experts for universal health care and insurance for “every child in the United States.”

Link Early Childhood Development and Youth Development

Several child and youth development experts said that an important priority is to link early childhood development and youth development. For example, a funder from a private philanthropy said, “Highlighting the critical linkages between early childhood and adolescent development [is a top priority]. This country needs completely articulated arguments for linking early childhood development and youth development.” Similarly, one of the researchers who was interviewed said, “The mistake is just to focus on early childhood or youth development. There needs to be integration across ages and stages.”

Provide Out-of-School Time Opportunities

Many of the child and youth development experts viewed providing out-of-school time opportunities, such as sports, arts, and other recreational activities, as a top priority for improving opportunities for children and youth. One respondent said, “We don’t use the places where kids are [i.e., after-school programs] to promote our child development agenda.” Others felt that developing after-school programs and health and recreation facilities would bolster resources in low-income neighborhoods, in particular.

Build Public and Political Will

While many respondents were concerned about the lack of public and political will to support child and youth well-being in this country, they also viewed building public and political will as an important strategy. One youth development expert said that there is a need to “share information, have reasonably similar messages, look for opportunities to build consensus, document good practices, and target audiences that are bigger than ourselves. In order to do this, we need more money and a change in public opinion.”

Several of the child and youth development experts emphasized the need to develop a clear political agenda on child and youth well-being. One respondent said, “We need one children’s agenda that everyone can agree to. We [i.e., early childhood development organizations] could all work on it. Every group develops their own agenda. We would have more strength, more clout, and people would see it as more of a priority.”

Focus on Early Childhood Development

Many of the child and youth development experts viewed improving the child care and preschool systems in this country as an important strategy. They felt that there should be more public education about the need for high quality and affordable care, and that high quality day care should be universally available for those who need and want it. Others said that this country needs to invest in children when they are very young. For example, one respondent said, “We’ve invested too little between birth and school. Brain development is most rapid and profound in the early years. This should force us to think differently about

resource orientation and allocation. There is a need to provide high-quality, nurturing educational experiences from children's early days. We've not been able to do that in this country, whether via parents, child care, or education."

Others said that there should be an increased emphasis on the assessment of child well-being. For example, a public health expert said that we should ask, "what and where are deficits, what and where are good things that are occurring?" Another child development expert said that a top priority would be to have a national program to detect serious academic and psychopathological problems by the time children are five or six years of age.

Focus on Family Development

Developing families was an important strategy for promoting the well-being of children and youth. One public health respondent stressed, "Incentives for healthy, happy families should be considered. As a society, we can't afford to wait until adolescence to address many of the major health problems of youth; this is too late. Rather, we want to be sure children get a good start in a stable family environment, with access to needed services." Another respondent said, "Parenting support and family support are very important. The priority issues for children and youth are inextricably intertwined with priority issues for healthy families. We need to look at children's needs in the context of the family."

Another respondent said that a priority is to have "better prepared parents." A respondent from an early childhood development organization said, however, "Just sending out information is not enough for parents. They need relationship-based support. Parents need to talk to people who understand child development and can give responsive, interactive support and guidance."

One respondent suggested that promoting the concept of family support for families in general was one way to "sell" positive development to policymakers. She noted that lower class and middle class families would like the same opportunities as very rich families, but it is very difficult to get this message across to policymakers.

Focus on Community Development

Developing communities was also seen as an effective strategy to promote child and youth well-being. For most of the respondents, this meant working at the very local, grassroots level with organizations and institutions that are providing direct services to children, youth, and families. Others thought that "community" should also include the for-profit business sector. For example, one respondent said that there are many opportunities in communities to develop youth, the "future workforce." She said, "Government and businesses have roles in this arena. Businesses can be engaged, because businesses see that they don't get the right skills in their workforce pool." A respondent from an early childhood development organization said, "It takes a village to raise a child. It is more than textbooks and training. There is a need to understand the systemic linkage among the elements that create successful families, communities, and schools." In order to promote child and youth well-being at this level, however, communities need a precise and commonly agreed-upon definition of "child well-being" so that they can ascertain whether their programs are making a difference.

Most of the public health experts stressed the important role of the local community in promoting the health of children, youth, and families. Public health respondents provided several examples of programs that they believed were effective in promoting child and youth well-being at the local community level. One example is a project taking place in Jacksonville, Florida, in which the World Health Organization Convention on the Rights of the Child is being used to analyze community efforts in support of children.

Focus on Education

Improving the educational system in this country was a leading strategy for many of the respondents. One respondent said, "We need to solve the conundrum of education in this country. We have the

highest and lowest quality education systems in the world. This is the great American tragedy. There are other countries where education is viewed as a priority by the social policy community." Another respondent criticized the current school environment and said that there is a need for a "warm, attentive, but disciplined school community where kids are known and the rules are clear." Others expressed the importance of linking other community systems to education.

Focus on Workforce Needs

Several of the child and youth development and public health respondents said that there are opportunities to promote child and youth well-being by improving the training and professional development of those who work directly with children and youth, including child care providers, youth workers, and the public health workforce. For example, one respondent said, "[We need to] get the strengths-based approach to people who see kids first such as teachers and primary care providers. Make it universal and systemic." Other respondents from the child and youth development fields called for more attention to pay scales, and more attention to the training of staff, teachers, and child care providers, particularly those who work with children and youth from diverse cultures, low-income backgrounds, and those with disabilities.

Identify and Disseminate Research on Best Practices and Indicators

Some respondents said that there is a need to identify and consolidate best practices and indicators. There is also a need for more dissemination, and to understand better how information is effectively disseminated in the "emerging communications and technology worlds." The respondents acknowledged that dissemination is often as hard as collecting data, but there should be more dissemination of evidence-based information. Others said that data should be used more effectively. For instance, data can be used to "consolidate child health and adolescent health programs to make a difference, rather than continue to think and provide services categorically." Several respondents mentioned the National Academy of Sciences book, *From Neurons to Neighborhoods: The Science of Early Childhood Development*, as an example of a document that effectively synthesizes the research on child well-being.

Research can also demonstrate the cost-effectiveness of early intervention. These types of studies are expensive and take a high level of commitment. As one respondent said, "Is the science good enough to motivate people to make an investment?" On the other hand, one respondent said that there is an "inappropriate use of resources for research to find linkages to more cause and effect," when "more science is not needed." One public health expert suggested developing a "new paradigm for looking at children and child development. He said, "Public health can demonstrate and provide strong data to make it more obvious how children can be helped and enhanced in their development. For example, public health could compare, in a demonstration project, the Montessori approach and the standard approach to child development. This demonstration could help to illuminate how individual strengths can be identified in children, how appropriate plans of action can be developed and instituted over time, and what results accrue in terms of well-being."

Others called for the collection of data at the local community level. One public health respondent said, "We have many good measures for mortality and problems, but few for monitoring positive assets and community processes for change." Another respondent said, "We need to collect critical information about kids and families at the community level [including information about] strengths, assets, and vulnerability...we need good information that is not just descriptive."

Role for an Organization Such as the Center for Child Well-being

The respondents were asked to describe how an organization such as the Center for Child Well-being could help address issues that were identified as high priority. Respondents from both rounds of interviews identified various potential roles for an organization such as the Center. It should be noted that several of the child and youth development experts felt very strongly that there was not a need for another organization focused on child or youth well-being. A respondent from an early childhood

development organization emphasized, “We don’t need more politics, more people, and more competition for scarce resources.” Rather, there should be a focus on building the capacity of existing organizations. Others felt that it was confusing to policymakers, families, and the general public to have so many organizations that all seem to be focusing on the same issues. One respondent even suggested, “It would be great if nonprofit policy research organizations, service providers, and others could undergo a mergers and acquisitions phase.” Below are the major themes from the responses from both the child and youth development experts and the public health experts interviewed.

Be a Neutral Convenor

Many of the respondents from both the child and youth development and public health fields stressed the need for a neutral convenor, though some felt that early childhood development organizations do not need someone to convene them because they are already doing this themselves in an effective manner. A funder from a private philanthropy stressed the need for an organization that is respected by “both sides of the aisle—an organization that goes across political spectrums.” Another respondent said that the organization needs to have credibility in order to conceptually synthesize information that people at all levels (e.g., policymakers, researchers, and practitioners) can understand.

One of the public health experts said that in general, the public health role is to “get the right groups to the ‘table’ and energize them to become excited about being a part of something bigger than any one group alone.” As a convenor, an organization can “establish links through the whole public health community. [The organization] can do it by emphasizing important parts of issues and the fact that these things have the largest role to play on the future development of kids, especially the elimination of disease, development of health behaviors, new vaccines, and optimal development circumstances in the first five years of life.”

Another suggestion was to establish a “think tank” that focuses solely on issues pertaining to children and families. This could be a stand-alone, bi-partisan, “premiere” organization with “high powered people.” The child development expert who made this suggestion said, “We need to get the nation to think about standards for child care. We need to take on issues and work with the media.”

One child development expert proposed that the Center could “take the task of coordinating, informing, and synthesizing what other organizations are doing and pull it into the broader fabric of families and communities.” Another respondent felt that there was a need for a liaison or coordinator among all of the organizations that are focused on child or youth well-being. This role would involve “bridging the gap between existing organizations, and helping to promote clarity among the organizations, the general public, and members of Congress.” Similarly, a public health expert said, “A lot of times we go forth with ‘this is the program that saves the world’ and we do a lot of talking, not enough listening. That may be one of the important roles that a national organization could fill. Listening and reflecting about various sectors you want to get together about youth development could be an important role for the Center...We are too busy thinking of what to say to listen in a group.”

Build More Effective Collaborations

Many respondents from both rounds of interviews said that there was a need to build more effective collaborations among organizations that serve children, youth, and families. Some features of effective collaborations identified by respondents include:

- Involve multiple systems and levels of government;
- Be mutually beneficial for the partner organizations;
- Have a shared vision or common conceptual framework;
- Develop specific goals and outcomes;
- Have dedicated funding to support the collaboration and its partners;
- Build upon the unique strengths of the partnering organizations;
- Provide strong leadership; and
- Allow flexibility for the partnering organizations.

One respondent suggested that the Center could fill a needed gap by developing a collaborative infrastructure. This would involve “working with existing organizations; identifying new and existing scholarship; policy engagement; and policy.” Another respondent concurred by stressing, “We need groups to come together collaboratively to figure out where the gaps are and how to address them. We need to work collaboratively and think systemically.” These collaborations should be built upon the strengths of existing organizations. One respondent advised the Center to ask organizations exactly what their needs are and “how they can be more effective on behalf of the needs of the population they are serving. If [the organizations] can’t do that, don’t give them support.”

In the public health field, respondents identified a need for an organization to help public health organizations form strategic partnerships. One public health expert said, “Public health organizations broaden partnerships, and we’re not always organized in thinking with whom we can partner.” Many of the public health experts stressed the importance of “bringing in heavy hitters” such as the National Institute of Child Health and Human Development and the Centers for Disease Control and Prevention and getting them to “buy into” the strengths-based approach. However, respondents observed that bringing in highly visible partners takes funding and strong leadership.

Promote Child and Youth Development in the Public Health Field

Many of the respondents noted that while child and youth development is something that most public health organizations care about, they “don’t always know what it means.” One respondent said that we need a “new paradigm for looking at children and child development. Public health can demonstrate and provide strong data to make it more obvious how children can be helped and enhanced in their development.” Another respondent said that when public health people think development, they think “healthy physiological development.” The Center could “assure the knowledge base; gather the knowledge and integrate it into a cohesive fabric of understanding for the health service organizations.” The Center could also work with organizations such as the Centers for Disease Control and Prevention to improve its understanding of what a public health practice should be.

Promote Healthy Families

Many of the public health and child and youth development experts felt that the Center could address the needs of families in several ways. First, one child development expert commented on the fact that while the Center’s primary source of funding has linked it strongly to health, an organization such as the Center can only make a meaningful difference in children’s well-being if it focuses on families and communities. Another child development respondent said, “An awful lot of organizations are working on issues focused on kids. They identify a piece of a child in isolation. This is a problem-focused base. There is little being done to look at the child in the context of the family and the environment. I don’t see a lot of that coordinated work.”

One public health respondent said that the Center could “be a mechanism to activate some families to demand better services for their children. The Center could provide families with things they can expect from their health care plan and/or their pediatrician; the Center could provide ways for families to get attention for these issues.” This respondent suggested that the Center look toward American Association of Retired Persons (AARP) as a model for educating policy makers about the needs of families. Other public health experts thought that the Center could be an effective advocate for families by being a liaison between families and public health policy makers. In addition, the Center could “increase the attention of the public, the public health community, and health care providers on the impact that adults can have in establishing healthy behaviors in children.”

Support Communities and Community-Based Programs

Many of the public health respondents suggested that the Center could be involved in promoting the strengths-based approach at the local community level. For instance, public health locally and [at the]

state level is at its strongest when it comes to maternal and child health—and the neighborhood health center concept. The Center could play a local coordinating role by using “national expertise to inform local efforts, to lend credibility and to jumpstart the process.” One respondent said that there is a need for a “child and youth agenda” at the local level and pointed to the National League of Cities program as a model. Others cautioned against the traditional “top down” approach to working with communities and said that we should “support communities in a process of discovering [how to improve the lives of children and youth] themselves.”

The Center can also create venues to share successful community-building models. One respondent said that the Center should work with some of the “really good, strong, local public health departments and the National Association of County and City Health Officials.” One respondent said, however, that rather than “generating more reports,” there is a need to put into practice the things that can and do work. He said, “Good science should be at the foundation for all of this; then implement programs in the community.”

Conclusion

In conclusion, many of the overarching themes gleaned from interviews with child and youth development and public health experts were similar. Specifically, both sets of respondents believed that addressing the underlying factors that affect child and youth well-being (such as poverty) were critical. In addition, both sets of respondents said that focusing on improving the contexts in which one finds children and youth (i.e., families, child care, schools, etc.) is also of high priority. Both child and youth development and public health experts also felt that there was a need to address the lack of public and political will to support development and health promotion in children and youth. This includes addressing the lack of funding for organizations, as well as addressing the way in which funding streams are designed. Both groups of experts also called for the more effective use of existing data on child and youth well-being.

Respondents also identified several opportunities for the Center to work with both child and youth development organizations and the public health sector to promote the well-being of children and youth. Both the child and youth development experts and the public health experts said that the Center could be a convenor and partner with other organizations, rather than attempting to duplicate what other organizations are already doing. Respondents advised the Center to be enabling, rather than competitive.

The Center could also be involved in building strategic collaborations based on interest and need. It is clear from many of the respondents’ remarks that the benefits of collaboration, the roles and responsibilities of the collaborators, and the goals and outcomes of the collaboration need to be clearly defined. Organizations with varied skill sets need to come together, determine what their resource needs are, and work together to fulfill them. Public health experts, in particular, believed that there was a role for the Center to coordinate local efforts with national efforts. Part of this role would include educating public health leaders about the strengths-based approach and holistic approach to health and development.

Afterword

Center for Child Well-being

The Center for Child Well-being gratefully acknowledges the efforts of the Academy for Educational Development (AED) and the advice shared by the study interviewees. As a direct result of the recommendations contained in this report, the Center has refined its vision and refocused its approach on merging the interests of public health and child development.

The expertise and resources of the public health system have great potential to improve the lives of all children. The Center will continue to work collaboratively with stakeholders to unleash this potential and direct it towards three principal sectors devoted to children: parents and caregivers, the organizations that serve them, and the scientific community whose work informs policy and practice. Particular attention will be paid to filling critical gaps in information and knowledge, and to reaching families and caregivers through innovative dissemination techniques.

Three areas of emphasis for the Center over the coming next few years are:

- **Promoting Healthy Families.** To fill this gap, the Center has convened the *Parenting Network*, a group of experts from diverse backgrounds and disciplines committed to supporting parents in their efforts to foster positive development in children. Network members are parents, scientists, practitioners, and advocates who are committed to uniting knowledge from research with wisdom from experience to design practical strategies to advance child well-being. These strategies are intended for parents as well as professionals and policy-makers who work to support parents through programs, services, or policies in communities.
- **Supporting Communities.** The Center has the unique advantage of being geographically located in Atlanta, with many collegial ties to the Centers for Disease Control and Prevention. In addition, as a component of The Task Force for Child Survival and Development, the Center also has the benefit of being informed about global movements and innovations in child well-being. Recent discussions with the Georgia Division of Public Health have uncovered opportunities to capitalize on these assets and to demonstrate the value of combining the expertise of child development and public health for the benefit of children.
- **Building Strategic Collaborations.** Because public health is community-based, it has a long tradition of convening relevant partners to achieve common goals. This typically involves building coalitions, facilitating agreement on a course of action, and leveraging scarce resources – both human and financial. The Center is engaged in combining the knowledge from both public health and child development for early identification of children with developmental delays in the primary care setting. Such screening can help assure that children at risk are referred for appropriate care before these problems interfere with their healthy development.

Appendix A: Listing of Respondents' Organizations

Agency for Healthcare Research and Quality
Association of State and Territorial Health Officials
Board on Children, Youth, and Families
Carnegie Corporation of New York
Center for Mental Health Services
Centers for Disease Control and Prevention
 National Center on Birth Defects and Developmental Disabilities
 National Center for Chronic Disease Prevention and Health Promotion
 Public Health Practice Program Office Center on Budget and Policy Priorities
Children's Defense Fund
CityMatch
DeKalb County, Georgia Public Health Department
Division of Public Health, Georgia Department of Human Resources
Families and Work Institute
Frank Porter Graham Child Development Center, The University of North Carolina at Chapel Hill
Gambone and Associates
Harvard University
I Am Your Child Foundation
Illinois Department of Public Health
Manhattan Institute for Policy Research
Maternal and Child Health Bureau
Morino Institute
National Association for the Education of Young Children
National Center for Children in Poverty
National Head Start Association
National Institute of Child Health and Human Development
National Urban League
Rhode Island Department of Health
The Children's Partnership
The Gerber Foundation
The Kennedy Krieger Institute
The Rollins School of Public Health, Emory University
Tufts University
U.S. Department of Education
U.S. Department of Health and Human Services
W.K. Kellogg Foundation
Zero to Three

Appendix B: Interview Protocols

Child and Youth Development Experts Interview

1a. The Center for Child Well-being defines well-being as “the ability of an individual to flourish in the areas of socio-emotional development, cognitive development, and physical health and safety.” This applies to all children and youth, in all economic situations, racial and ethnic groups, and all abilities. The Center for Child Well-being has identified the following four concerns as those that are most important to determining what is known about child well-being, what gaps in knowledge exist, and how well existing knowledge is being translated into practice:

- i. While there is an explosion of information on child well-being, the information is often piecemeal and hard to apply to real children, or is presented as sweeping generalizations that lack scientific credibility. Good information may not be organized or synthesized into easily accessible and useable forms, or tailored for different audiences.
- ii. Leadership in the field of child well-being has not been able to take advantage of the wealth of knowledge that already exists and to use that knowledge to articulate priorities, build consensus, and manage change.
- iii. In the absence of agreed-upon priorities for children, decision makers cannot craft coherent social policies for children.
- iv. The focus on children emphasizes pathology, risks, and investing in remedies for problems that children have already developed. There are far fewer resources to support the positive behaviors, skills, and characteristics that help children thrive right from the start.

1a. In your opinion, are these the four most important concerns? (If no, continue. If yes, skip to question 2).

1b. What concerns would you add to the list? Why?

2. In general, what would you say are the top three priorities to improve opportunities for children and youth?

3a. Many people talk about the value of working collaboratively, but in fact, many organizations and agencies do not work together. What two or three activities or policies would make collaboration more likely?

3b. What is an example of a successful partnership or collaboration that you know of? Why do you think that this was an effective partnership or collaboration?

4. In your opinion, what are the three organizations that have had the most impact on child and youth well-being? Why did these organizations make your list of the top three?

5. Who are the three individuals that have had the most influence on promoting the well-being of children and youth? Why did these individuals make your list of the top three?

6. If there were to be a new organization focused on child and youth well-being created tomorrow, what is the gap that you would like it to fill?

7. Would you want a connection between your organization and the Center for Child Well-being? (IF YES,) What would such a connection look like and what would you like to accomplish with such a connection?

Public Health Experts Interview

1. Are you familiar with the Center for Child Well-being and its work?
2. Do you have any questions before we get started?
3. Can you tell me about the position and role you play in your organization and how it relates to promoting the health and well-being of children and youth?
4. What do you see as priority issues that need to be addressed in the next five to 10 years to improve the health status of children and youth? Why are these issues critical?
5. What do you see as the barriers to resolving these problems?
6. What opportunities exist that support resolution of these problems?
 - a. Are there programs or trends that support successful resolution?
7. Do you or does your organization have experience incorporating a strengths-based child and youth development approach into your programs?
 - a. What has been your experience in doing so?
 - b. How has it benefited your efforts?
 - c. What difficulties have you encountered?
8. Do you think this approach could help your organization achieve its goals?
 - a. How so?
 - b. What opportunities might exist to incorporating this approach?
 - c. What barriers exist to incorporating this approach?
9. How can public health, as both a framework and a system of organizations, contribute to the well-being of children and youth as defined earlier?
10. How could an organization such as the Center for Child Well-being, an organization that tries to link health with child and youth development issues, help address these issues?
11. Who in the field of public health or child and youth development do you see as a leading spokesperson or possible spokesperson for these issues?
12. Is there anything else you would like to add?
13. Would you like a copy of the summary report?

As a follow-up to these interviews, the Center is considering convening a small group of public health and child and youth development experts in Atlanta or Washington, DC to discuss the interview findings and to explore next steps.

14. Would you be interested in participating in such a meeting?

