

PROCEEDINGS  
OF THE NATIONAL KICK-OFF MEETING

School Readiness Indicators Initiative:  
Making Progress for Young Children

***Hyatt Regency Hotel***  
**Newport, Rhode Island**

***October 22<sup>nd</sup> – October 24<sup>th</sup>, 2001***

*Sponsored by:*  
The David and Lucile Packard Foundation  
and the Ford Foundation

*Hosted by:*  
Rhode Island KIDS COUNT

***Participating States:***

Arkansas, Arizona, California, Colorado, Connecticut, Kansas, Kentucky, Massachusetts, Maine, Missouri, New Jersey, New Hampshire, Rhode Island, Vermont, Wisconsin

***Purpose:***

This meeting launched a 15-state initiative to use child well-being indicators to improve school readiness and ensure early school success. Over the course of the initiative, states will work individually and collectively to develop a comprehensive set of measures to monitor the physical, social, emotional, cognitive, and economic well-being of young children. Indicators will reflect state investments in programs and policies for young children and families as well as child outcomes.

***Meeting Objectives:***

- To explore how to best use child development research to make more informed policy and program decisions within states.
- To consider a set of school readiness indicators that reflect child outcomes (physical health, social and emotional development, and cognitive skills) as well as systems outcomes (state policies and programs that affect young children and families).
- To identify ways that child well-being indicators can be used to shape a policy agenda that improves outcomes for children and families.
- To share strategies for communicating with policymakers, community leaders, and the public in order to improve child well-being in states and communities.

**Monday, October 22, 2001**

## **Welcome**

**Ann M. Segal, Senior Program Manager,  
The David and Lucile Packard Foundation**

The idea for a school readiness indicators project began in New England, as part of the two-year federal indicators initiative sponsored by the U.S. Department of Health and Human Services. Rhode Island took the lead in developing a proposal to fill in the gaps in information on young children from birth through school entry. The intent of the current effort is to focus on all domains of child development, to include state and local information wherever possible, and to base indicators on the best research available. The kindergarten-entry point is just an interim marker. Continued monitoring through third grade is important and enables states to include an indicator of a child's ability to read at grade level by the end of third grade.

Ms. Segal stated: "In this time of crisis and tight budgets, it is important to ensure both wise cuts and wise investments. Now that a climate of surpluses has drifted towards austerity, keeping the focus on how kids are doing is critical and is the best defense in this country. We cannot allow kids to be invisible, invisibility allows not investing."

Ms. Segal asked the group to work toward agreement about core measurements and indicators. This would set the precedent for other states. Future work would involve making sure that all states benefit from the work done under this two-year school readiness indicators initiative.

## **Opening Luncheon**

**Ross A. Thompson, Ph.D.  
Carl A. Happold Distinguished Professor of Psychology,  
University of Nebraska**

Dr. Thompson presented the major highlights and recommendations from the groundbreaking report, *Neurons to Neighborhoods*, issued by the Committee on Integrating the Science of Early Childhood Development of the National Research Council and the Institute of Medicine. The convergence of advancing scientific knowledge and changing circumstances for young children and their families calls for a fundamental reexamination of the nation's responses to the needs of young children and their families, many of which were formulated several decades ago and revised only incrementally since then. It demands that scientists, policy makers, business and community leaders, practitioners and parents work together to sustain policies and practices that are effective and to generate new strategies to replace those that are not achieving their objectives.

***Dr. Thompson's presentation is attached.***

*Additional points from Dr. Thompson's presentation:*

The child population is more diverse than the adult population. Soon "minority" children will be the majority of children under age 5.

There is a huge disconnect between knowledge and practice. Our knowledge base about child development and elements of successful interventions on behalf of children and families is far greater than our willingness to implement and high quality programs. For example, the problem with the mental health system for children is not that it isn't seamless, but that it doesn't exist.

Early intervention programs are rarely simple, inexpensive or easy to implement. Development is far more complex and far more cumulative than the focus on birth to age three has implied. The programs that work are child-focused, learning oriented, and build relationships between parent and child.

There is the need for greater attention to social-emotional development and mental health needs of children and parents. Maternal depression is relatively common and has a major impact on child development.

To meet the mental health needs of young children you need to establish clear policy and practice linkages among the following:

- Child development services.
- Early Intervention programs.
- Welfare reform.
- Mental health agencies.
- Child protective services.

Parents continue to face the challenge of balancing work and family responsibilities. Parents have less time with their children.

There is an urgency needed if we are to improve the quality of child care provided in this country. There is increasing recognition of the importance of stable relationships in child care settings, which are jeopardized by high staff turnover rates. There is the need to enhance the skills and education of early care and education professionals.

Models of success include the military child care system. By increasing wages and benefits and providing staff training, the Department of Defense increased quality (95% NAEYC of child care centers provided by Department of Defense are accredited) and reduced turnover by 50%.

There is the need to enhance supports for working families through tax, wage, and income support policies as well as attention to family and medical leave.

Move beyond blaming parents, communities, businesses or government and begin to work together to rethink the balance between individual and shared responsibility for our children.

## **Response Panel**

### **Jaime A. Molera, Superintendent of Public Instruction, Arizona Department of Education:**

It is important to have both short-term and long-term indicators of progress. Short-term goals and markers are often needed for policymakers (such as academic progress in the course of a year.) Long-term impacts of such efforts as investing in early childhood are often not “sexy” with legislators.

Another point is that there’s an attitude of acceptance of poor outcomes with respect to poor kids. If you go into a poor neighborhood and tell them that only 10% of their children will go to college, no one disagrees. But go into a wealthy community and say that and they will run you out of town. The attitude of high expectations needs to be there from the level of teacher to top policymaker.

There must be a shared role of all sectors in setting and achieving goals. Parents, families, and local communities must be included or we will fail.

### **The Honorable Deb Gullett, House of Representative, Arizona House of Representatives:**

This discussion is in the context of a very conservative Arizona legislature going into special session in November to cut budgets. Arizona ranks 49<sup>th</sup> out of 50<sup>th</sup> in state spending on education.

It is important to be sure that children are not invisible to state legislative leaders. There is a disconnect between those that know the science and don’t use it and those that make the decisions and don’t know the science. We need to be more deliberate in educating policymakers so that decisions are more informed by the child development research and children are visible in the policy discussions.

### **Carol Kamin, Executive Director, Children’s Action Alliance, Arizona:**

Emphasized the importance of leadership to move the policy forward. There’s a role for everyone, including academics, advocates, policy makers, but someone has to take the lead and be the champion. It is helpful to put together unlikely partners – people or sectors that do not often work together. Obstacles include conservative feelings about child care as a negative thing and pilots that never grow to scale.

## **Response to Dr. Thompson and Facilitated Discussion**

**Cynthia Garcia Coll, Ph.D.  
Chair, Education Department,  
Brown University, Providence, RI**

Dr. Garcia Coll presented her perspectives on the connection between child development research and informed public policy and facilitated a discussion among participants. This session focused on how state policymakers can use the knowledge of child development to promote policies and programs that result in improved outcomes for young children. Particular emphasis was placed on the importance of respect for the role of culture on child development.

## Using Child Development to Inform State Policy for Children and Families

- Using science to inform practice and policies and professional development is now 140 years old.
- Implies science is free from “politics”, “ideology” and “biases.”
- Why should we do it?
  - Knowledge base (increased).
  - Changes in context (women in work force).
  - Cost-benefit analysis (invest now to save later).

BUT the knowledge has not been used. Why? Ideology, politics, competition for resources.

## Key Findings (from *Neurons to Neighborhoods* and other studies)

- Environmental influences are key.
- 0-3 is not enough and is not unique, no silver bullet.
- What works: child focus, educational, parent-child interaction and relationship. Building. If services were to become universal, might have a better constituency.
- Clearly defined goals and assessments needed for evaluating thinking (e.g. cognitive, literacy, numeracy), feeling, and behavioral (e.g. sitting still, self-management) skills.
- Importance of relationships.
- Importance of culture (replacing assimilative approaches).
- Toxins, infections, poor nutrition, drugs, etc. negatively affect brain development.
- Family problems affect children very early on.
- No evidence that some particular stimulation leads to advanced development.

## Implications of Scientific Evidence

- Cognition and literacy and emotional, regulatory and social development.
- Mental health needs of children and families.
- Need for professional development for practitioners and politicians and policymakers.
- Early prevention and intervention works: cost benefit analysis:
  - Sustained.
  - Relationship-based.
  - Compatible with values and priorities of families.
  - Support for families.

## What We Need to Do

- Away from blame and towards shared responsibility.
- Funding: cost-effectiveness and evaluations as evidence.
- Training programs.
- Redesign programs:
  - Pre-natal and post-natal.
  - Early intervention.
  - Multidimensional.
  - Family-based, relationship-based.

## Role of Culture

- Mismatch (what family wants to know and what mainstream may want).
- Oppression (most neighborhoods still segregated).

## Reframe Culture to Be Developmental Resource

- Funds of knowledge and resilience: can be turned into effective strategies.
- Matching goals: bilingualism, biculturalism (e.g. Europe is not afraid of bilingualism nor of universal services).

## Questions/Discussion

Q: Educators often have a hard time embracing kith and kin/family child care as caregivers. What can be done about this?

Dr. Coll: During World War II there was universal child care. It ended after the war. Women who were at home opposed it, felt it was their job. What needs to happen is to erase the word “child care” from our vocabulary and come up with new language. This needs to happen whenever there is a cognitive shift. Let’s talk about universal preschool, universal early childhood services. Pre-K intervention helps economically, there is enough evidence to show that there is a window of opportunity.

Q: But “preschool” doesn’t encompass what we need. Money tends to go to pre-K, but birth to 3 is where greatest amount of informal care occurs and there is the greatest need for support.

Dr. Thompson: “I am your child” focuses on 0-3 but this doesn’t necessarily happen in practice. Trying to devise intervention for informal caregivers is often opposed or ignored or seen as in competition with other goals. Our job is to make as strong a case based on science as possible.

Dr. Coll: The regular Head Start budget is also bigger than Early Head Start.

Audience: Early Head Start is smaller by formula and disparity likely to continue, although it is growing nationally. Early Head Start is twice as expensive.

Q: A poll in Illinois asked what services people tend to support. People love services for kids and hate programs for parents. But it’s critical to strengthen parents.

Dr. Coll: The first welfare laws debated taking away kids from the poor and created orphanages to improve life for kids without dealing with families. Now we talk about “working families.” The question people ask is “Why would I pay for someone else’s kids if I’m staying home to take care of my own?” Must bring it home to people, there’s a limited notion of altruism. E.g. crime prevention as a result of Early Intervention.

Q: Who should fund child care? Whom do we convince and to whom should benefits accrue?

Dr. Thompson: Funding for what purpose? Child care has always been framed as a way of ensuring the ability of parents to work rather than the well-being of children. If this is the reason, good child care helps business. Increasingly, however, we realize child care should serve children. Increasingly states are using incentive funds based on documented quality (e.g. ratings system). However, these don’t always work for child care for low income children. Children need to be seen as a social obligation because they are a shared resource.

Dr. Coll: Cost-benefit analysis will only work with elected officials with long-term view.

Ms. Segal: There are short-term benefits too – e.g. less grade retention, less special education... Unprepared, disruptive child can take up to 25% of a teacher’s time and has implications for all children. We need to use this point more.

Audience: Critical to elect people who “get it.” No amount of studies will convince people who don’t get it and don’t want to get it.

Dr. Thompson: Early brain development has seeped into public and policymaker consciousness. How much can we bootstrap onto it? If this message works, let's use it.

Ms. Burke Bryant: In Rhode Island we did use cost-benefit for child care budget due to high percentage of special needs kids.

**Tuesday, October 23, 2001**

### **Indicators as a Policy Lever**

**Martha Moorehouse,  
Director, Division of Children and Youth Policy, Office of the Assistant Secretary for Planning and Evaluation, US Department of Human Services**

Dr. Moorehouse described the value of reliable indicators of child well-being as state and federal policymakers make decisions about program and policy directions. Her comments centered on the concept that data work alone will not move policy. There must be an integral connection between data work and policy throughout the process.

***Dr. Moorehouse's presentation is attached.***

*Additional points from Dr. Moorehouse's presentation:*

Indicators used to track children's well being must be connected to key policy goals.

Assessment data is often the most readily available information but not the most useful in making change because it tracks children too late in the game.

Choose indicators based on where you are making investments – which policies do you want to push for? – i.e. you are investing in this area so you want to have indicators to measure progress.

Dr. Moorehouse introduced the Indicators from *America's Children: Key National Indicators of Well-Being* but added that activity at the state level is not always mirrored at the national level.

Indicators can be a useful addition to individual program performance measures because they allow for tracking at a more system wide level. Program goals are often broader than what one program alone can accomplish.

Indicators can not be used to infer causality but can complement data collected from impact studies by placing results in a broader social and economic context. Indicators really only signal change. Indicators must be evolving measures that are flexible enough to tell the story at the community level.

Dr. Moorehouse suggested the *Early Head Start Research Summary Report* and the *Child Care Quality: Does It Matter and Does It Need To Be Improved?* as potential resources for the School Readiness Initiative Group.

## **State Response Panel**

**David Murphey, Senior Policy Analyst, Vermont Agency of Human Services**  
**Cheryl Mitchell, Deputy Secretary, Vermont Agency of Human Services**  
**Elizabeth Burke Bryant, Executive Director, Rhode Island KIDS COUNT**

The state panelists presented examples of the strategic use of indicators to measure progress, influence policy change, and maintain state investments in programs for young children and families.

**Presentations of each panelist are attached.**

**David Murphey** presented information on use of the Vermont Community Profiles. The Community Profiles tracked 60 child well-being indicators for each Vermont township. The profiles were built on the goals from the National Assessment of Education Progress. In addition, a tool developed to measure readiness is completed by kindergarten teachers and a tool that measures readiness of schools is completed by school principals.

**Cheryl Mitchell** discussed the impacts of the Vermont Community Profiles. Looking at data at a community level has facilitated the creation of a common language across service communities. In addition, the information was picked up and used by the business communities.

**Elizabeth Burke Bryant** presented information on how the use of child indicator data has impacted state policies related to lead poisoning, dental care, and early care and education in Rhode Island. The state's funding for investment in young children (called Starting Right) was driven by the analysis of key indicators of child well-being and the impact they have on school readiness. Additionally, the presentation of data on a community level has helped the state direct resources where they are most needed.

## **Give Me Something I Can Use**

### **Christine Ferguson, Director, Rhode Island Department of Human Services**

Christine Ferguson discussed the importance of providing practical, timely information about the impact of government investments in programs and policies for young children and their families. Ms. Ferguson presented a variety of examples of ways that her Department has used indicators to move the policy agenda to increase support for children and families.

#### **Presentation by Christine Ferguson is attached.**

*Additional points raised in the presentation by Christine Ferguson:*

It is important to think through how data may be used by individuals with very different political agendas. Data needs to tell the story of how programs, socio-economic circumstances, economic climate, etc. connect.

From a policy perspective, having timely data is crucial. In the current climate, data is a key component to back up your case for investment in children and families. It is likely that your opposition has got it's own data.

Even if the data shows that your program is not having the desired outcome, if you are the one bringing it to the table, you will have much more credibility in offering solutions.

Having national, agreed upon indicators of school readiness would help bring credibility to the indicators discussion but they should not be set in stone and should change over time.

## **Defining the Framework - Child Outcomes and Systems Outcomes Critical to Progress for Children**

### **Catherine B. Walsh, Deputy Director, Rhode Island KIDS COUNT**

Catherine Walsh presented a framework for discussing child outcomes and system outcomes in the context of school readiness. Ms. Walsh presented the variety of purposes for school readiness indicator development, criteria for what makes a good indicator, and the factors to consider when developing indicators of school readiness, including what kindergarten teachers view as a ready child and the research on family and community factors that support school readiness. In addition, she introduced the five dimensions of readiness in children as outlined by the National Education Goals Panel and highlighted in a recent publication on school readiness indicators produced by Child Trends, a non-profit research firm based in Washington DC ([www.childtrends.org](http://www.childtrends.org)). Five primary areas critical to a child's school readiness include: physical health and development, approaches to learning, language and communicative skills, and cognition and general knowledge.

#### **Presentation by Catherine Walsh is attached.**

## **Work Groups**

The session then broke out into work groups. These mixed state workgroups were given the charge to begin to identify the child outcomes and systems outcomes that are essential to the healthy development of young children from birth through fourth grade. The goal of the work groups was to begin to incorporate a broad school readiness framework into state indicator development. The work groups were facilitated by Barbara Burgess (RI), Mary Davis (CO), Deb Gullet (AZ), Candice Leonard (NH), David Murphey (VT), and Kim Townley (KY).

**A summary of the indicator topics relevant to young children that were suggested in the work groups is attached.**

**Also attached is a summary of measurable indicators currently tracked in the participating states.**

## **A Framework for School Readiness Indicators**

### **Martha Zaslow, Senior Scholar, Child Trends**

Work groups reported back on the results of the morning sessions.

Martha Zaslow summarized the group reports and identified 5 major questions that ran throughout the work group reports.

- 1) How to build on what's come before? Many of the groups felt that it was important to use existing resources.

Dr. Zaslow suggested that participants see the paper she wrote in conjunction with Mairead Reidy, Martha Moorehouse, et. al. entitled *Progress and Prospects in the Development of Indicators of School Readiness*. This paper was made available for conference participants although it is still in draft format. Dr. Zaslow also referred participants to the North Carolina Smart Start report on School Readiness. See resource list.

- 2) Is there enough overlap to see some things that come out as a core set of indicators? Is this something that the project wishes to take on?
- 3) What should be the structure of the Initiative? Should we develop working groups to focus on groups of indicators? Where can we most benefit from creative new work?

Some groupings that came together through the report outs included:

- a) Socio-emotional development
  - b) Children from immigrant families
  - c) Transitions in early childhood
  - d) Readiness of schools
  - e) Measuring gaps in services
  - f) Measures of child care quality
- 4) How to make the indicators most useful to as wide an audience as possible? How will we develop a plan for communications that will make this happen?

## 5) How can indicators work to leverage investments?

Some cautions were raised:

- Differences between small states and large states in the development and use of indicators;
- In developing indicators and measures, be careful not to create an inappropriate academic pressure on younger kids;
- Pay attention to the readiness of schools to handle all kids – there is a mismatch because those arriving at school most ready are often entering the schools with the most resources.

Dr. Zaslow presented a framework for school readiness that included indicator development on three levels: Readiness in Children, Readiness in Schools and Readiness in Communities.

**Presentation by Dr. Zaslow is attached.**

### **What Do We Care Enough About to Measure and Track?**

**Jane Knitzer, Ed.D., Deputy Director, National Center for Children in Poverty**

[www.nccp.org](http://www.nccp.org)

Dr. Knitzer discussed how indicator development can help improve programs and policies related to children's behavioral health. Her presentation focused on the connection between framing behavioral health indicators and practical steps that can be taken to improving children's behavioral health.

The first step in achieving the goal of improving children's behavioral health through the use of indicators is the broad framing of school readiness to include social-emotional development.

Vocabulary in the area of behavioral health is the least developed of all school readiness areas. There is a real need to develop language about how to talk about socio-emotional issues in early childhood.

Behavioral health issues are heavily affected by issues of economic security and can benefit most from entitlement language. For example: "Every child" should be ready to learn. Different children need different sets of strategies to insure school readiness, etc.

School readiness is heavily dependent on social-emotional factors as young children are unable to get to cognitive development without a solid social-emotional foundation. The research literature shows the link between academic performance and social emotional development.

Behavioral health is important to reading achievement. The roots of reading readiness go back to the infant and toddler years.

The mental health system is failing young children. One indicator that can serve as the "canary in the coal mine" is the prevalence of children being kicked out of child care centers or Head Start. When school-age kids are suspended it often triggers referral for help – this is often not the case for preschool age children. This is especially troubling as the roots of all social-emotional health begin before a child is 3.

16% of children with a history of behavior problems are held back in first grade as compared to only 3% of children overall.

For those children with identifiable mental health disorders have a hard enough time, but this is even more of an issue for high-risk kids with no identifiable mental health disorders. It is important to address parent mental health issues, such as substance abuse, depression and domestic violence. When there are multiple risk factors in the family or with the child, the kids are more than likely headed for trouble.

Track the number of young children referred for special education – most are for language and speech disorders, some for learning disabilities. You don't start to see serious emotional disturbance very often until you hit 7<sup>th</sup> grade.

There is a network of programs out there for kids that mental health can be integrated into – target families and caregivers first. Strategies that can help meet the overall goal of enhancing the emotional and behavioral well-being of infants, toddlers, and preschoolers (especially those whose development is compromised by poverty and other risk factors) include:

- 1) Helping parents become more effective nurturers.
- 2) Expanding the competencies of non-familial caregivers to prevent/address problems.
- 3) Fostering the emotional skills that young children need to survive.
- 4) Ensure that more seriously troubled young children get appropriate help.

Some ideas for funding including using TANF and Medicaid funding more creatively, using Part C from the IDEA, and/or allocating child care quality set-aside funding for mental health consultation in child care centers.

The federal Foundations for Learning act lays out a framework for early intervention for children at risk of early school failure. Some of this could be borrowed.

**Wednesday, October 24, 2001**

### **What's the Message? Who's the Audience?**

**Phil Sparks, Vice-President, Communications Consortium Media Center, Washington D.C.**

Phil Sparks of the Communications Consortium Media Center shared lessons learned from his work to use communications tools to advance early childhood programs in several states. The Communications Consortium assists nonprofit organizations with media work.

**Mr. Sparks presentation is attached.**

*Additional points from Mr. Sparks' presentation include:*

A good media approach requires a workplan:

- Develop timelines, calendars and priorities.
- Assign responsibility with lead and support staff.
- Review program.
- Hold people responsible.
- Reassign as needed.

What makes a good message:

- True.
- Believable.
- Emotionally resonant.
- Compatible with people's preconceived understanding of the problem (must address the pre-conception).
- Value-based.
- Short.
- Repeated.

Message development — what is a “sound bite”?

- 10-12 seconds.
- or quotes of 12-15 words (for printed media).

Message development – lessons learned in the early care and education context:

- use “government assisted” not “government run”.
- highlight “community-oriented and neighborhood-sited”.
- highlight role of parents/family in lives of children and youth.
- highlight work in welfare reform.
- never get into competition between early care and education and K-12 (the latter always wins); instead, stress universal, voluntary, linked to parent support and seamless transition to K-12.

### **State Response Panel**

A response panel of state participants reflected on communications successes and challenges in their states

#### **Lois Salisbury, President, Children Now, CA**

How do we as messengers figure out who talks and what they say, whom do we target, how do we find a champion?

Who is the messenger? There is complexity in the state government teams. What is the message when advocates and state government don't agree?

The message is key but the power of the message is not a substitute for coalition building with unions, K-12, etc. This coalition building is important work. Need to develop allies.

There are other ways to get out the message: public announcements, paid advertising. Understanding the size of your market is key.

Extending kindergarten downward doesn't work for infants and toddlers. There is an ambivalence about a mother's job as caregiver and economic imperatives. Both policies and messages must address this ambivalence. Is early childhood care a “work” agenda or a “school readiness” agenda?

It is critical to understand that early childhood education is not the dominant theme in the public view of kids' issues. Instead, it's crime (especially kids as victims) and there's emerging interest in health.

The temptation is to say let's see what data says. But the data needs to tell a story.

**Kathy Stegall, Program Development Administrator, Division of Child Care and Early Childhood Education, AR**

Bringing partners to the table promotes conversation to realize are on the same page even though are telling different stories. This leads to collaboration and partnership. It may be important to tell stories over and over.

It's also important to take advantage of serendipitous events.

In addition to the messages of school readiness and workforce, don't forget "family."

**Joyce Mallory, Director, Start Smart Milwaukee! WI**

Think big and start small. Who likes babies? Grandmothers. Find them. They can be your best messengers.

It's important to craft message to support all kids, avoid splitting out the at-risk kids. Know your media --e.g. communicating to young parents may require use of radio and TV.

Recognize that can't improve K-12 without addressing early disparities.

**Dialogue with Audience**

Mr. Sparks: 0-3 is an area of ambivalence, public feels parents should do it but often understands that single Moms need to work.

Audience: Can we reframe it? In the wake of Sept. 11, is it going too far to say our children are about national security?

Mr. Sparks: Worried about that term. Perhaps using "our future, our posterity" would be better. Our main issue is nurturing early brain development. This message works with the "60-year-old White guy." Quality child care may be one of the tools, but avoid it in initial conversations. Later talk about when brain development happens.

There is a fundamental backlash against feminism in 0-3 debate. Dads are left out of responsibility.

Audience: Should the issues be framed for low-income children? Recognize the appeal of universal services but the cost is higher.

Mr. Sparks: In terms of communication, a universal, voluntary system would be the most publicly popular. But the public does understand that low-income may need to be served first, as long as long-term goal is universal.

Audience: Who is listening to talk radio?

Mr. Sparks: Operationally the question is should we worry about talk radio? If cautious can take it as an opportunity but be aware of audience – is it a target constituency? Or is it people we can't convince? Have your friends call in.

Audience: Effective messages have to resonate with preconceived approaches to shift preconception.

Mr. Sparks: Brain research is a good tool. 60% of mothers with young children are in the workforce. Keep saying that, this is reality.

Audience: The business community isn't on your list of targets. How do we bring them in?

Mr. Sparks: Regulated industries (banks, utilities, etc.) are the first priority since are used to dealing with legislature and could be effective child advocates. Businesses are not always the best messengers for the public since are seen as self-interested. However, can be very effective with government. Business recruitment requires peer-to-peer. Need CEO not just Human Relations involvement.

Audience: A governor as a champion is more important than public opinion. Need to focus on getting the right candidates.

Audience: For businesses, the issue can be framed as children are the future workforce.

Mr. Sparks: Also need language so that early education/learning doesn't equal literacy and numeracy alone.

### **Closing Summaries from the States**

Each of the states introduced state team participants, including some who were not able to attend. Most states also highlighted who the leaders were in the Initiative in their state.

A number of states described various indicator initiatives already existing within their state and indicated that the challenge would be to pull them together. The theme of practical and policy-oriented work (rather than academic) was reiterated. Obtaining focus and key constituent buy-in will be important. In several states, the Governors are key participants and are setting the tone and direction for the effort.

Several states mentioned a preference of coming up with core indicators that all Initiative States can agree on.

A number of states stated that there need to be more indicators to measure the socio-emotional needs of children.

### **Cathie Walsh, Deputy Director, Rhode Island KIDS COUNT (closing comments)**

We can drown in indicators but need to learn to focus and use them strategically and selectively to move policy forward. The challenge is to be both broad and adequately focused.

Be sure that there is leadership from across the state agencies. It is critical to ensure that all stakeholders are brought to the table and that ethnic and geographic diversity is adequate.

All states also need to pay attention to local outcomes and the highest risk kids in the highest risk communities.

As you develop an indicators work plan pay attention to the policy opportunities in your state. What indicators are needed in order to foster and/or track investments?

There will be a debriefing by conference call with state team coordinators regarding where to go from here. Participants are encouraged to think broadly about technical assistance needs both collectively and state-by-state.

State teams can draw on the expertise of national groups such as the National Governor's Association, National Conference of State Legislatures, Child Trends, Council of Chief State School Officers for technical assistance as well as for information on related efforts that target policymakers.

**Ann M. Segal, Senior Program Manager, The David and Lucille Packard Foundation (closing comments)**

Believes in power of core indicators even if they are not measured identically. A statement that every child should have certain core things in order to be ready for school would be powerful.

**Lisa G. Klein, Senior Program Officer, Ewing Marion Kauffman Foundation (closing comments)**

The key issue is what are the key indicators, as a means to an end of moving policy for children forward. The participants have a great resource in each other and can share ideas and innovations.

**Nancy Sconyers, Program Officer, The Ford Foundation (closing comments)**

This is a great beginning, now begins the hard work. We need to forge cross-sector and cross-departmental relationships.