The Raising of America

EARLY CHILDHOOD AND THE FUTURE OF OUR NATION

Needs Ascertainment Report

California Newsreel

Larry Adelman - Executive Producer

Carmela G. Lomonaco, Ph.D. - Director of Research

Charlotte von Hemert - Research Associate

Contact: LA@newsreel.org
California Newsreel
44 Gough Street, Suite 303
San Francisco, CA 94107
415-284-7800
www.newsreel.org

Version: September 28, 2011

PLEASE NOTE: THE REPORT WAS WRITTEN WHEN WE WERE STILL USING THE WORKING TITLE, *AMERICAN BIRTHRIGHT*. THE DOCUMENTARY IS NOW CALLED *THE RAISING OF AMERICA.*

TABLE OF CONTENTS

TABLE OF CONTENTS 2

EXECUTIVE SUMMARY 4

1. PROJECT ORIGINS: The Birth of American Birthright 11

2. BACKGROUND: Early Child Development, Healthy Communities and the Life-Course 13

3. NEEDS ASCERTAINMENT: User-Centered Media Design 16

3.1 Objectives of Needs Ascertainment 17

3.2 Data Collection Methods and Related Activities 18

4. A PICTURE OF THE FIELD 21

4.1 Policy Domains 22

4.2 Organizational Types 25

4.3 Summary: Strengths and Absences 31

5. USE OF MEDIA BY THE FIELD 33

5.1 Constituencies 33

5.2 Context: How and Where Constituencies Are Engaged 36

5.3 Conclusions: Text and Context 49

6. TOWARDS A NEW DISCOURSE? 50

6.1 Traps in Public Thinking: Existing Frames, Myths and Misconceptions 51

6.2 Rupturing the Discourse and Writing a New 'Story' 54

6.3 Top Four Content Areas 57

6.4 Optimal Video Lengths 57

6.5 Companion Materials 58

6.6 Yellow Flags 59

7. NEEDS ASCERTAINMENT CONCLUSIONS 60

7.1 The Database Documentary: A Digital Platform and Online Learning Center 61

7.2 Next Steps 64

APPENDIX A: Organizations Which Took the Survey 66

APPENDIX B: One-On-One Interviews 69

APPENDIX C: Scanned Websites 73

APPENDIX D: Early Child Development Videos 83

APPENDIX E: Online Courses and Distance Learning 90

APPENDIX F: Interactive Website Features 93

APPENDIX G: Select Survey Responses 97

FOOTNOTES……..104

EXECUTIVE SUMMARY

California Newsreel, producer of *Unnatural Causes: Is Inequality Making Us Sick?* (www.unnaturalcauses.org) and other award-winning documentary film projects, is undertaking an ambitious multimedia initiative and public engagement campaign that will help make a nurturing childhood ecology the birthright of every American child. Called *American Birthright*, it will translate recent scientific discoveries into a new "story," one that enlarges the locus of debate from the individual child and "family bubble" to the larger "social ecology" of child development – parents, neighborhoods, providers, institutions, public policies and economic and racialized arrangements.

Rather than pre-determine the form and content of *American Birthright*, California Newsreel conducted an environmental scan and needs assessment to identify priorities for the content, form and delivery platforms of media that can advance the work of the field. We wanted to learn who the stakeholders are, their missions and constituencies, the settings in which they work, the media they use, the obstacles they face, why we've made so little progress and how new media content might advance their objectives. In other words, how, where and with whom might stakeholders use the content we will produce? We call this experiment in accountable media "user-centered design."

Methods

The ascertainment inventoried the work of early child development (ECD) organizations and initiatives, their missions and campaigns, constituencies, allies, successes and failures, and use of media. Special emphasis was given to organizations that work for the well-being of children living in poverty, especially children of color. It also elicited conventional myths and misconceptions that hinder efforts to increase investments in early child health and development as well as the conceptual elements that might promote a new framework of understanding.

We conducted a website review of 232 organizations, sent a needs assessment survey instrument to 140 individuals and conducted 87 qualitative one-on-one telephone interviews and three focus groups. We summarized selected policy and legislative initiatives and cataloged non-print ECD related media: video, audio, online curricula, and interactivities.

Major Findings

A. ECD is a large but fragmented field which intervenes in early childhood at different points, with different expertise and with different missions: early care, health care, family supports, maltreatment and violence prevention, school readiness, nutrition, home visiting nurses, prenatal and maternal health, foster care, racial and class inequities, maternal depression, etc. These issues are tackled by eight different types of organizations— advocates and alliances, providers / community-based organizations, government agencies, professional associations, research centers, think tanks / policy institutes, funders, and other stakeholders. Each works with one or more populations or constituencies, which we also identified.

B. Child development in the U.S. is primarily a reactive system built on a rescue model. Rather than invest in children to succeed, multiple and fragmented programs identify and "treat" children and families who are failing. One exception is the growing number of parent education programs, from home visiting to Reach Out and Read to Baby College, especially for families facing adversity. Still, little attention is devoted to context. There is increasing parenting education but little community organizing and cultivation of community assets; family supports but little tackling of opportunity structures; advocacy for comprehensive and integrated services but little involvement in efforts to change the larger socio-economic environments that create chaos, stress and handicap the ability of parents to provide what their children need to thrive. These strengths and absences are further elaborated in the body of the report.

C. There are many alliances and joint initiatives that bring various organizations and constituencies together. Still, many programs are siloed, underfunded and overwhelmed

by children's needs. They lack a high-visibility conceptual framework that links their work together, translates the science into popular and compelling media, points to the need for transformative change, connects early child efforts to a larger movement for our children, and builds the public will to make investment in ECD an issue of urgent national import. Informants expressed a hunger for media content that helps do just this.

D. Most ECD organizations use video but 64% of respondents replied that videos on ECD are either poor, below average, or that there are no adequate videos. Respondents shared where they use video — mainly in live settings (conferences, presentations, trainings) — but a growing number are integrating video online. They also voiced preferences for shorter video modules (15 minutes or under) and for video companion materials such as policy briefs, resource sharing sites and facilitator toolkits.

E. We identified and catalogued many different sites and channels that engage constituents in face-to-face and online settings and found that organizations lack not so much communications 'pipelines' and venues but rather "big picture" media content to plug into those channels which can help them render visible the science of ECD, the inadequacy of our policies, and the stakes for individuals and the nation.

We then asked informants to identify the core elements of widely held default understandings and beliefs which 'explain' why some kids prosper while others flounder and which hinder efforts to build support for investments in early childhood, especially for our most vulnerable children. This work was very much influenced by the FrameWorks Institute and its research on public and policymaker perceptions of child development. Many of the key findings which emerged from our own interviews underscore those of FrameWorks.

- Infants don't 'remember'
- Success or failure is determined by parental 'choices' and the model of the "self-determining" individual
- Failure is also commonly attributed to 'racial' cultures deemed dysfunctional
- Development happens within the 'family bubble'

- To intervene in this closed process would create more of a Nanny State
- DNA is destiny
- Kids are naturally resilient
- The problem is about "them" (the poor, children of color, both)
- Government is the problem; we're already spending too much taxpayers' money

How then might *American Birthright* help problematize and loosen the hold of these narratives on our patterns of thinking and open a space for new ECD 'stories'? Among the core concepts suggested:

- **The Stakes Are High.** Ensuring that all our children have the opportunity to develop physically, emotionally and intellectually is critical if the U.S. is to become a healthier, safer, better educated, happier, more equitable and more prosperous nation. Our current policies are under-developing America and putting our nation at risk.

- **DNA Is Not Destiny**. Translate the science that reveals how early experiences can literally alter gene expression and change the biological foundations for lifelong physical health, learning and socio-emotional development—for better and for worse. A nurturing environment for all children—safe, stable, stimulating and responsive— can strengthen developmental trajectories.

- **Strong Communities Are the Foundation for Healthy Children**. Unequal early child environments and differential outcomes reflect much more than parent 'choices.' Community living and working conditions, themselves driven by public policies and economic and social arrangements (social determinants), shape exposures to health promoters or health threats and modulate exposure to stressors. Even the best intentioned parents are handicapped by economic uncertainty, crowded, noisy and poor quality housing, food insecurity, segregation and social isolation, social chaos and dangerous neighborhoods, and lack of health care, child care and paid parental and sick leave.

- **Make It Political**. Demonstrate how community conditions which nurture or threaten healthy child development don't just "happen" to us but are produced and reproduced by public policy, private investment and decisions that we as a body politic, not just individual bodies, have made— and can make differently.

- **Racism not Race.** Racialization shapes many opportunity structures, disproportionately channeling power, status, services, connections and wealth away from communities of color. Children of color who are also poor face double jeopardy, too-often deflecting them towards a cradle-to-prison-to-premature death pipeline.

- Demonstrate how **health begins with the well-being of the mother even before conception.** Improving opportunity structures and reducing the stress burden on parents – living-wage jobs, parental leave, pre- and inter-conception (not just pre-natal) care, quality, affordable childcare, desegregation— can strengthen life-trajectories for children.

- **Invest Now to Save a Lot Later.** While trajectories continue to evolve through interactions and opportunities individuals face throughout the life-course, it's easier and less costly to get it right in the earliest years than change them later. Investing in maternal health, early childhood and pro-family environments is not only a legitimate, even essential function of the community and government but brings huge economic and social payoffs from lower health and welfare costs, to safer streets to a more productive workforce.

- **Communicate Hope and Possibility.** Highlight effective interventions that buffer vulnerable families from the damaging consequences of economic insecurity and toxic stress and which build resilience instead. Explore aspirational policies such as universal, quality day care; paid parental and sick leave; desegregation; living wage jobs; expanded income supports; pre-conception and inter-conception (not just pre-natal) care, etc.

- **Make ECD an 'Us' Issue**, one with profound consequences for the middle class as well as the poor. Not only do we as a nation pay an unsustainable price for the adversities

inflicted upon low-income families, many if not most of our children face degraded environments which increase the risk of sub-optimal developmental and behavioral health trajectories.

Respondents also drew our attention to three cautions. The first is to affirm the life-long plasticity of developmental trajectories; the early origins thesis can easily feed into a new determinism. Second, there was disagreement about targeted vs. universal programs, i.e. to what extent initiatives should spotlight class and especially racialized structures. john powell's concept of 'targeted universalism' offers one way of resolving this conflict: accent universal goals but employ targeted processes. Finally, some took exception to our proposed title, *American Birthright,* and though we are partial to it we are open to changing it.

Conclusions for *American Birthright*

Only a digital platform, what we call a 'database documentary,' can provide the many functionalities, flexible use and varied content the field is calling for. We will produce an ensemble of multimedia tools which will bring cutting-edge innovations in ECD research, practice and policy to a wide range of stakeholders and the general public.

All film / video and companion materials will be nested in a semantically searchable and dynamically linked Web 3.0 documentary database with complete editing and social networking functionality allowing visitors to excerpt, annotate, amplify and combine video and companion materials seamlessly into their own presentational software for use in trainings, classrooms, city halls, community centers, social media sites, websites, mobile platforms and wherever people gather.

The digital platform will be characterized by four main components:

- A world-class, broadcast length documentary, *American Birthright*, which translates the science into an accessible and compelling new narrative of the social ecology of child development and its consequences for the life-course and national prosperity.

- 10 or more short (10 – 20 min.) films or video learning modules.
- Two dozen three-to-five minute video "learning objects," each illustrating a key research finding, promising practice, or policy application.
- Companion materials including user tool kits, briefs, slides, backgrounders, interactivities and additional audio and video.

Next Steps

We will elicit feedback on this document and enlist our outreach partners in collecting emblematic studies, research and telling stories, which will be incorporated into a draft production agenda. That will be tested against a representative group of advisors (scientists, advocates, organizers, providers) and used to guide the writing of film treatments. We will also build and post the first comprehensive searchable database of ECD organizations and resources using the data we collected conducting this needs ascertainment. We will commence pre-production once 70% of the project's budget is raised. Rough cuts will be screened at meetings and conferences of outreach partners and feedback invited as we design a public engagement and launch strategy.

American Birthright

Linking Early Child Development to a More Prosperous and Equitable Society.

Needs Ascertainment Report

California Newsreel, the country's oldest non-profit documentary production and distribution center, is undertaking an ambitious, multi-platform media production and public engagement initiative to help reframe the way Americans perceive early child health and development. It's called *American Birthright*. To help ensure the project actually advances the efforts of those working to improve the lives of children, California Newsreel conducted an extensive environmental scan and needs assessment. This report sums up the findings of that *American Birthright* ascertainment process and recommends priorities for the content, form and delivery platforms for new media production around public policy and early child development (ECD) such as *American Birthright*.

1. PROJECT ORIGINS

The Birth of *American Birthright*

American Birthright grows directly out of California Newsreel's recent four-hour PBS series exploring the root causes of our alarming class and racial inequities in health, *Unnatural Causes: Is Inequality Making Us Sick*, winner of the Best Science Film / Radio / TV program of 2009 by

the National Academies, a duPont-Columbia Award (considered the Pulitzers of broadcast journalism), and other prestigious honors. More pertinently, 18 months after its spring 2008 PBS broadcast, *Unnatural Causes* had already been used in more than 25,000 community dialogs, policy forums, trainings, classrooms, town hall meetings and other venues (www.unnaturalcauses.org). Many users of *Unnatural Causes* urged us in surveys, conversations and emails that our next project scrutinize the "social ecology," or web of relations and policies, that shapes so much of early child health and development and consequently, life-course outcomes, and why those outcomes are so differentially patterned by class and by race.

Growing scientific evidence is revealing how experiences in the first years of life build the foundation for life-long physical, emotional and cognitive health. It is also when public policy interventions and grass-roots efforts can have the greatest benefits. Many link investments in maternal health and ECD as critical to building a healthier, safer, happier, more equitable and more prosperous nation. The studies are many, they are strong and they are persuasive.[1]

Yet little or no popular media have translated these scientific findings into a compelling new narrative capable of changing the way parents, practitioners, policy makers and the public think about society's responsibilities and interest in these first crucial years. The conventional default explanations of child development—'good' parents / 'bad' parents, genetics and cultural dysfunction—still predominate. Perhaps not coincidentally, little progress has been made in improving outcomes for America's children.[2]

We need a new 'story,' these *Unnatural Causes* users suggested, a story that translates the science into popular terms, a story that ruptures the 'family bubble' discourse and widens the locus of debate from the individual child and family to the larger social ecology that structures opportunities for healthy child development, a story that connects ECD to America's future health and prosperity, and most of all a story the impels a sense of urgency and engages the public imagination for bold, transformational changes which can make a nurturing childhood ecology the birthright of every American child, the most prudent investment any nation can make. Fortunately, we are able to build upon existing research, especially from the Harvard

Center on the Developing Child and FrameWorks, which demonstrates the core elements such a story should include. The challenge is how best to tell that story as film.

2. BACKGROUND

Early Child Development, Healthy Communities and the Life-Course

It is often said a nation can be measured by how well it attends to its children—their health and safety, their material security, their education and socialization, and their sense of being loved, valued and included in their families and communities. But not only do U.S. children have worse outcomes on most measures of health, education and well-being than those of other rich nations, we allow our most vulnerable children to fall much further behind the median. [3]

Almost 24% of our children are born into poverty today; 69% of those are children of color[4]. 46% of our young children (0-3), almost half, live in households that are poor or near poor (earning less than twice the federal poverty level).[5] They and their families face multiple adversities with potential cumulative, life-long consequences for their physical, socio-emotional, and cognitive development.[6]

That's because, "what surrounds us shapes us," as a report by the Berkeley Media Studies Group put it. [7] Science is now beginning to understand how the outside gets under the skin, how who we become is shaped not just by our genes but also by our interactions with the environment which regulate how our genes express themselves, beginning in utero.

Infancy is the period of our most complex and formative learning. Evidence from neuroscience and other fields reveals how the fetal environment and early childhood experience quite literally "wire" the rapidly developing brain and other bio-regulatory systems.[8] These epigenetic and physiological changes influence not only cognitive function but the self-regulation of emotions and behaviors, even the susceptibility to chronic diseases as we age – hypertension and heart disease, stroke, obesity, diabetes, substance abuse and mental illness. Exposure to a nurturing or

adverse environment in the early years affects how we think, feel and relate to others as we age, our capacities for empathy, impulse control and even love. The consequences have been measured in many domains, ranging from brain function (e.g. working memory and stress reactivity) to educational achievement, adult earnings, substance abuse, violence and health.[9] [10] [11] [12]

Too many of our children enter life with the odds already stacked against them. Parenting capacities are not innately determined but are themselves strongly influenced by social circumstances and the stressors they face. The efforts of even the best intentioned parents are handicapped by economic insecurities, environmental toxins and social chaos which make it difficult to put in place a routine, orderly life, which in turn can disrupt secure attachments between caregiver and child and over-activate the stress management systems of their young children.[13] In the words of Jack Shonkoff, MD, Director of Harvard's Center on the Developing Child, exposures to health-promoting or health-threatening environments can "lead to a cascade of advantage for some, a pile-up of risk for others," consequences that reverberate throughout their lives.[14]

And it's not only the poor. An increasingly distressed middle class faces long workweeks, stagnant wages, increased debt and short vacations. They lack paid parental leave, have little or no paid sick leave, and face over-priced, inconvenient and unregulated childcare and uncertain futures, each of which can adversely affect the trajectories of young children.

Outcomes get steadily worse as you step down the social-economic gradient. Parents of children born into poverty, especially poor children of color who are disproportionately concentrated in neighborhoods of disadvantage, are likely to encounter even more and greater adversities[15] [16]– what Paula Braveman, MD, Director of the Center for Social Disparities at the University of California, San Francisco, calls a 'toxic stew' of low paying and unreliable jobs, over-crowded and poor housing, noise, recurrent violence, social isolation, food insecurity, ambient air pollution. Exposing families to unstable, health-threatening neighborhoods, particularly the "double jeopardy" that afflicts poor families of color living in poor neighborhoods, is, according to several of the leaders we interviewed, nothing less than child abuse. As a participant in one of

our focus groups put it, “The American economy and our social policies are as kid friendly as a plastic bag.”

But our kids’ health is not all that’s at risk. By under-investing in early childhood we are also under-developing America.

- Only 24% of 4th graders are “proficient” readers.”[17]
- Our health care system sucks up 17% of our GDP[18] treating a population that lives sicker, shorter lives than almost every other rich nation on earth.[19]
- Our workforce lacks the problem-solving and technical skills to keep American industry competitive.[20]
- Chronic disease costs American business more than $1 trillion a year in lost productivity.[21]
- The U.S. holds one quarter of the world’s prisoners.[22]
- A military readiness study with the eye-catching title “Too Fat to Fight” reported that fully 75% of young people ages 17–24 are not qualified for military service. They are either physically unfit, do not measure up to academic standards, have emotional problems, or a criminal record.[23]

Yet research also suggests public policies that offer an extraordinary opportunity not only to transform life prospects for all our children, especially our most vulnerable, but also for building strong communities and national prosperity. Multiple studies demonstrate that investing in maternal health and the first years of life yields huge pay-offs in lowered chronic disease and health care costs, less violence and crime, less welfare and substance abuse, better education and increased productivity and international competitiveness. Nobel Laureate James Heckman estimates every dollar invested in quality early care returns six dollars.[24] The studies of Arthur Rolnick and the Minneapolis Federal Reserve suggest an even greater return.[25]

By now the scientific evidence is compelling and, interestingly, largely uncontested. Yet despite all the studies, all the evidence and all the journal articles, these findings and their policy implications remain unfamiliar to the public, civic leaders and even many providers. They get

little play in the media. Deeply imprinted myths and misconceptions continue to impede efforts to reframe ECD as a public not just a personal matter, to impel a sense of urgency and set the groundwork for a national dialogue about what a transformative policy framework might look like.[26] Jeanne Brooks-Gunn, Virginia and Leonard Marx Professor of Child Development at Columbia University, told us, "We have huge inequities. But few seem to care. Instead we blame the parents. But parents are enmeshed in a web of relations that constrain or enhance what they can provide."

American Birthright is intended to help change that. It can provide the increasingly important media tools that not only raise the alarm but connect under a common conceptual umbrella the many different initiatives underway that promote early child health and well-being, from the Northern Manhattan Perinatal Partnership to the Children's Movement of Florida, from pre and inter-conception care to Educare, from home visiting nurses to Promise Neighborhoods. By rupturing the dominant "family bubble" and "right choices" discourses, it can help direct attention towards the lack of quality early care, the harm of residential segregation and the importance of food security, living-wage jobs, environmental justice, affordable housing, paid parental and sick leave and other critical social determinants of health and well-being over which individual parents have little control.

Perhaps, as someone once said, it takes a child to build a village. The lens of ECD provides a unique opportunity to challenge the widespread mythos of the "self-determining" individual which deprives parents of support, disparages government action, and rationalizes away the patterning of so many outcomes along class and racial lines. By employing a new story of social connectedness, *American Birthright* can communicate a positive vision of how we might build healthy and caring communities for our children. Bill Bentley, long-time president of Voices for America's Children, summed up the possibilities succinctly: "*American Birthright* can help us build a movement for children and healthy communities."

3. NEEDS ASCERTAINMENT

User-Centered Media Design

California Newsreel understands that in order to produce media resources which truly add value and advance the efforts of those long working on behalf of children and healthier communities, we first needed to elicit input from the multiple stakeholders, right from the start**.**

And so, rather than begin *American Birthright* with preconceived notions about content and form, California Newsreel spent the summer and fall of 2010 conducting a rigorous environmental scan and needs assessment to determine who the stakeholders are, their missions and constituencies, the settings in which they work, the obstacles they face, and how media might advance their objectives.

In other words, our task was to "reverse engineer content," that is, invert the traditional media-centric sequence of *production → distribution → exhibition*, to *user objectives → appropriate media → customized content*. The conventional distinctions between production, outreach, distribution and exhibition appear largely artificial once content is conceived as growing organically out of and feeding back into a larger, collaborative process of social change.

To our knowledge, this is the first needs ascertainment and collaborative development process ever undertaken prior to producing a major American documentary media project. We call this new media production paradigm "user-centered design."

3.1 Objectives of Needs Ascertainment

We posed the following objectives for our environmental scan and needs ascertainment in order to provide a framework and guidelines for media production that can advance the field:

A. Map the vast and varied community of ECD stakeholders in which *American Birthright* will operate: 1) their program and policy priorities, 2) their constituencies, 3) their

approach to class and racial inequities, and 4) their media and communications capacities.

B. Inventory resources of existing non-print media on ECD and assess the communication assets and preferences of the field.

C. Assess media needs by sampling this stakeholder community using a survey instrument, personal interviews and a review of websites and analysis of web metrics.

D. Identify what organizations are trying to communicate about ECD; to whom they are trying to communicate it; how and where they communicate; what obstacles they face in communicating it; including the strengths and weaknesses of existing media; whether new media production might overcome these obstacles; and if so, how (content, format, delivery platforms, length, mode of address).

E. Identify a core network of advisors and public engagement partners who can help us set priorities, lead us through the thicket of research studies, and critique film treatments, cuts and public engagement plans.

F. Develop a database of emblematic stories, studies, and initiatives that might lend themselves to filming.

G. Build a temporary project website at www.americanbirthrightmedia.org.

3.2 Data Collection Methods and Related Activities

A. Needs Survey Instrument: A questionnaire consisting of 25 questions sent to 140 individuals (advocates, practitioners, policy makers, researchers) via Survey Monkey (See Appendix A: Organizations Which Took the Survey).

B. Qualitative one-on-one interviews of approximately one hour each conducted with 87 thought-leaders, including researchers, advocates, organizers, funders, community leaders, policy makers, practitioners and three focus groups (see Appendix B: One-on-One Interviews).

C. Website review and content analysis: Identified and coded 232 organizations. Further scanned, reviewed metrics and coded website content of 132 organizations (see Appendix C: Scanned Websites).

D. Summarized and analyzed selected national, state and some local policy and legislative initiatives.

E. Identified and cataloged non-print ECD-related media: video, audio (radio, podcasts), online curricula, interactivities, and multimedia sites.

F. Began a database of media channels, producers, and journalists covering child development.

G. Built a bibliographic database.

H. Created files of emblematic studies, anecdotes, stories, characters and research.

I. Started a calendar of apposite conferences and meetings.

J. Recruited core public engagement partners (49 have already agreed).

Note that while 260 organizations and 133 individuals were included in our assessment, Newsreel makes no claims for the methodological rigor or statistical reliability of this modest first step towards accountable activist media. Our data sample is neither comprehensive nor scientific. Our aims are purely pragmatic. We want to understand the needs of the field, avoid

erroneous assumptions, clarify the questions *American Birthplace* needs to address, and identify areas for our further research. Our data is doubtless flawed but we prefer it to guesswork or intuition and believe it can better assure that media we produce will not only be good but useful (there is a difference between a good film and a useful film; while all useful films must be good, not all good films are useful).

Organizations were identified from past California Newsreel engagement efforts around *Unnatural Causes*, recommendations from key sources, and a combination of purposeful, opportunistic and snowball sampling. However, the methodology and results were vetted through several advisors and also reflect the personal experience of the principal investigator / executive producer and the research director.

For the most part, we excluded parenting education organizations and organizations that advocate for special needs children, such as the Autism Society of America. There are too many to survey and their missions too specific for our purposes.

Please also note that this scan and assessment represent but a snapshot in time. Some initiatives and programs end and others begin. Websites are continually modified. New research findings are released while older ones are disputed.

Finally, a note on our own cognitive bias**.** While many scholars inspired our early thinking about public attitudes and the communications challenges surrounding ECD and policy change (and hence the unstated assumptions behind many of the questions we posed in this ascertainment and our interpretation of the data), none have been as influential as the framing research and reports which the FrameWorks Institute conducted for the Harvard Center on the Developing Child and others over the past decade, so much so that we at times adopted their language and terminology without even realizing it, nor did we properly cite and credit them in an earlier version of this report. Needless to say, the perspective presented here is that of California Newsreel not FrameWorks. We urge readers to read FrameWorks' research for themselves, which they generously make available online at: http://www.frameworksinstitute.org/ecd.html.

4. A PICTURE OF THE FIELD

Child health and welfare is one of the oldest and largest arenas of philanthropic endeavor and government activity and spans a vast range of institutions, agencies, providers, and professions. The Child Welfare League of America was founded in 1920. The Maternal and Child Health Bureau (now part of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services) celebrated its 75th anniversary last year.

Today ECD is served by a vast but fragmented field with multiple missions – maternal health, foster care, infant mortality, day care, pre-K, injury prevention, maltreatment and child welfare, brain development and epigenetic research, maternal depression and mental health; also parental leave, family supports and anti-poverty policy work. The field incorporates social service providers and advocacy groups, pediatricians, visiting nurses, community health centers and children's hospitals, public health workers, policy makers, educators, and community-based organizations, scientists and research centers, professional associations and government agencies. Annual budgets of organizations we scanned range from $1.1 to $117 million (excluding government agencies, foundations and medical centers).

Each of these sectors intervenes in early childhood at different points with different expertise and with different mandates guided by different historical traditions. Each also maintains its own set of resources, in-service education and communications channels. Further, an additional group of key stakeholders stand outside the ECD field yet their work either influences or bears the consequences of the nation's ECD policies. These range from K-12 educators, to public and mental health, community development, racial justice organizations, juvenile justice, business and human resource development, and even the U.S. military.

4.1 Policy Domains

Our first challenge was how to characterize the field's many missions and thematic interests. To piece together a picture of the field, we grouped them into the following admittedly slippery policy domains after surveying the programs and activities of 232 organizations:

(Note: As indicated above, for the most part we purposefully omitted parent education initiatives. Parent education is critical but there are too many programs for us to track in this document. Some organizations focus almost exclusively on parent education, such as Parents as Teachers, Reach Out and Read, Abriendo Puertas / Open Door, Baby College, etc., while others such as the Nurse-Family Partnership, the Doula program, WIC, etc. include parent education as a critical component of their work).

- **The** B**road Spectrum of Childhood.** The health and well-being of children of all ages (0–18) is a running theme of many organizations, especially omnibus advocacy groups such as Voices for America's Children and The Children's Defense Fund, even as they increasingly view early child experience as foundational. Only a subset, such as Zero to Three, is dedicated exclusively to early childhood. Issues addressed range from maternal health and birth outcomes to strengthening families, day care, school improvement, universal health care and criminal justice reform. The larger omnibus groups conduct their own research and issue briefs, advocate for policies and programs, develop and implement programs and standards, convene trainings and lead campaigns. Most recognize adversity as a threat to healthy development and are wrestling with how to best integrate eco-social models and a life-course perspective into their work.

- **Early Care and Education.** A large number of organizations are dedicated to expanding the availability, access and quality of early care and pre-K, including standard setting, training and funding, like the National Association for the Education of Young Children, National Association of Child Care Resource and Referral Agencies, Pre-K Now and the Bounce Learning Network (Educare). School readiness is a dominant theme throughout the field. This isn't surprising given No Child Left Behind and the attention lathered on

our failing school system. But 'school readiness' as a frame often triggers a pro-cognitive skills bias with less attention paid to consequences for emotional development, social attunement and physical well-being, at least among policy makers and the public if not within the organizations themselves.[27]

- **Maternal and Child Health.** Much work in this category is provider-driven (pre- and post-natal maternal health, infant / toddler health care and parent education), including the newly expanded home visiting programs for at-risk families (with support from the Affordable Care Act) and Healthy Start. However, a few public health, community-based, and research organizations dedicated to reducing racial infant mortality gaps such as the Northern Manhattan Perinatal Partnership, CityMatch, Contra Costa Health Services, and the Center for Healthier Children, Families and Communities take an explicit life-course perspective beginning with the mother's pre-conception health status. They also recognize the need to tackle larger social determinants, especially racial exclusion, community empowerment, financial security and access to sound and affordable nutrition. And now, federal and state maternal and child health programs, including the Maternal and Child Health Bureau (HRSA), are beginning to reframe their planning using a life-course approach.

- **Access to Services, Family Supports and Economic Security.** Direct services dominate the early child field. Not surprisingly, today most are wrestling with how to withstand state and municipal budget cuts. But many are also grappling with how to overcome the fragmentation characterizing child welfare and family services and instead provide "comprehensive and integrated" services. Growing resources are going into parent education and support, from the Nurse-Family Partnership to Parents as Teachers to Abriendo Puertas/Open Doors. But apart from advocating for improvements in TANF, we found few groups (outside of research centers) that directed significant attention and resources to context, i.e. community development and tackling the socio-economic, racialized and political structures that impede the capacity of families and communities to promote healthy child development. And while most all providers recognize the importance of 'make work pay' policies (e.g. living wage jobs, paid parental and sick

leave, flexible work hours, etc.) and expanding family supports (such as the child tax credit), few are actively organizing around these issues. Instead, this work has been taken up by advocates such as Mom's Rising and the National Partnership for Women and Families.

- **Racial Equity.** While most ECD organizations attempt to infuse equity into their work, few forefront racial justice with the exception of those that make civil rights advocacy their core mission and children a secondary one such as the National Council of La Raza and the Health Policy Institute of the Joint Center for Political and Economic Studies. One exception is the Children's Defense Fund with initiatives such as their Cradle to Prison Pipeline campaign. Nonetheless, many organizations advocate for "at risk" populations, and a few directly address residential segregation as well as access to health care for children of immigrants, documented or not. Many organizations are wrestling with how to balance the need for targeted initiatives to at-risk communities versus the more popular appeal of universality, while the W. K. Kellogg Foundation has made tackling structural racism a core part of its philanthropic mission.

- **Maltreatment and Safety.** Not surprisingly, a large number of organizations and programs serve children most at-risk for abuse, neglect or violence, such as the CDC National Center for Injury Prevention and Control and the Positive Parenting Program (Triple P). Many identify maltreatment and trauma ("toxic stress") as both a consequence of families under stress and also a source of youth violence, poor educational attainment, and depression and other mental health problems. We also found growing interest in the cumulative impact of the smaller, "every day" stressors children endure, not only the acute and traumatic, as well as creating safe and supportive physical, chemical and built environments free from toxins and fear, especially at the CDC. Still, most child protection programs take a rescue rather than preventative approach, often too little and too late. And while targeted programs are many, challenges to structural and internalized racism, economic inequities, social exclusion and other socially produced adversities that put young children at risk are few. However, exceptions like the Center

for the Study of Social Policy's Strengthening Families which focus on building family supports seem to be gaining more traction and influence.

- **American Prosperity.** A small but growing number of organizations, such as Fight Crime: Invest in Kids and the Partnership for America's Economic Success, quite explicitly use a national prosperity or return on investment frame. They commission studies and argue, mostly to policy makers, that investing in early children, especially early education, is critical to the nation's future economic success, both as a way to reduce costs (crime, welfare, health care costs) and to enhance American international competitiveness by improving our 'human capital.' Less attention has been paid to the pay-offs in happiness, security and hopefulness, admittedly harder to quantify.

- **Community Health.** A growing number of initiatives are aimed at building healthier communities, led by community organizers like Isaiah Network's Just Health and Healthy Heartlands Initiatives, West Harlem Environmental Action Coalition (WE ACT) and People Improving Communities (PICO), advocates like PolicyLink and Place Matters, foundations like the California Endowment and the W.K. Kellogg Foundation, many public health agencies and CDC's Project REACH, and now the federal Promise Neighborhoods initiative. They focus on improved access to services, the built environment, environmental justice, violence prevention, better food access and transportation, and improving educational outcomes. Yet few initiatives have as yet tied themselves explicitly to creating nurturing environments for young children despite the potentially profound consequences of their work for children's prospects as well as the increased public support for strengthening communities such an approach might engender.

4.2 Organizational Types

The work undertaken in the above arenas is carried out by organizations of different kinds. We asked survey respondents to place themselves into one of the following eight types:

- **Advocates and Alliances**

  Advocates and alliances define their primary mission as promoting greater education, awareness and federal and state policy change around child wellbeing. Our scan identified 61 such organizations—such as Voices for America's Children, the Children's Defense Fund and Children Now—and initiatives, such as BUIILD, Kids Count, and the Children's Movement of Florida. Only a few advocacy groups focus exclusively on early childhood, such as Zero to Three. Many are headquartered in Washington, DC and define their core constituencies as policy makers, but also target other advocates and the general public. The most common interests are health and education with campaigns such as Don't Cut Kids, The National Infant and Toddler Care Initiative and Paid Sick Leave, though many employ a school readiness frame. While nine organizations identified strengthening families as part of their mission, few initiatives are aimed at building infrastructure or supportive communities. Most advocacy organizations are well-established with only three founded within the last decade.

- **Community-Based Organizations / Service Providers**

  We combined into one category community-based organizations such as the Harlem Children's Zone, operational non-profits such as Nemours, and direct services organizations including like First Five (CA), Help Me Grow (CT), Smart Start (NC) and some exemplary local service agencies like St. John's Well Child and Family Center (Los Angeles) because of the overlap among their missions and functions. We pulled a sample of 35 such groups and scanned 25. Seven of those are organizations with affiliates (such as First Five). One in five organizations maintains four or more offices. Interestingly, most of these organizations are relatively new, having started in the 1990s.

  Missions focus on providing family and children's support and services, with particular emphasis on at-risk populations. These include parenting and caregiver education, maternal health and improving birth outcomes, family preservation and foster care,

extending health care, home visiting nurses, protective services, mental health services and family financial stability. Many conduct trainings, webinars and online curricula (e.g. Parents as Teachers) as well as direct services. Many also collaborate with non-child development focused organizations. For instance, Parents as Teachers partners with WIC to offer their curricula while the St. John's Well Child and Family Center (Los Angeles) works with many partners, including law enforcement, housing officials and homeless advocates to build healthier communities.

While children's hospitals and community health centers would normally be included in this category, with a couple of exceptions we didn't scan them because there are so many.

- **Government Agencies**

  In the absence of a comprehensive national early child policy, government funding and guidelines for early child and family support programs arise from a patchwork of federal, state and local agencies, though most program funding originates on the federal level. National leaders include the Administration for Children and Families (ACF) at HHS and the Maternal and Child Health Bureau at HRSA. Significant program funding comes also from the Departments of Education, Justice, HUD and Agriculture as well as the CDCs' National Center for Injury Prevention and Control, the National Center on Birth Defects and Developmental Disabilities and their Division of Reproductive Health. The NIH's National Institute of Child Health and Human Development is a leading funder of research. States bring an even greater hodge-podge of human service departments and agencies (family assistance, child care, protective services, foster care, education and / or children's and maternal health). It's not surprising, then, that in interviews and comments many of our respondents highlighted "comprehensive and integrated services" as a key objective for reform.

- **Professional Associations**

  We identified 43 professional associations and societies which at least in part are concerned with early child health and development. These include provider associations such as the Association of Maternal and Child Health Programs, American Academy of

Pediatrics, the National Association of County and City Health Officials and the National Association of Social Workers as well as academic associations, such the Society for Research in Child Development, the American Psychological Association and the Society for Prevention Research.

In addition, two organizations of elected officials, the National Governors Association and the National Conference of State Legislatures, support specific ECD initiatives.

These are membership organizations. They set professional standards and provide accreditation and continuing education. Most also maintain a policy presence in Washington.

- **Research Centers**

  We identified 21 child development research centers. Most are university based, such as the Center on the Developing Child (Harvard University), the Center for Healthier Children, Families and Communities (UCLA), and the Institute of Child Development (University of Minnesota). But some, like Child Trends, are independent.

  Researchers are riding the revolution in the biological sciences to produce exciting work demonstrating how experiences and environments can quite literally get "under the skin," changing gene expression, brain architecture, stress reactivity and the regulation of our cardio-vascular, metabolic, immune and endocrine systems. Much of this bio-social work examines the impact of neglect and maltreatment ("toxic stress") as well as socially-produced adversity, but resilience and biological sensitivity to context is a growing interest. The life-course perspective looks at how social determinants operate at every level of development, even inter-generationally, and brings economics, racism and social policy, all of which fall outside the individual's control, into the child development arena. Another line of research, led by economist James Heckman and others, explores the relationship between investments in early childhood and national economic performance. A few centers, such as the National Center for Children in Poverty (Columbia University) and the Human Early Learning Partnership (HELP) at the

University of British Columbia are researching how opportunity structures patterned by class and race shape child development. There is growing attention to exploring policy frameworks that can improve child outcomes.

Research findings are sound, rigorous and relatively uncontested. Yet as exciting as this work has been, little has escaped academia to capture the public imagination and play a significant role in state or national politics. Too much of the public ECD remains, in FrameWorks' term, a "black box."

- **Think Tanks / Policy Institutes**

  What distinguishes think tanks and policy institutes from research centers in our survey is that think tanks explicitly aim to shape public dialogue, awareness and policy (admittedly some research centers share these goals). They don't just conduct research but attempt to translate research, issues and policies for the general public and policy makers and advocate for policy change. Examples include the Center for the Study of Social Policy, the Brookings Institution and the Center on Budget and Policy Priorities. In the area of communications, the FrameWorks Institute is unique in its focus on how long-standing public perceptions of child-oriented policies shape political discourse.

- **Foundations and Other Funders**

  After subtracting K–12 education, the U.S. spends by far less government money (as a percent of GDP) on child welfare than any OECD nation.[28] Partly in response, private funders play a critical role not only in underwriting research, education and advocacy initiatives on behalf of ECD but also the direct provision of services.

  While most philanthropic investments in children still underwrite conventional health care, education, violence prevention and social services programs, several funders, among them the First Five Years Fund, George Kaiser Family Foundation, Buffet Early Childhood Fund, W.K. Kellogg Foundation, Kresge Foundation, William T. Grant Foundation, Pritzker Family Foundation, Doris Duke Charitable Foundation and Pew Charitable Trusts, plus a growing number of community and family foundations, have

increasingly focused resources on early childhood. Kellogg, the California Endowment and Annie E. Casey are among those also investing substantial sums in building healthy communities, with a special emphasis on racial justice.

- **Additional Stakeholders**

  Many other sectors influence and / or bear the consequences of early child health and development besides those working directly in the field. While we didn't send the survey to these additional stakeholder organizations, we did include several leaders in our one-on-one interviews and California Newsreel has long worked with organizations in many of these arenas. Their comments are reflected in our interpretations of the data.

  For the most part, we found that these sectors do not yet view ECD as *their* issue. There are some notable exceptions, mostly organizations working in criminal justice, racial justice, education, business and, of course, women's rights. The engagement of these additional stakeholders is crucial if a larger constituency let alone a social movement for children can be built:

  - Business (human resource development and competiveness)
  - Civic leaders
  - Civil rights and racial justice
  - Community development
  - Economic justice / anti-poverty
  - Environmental justice
  - Faith-based
  - Housing
  - Juvenile and Criminal Justice
  - K–12 Education
  - Labor
  - Public interest
  - Tribal
  - Women's rights

4.3 Summary: Strengths and Absences

The ascertainment process revealed the following strengths as well as absences in the activities of organizations working in behalf of children:

- Lots of parenting education but little parent nor community organizing.

- Family supports but few attempts to transform opportunity structures.

- 'Transformational change' is invoked often. The term usually means advocating for comprehensive and integrated services and programs to better rescue children and families; less so efforts to strengthen communities and change the larger socio-economic environments and policies that generate the adversity and social chaos that handicap parents in the first place (e.g. lack of living wage jobs, family leave and sick pay, quality and affordable early care and Pre-K, residential segregation and concentrated poverty, social isolation, lack of community capacity and bridging capital).

- Individual-based but not population-based work (though we observed an increasing number of place-based efforts).

- Targeting services to those most in need but not targeting structural racism, nor the larger policies and social and economic arrangements that disproportionately produce and reproduce social exclusion, segregation, economic insecurity, chaos and concentrated poverty in African American, Latino and Native populations.

- Importance of life-course approach, social determinants and equity increasingly acknowledged but not yet integrated into the work.

- Value and benefits of early care and pre-K promoted, but the voices of children and teachers not often spotlighted.

- ECD promoted more as a cognitive and education issue than as a socio-emotional, human development and health issue, let alone an issue vital to the future of a more productive, equitable and sociable society.

- Pre-natal care but little pre- or inter-conception care.

- Top-down policy work (i.e. with policy makers, agencies and researchers) but little bottom-up policy work (i.e. working with and mobilizing the tenant associations, churches, racial justice groups, providers, trade unions, police, parents, volunteers, etc.) which can make ECD an issue of urgent public concern, increase voter support and hold government officials accountable.

- Growing emphasis on the economic return on investment (ROI) in early childhood education—but respondents suggested that resonates more with policy makers than the public. Connections to future national prosperity and economic development not yet made strongly.

- Provider trainings are beginning to include the impact of trauma and toxic stress on brain development yet they rarely link the source of those stressors to neglected neighborhoods or the larger socio-economic environment, nor how and why exposures to stressors are differentially patterned by class and race.

- Conduct education and trainings but little public / community leadership development.

- Strong research but 'translation' efforts are lagging.

In other words, ours appears to be mostly a reactive system built on a rescue model. Rather than invest in children to succeed, multiple and fragmented programs and services are aimed at first

identifying and then "treating" kids and families who are failing. There are strong alliances and joint initiatives which bring various organizations and constituencies together. But many programs are siloed, underfunded and overwhelmed by children's needs. They lack a high-visibility conceptual framework or even a common language that links their work for the public, translates the science into popular and compelling terms, reframes ECD as a public not just a personal matter, and spotlights not just improved or even integrated programs and services, as vital as they are, but also national, innovative efforts to transform opportunity structures for families and their children and which make investment in ECD an issue of urgent national concern.

5. USE OF MEDIA BY THE FIELD

Each of the sectors above intervenes in early childhood at different points and with different populations. As a result, each already has it own well-developed set of education, public advocacy and communications sites and channels. In this section, then, we take a brief look at how organizations utilize media to educate, train, engage, and organize their own staff as well as different publics around issues of early child health and development, what's working and what's missing.

5.1 Constituencies

We wanted to know how, where and with whom stakeholders might use the content we produced. The first step was to ask the organizations we surveyed to identify the kinds of entities, sectors of the public and other stakeholders they consider to be their "constituents," i.e. those they serve, work with, or otherwise try to engage. For the purposes of this short report, we've tabulated the most significant results below grouped under eight "constituent" categories: Colleagues / Members; Service Providers; Students / Educators; Organizers; Policy Makers / Opinion Leaders; General Public; Clients and Additional Stakeholders.

While “Policy Makers / Opinion Leaders” was the constituency named most frequently (86%), most organizations (70%) told us they worked with multiple constituents. The most common combination was Policy Makers, Advocates and the General Public. Direct service providers were the only organizations that included children as a core constituency. (Note: The figures below sum to more than 100% because of multiple responses. Colleagues, almost by definition, were engaged by all groups surveyed.)

Colleagues / Members - 100%

Boards

Management / administrators

Staff

Association members

Fellow researchers and faculty

Service Providers - 61%

Social services / case workers / foster care

Public health / home visiting nurses

Pediatricians / health center staff

Maternal health / Ob-gyns

Child care / Early Head Start

Pre-school

Mental health

Students / Educators - 43%

Undergraduate

Post-graduate / medical

Community college

In-service training / Continuing education

Train the trainers / Leadership development

Organizers - 46%

Neighborhood associations

Racial justice

Living wage jobs and economic security

Food justice / security

Churches

Affordable housing

Community development / transit

Women's groups / father groups

Policy Makers / Opinion Leaders - 86%

Elected officials

Agency & program heads

Community & business leaders

Press: Print / TV / radio / blogs

General Public - 46%

Parents and Clients - 65%

Women - pre-conception / pre-natal / mothers

Families (including children)

Foster families

Fathers

Additional Stakeholders - 33%

K–12 educators

Racial justice

Chronic disease / obesity

Juvenile and criminal justice

Housing

Business / job training

Economic justice / anti-poverty

Faith-based

Community development

(For additional survey results see Appendix G: Select Survey Results)

5.2 Context: How and Where Constituencies Are Engaged

Content is always embedded in a broader discursive framework of several types. The most immediate is situational, the face-to-face or mediated teaching, discussion and organizing settings in which media is used. And so our next step was to learn about the settings in which organizations engage their constituents since those are where *American Birthright* (and other media) will be used.

Below are the sites where the organizations we surveyed engage their constituents and hence where *American Birthright* content can potentially be employed constructively. The categories are admittedly and inevitably somewhat arbitrary.

Face-to-Face Interactions

- Direct services / counseling - 61%
- Instruction (including courses, staff and professional development, workshops, home visits) - 45%
- Community dialogues / policy forums / briefings / town-halls / other public and quasi-public events - 43%
- Professional meetings and conferences - 29%

Media Platforms and Functionality

- Websites - 100%
    - Centers - 23%

    - Databases - 24%
    - Interactivities - 9%
    - Companion websites (no data)
- Newsletters, journals and blogs (digital and / or print) - 77%
- Video, radio and podcasts - 61%
- Social networks (Facebook, Twitter, blogs, listservs, RSS, etc.) - 55%
- Online instruction (including webinars and online courses) - 34%
- Traditional mass media (print / radio / TV) - 28%
- Mobile (locative) devices - no data
- Gaming - no data

What follows are some observations about the relative ubiquity, reach, intensity and effectiveness of efforts in several of the arenas cited above.

5.2.1 Conferences

Sessions and workshops at conferences and annual meetings convened by government agencies, professional and academic associations, advocacy groups and service providers remain one of the most effective ways to introduce new understandings and new media tools to those best positioned to use them in their work. For example, the National Association for the Education of Young Children brings together educators, students, researchers, program administrators and others in an annual conference and expo to learn about and discuss new programs, materials, services and ideas. They also host a separate conference to train and mentor professionals in early child education. Zero to Three brings 2200 people annually to their National Training Institute. The American Psychological Association convention attracts 9,000.

Webinars are also becoming increasingly common, usually as an orientation to a new set of scientific findings, the impact of legislation, a policy framework, the launch of a new initiative, or as a training built around the release of new resources.

5.2.2 Community dialogues, policy forums, town halls, house meetings

An increasing number of organizations are beginning to engage local publics, other organizations and even government officials around ECD issues through community dialogues, policy forums, lecture series, town-hall meetings, parent groups, and even house meetings. One innovative example is a new project organized by Everyday Democracy called Strong Starts for Children.

Strong Starts is convening structured "Dialog Circles" in five New Mexico communities organized under the leadership of community partners. Multiple groups of 8 – 16 people from diverse walks of life meet five or more times and, following the Freirian-based study circle model, move from vision statements to action plans, from dialog to change, in order to tackle adversities and improve opportunities for optimal child development in their respective communities (http://www.everyday-democracy.org/en/Issue.17.aspx).

5.2.3 Newsletters / E-News

The child development field relies on newsletters more than any other media to reach members, constituents and stakeholders. Of 123 organizations scanned, 75 publish at least one e-newsletter, 14 two or more newsletters, with one organization distributing five. In addition to e-newsletters, organizations regularly employ email updates and e-blasts, usually as a one-off communication to trigger a response to pending legislation, to publicize an event, etc.

5.2.4 Social Networking Services (SNS)

45% of the organizations surveyed don't employ any social networking services (SNS) to engage their constituencies or build an online community. Not surprisingly, Facebook is the most common SNS and Twitter second. 39 organizations maintain Facebook pages, usually devoted to organizational news and general updates about the field. Only a few Facebook pages provide

other information, such as tips on child rearing (First Five) or links to suggested reading and news articles (First Star). 35 organizations use Twitter but most tweets mirror their Facebook status updates. Interestingly, Mom's Rising (www.momsrising.org) is a social-media-based organization which advocates for child care and family-friendly labor policies like paid sick leave.

We found 24 blogs, 15 of which are updated frequently. They most often provide organizational information and announcements but some also include news items and opinion articles.

5.2.5 Film and Video on Early Child Development

61% of survey respondents use video in their work. *Yet 64% stated that available videos on ECD are either poor, below average or that there are no adequate videos for ECD.* Only one respondent indicated that the video available was excellent. *Unnatural Causes* was cited most often as video used but this might be due to recruitment or sample selection bias (especially since it's subject is not ECD). The only other video mentioned more than once was Zero to Three's *Helping Babies from the Bench.*

23 organizations have YouTube channels and 51 embed video on their websites. Most of the videos posted can be classified into one of three types:

- Talks by and interviews with scholars and leaders
- Short organizational self-promos, campaign "ads", and program overviews
- Instruction and training, often in the form of case studies of infant and toddler interactions with parents, caregivers and other toddlers.

In addition to online video usage, 58% of those who use video do so in presentations at conferences and meetings. 52% employ it in public outreach and awareness initiatives, another 44% as part of public advocacy campaigns, and 38% in face-to-face staff development and training. Another 21% are integrating videos into online staff training and professional development.

We found few share capabilities for posted videos other than those embedded in YouTube where sharing is made easy and encouraged. Nor are videos often accompanied by companion tools or documents. An exception is the one-minute advocacy video call to action for National Women's Law Center's Being a Woman is not a Pre-existing Condition initiative (http://awomanisnotapreexistingcondition.com/). The video is easily shared through email, Facebook and Twitter and is accompanied by support materials (e.g. webinar, fact sheet, reports and e-newsletter) which encourage users to write Congress and recruit others to defend the current Affordable Care Act. Similarly, the short videos on The Heckman Equation web site (www.heckmanequation.org) are easily shared and tied to backgrounders and tools on the site.

The Center on the Developing Child has been producing short videos to accompany their reports, most recently *The Foundations for Lifelong Health* (seven minutes; http://developingchild.harvard.edu/library/multimedia/inbrief_series/inbrief__the_foundations_of_lifelong_health/). Another recent video is *Helping Babies from the Bench,* mentioned above. Available from Zero to Three, it explores the impact of maltreatment on development and highlights how courts can better intervene in behalf of abused children (http://www.zerotothree.org/about-us/funded-projects/court-teams/helping-babies-from-the-bench.html).

Educational films and videos on language, learning, play, attachment and cognitive development are commercially available, many grounded in the work of Piaget, Erikson and Vygotsky. Most are older productions.

Conspicuous by its absence is any film that translates recent scientific findings into a popular and compelling narrative, or 'story', that impels a sense of urgency and widens the locus of debate from the individual child and family to the larger "social ecology" of child development.

(For a list of ECD-related videos available on DVD, please see Appendix D: Early Child Development Videos).

5.2.6 Audio

Eight organizations sponsor or post radio shows. These are available as audio files, podcasts, and as regularly scheduled broadcasts. Examples include On the Line with CWLA (Child Welfare League of America), a weekly live interactive internet program for policy makers, providers and practitioners, and Childhood Matters radio and its companion Nuestros Niños, a weekly broadcast which offers parenting advice produced by Interactive Parenting Media for Children Now.

A dozen organizations post audio resource files on their websites – tutorials, audio conference recordings, parenting advice and PSAs.

The Brains of Babes, a noteworthy three-hour 2009 documentary radio series broadcast by the Canadian Broadcasting Corporation, is the only comprehensive audio resource we found which explores the importance of early child experience for the life-course and makes the case for greater public investment (http://www.cbc.ca/ideas/episodes/2009/11/13/the-brains-of-babes-part-13-cd/).

5.2.7 Online Instruction

29 of 135 organizations surveyed already provide online teaching in the form of trainings, webinars, and / or courses. Webinars are most popular (24 organizations offer them). Six organizations offer training programs. The National Association of Child Care Resources and Referral Agencies (NACCRA), for example, offers numerous webinars and self-paced online trainings and courses for child care professionals on subjects ranging from effective learning environments to quality assurance to leadership development skills (http://naccrra.smarthorizons.org/ccrr/).

Three organizations provide online curricula for teachers and professionals, such as Parents as Teachers Knowledge Studio. But we only found one comprehensive online introduction to the science of early childhood development and the life-course, an ambitious 40-hour, online course called "The Science of Early Childhood Development." It features readings, interactivities, 160 short video clips, questions and quizzes (http://www.scienceofecd.com).

Registration costs for ECD-related online instruction range from free downloads to $3,650 for an online course.

(See Appendix E: Online Courses and Distance Learning)

5.2.8 Additional Web-Based Resources for Child Development

Most all organizations have websites and many offer a broad array of user resources: fact sheets and handouts, backgrounders and reports, briefs and policy recommendations, articles and videos. These represent additional potential areas where some *American Birthright* content could be made available.

We cataloged a subset of sites and features (centers, databases, companion websites and interactivities) that offer distinctive ways of organizing and presenting content, though again, the boundaries between them are slippery:

A. Centers

Many scanned organizations have "Online Centers" though there is no clear line that separates organizations that maintain online centers from those that don't. A 'Center' then, is simply a rubric or umbrella term commonly used by organizations to denote a website or a section of a website which contains resources, information, and tools organized around a common theme.

We found 36 self-described Centers maintained by 30 organizations (five run two centers each). These we further divided into Action Centers, Research Centers, and Knowledge and Resource Centers. Some serve their members while others address different stakeholders or the general public.

- **Action Centers,** most commonly maintained by advocacy groups, encourage constituents and other visitors to take a set of actions – convene a house meeting, petition Congress, conduct a training – that can help educate, organize, or advocate in behalf of an organization or its cause.

- **Knowledge and Resource Centers** are most often created by research centers, government agencies, foundations and other non-profits to disseminate briefs, presentations, backgrounders, research articles, lesson plans and other documents and media.

- **Members Only Centers,** usually maintained by professional associations and limited to dues paying members, provide professional development resources, governance procedures, occasionally CE courses, and tackle common issues, usually to advance the influence and standing of the organization and the field.

Most Centers, regardless of type, contain media, primarily text (policy briefs, backgrounders and analyses, articles and reports), but half also offer video, audio or power point slides. Only nine Centers have organized their resources into searchable databases. Three allow site visitors to submit information (e.g. personal stories, professional development, educational materials) but most Centers generate, catalog and post content themselves.

Some notable Centers include those maintained by the Association for Prevention Teaching and Research (http://www.atpm.org/resources/PERC.html), the National Healthy Marriage Initiative (ACF, Office of Family Assistance) (http://basis.caliber.com/cwig/ws/library/docs/marriage/SearchForm), Annie E. Casey

Foundation KIDS COUNT (http://datacenter.kidscount.org/), the Fostering Connections Resource Center (http://www.fosteringconnections.org/) and Pre-K Now (http://www.preknow.org/resource/index.cfm). (Note: some websites which maintain a rich array of resources do not classify themselves as a Center, such as The Heckman Equation (www.heckmanequation.org), a site designed to disseminate the work of Nobel Laureate James Heckman)

The online centers we found most accessible and easy to navigate tended to be sites built specifically for an initiative. These centers serve as portals to a rich set of information and resources. For example, The Fostering Connections Resource Center (http://www.fosteringconnections.org/) includes data, research, technical assistance and interactive tools. It is oriented towards a variety of stakeholders including government officials, direct service providers, families, advocates and other professionals and connects its resources to its different constituents' needs. Resources can be accessed easily by topic and by state and it has incorporated web tools such as webinars, interactive maps, social media sites and flash.

B. Databases

We found 33 searchable databases (23 were not part of an online center) which enable searches for resources and other information. They are almost evenly divided between databases of resources produced by the sponsoring organization (or its partners) and those containing externally produced resources.

Typical inventoried resources include reports, briefs, fact sheets, lists of providers, data and articles, with fact sheets and reports the most common. Nine websites include multimedia resources in their databases (video, audio or webinars).

The most common search fields are topic / issue area, resource / publication type and keyword. Less frequent is the ability to search by date and author / source. Some organizations customize their fields further. The Center for Law and Social Policy (CLASP), for example, is searchable by State and Community while America's Promise

Alliance includes a search field that ties to their initiatives. The ACF National Infant and Toddler Child Care Initiative (with Zero to Three) contains a database of 500 toddler / infant programs across the country (http://nitcci.db.zerotothree.org/initiativesp/home.aspx).

We found no databases that utilized semantic search.

C. Companion websites

Several organizations also manage separate or stand-alone websites that serve as companion sites for a particular initiative or program. These sites often serve as a portal, connecting visitors to resources for a particular child policy arena. For example, Child Trends maintains several standalone websites:

- The DataBank (http://www.childtrendsdatabank.org/) provides overviews and charts 100 indicators of child and youth well-being.

- Fostering Connections (www.fosteringconnections.org) provides tools and resources for the foster care community related to the Fostering Connections law (2008), including technical assistance, events and news.

- The Casey Family Programs State Child Welfare Policy Database (http://www.childwelfarepolicy.org/) enables visitors to search for rules, policies and other data concerning child welfare programs state by state.

In addition to its own website, NACCRRA (http://www.naccrra.org) also manages Child Care Aware (http://www.childcareaware.org) which helps parents make informed choices about locating quality child care and connects providers with professional resources and tools.

The ACF's Child Welfare Information Gateway (http://www.childwelfare.gov) connects professionals to hundreds of child welfare-related resources, from accreditation and standards to research reports to training curricula.

D. Interactivities

Most interactive web features we found are fairly basic and typically consist of rudimentary maps, data parsing, and simple actions. An exception is the National Center for Children in Poverty which has an impressive array of interactive tools including a Basic Needs Budget Calculator in which participants can manipulate up to seven variables at once (http://www.nccp.org/tools/).

Some interactivities are more explanatory in purpose, such as those at the Center on the Developing Child where images and words change on the screen with each new page of information, similar to a PowerPoint slideshow, describing scientific concepts (http://developingchild.harvard.edu/topics/science_of_early_childhood/interactive_features/).

(For a description of major interactivities, see Appendix F: Interactive Website Features)

5.2.9 Use of Multimedia

We were also interested in learning how well ECD websites integrate multiple media and interactive tools into their sites. By "media" we mean text, video, audio, interactive tools, flash and social networking. If an organization used four or more media elements on their site we classified them as "multimedia." By this criterion, only 25 of 132 websites surveyed are multimedia sites.

A large percent of multimedia sites are run by advocates or alliances (10). Examples of sites that integrate media throughout the site (and not just on the home page) in a way that complements and enhances text-based understanding of a topic are the Children's Defense Fund, the Center on

the Developing Child, Every Child Matters and the Harlem Children's Zone. The Heckman Equation (www.heckmanequation.org) makes use of text, graphics, text, video and simple animations to communicate the economic pay-offs of investments in early childhood. The W.K. Kellogg Foundation stood out as a foundation that effectively employs multiple media elements. Most multimedia sites also integrate social networking services on every page.

Note that just because a site employs multimedia does not mean that it is well-designed, easy to navigate or adds extra value. In some cases the media content is repetitive or relates weakly to other elements in the site. Multimedia websites can present information in new and engaging formats and provide opportunities to involve constituents in conversation and community, but care must be taken to ensure the bells and whistles don't obscure the message or mission of the organization and the concepts, programs or initiatives it is highlighting.

5.2.10 Outreach to the Press

While face-to-face interaction and direct communications are a large part of how ECD organizations communicate with their constituents, the press is critical to bringing these issues to a larger public and influencing public opinion, especially if part of a campaign.

29% of organizations surveyed reach out to journalists. Most stories that run in the press, however, are the traditional ones: the impact of social service cutbacks on health or housing, the announcement of a new government program, the release of a new study or book, scandal (child abuse in day care and foster care is a common topic), and individual stories of triumph over long odds.

One exception is the successful campaign run by the Children's Trust in Miami-Dade County to authorize a dedicated tax in perpetuity to fund early child education and prevention services. The campaign generated many relatively in-depth stories about the importance of the early years and passed with 85% of the vote (perhaps not coincidentally, the campaign was led by the long-time former publisher of the Miami Herald, David Lawrence).

The press, especially the business press, has also reported on talks and studies by Nobel prize winner James Heckman and Federal Reserve governor Arthur Rolnik on the high returns generated by investments in early education. Recent books such as Annie Murphy Paul's *Origins* (Free Press, New York: 2010) and new studies on epigenetics have received coverage by science writers for mainstream publications including Time, Newsweek and Discover.

Still, our anecdotal survey indicated that most press coverage remains defined by five characteristics:

A. Parenting tips

B. Individual and story-driven, not population health (e.g. many moving tales of struggling families of special needs kids vs. little in-depth reporting on root causes of inequities).

C. Disproportionate focus on dysfunctional families and abuse, with many black and brown faces, yet little or no discussion of context, let alone structural racism.

D. Stories about programs and services rather than what Lori Dorfman and Lawrence Wallack call "landscape" pieces which examine opportunity structures and socio-economic circumstances.[29]

E. With the exception of K–12 education, policy stories are disproportionately about impacts on the budget, not consequences for population equity let alone the nation's future.

There appears to be a wide open opportunity to cultivate print, broadcast and on-line journalists, both through individual outreach and sessions at their professional meetings (e.g. Association of Health Care Journalists, Education Writers Association, National Association of Science Writers, National Association of Newspaper Columnists, Unity: Journalists of Color, etc.) to help them better craft stories that focus on the benefits of investing in children, and the crucial importance

of our surroundings: neighborhood, housing, secure jobs, segregation and other social determinants of ECD.

Another opportunity is mid-career fellowship programs such as the California Endowment / USC Annenberg Health Journalism Fellowship Program and Journalism Center on Children & Families at the Philip Merrill College of Journalism, University of Maryland.

The large number of parenting magazines (Parenting Magazine has a circulation of 2.15 million) are filled with parenting tips, mostly aimed at middle class women, both working and stay-at-home moms. Given that they are circulation and advertiser driven, policy issues are relatively invisible.

The national broadcast of *American Birthright* will provide an angle for many feature writers, radio producers, and columnists, including parenting magazine writers, to delve deeper into early childhood policy, along with appearances by key 'cast' members on TV and radio shows ranging from Today to The Daily Show, from All Things Considered to talk radio. Sending a DVD of *American Birthright* along with a press kit with backgrounders and additional resources to a large list of journalists, with stories pitched and coordinated by a national publicist, should also help reframe ECD as an urgent issue of national policy.

5.3 Conclusions: Text and Context

The good news, as indicated above, is that focused settings and communications channels are already in place and they reach large sections of the field, if not the public. Discussions, trainings and dialogs are underway across the country, but they are bounded not by lack of technology so much as by the lack of "big picture" media content that takes a systemic look at the forces shaping ECD and the consequences for the futures of both individuals and the nation. While many resources now make clear why early childhood is a critical development period, and quite a few illustrate the relationship between early experience and brain development, few move beyond child / care-giver interactions and programs and services. There is very little content that

offers “connective tissue,” i.e. a holistic and systemic framework addressing root causes, that translates the science into forms popular and compelling, situates ECD within the broader set of circumstances that structure opportunities for families and children, and how those circumstances themselves—both positive and adverse—are produced and reproduced and patterned along lines of class and race.

Almost everyone we spoke with is wrestling with how best to demonstrate how opportunities for optimal development can be improved by tackling the many adversities families face, especially low income families and families of color, and how to infuse this understanding into a movement for children. The field doesn’t so much need more websites, more conferences, more forums, more events but rather more comprehensive and better curated media content to plug into these existing settings and communications pipelines. If done well (always the rub), *American Birthright* can serve that purpose, provide this new story, and help ECD organizations extend their reach.

6. TOWARDS A NEW DISCOURSE?

The most challenging part of our ascertainment wasn’t so much to identify and understand the concepts underlying the eco-social and life-course models of early child health and development but rather how we might simplify and translate the science into a new discourse, one that ruptures what FrameWorks Institute has termed the mentalist and family bubble models with stories that are popular and compelling and that engage rather than preach at viewers.

There are two complementary parts to this question. First, which concepts are critical to building public support for the kinds of transformative changes that can make a nurturing child ecology the birthright of every American? The flip side is: which normative beliefs and misunderstandings, or folk models, make such progress difficult? Every film is a dialog or negotiation with its viewers who filter the text on the screen through their own values, their own preconceptions, their own causal models and habits of thinking, even their own perceived self-

interests. Viewers will bring their folk models and frames about ECD, often unarticulated, some even contradictory, to screenings of *American Birthright* and will either accept or reject the subject position the film has interpellated for them. Perhaps the most consequential and lasting achievement of *American Birthright* would be if we could throw viewers' locus of attention off the screen and back upon themselves, or more precisely, back upon their own rarely examined 'common-sense' assumptions about the forces shaping young children, why some populations have better outcomes than others, who should be held accountable and that change is not only necessary but possible.

6.1 Traps in Public Thinking: Existing Frames, Myths and Misconceptions

What assumptions, then, does the public bring to ECD policy debates and where does it place itself within that dialog? Why have we made so little headway in building a society that values and invests in young children despite the fact that the scientific evidence is compelling and politicians are quick to pronounce pieties about the importance of children? Why isn't investment in early childhood more widely supported? Why is the public often resistant to new information?

In our interviews, focus groups and surveys we asked informants to identify core elements of the conventional or normative discourse of child development, the "default understandings" or habits of thinking that are common, deeply imprinted, primed, and which hinder efforts to build support for early child investments. What we learned reaffirmed much of the extensive framing research conducted by the FrameWorks Institute for the Center on the Developing Child (http://www.Frameworksinstitute.org/ecd.html) and often borrows from terminology developed by FrameWorks to characterize these patterns in thinking.

- **Personal responsibility and right choices.** There are good parents and bad parents who make right or wrong choices for their children. Because the 'right choices' frame minimizes the role of social circumstances, it makes people skeptical of government

action and even serves as a proxy for racial, class and gender bias since it obscures how the additional burdens faced by the poor, people of color and women can handicap the efforts of even the best parents. There is an **'us vs. them'** built into the 'right choices' frame.

- Right choices and personal responsibility are built on a model of achievement which flows from the notion of **the self-determining individual** (self-discipline, intelligence, hard work). Many, especially the affluent, don't recognize nor acknowledge the social supports and advantages affluent households take for granted (and can often purchase) but which are not available to others.

- Similarly, worse outcomes among some populations are often considered the result of **bad genes and / or their dysfunctional cultures** (don't value self-discipline, learning, hard work). There is little recognition nor acknowledgement, especially by the white upper middle class, of how **the dice are stacked against the poor** – no transportation, lack of reliable jobs, no childcare, social exclusion, food insecurity, the difficulty of putting an orderly life in place— particularly poor parents of color and single mothers.

- **The family bubble.** Family life takes place within a sphere separate and distinct from the public arena. If parents are considered solely responsible for child outcomes while the broader web of children's interactions, attachments and environments remains invisible to most, government action is easily painted as state interference in private life (the "nanny state").

- A corollary to the family bubble is the belief that **parents have a sovereign right to raise kids as they choose.** Child rearing is **not the domain of government** (other than protective services).

- Co-existing with the family bubble is a belief in what FrameWorks calls the **imperiled child.** Kids' physical safety is threatened at every turn. **Children must be protected** from predators and extreme abuse. Missing from this particular abuse frame is the role of

less dramatic trauma, the more common 1000 little cuts whose impacts compound over time.

- **Narrow interpretation of development.** Child development is commonly limited to "learning" while social, emotional and physical development reflecting environmentally induced changes in brain architecture with life-long consequences receives less attention.

- Kids are **naturally resilient.** Kids will "grow out of it." Infants can develop optimally as long as they get their **basic needs** met; little sense of how brain architecture itself is sensitive and susceptible to emotional, behavioral and environmental stressors which can have life-long impacts.

- **DNA is destiny**. Blood will tell. Exposures and experiences in early childhood do not have much affect on adult health, educational and social outcomes. No understanding of gene / organism / environment interactions (epigenetics) and the concept of the pile-up of advantage or the accumulation of risk through the life-course.

- **Not about 'us.'** The problem is **"those" children** (e.g. the poor, children of color).

- **Exceptionalism and denial.** I was raised 'that way' and I turned out all right. Alternatively: my parents were poor but they sacrificed for my sake.

- **Child care isn't about child development,** rather it enables the mother to work. Hence standards and expectations for early care are relatively low.

- **Government is the problem.** We're already spending too much taxpayers' money on wasteful, ineffective programs (for 'those' people).

- **Effective initiatives** that can make a difference are not widely known. Nor are the society-wide payoffs in costs, safety, health, education, prosperity and equity.

6.2 Rupturing the Discourse and Writing a New Story

How might communicators problematize and loosen the hold these conventional narratives have on our patterns of thinking and open up a space for new thinking? What values connect viewers to the issue? What elements, models and metaphors can best translate the science that explains how early child health and development is shaped by, and in turn shapes, larger socio-economic circumstances and structures? How might we interpellate viewers not just as passive audiences, not even as self-interested parents, but rather as students and citizens actively engaged in learning about society in order, one hopes, to improve it?

We approached these questions by inviting survey respondents to list as many core EDC messages in as much detail as they wanted which we then aggregated into themes. We also asked them to rank topics. Further, we discussed these questions extensively during the 84 one-on-one interviews and focus groups we held and, as indicated above, read the extensive framing research conducted by the FrameWorks Institute which suggested some of the terminology used in the first three items below.[30]

- **Early experiences,** including in utero, shape the architecture and wiring of the developing brain and other regulatory systems and **build the foundation for lifelong health, learning and socio-emotional development,** for better and for worse.

- **A safe, stable, stimulating and responsive environment** builds secure caregiver-child attachments, nurtures optimal development and increases the odds for a healthy and successful adulthood.

- **Take a life-course perspective.** Trajectories are built – and have consequences – over the lifespan, even inter-generationally, reflecting cumulative impacts as well as exposures during critical periods.[3132]

- **Make the stakes clear.** Many if not most of our children face environments that lead to sub-optimal developmental and behavioral health outcomes. But children of color and the poor face double jeopardy. Too many face a cradle-to-prison-to-early-grave pipeline. Make ECD **an issue of urgent national concern.**

- **DNA is not destiny.** Early experience literally gets "under the skin" and shapes gene expression by changing the epigenome.

- Demonstrate **how child health begins with the well-being of the mother even before conception.** Improving opportunity structures and reducing the stress burden on parents can strengthen life-trajectories for children.

- **Avoid determinism.** Early adversity does not "condemn" individuals to a lifetime of failure and ill-health. The development of health is not 'set' by a certain age but is an ongoing, iterative process. **Opportunities to improve health and well-being exist throughout all stages of life**, even for those whose trajectories seem limited.

- Still, **brain plasticity decreases over time.** It's easier and less costly, to the individual and society, to get it right early rather than try to identify and fix problems later.

- Highlight **socio-emotional and physical health, not just cognitive skills.** They are each inter-related.

- **Rupture the 'family bubble' discourse.** Render visible the **nested "social ecologies"** within which child development and family interactions take place; show how the broader community environment, public policies and economic and social arrangements (social determinants) shape exposures to health threats or health promoters; **inequality in outcomes reflect inequities in social policies not just parent 'choices' or genetics.**

- **Widen the locus of attention from negligent parents to the negligence of society** by investigating what undermines—or strengthens— the health of communities, patterns

access to opportunity structures by race and by class, and handicaps the efforts of even the best intentioned parents.

- Demonstrate that these **community conditions** which nurture or threaten healthy child development don't just 'happen' to us but **are produced and reproduced by public policy, private investment and decisions made by us as a body politic** not just individual bodies – and which we can change.

- **Render visible how racialization operates,** how opportunity structures which some populations take for granted are not available to others and often burden families of color with an **extra set of adversities.**

- Investing in maternal health and early childhood brings huge economic and social payoffs and provides **the foundation for America's future prosperity**, health, national security and competitiveness. It is not only a legitimate but essential function of the community and government. **We either invest now or pay more later.**

- **Place-based work is critical** to improving outcomes. Neighborhood and community assets need to be engaged, supported and mobilized.

- The role of **root causes**—the forces driving class and racial inequities— should be revealed and addressed; **inequities are both a cause and consequence** of unequal child outcomes.

- **Inspire hope and communicate possibility.** Effective programs and aspirational solutions that produce better outcomes need to be highlighted. Our policies are not set in stone but can be changed. **Inequities in outcomes are avoidable and preventable.**

- **Change doesn't just emerge from "good" ideas.** Don't just engage policy makers. **Solutions demand political action** which requires broad partnerships and alliances capable of mobilizing voters and many civic and community based groups.

- **Evidence-based research** needs to inform *American Birthright* as well as policy and programs.

- **Make this an "us" issue.** It's not just about "their" children— the poor and children of color. Or to put it another way, make this about "our" children not just "my" children; indicate how the future of "my" child is tied to the future of all our children. At the same time, **make clear how class and racialized structures impede opportunities** for some which others take for granted.

6.3 Top Four Content Areas

We provided survey respondents a list of 10 potential learning modules and asked them to rank their top three. The top content areas ranked by our respondents are as follows:

A. *American Prosperity Starts with America's Children*: The Social and Economic Benefits from Investing in Children - 75%

B. *Building Resilience from Start to Finish:* A Life-Course Perspective on Health and Well-Being - 50%

C. *Tackling Inequality:* Supporting Children by Transforming the Lives of Parents - 42%

D. *Toxic Brew:* The Impact of Poverty, Racism and Adversity on Early Child Development - 38%

6.4 Optimal Video Lengths

We also inquired about the lengths of videos stakeholders preferred to use in the sites and uses cited above. Note the preference for shorter video. The advantage of shorter pieces is that they can easily be integrated into presentations. The weakness, of course, is that it takes time to lay out a new conceptual framework in a film using story-telling rather than assertion.

(Respondents were ask to choose one or more preferences)

- 5 minutes or under - 55%
- 15 minutes - 52%
- 30 minutes - 19%
- 60 minutes or more - 16%
- Any length - 17%

6.5 Companion Materials

We then asked respondents to identify up to five accompanying tools that help them use and integrate videos most effectively into their programs. The most popular responses were:

- Policy briefing papers - 59%
- A resource sharing site - 45%
- Facilitator's "toolkit" and slides - 41%
- Links to backgrounders, research and databases - 41%
- Multimedia learning modules on key concepts - 39%

Surprisingly (to us), only 22% choose Discussion Guides as one of their top five tools (though perhaps the ambiguous term "Facilitator's toolkit" implied discussion guide for some).

6.6 Yellow Flags

Informants brought our attention to several tensions and cautions, or in the words of one, elephants in the room. We note here three central issues which *American Birthright* must negotiate.

A. A new determinism?

The first concerns determinism. While epigentics breaks the claim of DNA over destiny by demonstrating the plasticity of our development, some argue, and not without reason, that the early origins hypothesis can be misused to uphold determinism under other guises. *American Birthright* needs to make clear, they said, that while early experiences can build a strong or weak foundation, the development of health over the life-course is not "set" by age five or six but is an ongoing, iterative process. The authors of "Rethinking MCH: The Life Course Model as an Organizing Framework," a recent concept paper for the Maternal and Child Health Bureau of HRSA, put it this way: "Pathways are changeable…Throughout life and at all stages, even for those whose trajectories seem limited, risk factors can be reduced and protective factors enhanced, to improve current and subsequent health and well-being."[33]

Similarly, many children who suffer adversity and miss out on early learning / education can be a step or two behind but still physically healthy and psychologically and cognitively intact. Yet our institutions too often condemn those who start out behind, especially children of color, to a trajectory of poor schooling, low academic achievement and eventually hazardous adult lives in low-wage, insecure and even dangerous jobs and violent neighborhoods.

B. Targeted vs. universal programs

There is disagreement between informants about whether campaigns for increased investment in ECD should be universal or targeted, especially with respect to racially disadvantaged populations. To oversimplify: the former group believes that only a universal approach will win public support while the latter argue that universal

approaches often disproportionally (even if unintentionally) benefit the already advantaged because they don't take into account the ways populations may be differentially situated with respect to opportunity structures. john a. powell's concept of "targeted universalism" suggests a path that reconciles both approaches. Powell argues that we need to accent universal goals but employ targeted processes that are sensitive to the needs of different communities (including the dominant group).[34]

C. Our title

Most respondents thought *American Birthright* a strong title. It's concise, easy to remember, and speaks to the project's theme: that all our children deserve the opportunity to develop their capacities. But a small but vociferous minority objected. They argued that birthright is a term "owned" by the birthright movement, the nativist anti-immigrant groups which aim to restrict the rights of the undocumented (and even many non-citizen residents). Just by invoking the term, they claim, we would inadvertently further legitimate those ideas. Another, smaller group objects on the grounds that birthright implies a "right" and that rights-based frames don't resonate with the majority of Americans. We admit to being partial to *American Birthright* but not wedded to it. If we, or others, can devise another title, equally effective, we're open to changing it.

7. NEEDS ASCERTAINMENT CONCLUSIONS

Stakeholders want to incorporate media as easily and conveniently into the larger social discourses which they attempt to shape. It is immediately obvious from this ascertainment that no single piece of media could serve and accommodate the field's diverse set of actors, purposes, constituents, venues and media channels; they call for too many different concepts, formats, narrative strategies, modes of address and levels of technical knowledge.

On the one hand, respondents repeatedly expressed their desire and enthusiasm for a film that tells a 'new story,' one that places early child health and development within the larger context of the social determinants of health equity and which inspired viewers to become involved. For example, Neal Halfon, MD, director of UCLA's Center for Healthier Children, Families and Communities, told us, "We need to connect the dots for folks. Kids are following low trajectories throughout life. It's not just about school readiness but lifelong capabilities: the burden of illness, the capacity to form deep and lasting relationships, build families, be productive, they are all affected."

But to produce a film that connects the dots by interweaving human stories with compelling science rather than through simplistic argument by assertion is difficult to accomplish in less than a 60-minute format. Byron Egeland, professor emeritus, University of Minnesota, put it this way, "The message needs to be something simple. Complex is hard to do. So herein lies the problem: This is a highly complex issue that we are trying to simplify." Finding the right settings, simplifying models and metaphors will be critical to *American Birthright's* success.

At the same time, potential users indicated a preference for media of markedly shorter lengths and also the flexibility to customize content to their own specific objectives and audiences—to excerpt, annotate, amplify and combine content from a variety of sources in any number of permutations. This would allow them to integrate media content more easily and idiomatically into a variety of program options where ideas can be studied, debated and acted upon.

7.1 The Database Documentary: A Digital Platform and Online Learning Center

We've concluded that only a digital platform, what we call a "database documentary," can provide the multiple functionalities the field is calling for. A dynamic digital interface will enable the integration of *American Birthright's* content with content hosted on other sites. Utilizing state-of-the-art semantic search and embedded online editing software, the platform

will provide users the flexibility to customize their own media and presentations from a matrix of *American Birthright* video and companion content and adapt it to their own purposes.

Further, the field doesn't so much need new websites as it needs to strengthen existing websites. Therefore, the platform will be designed so that content can be disseminated to and accessed, much at no charge to the user, through windows on stakeholders' own sites.

We envision the following five components to the platform:

A. The *American Birthright* Documentary

A world-class, broadcast length (56 minutes) film will translate the science into an accessible and compelling new narrative of child development. This 'tent-pole' documentary will investigate the interplay between fetal and early experience and biology and consequences for cognitive, emotional and physical health and development through the life-course, situate opportunities for optimal human development within the larger socio-economic environment, spotlight the adversities that can harm children, and explore the implications of our policies for our children's—and nation's—future health and prosperity. It will also explore promising initiatives here and abroad that can make a healthy and fulfilling life a realistic opportunity for all our children, lead to a more prosperous America and ask: why in the world aren't we investing more in our young children?

B. Short Films, or Learning Modules

Ten or more short (10-20 minute) video training / learning modules on different topics and designed for specific user-contexts such as staff training, community dialogues, policy forums, conferences and coursework.

C. Learning Objects

We will construct a database consisting of a three-level matrix of three to six-minute conceptual units (or "learning objects"), each illustrating an essential research finding, promising practice and policy application. Users will be able combine units from each

level into any number of permutations, interspersing them with text, image, audio and interactive content from both on and off the site.

D. Companion Content

User tool-kits, briefs, charts and slides, backgrounders, fact sheets, interactivities, additional audio and video, and links to resources and databases will help users create a critical viewing context.

E. Digital tools: The Database Documentary

All film / video and companion content will be nested in a semantically searchable and dynamically linked "documentary database," with complete editing and social networking functionality. All content in this multimedia suite will be meta-tagged and embedded with widgets enabling visitors the flexibility to excerpt, annotate, amplify and combine video and companion materials seamlessly into their own presentation software, including their own user-generated content and content hosted on other sites, for use in trainings, forums, classrooms, community centers, social media sites, mobile platforms and wherever people gather. Modules can easily be repurposed for specific audiences and objectives.

The Platform will include the following online functionality:

- Video streaming
- Editing / excerpting
- Semantic search
- Annotation
- Resource database
- Social networking
- Interactivities
- 3.0 dynamically linked multimedia (text, images, audio, video)
- Sharing tools

7.2 Next Steps

A. Feedback and Draft Production Agenda

The production of *American Birthright* is an iterative and collaborative process, its success dependent upon the continued interrogation of its assumptions and messaging at every stage (including rough cuts of the production, once we get there). We are circulating this needs ascertainment and soliciting comments and feedback, as well as collecting emblematic studies, research and telling stories. These will be incorporated into a draft production agenda and tested against a representative group of advisors and outreach partners.

B. Film Treatments

While a needs assessment can no more write a film than a film can create a movement, this description of the larger discursive framework within which *American Birthright* must fit will inform the writing of film treatments. We will embark on the pre-production research and treatment writing phase of the project upon the completion of the production agenda.

C. Online Searchable Directory of ECD Organizations, Initiatives and Resources

During the course of our environmental scan we discovered there is no directory of early child health and development organizations and initiatives. We collected information on more than 200 organizations. We are translating our data into the first, comprehensive searchable directory of ECD organizations, initiatives and resources. It will be housed on www.americanbirthrightmedia.org. The database will be open-ended allowing submissions of additions and emendations.

D. E-Newsletter and Website

A periodic E-newsletter will keep potential outreach partners and others apprised of progress and elicit requests for input. The newsletter will announce the launch of the

Directory, for example. www.americanbirthrightmedia.org is already up as a temporary site. We will begin to build out the platform once we receive funding (see below).

E. Building the Public Engagement Team

The success of *American Birthright* is dependent on the active input of the field. Upon receiving funding, we will build a public engagement team to assure the most effective launch of *American Birthright*. The team will consist of a core group of advisors, and several hundred engagement partners committed to promoting the use of *American Birthright* resources with their constituents and others. As with *Unnatural Causes,* partners will have the opportunity to review and comment on work-in-progress screenings at specified conferences and meetings as we design the launch strategy. Close to 75% of those surveyed expressed interest in becoming a public engagement partner.

F. Funding

Proposals are currently sitting with three major funders which, if granted at the request level, will provide *American Birthright* approximately 70% of its funding. That's the level needed to announce the project officially and begin production, even as we fundraise for the balance. If the money is not forthcoming we will still produce and launch the searchable Directory of ECD organizations but otherwise terminate the project.

APPENDIX A

Organizations Which Took the Survey

Organizations

Adverse Childhood Experiences (ACE) Study

Afterschool Alliance

Alameda County Public Health Department

Alliance for Children and Families

Association of Maternal & Child Health Programs

Attitudinal Healing Connection, Inc

California Department Public Health

Center for American Progress

Center on Budget and Policy Priorities

Center on the Developing Child

Children Now

Center for Law and Social Policy

Coalition for Juvenile Justice

Coalition on Human Needs

Connecticut Children's Medical Center

Contra Costa Health Services' Family, Maternal and Child Health Programs

Docs for Tots

Every Child Matters Education Fund

Federal Interagency Forum on Child and Family Statistics, National Center for Health Statistics

First 5 Alameda County

First Focus

Forum for Youth Investment

Generations United

Grantmakers for Children, Youth & Families

Joint Center for Political and Economic Studies

Linchpin Strategies

Local Education Agencies Network

Methodist Youth Services, Inc.

National Association of Child Care Resources and Referral Associations

National Association for the Education of Young Children

National Assembly on School-Based Health Care

National Center for Children in Poverty

National Child Abuse Coalition

National Council of La Raza

National Human Services Assembly

National Initiative for Children's Healthcare Quality

National Institutes of Health

National Strategies, Success by 6, United Way of America

National Women's Law Center

National Institute of Child Health and Human Development

New York City Administration for Children's Services

Oral Health America

Pew Center on the States

The Pew Charitable Trusts

Population Council, Poverty, Gender, and Youth

Prevent Child Abuse America

Prevention Institute

Science of Early Child Development

Sesame Workshop

Society for Research in Child Development

Stark Consulting

Sure Start

The California Endowment

The Children's Partnership

The Parent-Child Home Program, Inc.

The Praxis Project

Tufts University, Department of Child Development

University of California, Los Angeles, Center for Healthier Children, Families and Communities

University of Florida

University of Oklahoma, Department of Anthropology

Urban Strategies Council

Voices for America's Children

Zero to Three

APPENDIX B

One-On-One Interviews

Adler, Nancy, Director, Center for Health & Community, University of California, San Francisco

Allen, Ben, Public Policy and Research Director, National Head Start Association

Bales, Susan, President, FrameWorks Institute

Bell, Judith, President, PolicyLink

Bentley, Bill, President, Voices for America's Children

Bertrand, Jane, Professor, School of Early Childhood, George Brown College

Bezruchka, Stephen, MD, Lecturer, Department of Health Services, University of Washington

Bond, Jermane, Director, Commission on Paternal Involvement to Improve Pregnancy Outcomes, Health Policy Institute, Joint Center for Political and Economic Studies

Boyce, Thomas, **MD**, Leadership Chair in Child Development, Child and Family Research Institute, University of British Columbia

Braveman, Paula, **MD,** Director, Center on Social Disparities in Health, University of California, San Francisco

Brooks-Gunn, Jeanne, Virginia and Leonard Marx Professor of Child Development, Co-Director, National Center for Children and Families, Columbia University

Chalk, Rosemary, Director, Board on Children, Youth, and Families, Institute of Medicine

Chang, Debbie, Vice President, Nemours Foundation

Chen, Edith, Co-Director, Psycho-Biology of Health Lab, University of British Columbia

Cohen, Larry, President, Prevention Institute

Comer, James, MD, Maurice Falk Professor of Child Psychiatry, Yale School of Medicine, Child Study Center

Cooper, Janice L., Executive Director, National Center for Children in Poverty

Drummonds, Mario, Executive Director and CEO, Northern Manhattan Perinatal Partnership

Dugger, Robert, Co-Founder, Partnership for America's Economic Success

Duncan, Greg, Distinguished Professor, Department of Education, University of California, Irvine

Duster, Troy, Former President, American Sociological Association

Egeland, Byron, Professor Emeritus, Institute of Child Development, University of Minnesota

Eisenstadt, Naomi, Department of Education, Oxford, University; Founding Director, Sure Start (UK)

Evans, Gary, Elizabeth Lee Vincent Professor, College of Human Ecology, Cornell University

Feinberg, Jane, Senior Associate, FrameWorks Institute

Felitti, Vincent, MD, Department of Preventive Medicine, Kaiser Permanente; Research Director, ACE Study

Ferrer, Barbara, **MD,** Director, Boston Public Health Commission

Fine, Amy, Health Policy / Program Consultant

Fraser, Michael, Executive Director, Association of Maternal and Child Health Programs

Friedman, Mark, Executive Director, First 5 Alameda County

Greenwald, Susan, Director, Children's Intervention Services, Children's Hospital & Research Center Oakland

Halfon, Neal, **MD,** Director, Center for Healthier Children, Families and Communities, University of California, Los Angeles

Heppel, David, MD, Director, Division of Child, Adolescent and Family Health, Maternal and Child Health Bureau, Health Resources and Service Administration (HRSA)

Hofrichter, Richard, Senior Analyst, Health Equity and Social Justice, National Association of County and City Health Officials

Hogan, Laura, Consultant

Iton, Anthony, MD, Sr. Vice President, The California Endowment

James-Brown, Christine, President, Child Welfare League of America

Klein, Lisa, Executive Director, Birth to Five Policy Alliance

Kramer, Martin, Director of Communications, Health Resources and Service Administration (HRSA)

Krieger, Nancy, Professor, Harvard School of Public Health

Lawrence, David, President, The Early Childhood Initiative Foundation; former publisher, Miami Herald

Lempert, Ted, President, Children Now

Lu, Michael, MD, Associate Professor of Ob-Gyn, University of California, Los Angeles; Director, Best Baby Zones

Lubin, Bertram, MD, President and CEO, Children's Hospital & Research Center Oakland

Maholmes, Valerie, Director, Social and Affective Development / Child Maltreatment and Violence Program, National Institute of Child Health and Human Development, National Institutes of Health

Mangia, Jim, President and CEO, St. John's Well Child and Family Center

McCoy, Martha, Executive Director, Everyday Democracy

McKinney, Gwen, President, McKinney & Associates

Melmed, Matthew, President, Zero to Three

Mercy, James, Associate Director, National Center for Injury Control and Prevention, Centers for Disease Control and Prevention

Morales, Alex, President, Children's Bureau of Southern California (Magnolia Place)

Mustard, Fraser, Founder, Canadian Institute for Advanced Research

Nilson, Wendy, Office of Behavioral and Social Science Research, National Institutes of Health

Nuru-Jeter, Amani, Professor, School of Public Health, University of California, Berkeley

Parthasarathy, Padmini, Director, Life-Course Program, Contra Costa Health Services

Peck, Magda, Professor, University of Nebraska Medical Center, Co-Founder, CityMatch

Pedersen, Daniel, President, Buffett Early Childhood Fund

Perry, Kris, Executive Director, First 5 California

Petit, Michael, President, Every Child Matters Education Fund

powell, john, Director, Kirwan Institute for Race and Ethnicity, Ohio State University

Price, Doug, President, Rocky Mountain Public Television

Race, Al, Communications Director, Center on the Developing Child, Harvard University

Raymond, Barbara, Program Director, Policy, Communications and Strategy, The California Endowment

Renner, Rona, Host, *Childhood Matters* radio program

Rhee, Kyu, MD, Director of Public Health, HRSA

Rich, John, MD, Professor and Chair, Health Management and Policy, School of Public Health, Drexel University

Rodriguez, Eric, Vice President, Office of Research, Advocacy, and Legislation, National Council of La Raza

Rollin, Miriam, Associate Director, Fight Crime: Invest in Kids

Rudolph, Linda, MD, Associate Director, Center for Chronic Disease Prevention and Health Promotion, California Department of Public Health

Saul, Janet, Chief, Prevention Development and Evaluation Branch, National Center for Injury Control and Prevention, Centers for Disease Control and Prevention

Savo, Cynthia, Yale Child Study Center

Sazer O'Donnell, Nina, Director of National Strategies, Success by 6, United Way

Segal, Ann, Program Director for Children and Families, Wellspring Advisors, LLC

Shonkoff, Jack, MD, Director, Center on the Developing Child, Harvard University

Siegel, Anita, **RN**, Director, Alameda County Public Health Department

Smedley, Brian, Director, Health Policy Institute, Joint Center for Political and Economic Studies

Smith, Linda, Executive Director, National Association of Child Care Resource & Referral Agencies

Soler, Esta, President, Family Violence Prevention Fund

Spicer, Paul, Professor of Anthropology, University of Oklahoma

Suomi, Stephen, Chief, Laboratory of Comparative Ethology, National Institute of Child Health and Human Development, National Institutes of Health

Sussman, Richard, Director, Brighter Futures Initiative, Hartford Foundation for Public Giving

Tervalon, Melanie, MD, Associate Director, PolicyLink

Themba-Nixon, Makani, Executive Director, The Praxis Project

Wiley, Maya, Director, Center for Social Inclusion

Williams, David, Norman Professor of Public Health, Harvard School of Public Health

Witt, Sandra, Deputy Director of Planning, Policy and Health Equity, Alameda County Public Health Department

Yoshikawa, Hirokazu, Professor, Harvard Graduate School of Education

Zaslow, Martha, Senior Scholar, Child Trends

APPENDIX C

Scanned Websites

Advocacy Organizations & Alliances

Afterschool Alliance (www.afterschoolalliance.org)

Alliance for Children and Families (www.alliance1.org)

America's Promise Alliance (www.americaspromise.org)

Arkansas Advocates for Children and Families (www.aradvocates.org)

Asian & Pacific Islander American Health Forum (www.apiahf.org)

Birth to Five Policy Alliance (www.birthtofivepolicy.org)

Black Women's Agenda

Black Women's Health Network (www.blackwomenhealth.org)

Center for Law and Social Policy (www.clasp.org)

Center on Policy Initiatives (www.onlinecpi.org)

Child Welfare League of America (www.cwla.org)

Childhood Matters (www.childhoodmatters.org)

Children Now (www.childrennow.org)

Children's Defense Fund (www.childrensdefense.org)

Children's Dental Health Project (www.cdhp.org)

Children's Leadership Council (www.childrensleadershipcouncil.org)

Coalition for Juvenile Justice (www.juvjustice.org)

Coalition on Human Needs (www.chn.org)

Coleman Advocates for Children and Youth (www.colemanadvocates.org)

Docs For Tots (www.docsfortots.org)

Early Care and Education Consortium (www.ececonsortium.org)

Equal Justice Society (www.equaljusticesociety.org)

Every Child Matters Education Fund (www.everychildmatters.org)

Excelencia in Education (www.edexcelencia.org)

Families USA (www.familiesusa.org)

Family Voices (www.familyvoices.org)

Fight Crime: Invest in Kids (www.fightcrime.org)

First Focus (www.firstfocus.net)

First Star (www.firststar.org)

Food Research and Action Center (frac.org)

Generations United (www.gu.org)

Hispanic Health Council (www.hispanichealth.com)

Living Cities (www.livingcities.org)

Los Angeles Alliance for a New Economy (www.laane.org)

MomsRising (www.momsrising.org)

National Alliance for Drug Endangered Children (www.nationaldec.org)

National Alliance to Advance Adolescent Health (www.thenationalalliance.org)

National Black Child Development Institute (www.nbcdi.org)

National Center for Learning Disabilities (www.ncld.org)

National Childcare Accreditation Council Inc. (www.ncac.gov.au)

National Council of La Raza (www.nclr.org)

National Council of Negro Women (www.ncnw.org)

National Head Start Association (www.nhsa.org)

National Healthy Start Association (www.healthystartassoc.org)

National Human Services Assembly (www.nassembly.org)

National Initiative for Children's Healthcare Quality (www.nichq.org)

National Nursing Centers Consortium (www.nncc.us)

National Public Health Information Coalition (www.nphic.org)

National Women's Law Center (www.nwlc.org)

Partnership for America's Economic Success (www.partnershipforsuccess.org)

Partnership for Working Families (www.communitybenefits.org)

Pennsylvania Partnerships for Children (www.papartnerships.org)

PolicyLink (www.policylink.org)

Prevent Child Abuse America (www.preventchildabuse.org)

Prevention Institute (www.preventioninstitute.org)

Promising Practices Network (www.promisingpractices.net)

Ready 4 K (www.ready4k.org)

Rhode Island KIDS COUNT (www.rikidscount.org)

Safe States (www.safestates.org)

The Children's Partnership (www.childrenspartnership.org)

Voices for America's Children (www.voices.org)

Voices for Virginia's Children (www.vakids.org)

Zero to Three (www.zerotothree.org)

Community-Based Organizations

Alameda County Building Blocks Collaborative (buildingblocksalamedacounty.wordpress.com)

Casey Family Services (www.caseyfamilyservices.org)

Community Building Institute (www.xavier.edu/communitybuilding)

Everyday Democracy, Strong Starts for Children (www.everyday-democracy.org/en/Issue.17.aspx)

Harlem Children's Zone (www.hcz.org)

Healthy African American Families (www.haafii.org)

Isaiah Network's Just Health and Healthy Heartlands Initiative (www.isaiah-mn.org)

Methodist Youth Services, Inc. (www.myschicago.org)

National Children's Center (www.nccinc.org)

Northern Manhattan Perinatal Partnership (www.sisterlink.com)

PICO (www.piconetwork.org)

Consulting Groups

Berkeley Media Studies Group (www.bmsg.org)

FrameWorks Institute (www.FrameWorksinstitute.org)

Praxis Project (www.thepraxisproject.org)

Direct Services & Operational Non-profits

Children's Mental Health Network (www.cmhn.org)

CityMatch (www.citymatch.org)

Community-Campus Partnerships for Health (www.ccph.info)

Covenant House (www.covenanthouse.org)

Early Childhood Initiative Foundation (www.teachmorelovemore.org)

Esperanza Community Housing Corporation (www.esperanzacommunityhousing.org)

First 5 Alameda County (www.ackids.org)

First 5 Association of California (www.f5ac.org)

First 5 California (www.ccfc.ca.gov)

First 5 Fresno County (www.first5fresno.org www.first5fresno.org)

First 5 Kern (first5kern.org)

First 5 LA (www.first5la.org)

First 5 Monterey County (first5monterey.org)

Insight Center for Community Economic Development (www.insightcced.org)

Lutheran Services in America (www.lutheranservices.org)

Help Me Grow

National Center for Children and Families (www.nccf-cares.org)

Nemours Foundation (www.nemours.org)

Oral Health America (oralhealthamerica.org)

Parents as Teachers (www.parentsasteachers.org)

Poverty, Gender, and Youth program, Population Council (www.popcouncil.org/what/pgy.asp)

Smart Start (hugh.ncsmartstart.org)

St. John's Well Child and Family Centers (www.wellchild.org)

United Way (www.liveunited.org)

Foundations/Funders

Akonadi Foundation (akonadi.org)

Annie E. Casey Foundation (www.aecf.org)

Atlantic Philanthropies (www.atlanticphilanthropies.org)

Blue Cross and Blue Shield of Minnesota Foundation (www.bcbsmnfoundation.org)

Buffet Early Childhood Fund (www.buffettearlychildhoodfund.org)

California Endowment (www.calendow.org)

Doris Duke Charitable Foundation (www.ddcf.org)

First Five Years Fund (www.ffyf.org)

George Kaiser Family Foundation (www.gkff.org)

Hartford Foundation for Public Giving (www.hfpg.org)

Henry J. Kaiser Family Foundation (www.kff.org)

Irving Harris Foundation

JB and MK Pritzker Family Foundation

John D. and Catherine T. MacArthur Foundation (www.macfound.org)

Kresge Foundation (www.kresge.org)

Maurice Falk Medical Fund (www.falkfund.org)

Ounce of Prevention Fund (www.ounceofprevention.org)

Pew Charitable Trusts (www.pewtrusts.org)

Pritzker Traubert Family Foundation (www.ptffoundation.org)

Robert Wood Johnson Foundation (www.rwjf.org)

W. K. Kellogg Foundation (www.wkkf.org)

William T. Grant Foundation (www.wtgrantfoundation.org)

Government Agencies

Administration for Children and Families (www.acf.hhs.gov)

- Administration for Children, Youth and Families (www.acf.hhs.gov/programs/acyf)
- Office of Community Services (www.acf.hhs.gov/programs/ocs)
- Office of Family Assistance (www.acf.hhs.gov/programs/ofa)
- Office of Headstart (www.acf.hhs.gov/programs/ohs)
- Office of Planning, Research and Evaluation (www.acf.hhs.gov/programs/opre)
- National Child Care Information and Technical Assistance Center (nccic.acf.hhs.gov)

Alameda County Public Health Department (www.acphd.org)

Boston Public Health Commission (www.bphc.org)

Centers for Disease Control and Prevention (www.cdc.gov)

- National Center for Health Marketing (www.cdc.gov/healthmarketing)
- National Center for Injury Prevention and Control (www.cdc.gov/injury/index.html)

- National Center on Birth Defects and Developmental Disabilities (www.cdc.gov/ncbddd)
- Office of Minority Health and Health Disparities (www.cdc.gov/omhd)
- Racial and Ethnic Approaches to Community Health Across the U.S. (www.cdc.gov/reach/about.htm)

Contra Costa Health Services (cchealth.org)

Indiana Department of Education (www.doe.in.gov)

Maternal and Child Health Bureau, Health Resources Services Administration (www.mchb.hrsa.gov)

National Center on Minority Health and Health Disparities, National Institutes of Health (www.ncmhd.nih.gov)

National Institute of Child Health & Human Development, National Institutes of Health (www.nichd.nih.gov)

Office of the Assistant Secretary for Planning and Evaluation, Health and Human Services (aspe.hhs.gov)

Professional Associations

American Academy of Family Physicians (www.aafp.org)

American Academy of Pediatrics (www.aap.org)

American Medical Women's Association (www.amwa-doc.org)

American Pediatric Society/ Society for Pediatric Research (www.aps-spr.org/SPR/default.htm)

American Psychological Association (www.apa.org)

- Division 6 - Behavioral Neuroscience and Comparative Psychology (http://www.apa.org/about/division/div6.aspx)
- Division 7 - Developmental Psychology (ecp.fiu.edu/APA/div7)
- Division 9 - Society for the Psychological Study of Social Issues (www.spssi.org)
- Division 18 - Psychologists in Public Service (http://apadivision18.org/)
- Division 27 - Society for Community Research and Action (www.scra27.org)
- Division 34 - Population and Environmental Psychology (apa34.cos.ucf.edu)
- Division 37- Society for Child and Family Psychology and Practice (www.apa.org/divisions/div37)

- Division 43 - The Society for Family Psychology (www.apa.org/divisions/div43/homepage.html)
- Division 45- Society for the Psychological Study of Ethnic Minority Issues (www.apa.org/divisions/div45)
- Division 54 - Society of Pediatric Psychology (www.societyofpediatricpsychology.org)

American Public Health Association (www.apha.org)

American Public Human Services Association (www.aphsa.org/Home/home_news.asp)

Association for Prevention Teaching and Research (www.atpm.org)

Association of Departments of Family Medicine (www.adfammed.org)

Association of Maternal & Child Health Programs (www.amchp.org)

Association of Medical School Pediatric Department Chairs (www.amspdc.org)

Black Administrators in Child Welfare (www.blackadministrators.org)

Chi Eta Phi Sorority, Inc. (www.chietaphi.com)

Cognitive Neuroscience Society (cogneurosociety.org)

Council for Professional Recognition (www.cdacouncil.org)

Council of Chief State School Officers (www.ccsso.org)

Council of State Governments (www.csg.org)

Delta Sigma Theta (www.deltasigmatheta.org)

Grantmakers for Children, Youth & Families (www.gcyf.org)

National Assembly on School-Based Health Care (www.nasbhc.org)

National Association for Bilingual Education (www.nabe.org)

National Association for the Education of Young Children (www.naeyc.org)

National Association of Childcare Resource and Referral Agencies (www.naccrra.org)

National Association of Children's Hospitals and Related Institutions (www.childrenshospitals.net)

National Association of County and City Health Officials (www.naccho.org)

National Association of Early Childhood Specialists in State Departments of Education (www.naecs-sde.org)

National Association of Early Childhood Teacher Educators (www.naecte.org)

National Association of Social Workers (www.naswdc.org)

National Council of State Legislatures (www.ncsl.org)

National Governor's Association (www.nga.org)

National Medical Association (www.nmanet.org)

Society for Research in Child Development (www.srcd.org)

Society of Teachers of Family Medicine (www.stfm.org)

Programs/Initiatives

Bright Futures (www.brightfutures.org/georgetown.html)

Build (www.buildinitiative.org/content/early-childhood-systems)

Child Care Parent Provider Information Network (www.childcare-ppin.com)

Kalamazoo County Great Start Collaborative

Kids Count (www.aecf.org/MajorInitiatives/KIDSCOUNT.aspx)

Life Course Initiative (http://cchealth.org/groups/lifecourse/)

National Center for Medical Home Implementation (www.medicalhomeinfo.org)

National Forum on Early Childhood Policy and Programs
(developingchild.harvard.edu/initiatives/forum)

National Scientific Council on the Developing Child
(developingchild.harvard.edu/initiatives/council)

Parent-Child Home Program (www.parent-child.org)

Pre-K NOW (www.preknow.org)

Texas Early Childhood Development Coalition (www.tecec.org)

Research Centers

Board on Children, Youth, and Families, Institute of Medicine (www.iom.edu/About-IOM/Leadership-Staff/Boards/Board-on-Children-Youth-and-Families.aspx)

Canadian Institute for Advanced Research (www2.cifar.ca)

Center for Research on Children in the United States, Georgetown University
(www.crocus.georgetown.edu)

Center for Social Epidemiology and Population Health (www.sph.umich.edu/cseph/index.html)

Center for the Study of Child Care Employment, University of California, Berkeley
(www.irle.berkeley.edu/cscce)

Center on Social Disparities and Health, University of California, San Francisco (www.familymedicine.medschool.ucsf.edu/csdh)

Center on the Developing Child, Harvard University (developingchild.harvard.edu)

Center on the Social and Emotional Foundations for Early Learning (csefel.vanderbilt.edu)

Child and Family Research Institute (www.cfri.ca)

Child Trends (www.childtrends.org)

Danish School of Education (www.dpu.dk/en)

Founders Network (www.founders.net)

Georgetown Center for Children and Families (ccf.georgetown.edu/index)

Human Early Learning Partnership (HELP), University of British Columbia (www.earlylearning.ubc.ca)

Institute of Child Development, University of Minnesota (www.cehd.umn.edu/icd)

National Center for Children and Families (www.policyforchildren.org/)

National Center for Children in Poverty, Columbia University (www.nccp.org)

National Center for Latino Child and Family Research (www.latinochildresearch.org)

National Institute for Early Education Research (nieer.org)

Pritzker Consortium on Early Childhood Development (harrisschool.uchicago.edu/research/pritzkerconsortium)

UCLA Center for Healthier Children, Families and Communities (www.healthychild.ucla.edu)

Yale Child Study Center (childstudycenter.yale.edu)

Think Tank/Policy Institutes

Center for American Progress (www.americanprogress.org)

Center for Public Policy Priorities (www.cppp.org)

Center for the Study of Social Policy (www.cssp.org)

Center on Budget and Policy Priorities (www.cbpp.org)

Child and Family Policy Center (www.cfpciowa.org)

Committee for Economic Development (www.ced.org)

Education Sector (www.educationsector.org)

Forum for Youth Investment (forumfyi.org)

Health Policy Institute, Joint Center for Political and Economic Studies (http://jointcenter.org/hpi)

Urban Institute (www.urban.org)

Working Partnerships USA (www.wpusa.org)

APPENDIX D

Selected Early Child Development Videos

(NOTE: Video lectures and interviews are not included, nor are birthing titles, videos intended for viewing by young children, promotional videos, or parenting tips. English language titles are included even if not produced in the U.S.)

0 to 5 in 30 Minutes!
http://www.valleypbs.org/0to5/season_8/index.php
A half-hour weekly television magazine-format show on early child topics serving local Central Valley, CA parents and caregivers. Episodes include Finding a Good Day Care Provider and Creating Safer Neighborhoods. Produced by Valley PBS and supported by First 5 Fresno, Tulare and Madera Counties (CA). The videos are also available for free online. Several other local stations are developing regular parenting tips shows such as the Rhode Island KIDS COUNT Cable TV Show.

Babies (86 min, France, 2010)
http://www.focusfeatures.com/babies
Without narration or commentary this documentary follows the first year of four babies from four different countries- Namibia, Japan, Mongolia and the US. It had a theatrical release and the DVD is sold on the website for $20. It is also available for rental or download on iTunes and Netflix.

Birth Rites (56 min, Australia, 2000)
http://www.documentaryaustralia.com.au/da/caseStudies/details.php?recordID=5
Australian documentary compare the birthing process in two different indigenous cultures. Being used by aborigine communities, midwives and the academic community to raise awareness about

the implications of the isolation of women at birth. The DVD can be purchased for $39 AUD at Enhance TV.

Change the First Five Years and You Change Everything

http://www.ounceofprevention.org/news/downloads.php

A well-produced, five-minute video with a fanciful first-person narration by five children, ages 1 to 5, on the consequences of their making safe, secure and stimulating attachments. This is one of many short videos available for free on the Ounce of Prevention website.

Child Development Media (various videos)

http://www.childdevelopmentmedia.com/videos.html

Distributes an array of videos on child development which are geared towards child care professionals, students and parents. Videos are organized by topic including Diversity and Culture, Health and Disability, Staff Development and Training and Working with Families. Many are older films; unfortunately, production dates are not indicated on the web site. DVDs can be ordered from the website and cost around $100 each.

Child of Our Time (Series of 50 min. programs, UK, 2000-2020)

http://www.bbc.co.uk/programmes/b0072bk8

This continuing BBC television series is following a diverse group of 25 children for 20 years to track their development and help answer the nature versus nurture debate. Each episode in the series is for sale on DVD for 435-500 British Pounds from the BBC Active website.

Children of the Code Project (varied-length modules, USA, on-going)

http://www.childrenofthecode.org

Children of the Code aims to promote and improve literacy. Their video modules contain highlights from hundreds of hours of interviews with leaders in the literacy field and struggling readers. Topics include “Reading Crisis”, “Collective Cost”, “Emotional Danger” and “Social Danger”. They claim to be developing several traditional documentaries from this material for DVD and TV broadcast. The video modules are available for free on the website and they are meant to be shared and integrated into other websites and presentations.

Early Childhood Series (6 x 30 min, USA, 1993-2000)
http://www.davidsonfilms.com/early-childhood?zenid=n3t0s383v4kkppdvk2kifbigg7
This series of videos explores aspects of early childhood development including language acquisition, cognitive development and literacy. It is geared towards educators and childcare professionals and supporting materials are available for each video. Titles can be purchased from the web site for $250 each.

Early Childhood Settings and Approaches DVD (Series of 8 min. videos, USA, 2006)
http://vig.pearsoned.co.uk/catalog/academic/product/0,1144,0132187221,00.html
This DVD is geared towards students preparing for careers as early care and Pre-K teachers and touches upon issues taught in early childhood courses in order to support classroom readings. Topics include the teacher-student relationship, the parent-teacher relationship and applying learned knowledge in the classroom. The DVD can be purchased in Europe for $20.

Epigenetics (13 min, USA, 2007)
http://www.pbs.org/wgbh/nova/body/epigenetics.html
This NOVA piece takes a brief look at the new field of epigenetics using scientific experiments and identical twin research to demonstrate how environmental interactions can change the epigenetic structures that affect gene expression. It is available to stream on-line at no cost.

The Foundations for Lifelong Health (7 min, USA, 2011)
http://developingchild.harvard.edu/library/multimedia/inbrief_series/inbrief__the_foundations_of_lifelong_health/
In this short video by the Center on the Developing Child, experts discuss the consequences of early child development for our health as a nation. They explore the foundations of healthy development including stable relationships, safe environments and appropriate nutrition and how families, communities and public policies can support these foundations. Can be viewed on-line.

Four Feet Up (46 min, Canada, 2008)
http://films.nfb.ca/four-feet-up/

An independent film about child poverty in Canada told from an 8 year-old's perspective. The film is available from the web site for Canadian home use ($19.95) and institutional sales ($69.95).

Helping Babies from the Bench: Using the Science of Early Childhood Development in Court (20 min, USA, 2007)
http://www.zerotothree.org/about-us/funded-projects/court-teams/helping-babies-from-the-bench.html
Using examples from the Miami-Dade County Juvenile Court, this video illustrates the impact of parental maltreatment on developmental outcomes and highlights how judges can intervene on behalf of children. The DVD is free and can be ordered from the Zero to Three website. It is not available on-line.

The House of Tiny Tearaways (TV program, UK, 2005-)
http://www.bbc.co.uk/pressoffice/pressreleases/stories/2005/04_april/26/tearaways.shtml
This BBC reality TV show features British families who are dealing with extreme child behavioral problems. Each week three families with children between ages one and five are confined to a house for six days where they are observed by clinical psychologist Dr. Tanya Byron who aims to solve their problems. There is a companion book with the same title. Episodes are currently not available for purchase though they air on British TV.

The House of Tiny Terrors (TV program, USA, 2006-)
http://www.outlineproductions.co.uk/catalogue_detail.aspx?program=211
The US version of *The House of Tiny Tearaways.*

I Am Your Child Series (14 x 30 min. videos, USA, 1997-2005)
http://www.parentsaction.org
Rob Reiner hosted this series about the importance of early childhood for long term health and development. The videos are for parents and caregivers of children in their first five years and they cover topics such as Preparing for Parenthood, Why Early Childhood Matters and Ready to Learn. The series can be purchased from the website for $60.

The Life Series (TV program, Australia, 2006-)

http://www.abc.net.au/tv/life/

This Australian series is following eleven children as they grow up in order to gain insight into how humans develop. It takes into account internal and external variables such as family relationships, financial situation, work, health and education. It is part of the long-term study Growing Up in Australia in which 10,000 children are participating. *Life at 1* was broadcast in 2006 and focuses on personality and stress. *Life at Three* looks at childhood obesity and behavior. Video clips and program downloads are accessible to Australians. There are also supporting materials on the website.

Lousy Little Sixpence (54 min, Australia, 1983)

http://www.creativespirits.info/resources/movies/lousy-little-sixpence.html

Australian documentary recounts the story of aboriginal children who were taken away from their families by the Aborigines Protection Board and then hired out as indentured servants. There is a short accompanying study guide.

The Motherhood Manifesto (58 min, USA, 2007)

http://www.bullfrogfilms.com/catalog/mother.html

Based on the book by Mom's Rising founders Joan Blades and Kristen Rowe-Finkbiener, this documentary looks at the challenges faced by working mothers and their families and explores family-friendly policy changes such as paid parental leave. The DVD can be purchased from Bullfrog films for $250 or rented for $85.

My Brilliant Brain (3 x 50 min. programs, USA, 2007)

http://natgeotv.com/asia/my-brilliant-brain/about

This National Geographic 3-part film series explores the brain by focusing on three characters who have extraordinary talents. Their stories address questions regarding the origins of genius (nature vs. nurture). Each program includes narration, expert interviews, diagrams and illustrative stories. The series is available online for free at Top Documentary Films (http://topdocumentaryfilms.com) and YouTube.

The New Science of Learning: Brain Fitness for Kids (60 min, USA, 2009)
http://www.brainfitnessforkids.com/
This PBS special looks at how the latest discoveries in neuroscience can inform how to better train children's brains for lifelong results. It is available for purchase for home use at PBS Video for $24.99.

Nursery University (91 min, USA, 2008)
http://www.nurseryuniversitythemovie.com
Nursery University looks at the fierce competition to get into pre-schools in New York City, highlighting inequities and competitive trends in our society. The video is geared towards the general public. It's available for rent on Netflix, download on iTunes or for sale through Amazon for $25. The DVD comes with special features including tips on getting into Nursery School and Q & As.

***Up* Series** (Seven varied-length programs, UK, 1964-)
Michael Apted's classic series was initiated in 1964 profiling 14 seven-year olds from different class backgrounds. Apted revisits the subjects every seven years and they are now in their 50s. It's possible to buy the complete series on Amazon for $130 and the last episode, *49 Up* on DVD through PBS' P.O.V. for $29.00. There is no official series website.

Social and Emotional Competence (22 min, USA)
This online video by the Center on the Social and Emotional Foundations for Early Learning is geared towards early childcare educators and focuses on tools that promote social emotional development in young children.

Where do the Children Play? (60 min, USA, 2007)
http://michigantelevision.org/childrenplay/
Looks at the importance of play and environment in shaping a child's development. It was inspired by Elizabeth Goodenough's book, *Secret Spaces of Childhood* (University of Michigan Press, 2003). The video examines the impact of built space, especially suburban sprawl but also

city environments, on children's activities and their consequent health and development. The film can be ordered from the web site for $19.95. There is a companion book called *A Place for Play* as well as study guide.

Unnatural Causes: Is Inequality Making Us Sick? (1 x 56 min, 6 x 28min, USA 2008)
http://www.unnaturalcauses.org
California Newsreel's award-winning series exploring the root causes of our alarming class and racial inequities in health. It's the first series to translate the science on the social determinants of health equity into a popular form. One episode is devoted to the black-white infant mortality gap. Has a rich companion web site. DVDs can be purchased from the web site or www. newsreel.org for $79.

The Whole Child: A Caregiver's Guide to the First Five Years (13 x 30 min. videos, USA 1998)
http://www.learner.org/resources/series59.html
This Annenberg / CPB instructional series is based on a textbook by Dr. Joanne Hendrick and is part of an accredited distance learning course in early childhood education. It is meant to be taught over the course of a semester and topics include physical and emotional health, social development and infant health. Its goal is to provide early childcare professionals the skills needed to make young children ready for school. The series can be purchased from the web site for $295. The companion textbook and study guide are also available for purchase.

APPENDIX E

Selected Online Courses and Distance Learning

Bright Futures Well-Child Care Curriculum

http://www.brightfutures.org/distancelearning.html

Bright Futures, a project of the American Academy of Pediatrics, provides several online curricula including Well-Child Care and Promoting Healthy Mental Development (in development). The courses are geared towards health care providers, can be customized and include supplementary resources such as reports, charts and practice guides.

ChildCare Education Institute (CCEI)

http://www.cceionline.edu/

CCEI offers individual courses as well as certificate and degree programs for childcare professionals.

Child Welfare League of America On-line Clourses

http://www.cequick.com/myeln/cwla/default.asp

CWLA in partnership with Essential Learning offers professional development and continuing education classes to childcare professionals. Courses can be taken by individuals or customized for organizations.

Early Childhood Education and Online Training

www.TrainEarlyChildhood.com

This website offers many online courses in ECD. The courses are no longer than 2 hours and cover a wide range of topics. Early childhood education professionals can take classes individually or for credit.

The Maternal and Child Health Leadership Skills Development Series

http://www.jhsph.edu/wchpc/mchlds

This series is developed by the Women's and Children's Health Policy Center of John Hopkins Bloomberg School of Public Health. It is a professional development series with an emphasis on leadership training, geared towards professionals that work in the maternal and child health field. The series is broken down into modules allowing learners to work at their own pace and develop their own customized training, ranging from a day workshop to a complete seminar.

NACCRRA Online Trainings

http://naccrra.smarthorizons.org/ccrr/

NACCRRA offers several different online training courses for childcare resource and referral professionals. Trainings are self-paced and cover topics such as child care in America, best practices and safety.

NAEYC Developmentally Appropriate Practice online programs

http://www.naeyc.org/DAP/pdt

These self-paced programs are for childcare professionals and providers that would like to learn more about developmentally appropriate practice and play. The programs include videos, exercises, webinars and additional print resources. Continuing education credit is possible upon program completion.

Parents as Teachers Knowledge Studio

http://www.parentsasteachers.org/training/knowledge-studio

Though Parents as Teachers mainly holds in-person trainings, they also offer several online trainings / self-study for credit on topics from literacy to developmental screenings. The trainings are self-paced and often require purchase of print materials, DVDs or additional class materials.

The Science of Early Child Development

http://www.scienceofecd.com/

In our opinion, this is the strongest and most comprehensive of the early child on-line curricula. Course explores recent scientific findings and aims to close the gap between science and practice

for early childhood educators, program leaders and policy makers. From Red River College, Winnipeg. Development team led by Jane Bertrand, School of Early Childhood, George Brown College (Canada).

Universal Class, Online Class: Early Childhood Development
http://www.universalclass.com/i/course/early-childhood-development.html
This continuing education class is self-paced, though there is an instructor and a 6-month time limit to completing the material. Topics include infant growth and development, the importance of play and emotional and social development. It is not certified by any childcare organization.

The Whole Child: A Caregiver's Guide to the First Five Years (1998)
http://www.learner.org/resources/series59.html
An Annenberg / CPB instructional series based on a textbook by Dr. Joanne Hendrick which is part of an accredited semester-long distance learning course in early childhood education. Topics include physical and emotional health, social development and infant health. Its goal is to provide early childcare professionals the skills needed to make young children ready for school.

NOTE: Many colleges and universities (including for-profit career training enterprises) also offer ECD courses via distance learning. However, students usually must enroll in the school.

APPENDIX F

Interactive Website Features

Administration for Children and Families

Marriage Calculator (http://marriagecalculator.acf.hhs.gov/marriage/calculator.php)

Calculates how taxes and public assistance levels change with marriage or cohabitation, allowing users to simulate the financial consequences of marriage.

American Academy of Pediatrics

Policy Opportunities Tool (http://www.aap.org/obesity/matrix_1.html)

Explore practice, community, school, state, and federal level policy strategies for preventing obesity in children and families.

Canadian Institute for Advanced Research (CIFAR)

Frontiers of Human Knowledge (http://frontiersofhumanknowledge.com/)

This image-based tool uses online "postcards" to entice users to connect with CIFAR researchers, learn about their projects and find additional resources such as related podcasts and programs.

Center for Law and Social Policy

DataFinder (http://www.clasp.org/data)

A tool for advocates and policymakers to access demographic and program information that affect low-income people and families.

Center on the Developing Child

Core Concepts in the Science of Early Childhood

(http://developingchild.harvard.edu/library/multimedia/interactive_features/coreconcepts/)

Graphics and text demonstrate how brains are built over time through the interaction of biology and experience and the damage caused by toxic stress.

Early Childhood Program Evaluations: **A Decision-Maker's Guide**
(http://developingchild.harvard.edu/library/multimedia/interactive_features/decision-guide-interactive/)
Criteria to help policymakers and civic leader interpret evaluations of early childhood program effectiveness.

Five Numbers to Remember about Early Childhood Development
(http://developingchild.harvard.edu/library/multimedia/interactive_features/five-numbers/)
A rubric for remembering key features of early child development and the consequences of adversity.

How Early Experiences Alter Gene Expression and Shape Development
(http://developingchild.harvard.edu/index.php/library/multimedia/interactive_features/gene-expression/)
Describes how early experiences can affect gene expression with consequences for the developing brain and other regulatory systems.

How Early Experiences Get Into the Body: A Biodevelopmental Framework
(http://developingchild.harvard.edu/library/multimedia/interactive_features/biodevelopmental-framework/)
Illustrates how early childhood experiences can modify the epigenome which in turn regulate gene expression, shaping the architecture of the brain and other organs.

Health Resources Services Administration (HRSA), Maternal and Child Health Bureau
MCH Timeline (http://mchb.hrsa.gov/timeline/)
The MCH Timeline encourages users to scroll through U.S. maternal and child health history from 1790 until the present.

National Center for Children in Poverty

50-State Demographics Wizard (http://www.nccp.org/tools/demographics/)
This tool creates custom data tables on low-income children using variables such as region or state, child's age, parental employment, marital status and race/ethnicity.

50-State Policy Wizard (http://www.nccp.org/tools/policy/)
The Policy Wizard produces custom data tables for policies that support low-income families and children according to state policy details such as eligibility criteria and benefits.

Basic Needs Budget Calculator (http://www.nccp.org/tools/frs/budget.php)
Calculates a minimum annual budget for parents based on region of residence, salary and number of children.

Family Resource Simulator (http://www.nccp.org/tools/frs/)
The simulator allows users to estimate how a family's resources and expenses will change as earnings increase taking into account supports such as food stamps, child care assistance and the earned income tax credit.

Income Converter (http://www.nccp.org/tools/converter/)
Allows users to translate their annual income into a percentage of the federal poverty level and their state's median income.

The Urban Institute

Transfer Income Model (TRIM3) (http://trim3.urban.org/T3Welcome.php)
This "micro-simulator" allows users to simulate changes in welfare, tax, health care and other transfer program and policy variables and measure their impact on individuals and families as well as populations aggregated at the state and national level. Registration required.

Zero to Three

Baby Brain Map (http://www.zerotothree.org/baby-brain-map.html)

This interactivity allows users to zero in on different areas of the brain, learn how and when these functions develop and what caregivers can do.

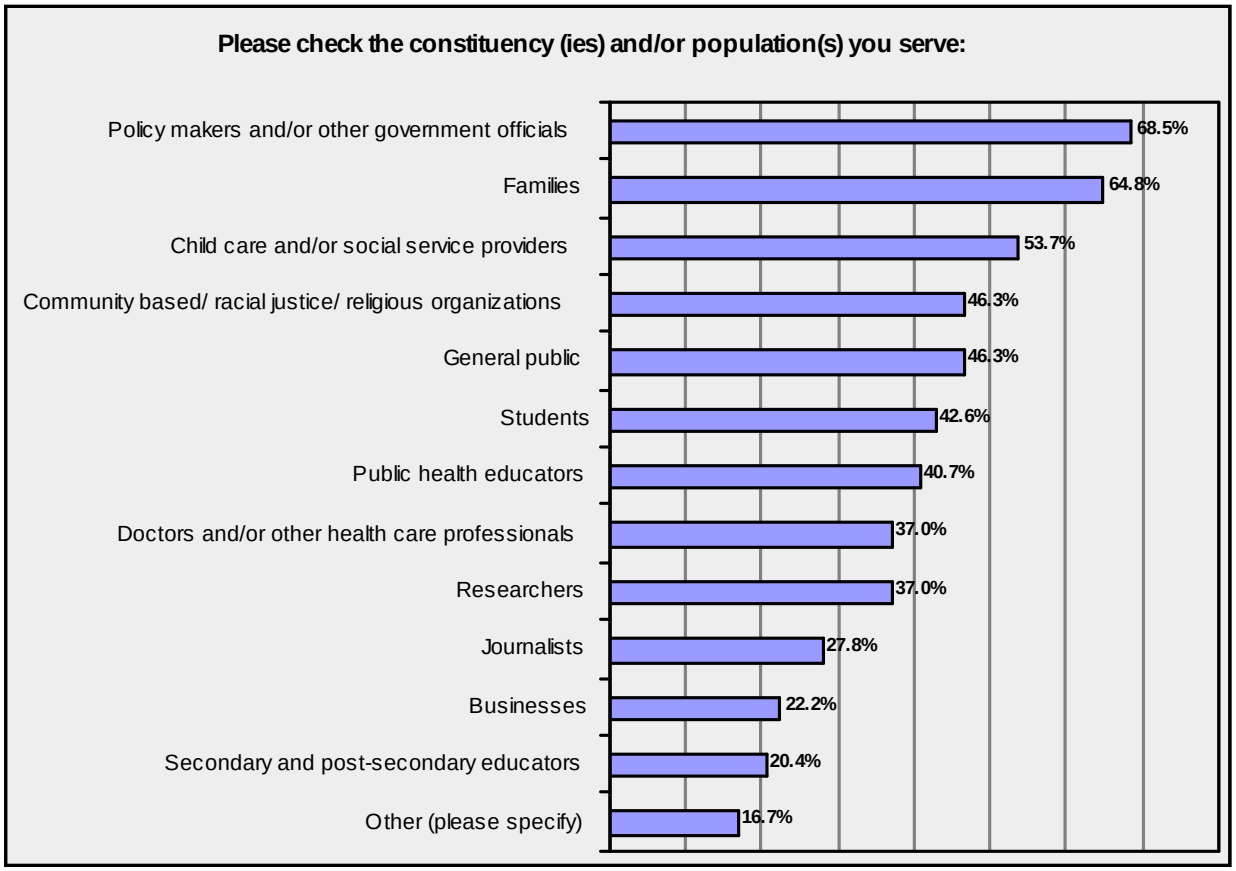
School Readiness Interactive: Birth to 3

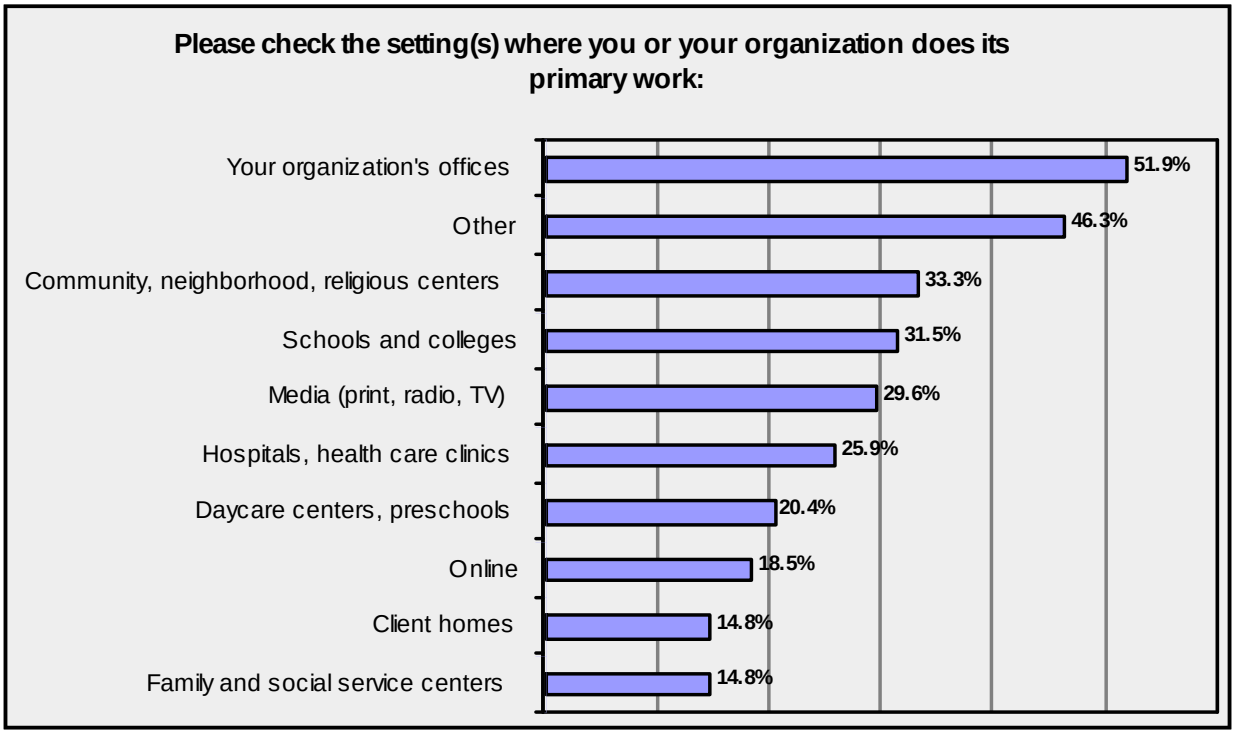
(http://main.zerotothree.org/site/PageServer?pagename=ter_par_sri)

This tool employs videos, text and activities to help parents and caregivers nurture learning in their young children.

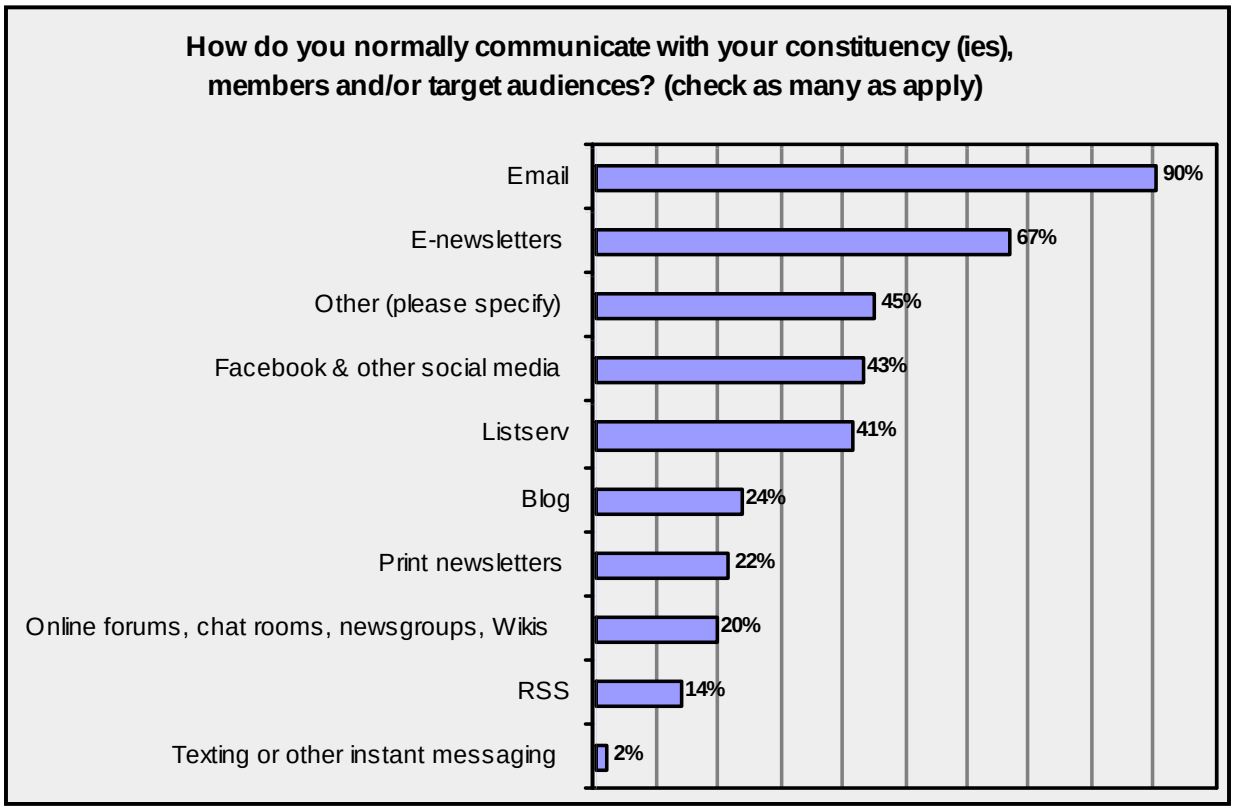
APPENDIX G

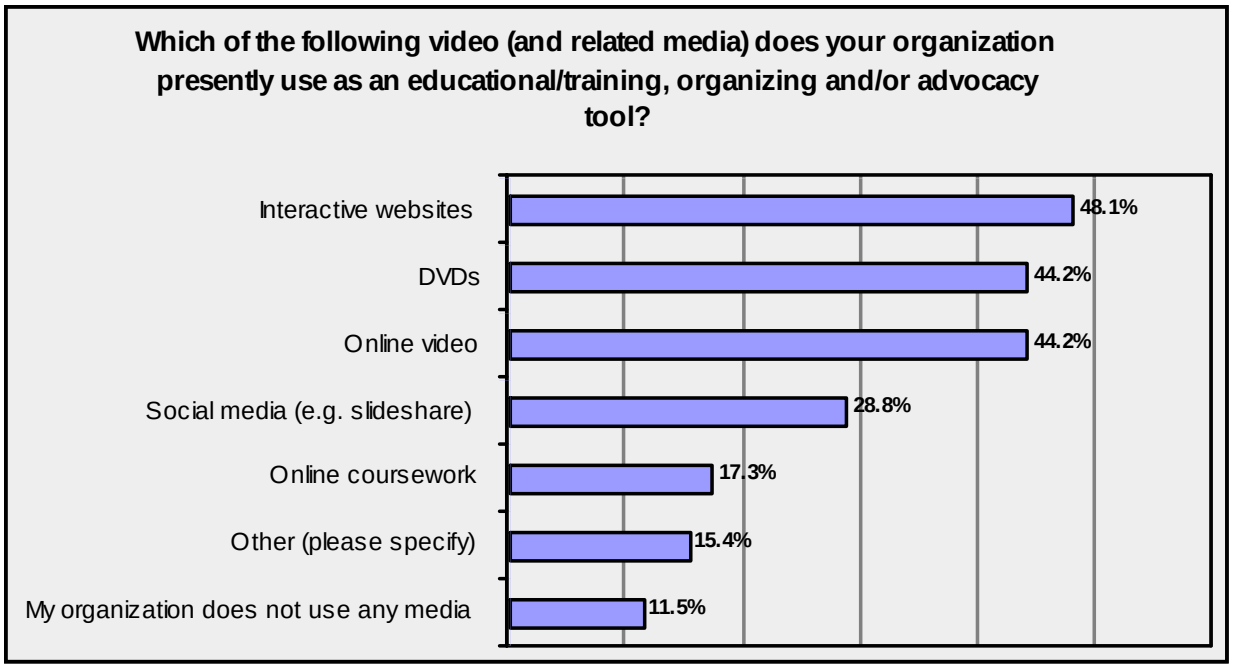
Select Survey Responses

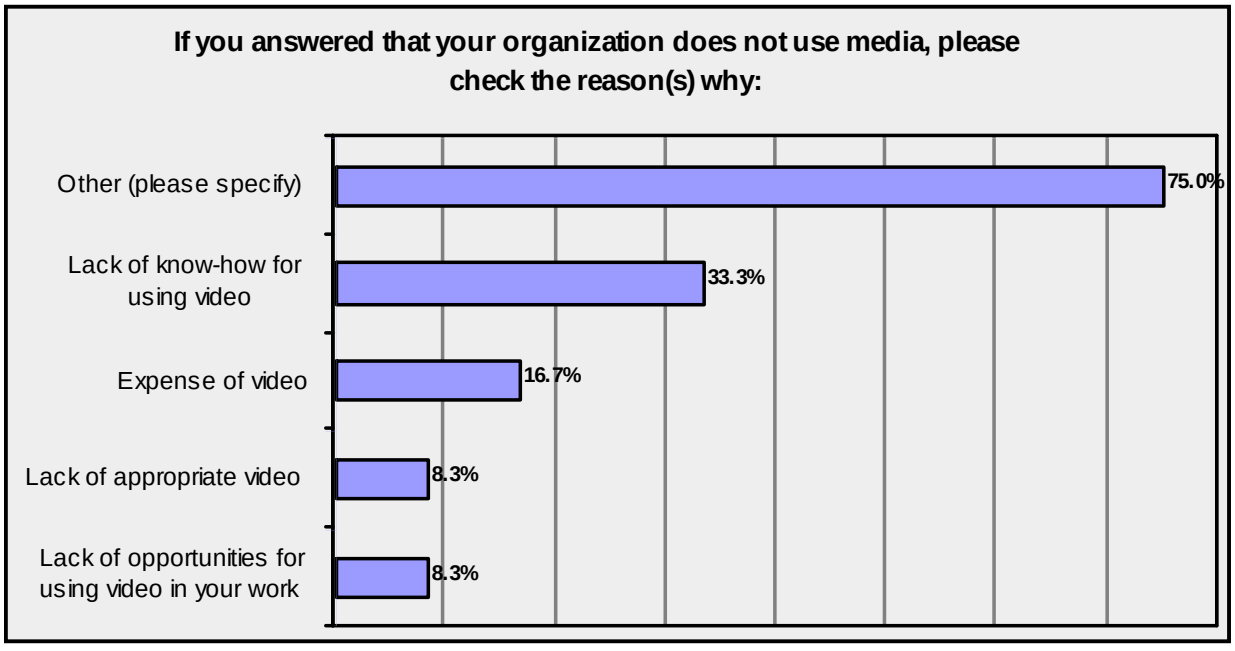




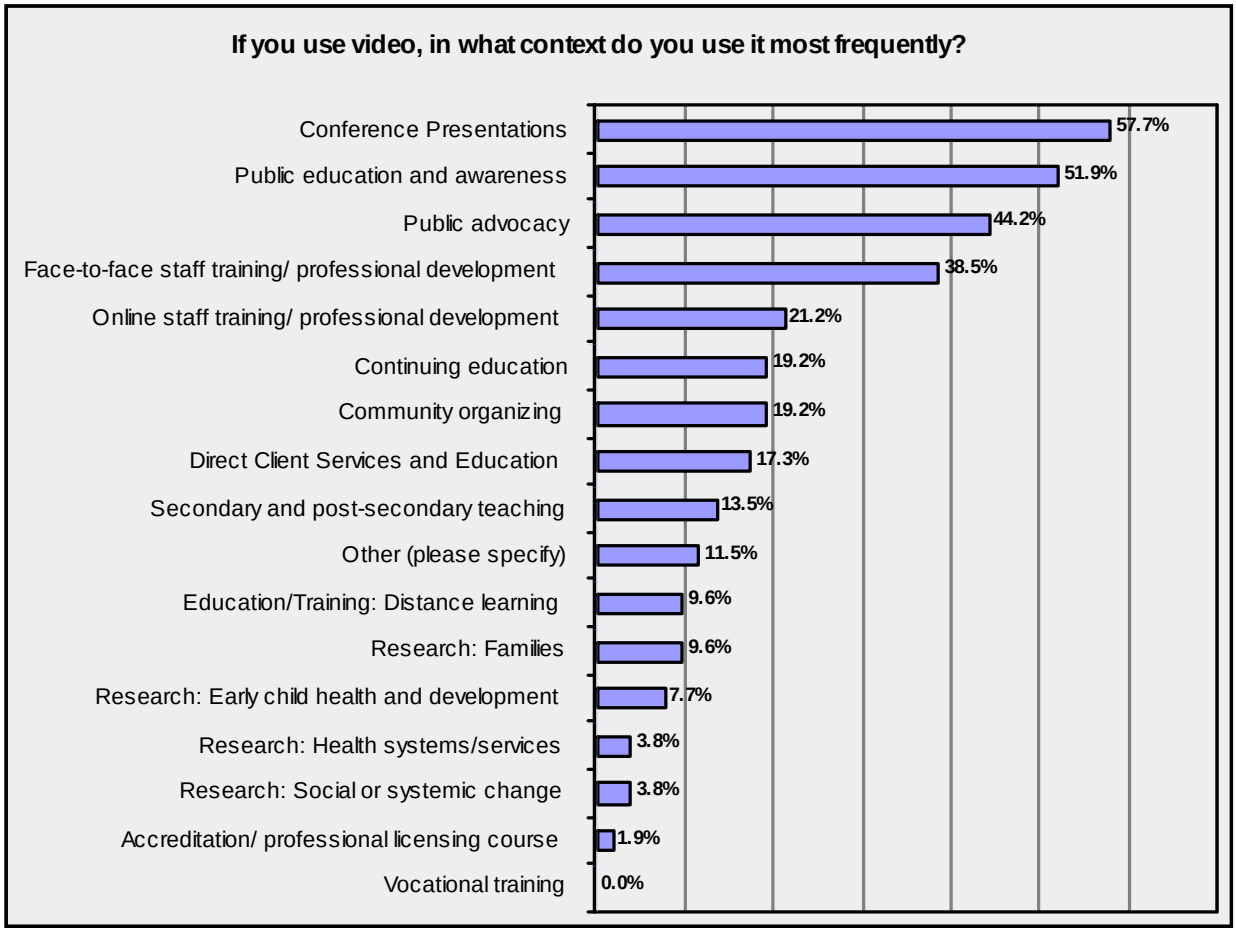
* Other settings include Capitol Hill, state and federal agencies, offices of policymakers, advocates, local and state leaders, health departments, research labs, doctor's offices.

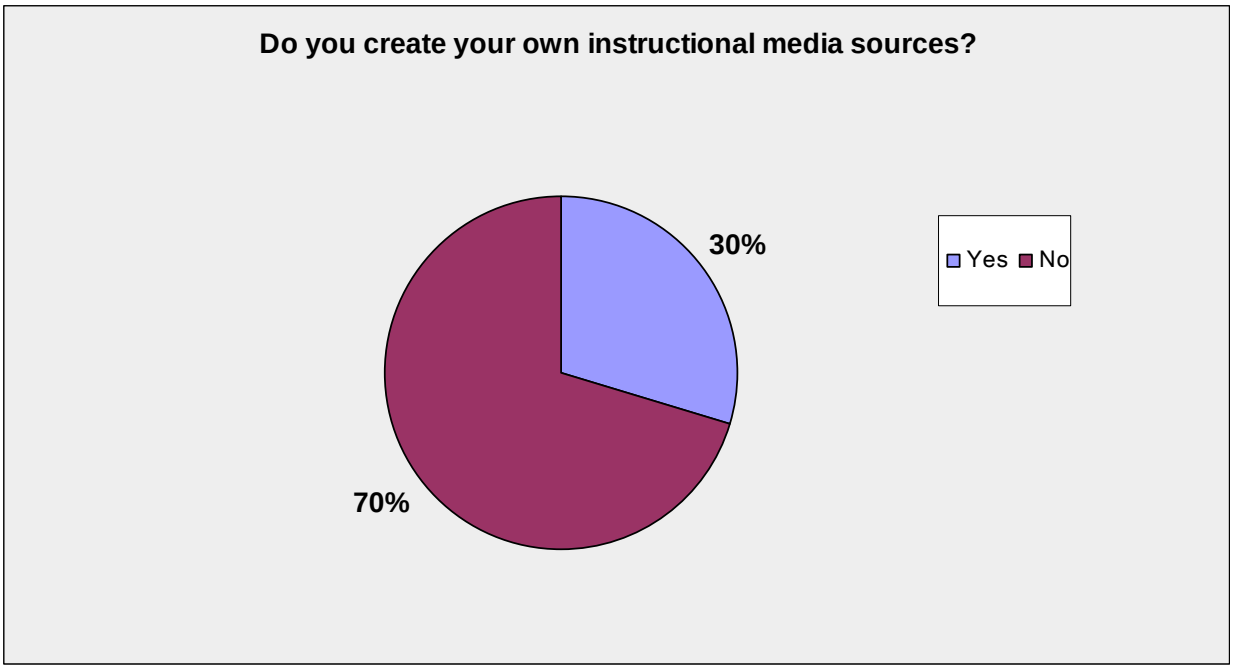


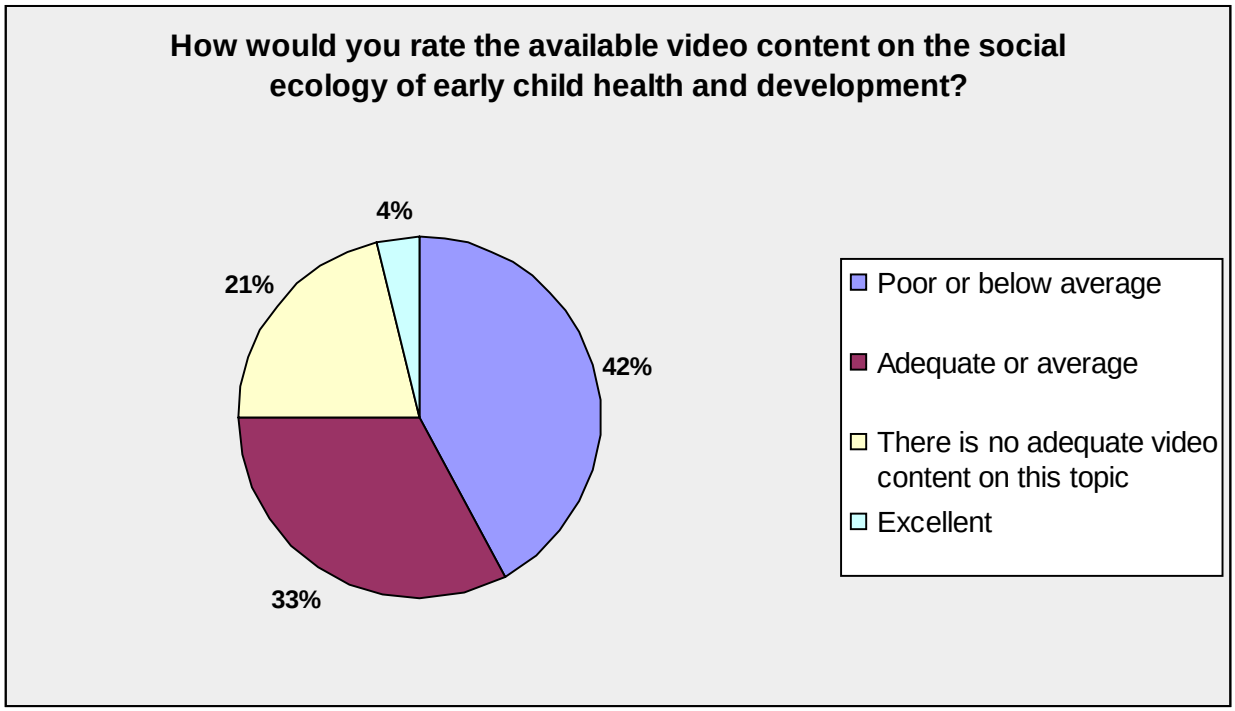


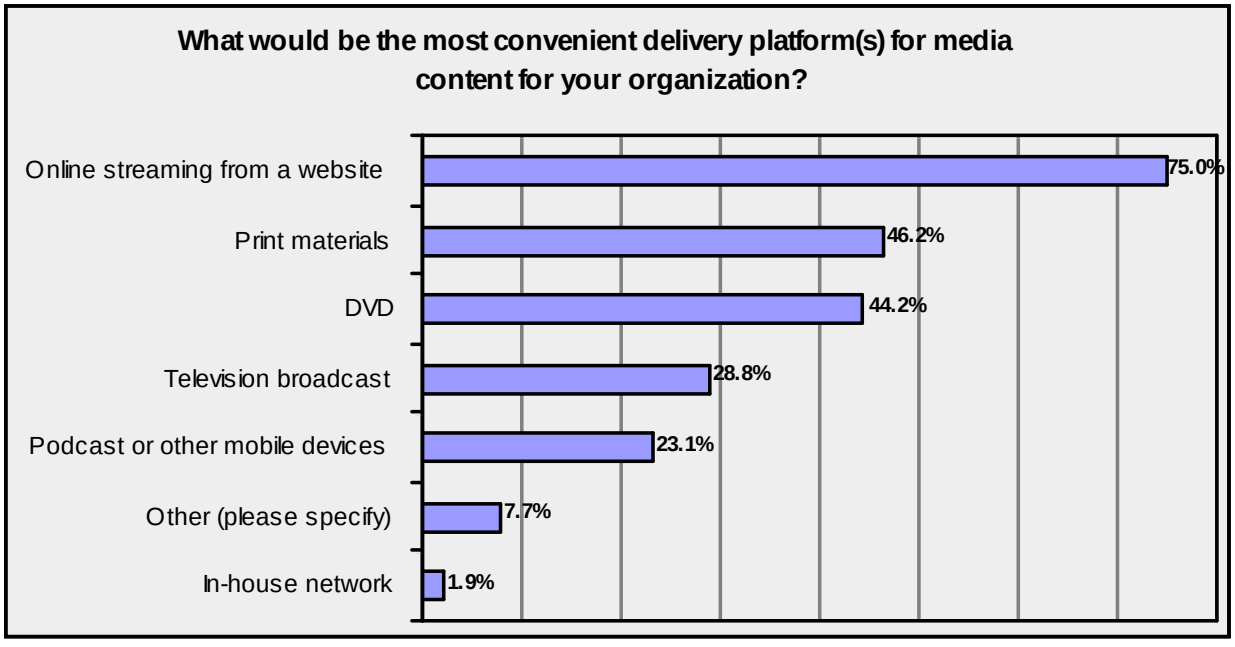


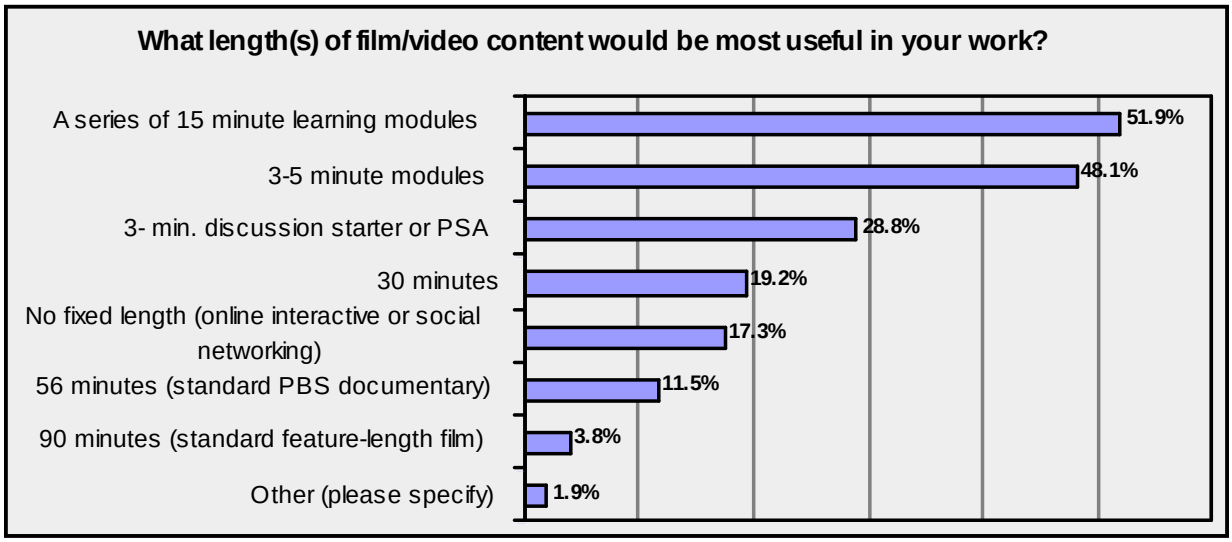
* Other reasons include: lack of time and resources to produce video, working to develop in this area, organization is too small, not convinced it is the most effective medium for their audience.

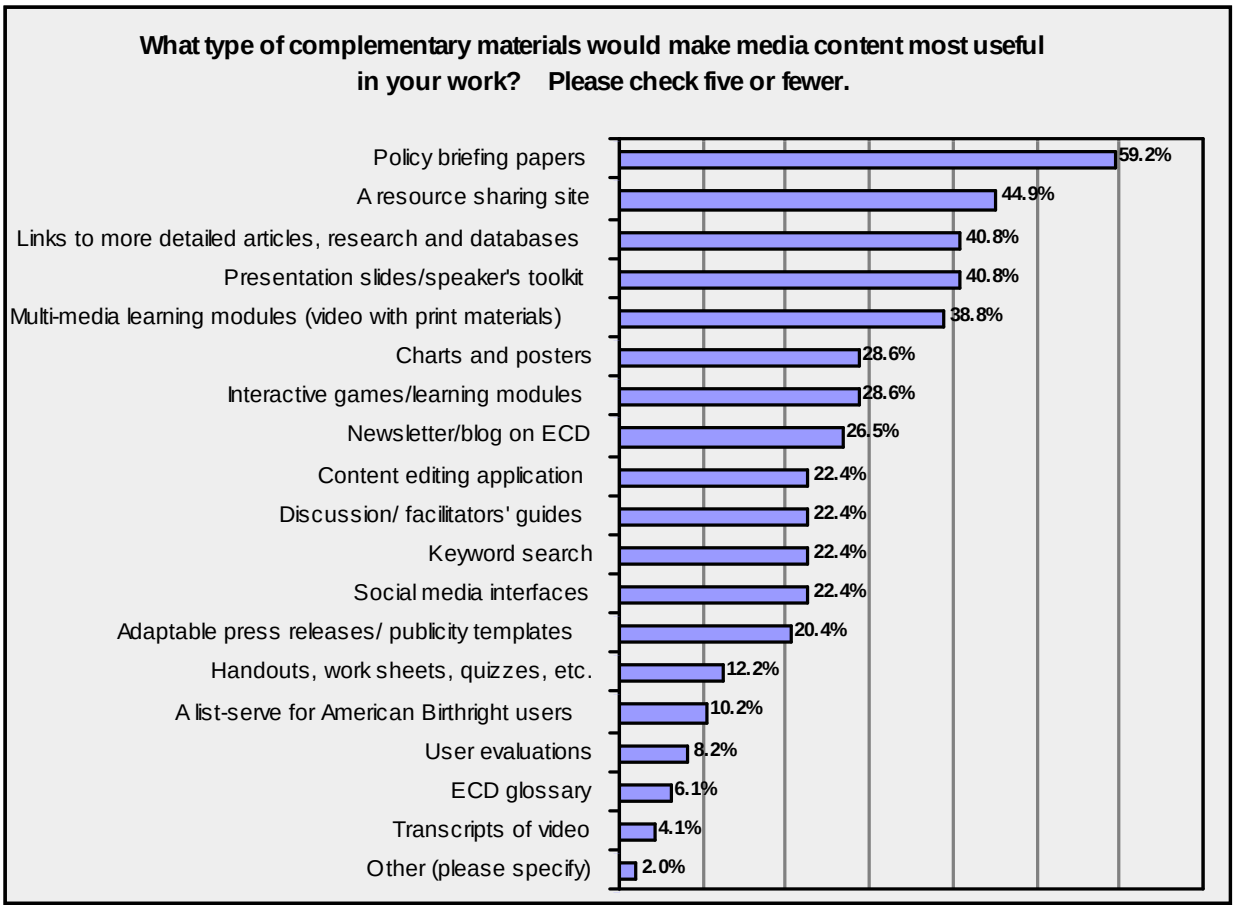

If you use video, in what context do you use it most frequently?
Conference Presentations
57.7%
Public education and awareness
51.9%
Public advocacy
44.2%
Face-to-face staff training/ professional development
38.5%
Online staff training/ professional development
21.2%
Continuing education
19.2%
Community organizing
19.2%
Direct Client Services and Education
17.3%
Secondary and post-secondary teaching
13.5%
Other (please specify)
11.5%
Education/Training: Distance learning
9.6%
Research: Families
9.6%
Research: Early child health and development
7.7%
Research: Health systems/services
3.8%
Research: Social or systemic change
3.8%
Accreditation/ professional licensing course
1.9%
Vocational training
0.0%

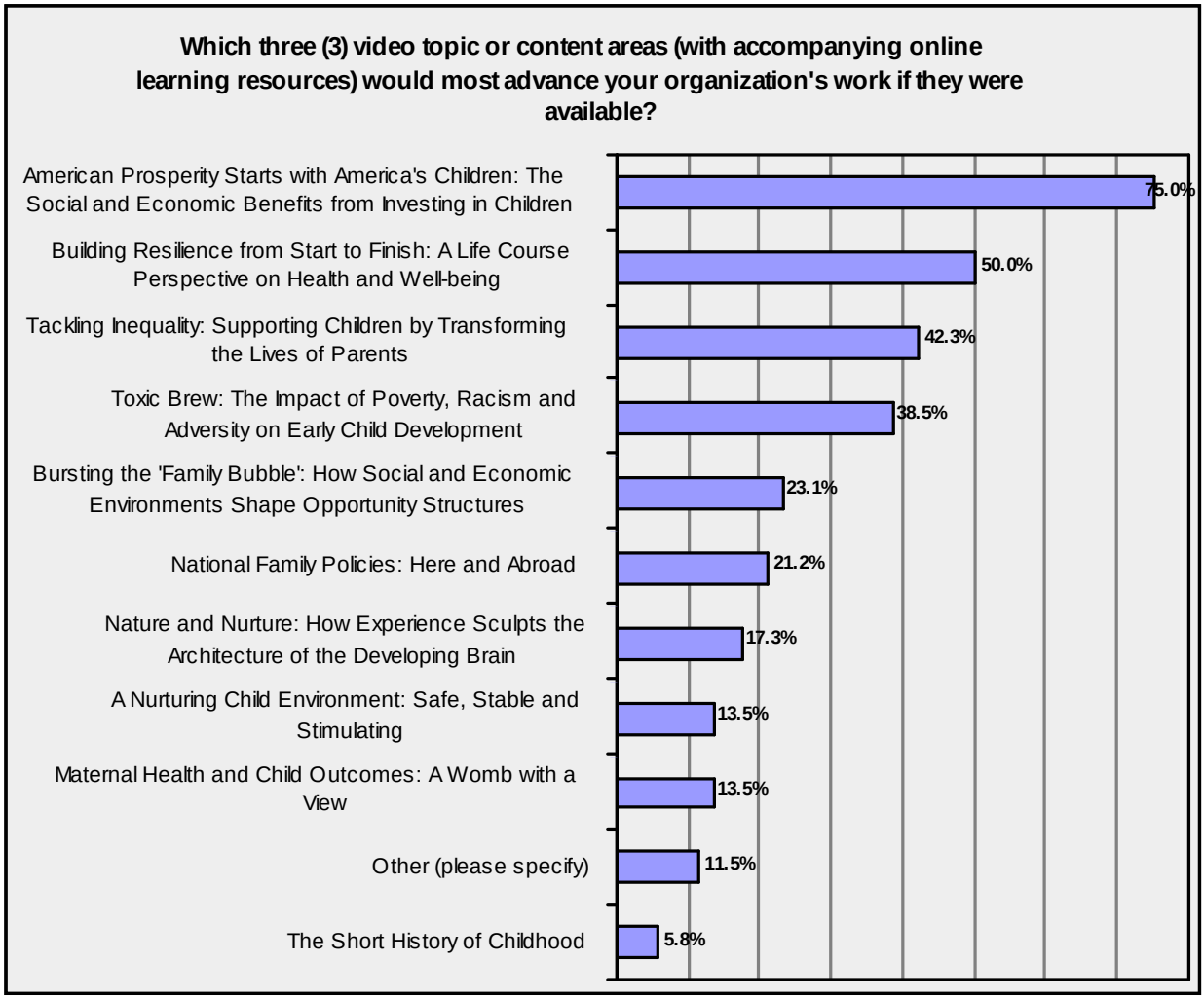

Do you create your own instructional media sources?
30%
70%
Yes
No

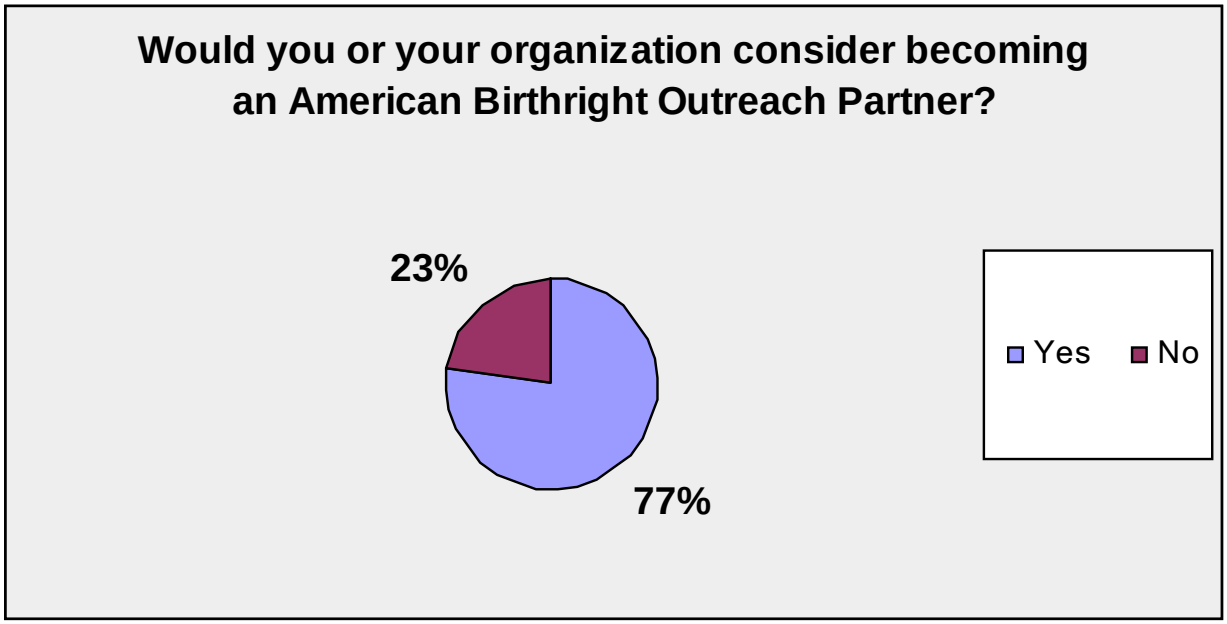

How would you rate the available video content on the social ecology of early child health and development?
4%
21%
42%
33%
Poor or below average
Adequate or average
There is no adequate video content on this topic
Excellent


What would be the most convenient delivery platform(s) for media content for your organization?
Online streaming from a website
75.0%
Print materials
46.2%
DVD
44.2%
Television broadcast
28.8%
Podcast or other mobile devices
23.1%
Other (please specify)
7.7%
In-house network
1.9%


What length(s) of film/video content would be most useful in your work?
A series of 15 minute learning modules
51.9%
3-5 minute modules
48.1%
3- min. discussion starter or PSA
28.8%
30 minutes
19.2%
No fixed length (online interactive or social networking)
17.3%
56 minutes (standard PBS documentary)
11.5%
90 minutes (standard feature-length film)
3.8%
Other (please specify)
1.9%


What type of complementary materials would make media content most useful in your work? Please check five or fewer.
Policy briefing papers
59.2%
A resource sharing site
44.9%
Links to more detailed articles, research and databases
40.8%
Presentation slides/speaker's toolkit
40.8%
Multi-media learning modules (video with print materials)
38.8%
Charts and posters
28.6%
Interactive games/learning modules
28.6%
Newsletter/blog on ECD
26.5%
Content editing application
22.4%
Discussion/ facilitators' guides
22.4%
Keyword search
22.4%
Social media interfaces
22.4%
Adaptable press releases/ publicity templates
20.4%
Handouts, work sheets, quizzes, etc.
12.2%
A list-serve for American Birthright users
10.2%
User evaluations
8.2%
ECD glossary
6.1%
Transcripts of video
4.1%
Other (please specify)
2.0%


Which three (3) video topic or content areas (with accompanying online learning resources) would most advance your organization's work if they were available?
American Prosperity Starts with America's Children: The Social and Economic Benefits from Investing in Children
75.0%
Building Resilience from Start to Finish: A Life Course Perspective on Health and Well-being
50.0%
Tackling Inequality: Supporting Children by Transforming the Lives of Parents
42.3%
Toxic Brew: The Impact of Poverty, Racism and Adversity on Early Child Development
38.5%
Bursting the 'Family Bubble': How Social and Economic Environments Shape Opportunity Structures
23.1%
National Family Policies: Here and Abroad
21.2%
Nature and Nurture: How Experience Sculpts the Architecture of the Developing Brain
17.3%
A Nurturing Child Environment: Safe, Stable and Stimulating
13.5%
Maternal Health and Child Outcomes: A Womb with a View
13.5%
Other (please specify)
11.5%
The Short History of Childhood
5.8%


Would you or your organization consider becoming an American Birthright Outreach Partner?
23%
77%
Yes
No

[1] There are too many studies and publications to list since the appearance of *From Neurons to Neighborhoods* (National Research Council and Institute of Medicine (2000), *From Neurons to Neighborhoods: The Science of Early Childhood Development.* Jack P. Shonkoff and Deborah A. Phillips, eds. Washington, DC: National Academy Press). Some starting places to become acquainted with the literature which we found are the bibliographies posted at:

The Center for the Developing Child
http://developingchild.harvard.edu/index.php/resources/articles_and_books/

The National Scientific Council for the Developing Child
http://developingchild.harvard.edu/index.php/activities/council/publications/

Child Trends
http://www.childtrends.org/_listALL.cfm?LID=E5CE5353-B063-4C40-A251C53170262124

The Birth to Five Policy Alliance
http://www.childtrends.org/_listALL.cfm?LID=E5CE5353-B063-4C40-A251C53170262124

See also the bibliographies of the following review articles and reports:

Early Child Development: A Powerful Equalizer. Final Report for the WHO Commission on the Social Determinants of Health: http://whqlibdoc.who.int/hq/2007/a91213.pdf

Sheldon Cohen et al's chapter in *The Biology of Disadvantage*, Childhood Socioeconomic Status and Adult Health: http://onlinelibrary.wiley.com/doi/10.1111/j.1749-6632.2009.05334.x/full

Fraser Mustard et al's *The Children's Study-2* for The Council for Early Child Development: http://www.founders.net/fn/news.nsf/24157c30539cee20852566360044448c/5e0d29958d2d7d04852572ab005ad6a6!OpenDocument

Neal Halfon et al's Why Social Determinants? in *Healthcare Quarterly*, 14(Sp) 8-20: http://www.longwoods.com/content/21979

[2] Shonkoff, Jack P., Bales, Susan Nall. (January/February 2011). Science Does Not Speak for Itself: Translating Child Development Research for the Public and Its Policymakers. *Child Development*. Volume 82, Issue 1, P17–32. Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/j.1467-8624.2010.01538.x/full

[3]UNICEF. (2010). The Children Left Behind: A league table of inequality in child well-being in the world's rich countries', *Innocenti Report Card 9*. UNICEF Innocenti Research Centre, Florence. Retrieved from: http://www.unicef-irc.org/publications/pdf/rc9_eng.pdf

[4] DeNavas-Walt, C., Proctor, B., & Smith, J. (2010). U.S. Census Bureau, Current Population Reports, P60-238, *Income, Poverty, and Health Insurance Coverage in the United States: 2009*, U.S. Government Printing Office: Washington, DC,

[5] Chau, M., Thampi, K. & Wight, V. (2009). Basic Facts about Low-income Children, 2009: Children Under Age Three [Fact sheet]. Retrieved from: http://www.nccp.org/publications/pub_971.html

[6] Evans, G., Brooks-Gunn, J., & Kato Klebanov, P. (Winter 2011) "Stressing Out the Poor: Chronic Physiological Stress and the Income Achievement Gap, *Pathways*. Retrieved from http://www.stanford.edu/group/scspi/_media/pdf/pathways/winter_2011/PathwaysWinter11_Evans.pdf

[7] Berkeley Media Studies Group. (May 2009). *What Surrounds Us Shapes Us: Making the Case for Environmental Change.* Retrieved from http://www.bmsg.org/pdfs/Talking_Upstream.pdf

[8] Shonkoff, Jack P., Boyce, Thomas W., McEwen, Bruce S. (June 3, 2009) Neuroscience, Molecular Biology, and the Childhood Roots of Health Disparities: Building a New Framework for Health Promotion and Disease Prevention. *JAMA.* 301(21):2252-2259. Retrieved from http://cds.unc.edu/CCHD/S2011/03-14/Shonkoff%20Boyce%20McEwen.pdf

[9] Cohen, Sheldon, Janicki-Deverts, Denise, Chen, Edith, Matthews, Karen A (February 2010) Childhood Socioeconomic Status and Adult Health, Special Issue: *The Biology of Disadvantage.* Acad. Sci. 1186 37-55. Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/j.1749-6632.2009.05334.x/full

[10] Halfon, Neal, Larson, Kandyce and Ross, Shirley. (Oct. 2010), Why Social Determinants? *Healthcare Quarterly*, 14(Sp) 8-20. Retrieved from http://www.longwoods.com/content/21979

[11] Irwin, Lori, Saddiqi, Arjuman, Hertzman, Clyde. (2007) Early Child Development: A Powerful Equalizer. Final Report for the Commission on the Social Determinants of Health. World Health Organization: Geneva. Retrieved from http://whqlibdoc.who.int/hq/2007/a91213.pdf

[12] McCain, Margaret Noriee, Mustard, J. Fraser and Shaker, Stuart (March 2007). *The Early Years Study 2: Putting Science Into Action*. Pp185. The Council on Early Child Development: Toronto. Retrieved from http://www.founders.net/fn/news.nsf/24157c30539cee20852566360044448c/5e0d29958d2d7d04852572ab005ad6a6!OpenDocument

[13] Evans, Gary W. and Wachs, Theodore D., eds. (2009) *Chaos and Its Influence on Children's Development: An Ecological Perspective*. American Psychological Association: Washington, DC

[14] Adelman, Larry (Executive Producer). (2008). *Unnatural Causes: Is Inequality Making Us Sick?* [Video]. San Francisco: California Newsreel

[15] Evans, Gary W. and Kim, Pilyoung (2010) Multiple Risk Exposure as a Potential Explanatory Mechanism for the Socioeconomic Status–Health Gradient. Special Issue: *The Biology of Disadvantage.* Acad. Sci. 1186 (2010) 174–189. Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/nyas.2010.1186.issue-1/issuetoc

[16] Slopen, N., Lewis, T.T., Gruenewald, T.L., Mujahid, M.S., Ryff, C.D, Albert, M.A., Williams, D.R. (2010) Early Life Adversity and Inflammation in African Americans and Whites in the Midlife in the United States Survey" *Psychosomatic Medicine* 72:694–701. Retrieved from http://aging.wisc.edu/pdfs/2493.pdf

[17] National Center for Education Statistics. (2009). *The Nation's Report Card: Reading 2009* (NCES 2010–458). [Electronic version]. Institute of Education Sciences, U.S. Department of Education, Washington, D.C.

[18] CIA World Fact Book (2011). *Country Comparison: Life expectancy at birth* [Graph]. Retrieved from https://www.cia.gov/library/publications/the-world-factbook/rankorder/2102rank.html

[19] Centers for Medicare and Medicaid Services. (2011). *National Health Expenditures 2009 Highlights* [Fact sheet]. Retrieved from: http://www.cms.gov/NationalHealthExpendData/02_NationalHealthAccountsHistorical.asp#TopOfPage

[20] Bartik, T.J. (January 2008). *The Economic Development Effects of Early Childhood Programs*. Retrieved from http://www.partnershipforsuccess.org/docs/researchproject_bartik_200802_paper.pdf

[21] DeVol, Ross & Bedroussian**,** Armen. (October 2007). *An Unhealthy America: The Economic Burden of Chronic Disease -- Charting a New Course to Save Lives and Increase Productivity and Economic Growth*. Retrieved from http://www.milkeninstitute.org/publications/publications.taf?function=detail&ID=38801018&cat=ResRep

[22] International Centre for Prison Studies. (2010). *Entire world - Prison Population Totals*. [Data table]. Retrieved from King's College London website: http://www.kcl.ac.uk/depsta/law/research/icps/worldbrief/wpb_stats.php?area=all&category=wb_poptotal

[23] Mission: Readiness: Military Leaders for Kids. (2010). *Too Fat to Fight: Retired Military Leaders Want Junk Food Out of America's Schools*. Retrieved from: http://cdn.missionreadiness.org/MR_Too_Fat_to_Fight-1.pdf

[24]Heckman, J. (2008). The Case for Investing in Disadvantaged Young Children. *Big Ideas for Children: Investing in Our Nation's Future*. 49-58. Retrieved from http://www.ocfcpacourts.us/assets/files/table-304/file-170.pdf

[25] Grunewald, R. & Rolnick, A.J. (2010). An Early Childhood Investment with a High Public Return. *The Regional Economist*. Retrieved from http://www.stlouisfed.org/publications/pub_assets/pdf/re/2010/c/childhood_education.pdf

[26] Bales, S. N. (2008). "The Framing of Early Child Development and Education: Lessons from Communications Research". In A. R. Tarlov and M. P. Debbink (Eds.), *Investing in Early Child Development: Evidence to Support A Movement for Educational Change* (215-235). New York, NY: Palgrave Macmillan.

[27] Manuel, Tiffany. (April 2009). Refining the Core Story of Early Childhood Development: The Effects of Science and Health Frames. Washington, DC: FrameWorks Institute. Retrieved from http://www.Frameworksinstitute.org/assets/files/ECD/refiningthecorestoryofecd.pdf

Talking Early Child Development and Exploring the Consequences of Frame Choices: A FrameWorks Message Memo (2005), Washington, DC: Retrieved from http://www.Frameworksinstitute.org/assets/files/ECD/ecd_message_memo.pdf

Axel Aubrun and Joseph Grady. (March 2002). Promoting School Readiness and Early Child Development: Findings from Cognitive Elicitations. Washington, DC: FrameWorks Institute. Retrieved from http://www.Frameworksinstitute.org/assets/files/ECD/school_readiness_and_ecd.pdf

[28] UNICEF. (2010). The Children Left Behind: A league table of inequality in child well-being in the world's rich countries', *Innocenti Report Card 9*. UNICEF Innocenti Research Centre, Florence. Retrieved from: http://www.unicef-irc.org/publications/pdf/rc9_eng.pdf

[29] Dorfman, L., Wallack L. (2008). Provoking Thought, Changing Talk: Putting it into Practice. [Electronic Version]. *You Can Get There from Here…*. Portland, OR: Portland State University

[30] *Op cit***,** FrameWorks Institute

[32] Amy Fine and Milton Kotelchuck provide a particularly insightful look at the challenges of translating life-course theory into a model for change. Fine, A. & Kotelchuck, M. (November, 2010). *Rethinking MCH: The Life Course Model as an Organizing Framework*. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved from http://www.hrsa.gov/ourstories/mchb75th/images/rethinkingmch.pdf

[33] *Ibid*

[34] powell, j.a. (2009). Post-racialism or Targeted Universalism? *86 Denver University Law Review 1.* Retrieved from: http://4909e99d35cada63e7f757471b7243be73e53e14.gripelements.com/publications/post-racialism_or_targeted_universalism_powell_feb2009.pdf