

**THE PROJECT ON STATE-LEVEL CHILD
OUTCOMES**

**Building Common Definitions and
Moving Toward Common Constructs**

**The First National Level Meeting of the Planning Phase
of the Project on State-Level Child Outcomes**

**November 6-7, 1996
Washington, DC**

**Meeting Summary Prepared by
Child Trends, Inc.
January 6, 1997**

Project Overview: *The U.S. Department of Health and Human Services' Office of Planning, Research, and Evaluation at the Administration for Children and Families (ACF), and Office of the Assistant Secretary for Planning and Evaluation (ASPE) are working together with states and other groups to improve the measurement of child outcomes in state welfare evaluations and in other state data systems. ACF is providing grants to states instituting welfare reform demonstrations to augment their demonstration evaluations with measures of child outcomes and also to expand their data capability to track state-level indicators of child well-being on an ongoing basis. Under funding from ASPE and the other federal contributors and private foundations, the states are receiving technical support on these activities from leading researchers who are members of the NICHD Family and Child Well-Being Research Network. The Network's technical support effort is led by Child Trends, Inc.*

The project has two phases. The first phase is a one-year planning and design phase which began October 1, 1996. The second phase will be an implementation phase for data collection, analysis, and reporting activities that will begin in the fall of 1997. Twelve states participated in the first phase: California, Connecticut, Florida, Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, Oregon, Vermont, and Virginia.

This report summarizes a meeting on building common definitions and moving toward common constructs of child well-being and family processes. This meeting was the first in a series of national-level meetings of the planning phase of the Project on State-Level Child Outcomes.

The project is sponsored by ACF and ASPE. Additional federal funding to support this project has been provided by the *U.S. Department of Agriculture*, the *National Institute of Child Health and Human Development (NICHD)*, and the *Centers for Disease Control*. Several private foundations have contributed funding to support the organization of national level meetings, the provision of technical assistance to the states, and the preparation and dissemination of written products. These include: the *Annie E. Casey Foundation*, the *Edna McConnell Clark Foundation*, the *George Gund Foundation*, and the *Smith Richardson Foundation*.

The following individuals have been involved in multiple aspects of this project:

Administration for Children and Families

Howard Rolston
Alan Yaffe

Office of the Assistant Secretary for
Planning and Evaluation
Martha Moorehouse
Ann Segal

Child Trends, Inc.

Christopher Botsko
Brett Brown
M. Robin Dion
Tawanda Greer
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Sharon McGroder
Suzanne Miller
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Erin Oldham
Martha Zaslow

NICHD Family and Child Well-Being
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Jeanne Brooks-Gunn
Natasha Cabrera
Greg Duncan
V. Jeffrey Evans
Kristin Moore

National Center for Children in Poverty
Lawrence Aber
Barbara Blum

PROJECT ON STATE-LEVEL CHILD OUTCOMES: INITIAL MEETING

Wyndham Bristol Hotel
2430 Pennsylvania Avenue, N.W.
Washington, D.C. 20037
Ph: (202) 955-6400 / Fax: (202) 775-8489

Wednesday, November 6, 1996

9:30-10:00 SIGN-IN

10:00 INTRODUCTION: SETTING COMMON GROUND

Welcome and Introduction of Attendees -- Kristin Moore (Child Trends, Inc.); Howard Rolston (Director, Office of Planning, Research, and Evaluation; Administration for Children and Families; U.S. DHHS); Martha Moorehouse (Office of the Assistant Secretary for Planning and Evaluation, U.S. DHHS)

10:45 OVERVIEW: BUILDING COMMON DEFINITIONS -- Martha Moorehouse

I. Indicators: Aggregate Measures of Child Well-being Over Time

-- Speaker: Kristin Moore

- What are "indicators"?
- Purpose of indicators: What you can do, what you can't do
- Criteria of good indicators
- Examples of indicators at the federal and state levels
- Discussion

II. Child Impacts: Do Welfare Programs Affect Children?

-- Speaker: Martha Zaslow, Child Trends, Inc.

- What are "child impacts"?
- Purpose of child impacts: What you can do, what you can't do
- What aspects of child well-being may be affected by welfare programs?
- Discussion

III. Intervening Mechanisms through Which Welfare Programs May Affect Children

-- Speaker: Sharon M. McGroder, Child Trends, Inc.

- What is meant by "intervening mechanisms"?
- Through what mechanisms might welfare programs affect child well-being?
- Why are intervening mechanisms important to study?
- Discussion

12:10 WRAP-UP -- Kristin Moore

12:15 LUNCH (will be provided)

Wednesday, November 6, 1996 (cont.)

1:00 STATE PRESENTATIONS

-- Introduction by Moderator -- Kristin Moore

1:15-2:15 I. Session I -- Child Impacts from Administrative Data

-- Moderator: Jeff Evans, NICHD

-- Presenters:

J. Oshi Ruelas (Research Analyst, California Department of Social Services)

Dave Gruenenfelder (Manager, Evaluation Section of the Illinois Department of Public Aid)

Chuck Brandenburg (Indiana Family and Social Services Administration)

Discussion

2:15-3:15 II. Session II -- Child Impacts from Surveys and Child Assessments

-- Moderator: Martha Zaslow

-- Presenters:

Don Winstead (Welfare Reform Administrator, Florida Department of Health and Rehabilitative Services)

Bob Lovell (Director of Program Evaluation, Michigan Family Independence Agency)

Jackie Martin (Supervisor, Bureau of Welfare Reform, Ohio Department of Human Services)

Discussion

3:15-3:30 <BREAK>

3:30-4:30 III. Session III -- Intervening Mechanisms (from Administrative or Survey Data)

-- Moderator: Sharon McGroder

-- Presenters:

Deb Bingaman (Federal Welfare Reform Coordinator, Iowa Department of Human Services)

Mark Heuschkel (Planning Analyst, Connecticut Department of Social Services)

Chuck Johnson (MFIP Project Director, Minnesota Department of Human Services)

Discussion

4:30-5:30 IV. Session IV -- Child Indicators

-- Moderator: Kristin Moore

-- Presenters:

Marge Reinhart (Quality Assurance Manager, Oregon Department of Human Resources)

Cheryl Mitchell (Deputy Secretary, Vermont Agency of Human Services)

Carol Baron (VIP Evaluation Manager, Virginia Department of Human Services)

Discussion

Wednesday, November 6, 1996 (cont.)

5:30 SUMMARY

Greetings and Introduction of Barbara Blum -- Olivia Golden, Acting Assistant Secretary for Children and Families, U.S. DHHS

Summary Remarks -- Barbara Blum, Outgoing President, Foundation for Child Development

Greetings and Closing Remarks -- Ann Rosewater, Deputy Assistant Secretary for Human Services Policy, Office of the Assistant Secretary for Planning and Evaluation, U.S. DHHS

6:00 RECEPTION AND CONTINUING DISCUSSION

Thursday, November 7, 1996

8:00 CONTINENTAL BREAKFAST

8:30 WELCOME BACK -- Kristin Moore

8:45-10:15 CHILD IMPACTS, INTERVENING MECHANISMS, AND CHILD WELL-BEING INDICATORS: DATA COLLECTION OPTIONS -- Moderator: Martha Moorehouse

I. A Menu of Possible Designs, and Trade-offs -- Presenters: Suzanne Miller, Christopher Botsko, Robin Dion, and Erin Oldham, Child Trends, Inc.

- Administrative records (linked to research sample)
- Phone surveys
- Teacher surveys
- In-home surveys
- Direct child assessments
- Self-administered questionnaires ("SAQ")
- In-home observations
- Video demonstration of selected data collection strategies

II. Example of an Impact Design: The JOBS Evaluation -- Presenter: Suzanne Miller

III. Examples of State-level Indicators Design -- Presenter: Kristin Moore

IV. Summary -- Kristin Moore

V. Introduction to Morning Working Session to be Convened After Break -- Kristin Moore

10:15-10:30 <BREAK>

Thursday, November 7, 1996 (cont.)

10:30-12:45 WORKING SESSION: MOVING TOWARD COMMON CONSTRUCTS

Group I: CA, CT, MI, VA

-- Group I. Facilitators: Greg Duncan, Sharon McGroder, Robin Dion

-- Group I. Spokesperson: A designated representative from a state

Group II: IL, IA, OH, OR

-- Group II. Facilitators: Larry Aber, Martha Zaslow, Erin Oldham

-- Group II. Spokesperson: A designated representative from a state

Group III: FL, IN, MN, VT

-- Group III. Facilitators: Kristin Moore, and Suzanne Miller, Christopher Botsko

-- Group III. Spokesperson: A designated representative from a state

Topics that each group will discuss, and general time frame:

10:30-11:30 Child Impacts

- o Which child outcomes may be affected by state policies? How would this vary by age group?
- o Data sources for child outcomes to measure child impacts
- o Thoughts on possible core child outcomes to be measured by all states

11:30-12:00 Intervening Mechanisms

- o What are some of the mechanisms through which your state's demonstration may impact children?
- o Thoughts on possible core intervening mechanisms to be measured by all states

12:00-12:45 Child Indicators

- o How can indicators be used to track child well-being?
- o What sources of indicator data are available for your state?
- o Thoughts on possible core child well-being indicators to be measured by all states

12:45 - 1:30 LUNCH (will be provided)

1:30-2:45 WORKING GROUPS REPORT TO FULL GROUP -- Moderator: Larry Aber

Group I (CA, CT, MI, VA) Spokesperson

Group II (IL, IA, OH, OR) Spokesperson

Group III (FL, IN, MN, VT) Spokesperson

Summary Comments -- Larry Aber

2:45 NEXT STEPS -- Kristin Moore

3:00 ADJOURN

SUMMARY OF WEDNESDAY NOVEMBER 6 PRESENTATIONS

OVERVIEW: BUILDING COMMON DEFINITIONS

Representatives of twelve states and their 1115 waiver evaluation teams met in Washington, DC. They were welcomed by Howard Rolston of the Administration for Children and Families (ACF), who emphasized the importance of the opportunity to add child impact studies into states' ongoing evaluations. Noting uncertainty among states regarding their ability to sustain their current evaluations, Dr. Rolston described an announcement that had been sent to all states. The government will make about \$7.5 million available annually for evaluations among the states. Martha Moorehouse, representing the Office of the Assistant Secretary for Planning and Evaluation (ASPE), also reflected ASPE's interest in making children a focus of the discussion from the outset. Dr. Moorehouse noted the government's interest not only in experimental child impact studies but in developing state-level indicators of child well-being.

The meeting began with a session designed to establish a common vocabulary across the state evaluation teams.

I. Indicators: Aggregate Measures of Child Well-being Over Time

An **indicator** was defined as "a measure of a behavior or a condition or status that can be tracked over time, across people, and/or across geographic units." Economic indicators such as the unemployment rate are used regularly. Numerous child well-being indicators are tracked at the national level, such as the teen birth rate, the child immunization rate, and the dropout rate; but fewer indicators are available at the state level. Indicators can appropriately be used to track well-being trends. However, since well-being is determined by many factors, care is warranted if indicators are used to assess accountability (e.g., to hold state public health officials solely responsible for trends in adolescent childbearing). Indicator data cannot show causality. A good system of indicators will assess a broad array of measures of child well-being across the childhood years.

II. Child Impacts: Do Welfare Programs Affect Children?

Impacts were defined as measures of the effects of a policy or program. Impacts are measured in the context of evaluation research, examining the implications of a policy or program by contrasting outcomes for those exposed to the program or policy with those not exposed to it. By contrast with indicators, impacts do not pertain to a whole population, for example of a county, state, or country. Instead, they are specific to the kinds of families included in the program evaluation. Programs may have differential effects on such aspects of child well-being as cognitive development, health, adjustment, and social competence. As a result, when studying program impacts on child well-being, it is important to consider including measures of development in all these domains. An incorrect distinction that is sometimes made between impacts and indicators concerns the level of complexity or detail of the measure of child well-

being. It is not correct that an indicator involves a superficial or brief measure, while an impact involves a more detailed measure of child well-being. Rather the key distinction between indicators and impacts involves the type of sample they are drawn from. A direct assessment of a child's cognitive development could serve as an indicator if it were collected for every child in a population (or a representative sample of that population). The same measure could serve as an impact measure if it were used as part of a program evaluation, contrasting the development of children who had and had not been exposed to a particular program. In the same way, a brief marker of child well-being, such as the number of children receiving an inoculation, could serve as either an indicator or an impact measure, depending on the sample it was collected from. Indicator and impact measures can complement each other, providing state policy makers with a more comprehensive view of how children are faring.

A discussion arose at the meeting concerning whether impacts must be studied in the context of evaluation studies involving experimental designs. Experimental designs, or designs in which research participants are randomly assigned to be exposed to the program or policy or not, have the important strength of permitting causal conclusions. In such research approaches, because selection into the program is randomly assigned, differences in outcomes can be attributed to the experience of the particular program rather than to initial characteristics of the families. The states represented at the meeting all have ongoing studies of the economic impacts of their welfare waiver policies involving experimental designs, to which further measures of child well-being could be added. It was noted that this is an unusual opportunity to study program impacts on child well-being in a rigorous way. However, there are other research designs, albeit allowing weaker causal conclusions, in which child outcomes can be studied that do not involve random assignment. One state representative noted, for example, the instance in which there may be reluctance to prevent the exposure of families in a control group to a program or policy that already has a known and positive track record. Nevertheless, incorporating child impact modules into an experimental framework provides a unique opportunity to expand our knowledge base regarding the impact of varied welfare reform strategies on children.

III. Intervening Mechanisms Through Which Welfare Programs May Affect Children

Intervening mechanisms were defined as “ways in which welfare programs may have impacts on children.” It is important to note two key features of intervening mechanisms: (a) they are *affected by* welfare programs (whether or not they are explicitly targeted for change by the program), and, in turn, (b) they *can affect* child well-being. Five possible intervening mechanisms were discussed, though there are certainly likely to be more: (1) household and/or family income, (2) maternal education, (3) maternal psychological well-being, (4) parenting and the home environment, and (5) child care. It is important to study intervening mechanisms to understand *why* observed child impacts came about, as well as to examine possible reasons why child impacts did *not* come about. If there were no impacts of the welfare program on children, it may have been because the program: (i) did not activate any intervening mechanism through which a child can be affected, (ii) did activate intervening mechanisms, but the changes were not

of a sufficient magnitude to lead to changes in child well-being, or (iii) activated multiple intervening mechanisms, with the effects of some mechanisms being offset or counterbalanced by the effects of other mechanisms. A fourth important possibility, raised by an evaluator in the audience, relates to the timing of measurement: data collection on child well-being and/or intervening mechanisms did not take place at a time when changes in these variables were likely to have occurred. In sum, with an understanding of how child impacts did or did not occur, program developers can modify welfare programs in the future to “tip the balance” towards components and supportive services likely to result in positive outcomes for children and families.

STATE PRESENTATIONS

Each state was requested to make a 15-minute presentation that briefly described the policy initiatives undertaken under the 1115 waiver, the current waiver demonstration evaluations in process, the questions they hope to answer about the impact of waiver provisions on participants, and plans to collect data on indicators of children’s well-being. State representatives were also asked to discuss their state's plans for the enhanced evaluation with an emphasis on one of four areas: measuring child impacts using administrative data; measuring child impacts using surveys and assessments; measuring intervening mechanisms using administrative or survey data; and measuring indicators of child well-being. Representatives were also asked to describe the questions that their states hope to answer about the impact of waiver provisions on children of participants and their goals for the planning phase of the Project on State-Level Child Outcomes.

I. Session I: Child Impacts from Administrative Data

Although the three states who presented information in this first session identified numerous areas in which they were currently using or planning data collection strategies, they were asked to focus on opportunities for obtaining information on child impacts from administrative records. In particular, these states were asked to discuss plans for integrating data bases from multiple sources, and plans to have information from those data bases linked to their research samples.

1. J. Oshi Ruelas (Research Analyst, California Department of Social Services)

J. Oshi Ruelas described California’s existing demonstrations and plans to enhance them. Currently, California has two welfare demonstration projects being carried out statewide: the California Work Pays demonstration project, and the Cal-Learn Demonstration project. The California Work Pays demonstration involves work incentives, while Cal-Learn is directed toward pregnant and parenting teens on welfare and aims at increasing the graduation rate. Current data collection efforts involve both administrative and survey data, including a prospective survey of high risk adolescents, beginning in late 1996. However, Ruelas was asked to focus on the administrative data collection effort. California plans to expand their current

effort to further integrate their already well-linked state administrative records, and to link these records to survey information obtained from their study samples in their ongoing evaluation of Cal-Learn. Administrative data for both evaluations include records from: AFDC, Food Stamps, Medi-Cal, child care, ancillary services, transportation, birth records, and wage data. California is considering enhancing its data collection on children, both through expanding its use of administrative records and through further survey waves. Ruelas presented a detailed overhead showing both hypothesized intervening mechanisms and outcomes for children and families differentiated by child age.

2. Dave Gruenenfelder (Manager, Evaluation Section of the Illinois Department of Public Aid)

Dave Gruenenfelder described his state's attempts to increase self-sufficiency among welfare recipients by focusing on time limits, the family cap and job search requirements within Illinois' waiver (Work and Responsibility Demonstration). Illinois' waiver was approved in September of 1995 and the evaluation is underway, although the third party evaluator has not yet been selected. With regard to children, Illinois has a particular interest in how variables such as wages and child support monies affect children, especially with reference to family structure and stability, child abuse and neglect, health status, and school truancy.

3. Chuck Brandenburg (Indiana Family and Social Services Administration)

Chuck Brandenburg led off the discussion for Indiana, followed by Laura Nelson-Green (also from Indiana), and David Fine of Abt Associates. Indiana has implemented random assignment in each of the 92 counties in the state. They are seeking to measure variation in implementation across the counties. Indiana has submitted their TANF state plan and will retain their experimental design. They are considering expanding the inclusion of child outcomes constructs regarding: child abuse and neglect; foster care; health insurance and immunization; academic performance; emotional adjustment; child care; family stability; and parental behaviors. While they have done a considerable amount of work with administrative data, they are also interested in considering the use of survey and observational data. With regard to administrative data, they have a considerable amount of data that has been integrated across agencies. They are in the process of creating a data warehouse and bringing together more data. They are working with a Geographic Information System (GIS) that enables them to map out concentrations of such things as lead exposure. This could be appended to other well-being indices such as concentrations of poverty or welfare receipt.

II. Session II: Child Impacts from Surveys and Child Assessments

The three states who presented their plans during this session had also discussed several data collection strategies in their proposals. Their proposals' unique strength, however, was in their plans to augment their evaluations by using surveys and assessments to measure child impacts.

1. Don Winstead (Welfare Reform Administrator, Florida Department of Health and Rehabilitative Services)

Don Winstead indicated that Florida is currently implementing a statewide overhaul of welfare which is called WAGES. WAGES is based on a mandatory version of a waiver experiment known as the Family Transition Program (FTP). Two counties implemented FTP in 1994. One county allowed recipients a choice as to whether they wanted to enroll in the program; the other county assigned recipients. The mandatory assignment version was expanded to additional counties in 1995. They are unlikely to continue the experimental study in the county involving voluntary participation. The implementation of WAGES has raised questions about what happens to the control group under the waiver. The current thinking is that the control group is likely to continue to have the requirements of the old program. The original plan for the FTP waiver called for a 42 month survey, but they are now considering doing a 24 month survey in order to get data that is relatively free from effects brought on by the transition to WAGES.

2. Bob Lovell (Director of Program Evaluation, Michigan Family Independence Agency)

Bob Lovell summarized the waiver demonstration in place in Michigan. It is a four-year experiment which began in October of 1992, and includes waivers common to many of the states. The primary intent of the demonstration is to make work pay. As part of the demonstration, each participant is required to sign a social contract. According to Lovell, the Michigan demonstration emphasizes incentives and minimizes penalties. Four sites are participating in the evaluation of the demonstration, though the policies are applied state wide (except for Kent County, which is part of the JOBS study). A telephone survey is planned for 1997, and they are working on which population to sample for the survey. At this point, work has come to a halt because there have been three years worth of results from the experiment, and they have concluded that the income disregards and work requirements are a set of policies that are superior to AFDC policies. Lovell wondered whether it is ethical to impose these AFDC policies on a control group. He also said that it is unlikely that Michigan will continue with the AFDC policies for the control group, though there is still support for random assignment. According to Lovell, there are two models that can be tested: 1) the role of the parent is essential and children benefit from the security of having a parent at home (AFDC policies); and 2) children learn respect for work and benefit from a regular household schedule when parents are working (waiver and TANF policies). The primary research question that would be supported in Michigan is to ask which of these hypotheses captures the impact of waivers or TANF on children and families.

3. Jackie Martin (Supervisor, Bureau of Welfare Reform, Ohio Department of Human Services)

Jackie Martin reported that Ohio has seven demonstrations, two of which are federal initiatives. Their initial plans included examining existing data bases to see what is available and doing some preliminary surveys looking at attitudes, beliefs, and opinions of demonstration participants, and ethnographic studies of participation. On August 23, they were ordered to put a hold on all evaluations that did not have an evaluator. This included the Ohio First demonstration, the premier program. Thus, Martin and her colleagues had to redo their list of tasks and time frames for completing these tasks and are now back at the beginning of the process. They have been working on identifying research questions and outcome measures. The first set of outcomes that Ohio was interested in examining included school, child care, Medicaid, economic outcomes, the home environment, psychological well-being, and safety. The revised set of outcomes includes: school success and attainment; school readiness; child health; the home and community; and safety. Martin outlined five questions that Ohio must address: 1) What is a good indicator of child well-being?; 2) How do we keep child well-being indicators linked to welfare reform?; 3) What are the elements, tools, or skills of effective group processes for developing these indicators, given that diverse staff need to be involved in plan development and implementation?; 4) What are effective collaboration models given that we will be working with agency staff who we have not worked with before who have different cultures, funding, regulations, jargon, and structures, which may also be changing in response to welfare reform?; 5) What are appropriate research designs to assess impacts when welfare policies, programs, and funding have changed dramatically, and welfare is likely to be a moving target for several years? These changes can affect what treatment and control groups receive, or make evaluation results based on current policies and samples irrelevant to policy making as states respond to incentives, penalties, deadlines, and other parameters of H.R. 3734.

III. Session III: Intervening Mechanisms from Administrative or Survey Data

The three states who presented their evaluation plans during this session were asked to focus on their plans to measure the intervening mechanisms through which their demonstrations may have impacts on the children of participants. In their proposals, states identified using either administrative or survey data to examine intervening mechanisms.

1. Deb Bingaman (Federal Welfare Reform Coordinator, Iowa Department of Human Services)

Iowa's waiver demonstration, the Iowa Family Investment Program (IFIP), includes an investment agreement in which individual provisions, such as time limits, are developed with a case worker. Deb Bingaman reported that Iowa now has three years of evaluation data collected between 1993 and 1996. A 3-year follow-up telephone survey with 3,000 cases is soon to happen. Bingaman noted that they are considering adding new modules to the telephone survey including measures of parenting stress, quality of child care, and quality of the home

environment. Iowa may also conduct an in-home survey and expand their administrative data linkages. Finally, the new survey would cover young children, teenage parents, and school-aged children.

2. Nancy Wiggett (Manager, Family Support, Connecticut Department of Social Services) and Mark Heuschkel (Planning Analyst, Family Support, Connecticut Department of Social Services)

Nancy Wiggett began by describing Connecticut's "Jobs First" waiver program, highlighting three key features: (1) a 21-month time limit, which covers 75% of their caseload; (2) an emphasis on labor force attachment; and (3) a disregard of earnings up to the poverty level. Emphasizing the importance of work and making work pay are the dual principles in Connecticut's waivers. (She also noted that Connecticut submitted its TANF state plan on October 1.) Mark Heuschkel then described their current waiver evaluation, which takes place in two sites: New Haven (relatively urban) and Manchester. Heuschkel noted their particular concern in finding out what happens to families who hit the time limit, as well as to families who earn their way off welfare. Connecticut is particularly interested in examining the role of parenting and child care in mediating the effects of Jobs First on children. They also suspect that children can benefit from seeing their parent(s) work rather than receive welfare, hypothesizing a "role modeling" effect. Heuschkel summarized their plans and options for enhancing their evaluation, including a longer phone survey, an in-home survey, a teacher survey, child assessments, examining effects on more than one child per family, and examining the effects of changes in family income over time. He also identified a need for help with integrating administrative records.

3. Chuck Johnson (MFIP Project Director, Minnesota Department of Human Services)

The goals of Minnesota's Family Investment Program (MFIP) are to reduce dependence as well as reduce poverty. Key elements of this program, which is currently being implemented in seven counties, include: (1) a disregard of earnings up to 140% of the poverty level; (2) a mandate to move into work within two years (but no time limit); and (3) extensive case management. The MFIP evaluation contains two experimental groups. The first experimental group receives all MFIP services, while the second group is subject only to the income policies (i.e., increased disregard and cashed out food stamps, but no time-triggered work mandate and no extensive case management). An issue they are particularly interested in is consumption patterns; they hypothesize that patterns may change as a result of increased available economic resources to the family. Minnesota has already planned a 35-minute survey of the research sample at the three-year point and is committed to examining the impacts of MFIP on children in order to inform the decision of whether to expand MFIP statewide. They are also interested in how the results of MFIP compare with those from other states' programs.

IV. Session IV: Child Indicators

In the final state presentation session, these states were asked to discuss their plans to measure indicators of child well-being. In particular, they were asked to discuss their proposed plans to integrate existing data bases, develop profiles of child well-being indicators, and to discuss whether they will be able to present their indicators for families participating in the waiver evaluation impacts study.

1. Marge Reinhart (Quality Assurance Manager, Oregon Department of Human Resources)

Marge Reinhart presented an overview of Oregon's demonstration. Essentially, it eliminates exemptions from self-sufficiency or work-related requirements. Participation is mandatory for teen parents, and there is an education component for those under age 16. Oregon submitted its TANF state plan in October and plans to keep its waivers intact. The focus of their evaluation has been qualitative surveys. They have also expanded their indicator capacity by using the Shared Information System, an integrated data base that has a focus on workforce issues. Oregon also established the "Oregon Benchmarks" in 1991 to provide state indicators in the following categories: healthy babies; stable home life; work force adaptability; academic achievement; health practices; public safety; communicable diseases; occupational training; and access to health care. These benchmarks are used to form public policy. At the present time, Oregon is faced with working through confidentiality issues regarding linking administrative data bases.

2. Cheryl Mitchell (Deputy Secretary, Vermont Agency of Human Services)

Cheryl Mitchell laid out Vermont's current data capabilities and future goals with regard to welfare reform. Vermont's primary goals are for children to thrive, be ready to enter school and be able to succeed in later life. Vermont's waiver, approved in July of 1994, applies to the entire state and combines time limits as well as various incentives for families to become self-sufficient, such as modifications of the earned income disregard and eliminating the 100-hour rule. Currently, Vermont collects "benchmark" type data at the state and community level. They hope to be able to use these data on an individual level within the waiver evaluation. Therefore, Vermont is especially interested in learning more about linking administrative data systems. Areas in which Vermont has already invested time and resources and has a continued interest are the following: economically stable and secure families; basic health and safety of children; unhurried time with responsive adults; and access to quality child care programs.

3. Carol Baron (VIP Evaluation Manager, Virginia Department of Human Services)

Virginia has only relatively recently received approval of their waivers to conduct the "Virginia Independence Program," (VIP) which is currently implemented in two areas of the state and is anticipated to go statewide by 1999. They do not yet have an outside third-party

evaluator, but Carol Baron has been overseeing the collection and analysis of evaluation data since receiving waiver approval in June 1995. While they are committed to evaluating VIP, Baron noted that top Virginia policy makers are also interested in moving quickly to implement and evaluate TANF. Indeed, these policy makers were meeting soon after Baron's return to Richmond to discuss policy and evaluation options. Consequently, while Baron outlined a proposed enhancement of their evaluation with measures of child well-being, she suspected that the moving target of policy changes may alter their current general plans.

SUMMARY REMARKS: Barbara Blum, Outgoing President, Foundation for Child Development

Barbara Blum was warmly introduced by Olivia Golden, Acting Assistant Secretary for Children and Families. In her remarks, Blum pointed out that the well-being of children in welfare families has been neglected by policy makers and the research community for too long. Thus, the child impact studies that are being planned by the states are essential. The Project on State-Level Child Outcomes initiative will provide an opportunity for the states to test hypotheses that have been discussed but never proved or disproved. Blum also stressed that the real opportunity is for states to learn more about the effects of changes being implemented in the states on the children whose parents are participating. Blum noted that the enhanced evaluations of the waivers include child relevant variables that can greatly improve our knowledge about children at risk. Using multiple research strategies, including surveys, administrative records, and observations, will provide the most reliable findings. Blum also emphasized the importance of using administrative data to create cross-agency data archives that will provide timely and important information on trends in children's well-being.

In her review of the states' enhanced evaluation plans, Blum said that she was struck by how few states planned to include measures of parents' physical and psychological well-being, given its importance to functioning well in the workplace or with one's children. Blum also noted that most states did not include measures of the neighborhood domain in their evaluation plans. Finally, Blum noted that states will face several challenges. First, they will need to ensure that their data are accurate while operating in a volatile environment. Second, causality will be difficult to establish in many cases. Blum also stressed that we must all be sensitive to the responsibilities that come with the states' studies. The results of their work will be weakened if multiple definitions are used, if protocols are nonconforming, and if the benefits of various methodologies are not considered. State contexts need to be discussed and compared and consistent instruments need to be used whenever possible to measure change. In conclusion, Blum said that collaboration between the states will greatly enhance a field in which projects too often work in isolation. She also expressed her hope that each state produces work so promising that public and private foundation funds will be "irresistibly forthcoming."

After Blum's talk, Ann Rosewater, Deputy Assistant Secretary for Human Services Policy, shared her thoughts with the group. She emphasized the importance placed in ASPE in learning how welfare reform affects children.

SUMMARY OF THURSDAY NOVEMBER 7 PRESENTATIONS

CHILD IMPACTS, INTERVENING MECHANISMS, AND CHILD WELL-BEING INDICATORS: DATA COLLECTION OPTIONS

I. A Menu of Possible Designs and Trade-Offs

General information was presented about the advantages and trade-offs of several data collection strategies in order to inform decisions about choosing particular strategies. Seven data collection options were described: administrative records; telephone surveys; teacher surveys; in-home surveys; direct child assessments; self-administered questionnaires; and in-home observational studies. The options are summarized in Table 1 below by categorizing them with regard to cost, the richness of the child data (the level of detail that is available), and the breadth of child data (the number of different constructs that can be measured). In sum, there is not a single best data collection strategy. Ideally, combining strategies is the preferred approach, although this is not always feasible. A video was shown illustrating the use of an in-home survey, some in-home observational techniques, and some direct child assessments.

Table 1

Type of Data Collection	Cost	Richness of Child Data	Breadth of Child Data
Administrative Records	Low-High	Low-High	Low-High
Telephone Surveys	Low	Medium	Medium
Teacher Surveys	Low	Medium	Medium
In-Home Surveys	Medium	High	High
Direct Child Assessments	Medium	High	Low
Self-Administered Questionnaires	Low	Medium	High
In-Home Observational Studies	High	High	Medium

II. Example of an Impact Design: The JOBS Evaluation

The purpose of this talk was to describe the JOBS Child Outcomes Study that Child Trends is conducting under subcontract to the Manpower Demonstration Research Corporation

(MDRC) in order to illustrate the factors that influenced the selection of data collection strategies in this study. Funding for the study comes from the U.S. Department of Health and Human Services, the U.S. Department of Education, the Foundation for Child Development, an anonymous funder, and the William T. Grant Foundation.

The 1988 Family Support Act legislation recommended a random assignment evaluation of the JOBS Program to test its effectiveness, and this evaluation is currently being conducted by MDRC. Due to the fact that JOBS departs from earlier welfare-to-work programs by mandating the participation of parents whose children are as young as three years of age, a special substudy of these parents and their preschool-aged children is being conducted within the larger JOBS Evaluation by Child Trends in order to examine outcomes for young children.

When Child Trends designed the Child Outcomes Study, there were three primary goals: to examine whether the JOBS program affects the well-being and development of children in families receiving AFDC; to go beyond examining the overall impacts of the JOBS program on children to examine impacts among subgroups defined according to baseline characteristics (that is, characteristics before enrollment); and to examine the intervening mechanisms through which the JOBS program may affect the well-being of children. Using a longitudinal design enables the research team to examine baseline subgroups and the role of intervening mechanisms, and to examine the short and longer-term impacts of mother's mandated participation in both the human capital development approach and labor force attachment approach on children.

The first consideration in selecting measures of child impacts and intervening mechanisms was whether program impacts on a particular area of child well-being might be expected, and whether the mechanism might represent an important conduit by which the JOBS mandate might translate into an impact on the development of children. A second important consideration was the need to focus on multiple domains of children's development: cognitive attainment and academic achievement; physical health and safety; social development; and child adjustment and behavior problems. A third consideration was the age of the child. Next was the importance of collecting data from multiple sources, including the respondents, the children, the interviewers, and the children's teachers, to obtain a complete picture of development in each domain. In sum, in selecting data collection approaches for this study, the research team's starting point was an articulation of the goals for this study. They then weighed the trade-offs of cost and respondent burden with the advantages of obtaining detailed and broad child data, to select from the menu of data collection options the best strategies to measure impacts and intervening mechanisms.

III. Examples of State-level Indicators Design

Although the stock of state-level indicators of child well-being is quite thin, a number of sources exist for states interested in constructing such measures. Data are available from the Census every decade, while vital statistics information on births and deaths are available annually. The Current Population Survey provides state-level information for the largest states

only. Although data can be aggregated for several years to produce estimates for the smaller states; even then, the range of child well-being measures is limited. The American Community Survey being developed at the Census Bureau will provide information at the state and local levels; though the content does not focus much on children at present, the survey can provide a sampling frame for more focused surveys. The Youth Risk Behavior Surveillance System provides information on risk behaviors such as substance use, sex, exercise, and injury for adolescents in grades 9 through 12. However, not all states participate, and the samples are not always representative of the state population. The Behavioral Risk Factor Surveillance System is a telephone survey conducted among adults. It is fielded in all fifty states and is state-representative. These surveillance surveys are conducted by the Centers for Disease Control and Prevention. The National Immunization Survey screens over 800,000 households to produce representative state-level samples of at least 400 children aged 18-39 months of age, and represents a promising sampling frame for additional child well-being modules. The New Federalism Survey being developed by Child Trends and The Urban Institute will produce state-level information on income, health, and child well-being for thirteen states and the nation as a whole in 1997; it will be repeated two to three years later. None of these surveys is longitudinal, yet they provide a strong beginning point for furthering the understanding of child well-being at the state level.

WORKING SESSION: MOVING TOWARD COMMON CONSTRUCTS

Attendees broke up into smaller groups to address several questions concerning intervening mechanisms, child impacts, and child indicators. First, states were asked to consider some of the mechanisms through which their demonstrations may impact children. States were then asked to consider which child outcomes may be affected by state policies, and how this would vary by age group. States were also asked for their thoughts on possible core intervening mechanisms and child outcomes that can be measured by all states. Finally, states considered how indicators can be used to track child well-being and to consider possible core child well-being indicators that can be measured by all states.

I. Group 1: CA, CT, MI, VA

Greg Duncan began the session for Group 1 by describing the approach taken by researchers on the New Hope project, a welfare intervention in Milwaukee. The researchers were interested in effects on both family processes and child outcomes, but reasoned that any effects on child outcomes would take longer to come about than effects on family processes. Thus, they designed the evaluation to include a 20 month data collection point where family processes were measured, and a later 60 month point which was focused primarily on child outcomes. Duncan encouraged the group to think about the welfare programs in their states, and to consider what changes may be likely to occur as a result of implementation.

Questions

State representatives began the discussion by brainstorming research questions. The point was made that states tend to first consider effects that will cost them more money in the long run, such as referrals to foster care, child protective services, juvenile delinquency, and increases in injuries, accidents, and emergency room visits. However, states were also interested in knowing how a program might lead to such outcomes. For example, they noted interest in such questions as: *Does pressure for the mother to go to work lead to problems in interaction between the mother and her child? Does stress on top of an already stressed family lead to more referrals? Do changes in time use lead to changes in mother-child interaction? Do changes in behavior modeling lead to changes in mother-child interaction?*

Other research questions related to whether there may be effects on family formation, structure, and family stability due to the family cap, mandated participation in work, or other welfare policy changes such as the elimination of deprivation requirements and the 100-hour rule. Further questions related to delinquency and parental incarceration/institutionalization for child-only cases, truancy of school-age children, and the use of food banks and shelters. Finally, states were interested in knowing about expenditure-related changes, such as costs for medical needs, a working vehicle, toys and educational materials, food, clothing and housing.

Intervening Mechanisms

The group agreed that important intervening mechanisms were often those thought to be associated with employment or education changes: income, child care, parental socialization, community involvement, level of personal responsibility, and role modeling. Other areas the group was interested in measuring included changes in child support (not always captured through income questions), domestic violence, and the amount/quality of father involvement. Additional intervening mechanisms the group identified were: stress (time stress, money stress, psychological stress), the family's position in the community (i.e., social capital), depression, self-efficacy, self-esteem, and interactions of child care with other mechanisms. Finally, states suggested measuring family and residential stability, parental school involvement, parenting and mother-child interaction, mother's attitude toward work, and use of health services such as prenatal care.

Child Outcomes

Regardless of whether they are ultimately measured as impacts or indicators, the group felt it was important to measure child outcomes in the following three domains:

Health/Physical Development/Safety: Use of prenatal care, medical care, child abuse and neglect, low birth weight, accidents, injuries, mortality, reason receiving SSI, drug/alcohol use, Apgar scores, suicide rate, immunization rates, birth outcomes, and hunger and food sufficiency.

Cognitive/Achievement outcomes: Graduation rates, GED rates, reading at grade level, repeating grades, school achievement, referrals to Special Education.

Social/Emotional Development: Two areas of development were identified in this domain: behavior problems and positive social behavior. *Behavior Problems/Risk behavior* included Juvenile Justice involvement, teen pregnancy, drug/alcohol/tobacco use, truancy, and gang membership. *Pro-Social Behavior* included child's involvement in community activities and institutions (e.g., Scouts).

II. Group 2: IL, IA, OH, OR

Larry Aber opened the discussion by asking everyone to introduce themselves. The structure of the meeting was to have the representatives from the states bring up questions about welfare policies that will be important to their states, then to brainstorm intervening mechanisms and child outcomes that would be important to measure in relation to the specific question.

Questions

Many of the representatives from the states were interested in the effects of time limits on families. Specifically, *what happens to the families after the time limits?* Representatives from the states were also interested in the effects of the pressure to work on families with regard to AFDC (TANF) work requirements and with regard to food stamp work requirements. *How would this pressure to work positively and/or negatively affect the children in these families?* Another work-related interest was that of child care. *What are the effects of child care availability on job placement?* Marge Reinhart from Oregon was specifically interested in the impacts of progressive disqualification (or progressive sanctions) on the families. It was noted that time limits and sanctions were an ongoing process with different phases in many of the states. *What are the differential effects of various levels of sanctioning on the families?* Marge Reinhart was also interested in the effects of the "multi-agency staffing model" on families and their children. *Do "multi-agency" support services intended to connect clients up with services they may need assist families once their case is closed?*

Representatives from the states also brought up issues concerning eligibility requirements (especially with respect to immigrants) for Social Security Insurance, Medicaid and food stamps. *What affects will new eligibility requirements have on the use of services, the use of alternative services (will there be a substitution of different services for welfare) and on the families themselves?* Jackie Martin, from Ohio, was interested in the effects of the changes in child support legislation on children. *What are the negative and/or positive impacts of new child support regulations on children?*

Finally, representatives from the states were interested in who selects into the new welfare policies. *Will certain groups be discouraged from entering the "welfare office" while other groups will be more motivated to come into the system?* The group was also interested in knowing who thrives on the new policies and who does not. *Are certain subgroups of people more likely to benefit from the changes in welfare policies?*

Intervening Mechanisms

The group was asked to list intervening mechanisms that would be important to measure with regard to the previously listed questions. With regard to time limits, the pressure to work, sanctions, the “multi-agency” services, and child care services, the group decided on the following: income (amount and stability of), employment, change in living arrangements, change in attitude towards responsibility, family stress, unhurried time, supervision of child, self-care by children, child care (type, quality, hours, stability), number of births, involvement with other social service agencies, and family functioning. With regard to new eligibility requirements and child support regulations, the group decided on the following: income (amount and stability of), living arrangements, use of alternative welfare programs, out-migration, access to medical care and father involvement. Finally, with regard to who will be on welfare in the future, the group decided on the following: demographics, perseverance of parent, organization of household, depression, social support, parenting, family violence, public perception of new welfare office, and local and regional conditions.

Child Outcomes

The group was asked to brain storm child outcome constructs that they would want to measure according to the age of the child in question. As we listed the child outcomes, we found that most of them applied to all age group except for a number pertaining to infants or adolescents. The group came up with a sizable list: health, infant mortality, hunger status, safety, child abuse and neglect, child depression, behavior problems, child self-esteem, child homicide, child suicide, teenage drug violations, risk behaviors, teen pregnancy, school dropout, school attendance, school readiness, school performance, premature employment, child’s attitudes about work, sibling relations, need for special services, and institutionalization.

Consensus on the Most Important Intervening Mechanisms and Child Outcomes

The group came to **consensus** on the most important intervening mechanisms and child outcomes:

Intervening mechanisms: employment, income, living arrangements, quality/stability of child care, teen child bearing, mental/emotional status of parent, school attendance, use of services, and access to health services.

Child outcomes: school readiness, school performance, health (including nutrition, height, weight), safety (including child abuse and neglect), juvenile delinquency, social skills, teen pregnancy and mental health (including attachment to parent).

III. Group 3: FL, IN, MN, VT

Kristin Moore, the group’s moderator, opened the session by asking state representatives and evaluators to introduce themselves and to describe questions that their states have about how their demonstrations will affect children and their parents.

Questions

The effects of instability on children was discussed extensively. This topic came up in the context of the child's living situation with the idea that changes in welfare policy might lead to children being passed around when the custodial parent hits the time limit. There was an interest in answering the questions: *How will penalties affect custodial arrangements and kinship care? Will parents find that the relative they relied upon for child care is now subject to a work requirement?* This led to a general discussion of instability. Everyone thought it would be useful to know how changes in policy affect instability in areas such as income, child care, schooling, living arrangements and family structure. It was noted that there is evidence that even when instability is in a presumably positive direction (e.g., change to a better school or neighborhood), if there is a great deal of change it may still cause problems.

Child care also received considerable attention. There was concern over how policy changes would affect the supply of both informal care (as caretakers come under work requirements) and formal care. Quality was a concern, but there were doubts about the feasibility of getting good data on child care quality.

There was a discussion about the implications of different sources of income. The arguments for changing the system presume money from work is better than money from welfare. Individuals may end up with similar income levels but be getting them in different forms (food stamp cash outs, work vs. welfare). The question is: *do different sources matter and, if so, how?*

The concept of role models motivated much of the policy discussion. The group discussed what is meant by the concept and how it could be measured. The concept of routines was suggested as one way of measuring what is meant by role modeling. *The questions are whether changes in policy produce families with more structured routines and whether more structured routines produce better child outcomes.*

There was a discussion of males in the families of program participants. One of the questions is whether male partners are putting up obstacles to work or are being helpful. This led to a discussion of whether policies will increase the number of two-parent families across subgroups. *The assumption is that marriage is good, but is it good for everybody? What if it is a high conflict marriage? If there is an increased presence of males, who may or may not be relatives or husbands, how will this affect children?*

Another topic that came up was the issue of social isolation. This was raised in regard to women in rural communities and abuse cases. *Will work requirements reduce social isolation? Will abusers respond to the reduction in social isolation by escalating their level of violence?*

Other issues that were seen as important were changes in mothers' psychological well-being. This included forms of well-being such as depression, however the bulk of the discussion was devoted to self-esteem and similar concepts. There was a discussion about the usefulness of

measuring self-esteem, a preference for something more like self-efficacy and real concern over the political problems states face when they try to deal with such measures of subjective well-being as self-esteem. There may be other things that state policy makers are more likely to support measuring such as work orientation. Interest would arise because of concern about children. The question is: *how do policy changes affect recipients' psychological well-being and how does this in turn affect the child?*

Intervening Mechanisms

The bulk of the discussion centered around intervening mechanisms. The states were also very interested in exploring intervening mechanisms that had known links to important child outcomes.

Among the intervening mechanisms that were derived from the questions were: sources of income (work, welfare, child support etc.); residential changes; school changes; changes in child care arrangements; type of child care; family routines; social isolation; father involvement; presence of male partner; mother's depression; mother's self-efficacy; and mother's work orientation.

Child Outcomes

The outcomes of concern for younger children focused on safety and health. These include: lead exposure; immunizations; school readiness; physical health; housing; the neighborhood environment; nutrition and hunger; child abuse and neglect; and developmental milestones.

For school-age children one of the critical issues is school attendance. Other outcomes of special interest to policy makers include aggression, violence, sexual behavior, school discipline problems and drug, alcohol, and tobacco use. Mental health problems were also mentioned. The key reason that these outcomes are important is that policy makers know that these types of problems have clear cut costs and must be addressed at some point.

Indicators

The two indicators which states felt they most needed at a more local level and with less lag in reporting time are child poverty and health insurance. Other topics of interest included getting more information on the working poor and information on food stamp recipients. Other indicators that were mentioned were: child abuse and neglect; access to transportation; school attendance; out of wedlock births; access to child care; child care capacity; licensing of child care; food consumption; expenditures on such things as food and housing; and sources of income including income from child support, work, and public programs.

WORKING GROUPS REPORT TO FULL GROUP SESSION

Larry Aber served as a moderator for this session in which representatives from each working group reported back to the full group.

I. Themes Across Groups:

Aber pulled out several themes that were common to the individual groups:

- There is a value in having program and research people working together to develop a list of constructs for measuring impacts and intervening mechanisms and a list of key indicators.
- The groups were explicit about how they thought policy changes might affect intervening mechanisms. However, how policy changes might affect child outcomes was seen as more distal.
- We need to consider the effects of welfare reform on children and families as a process, with the possibility that effects will vary over time, as different phases of programs come into play (e.g., the time regulated aspect of changes).
- We will want to measure some things at some stages and other things at other stages in the process of welfare reform.
- There is a clear convergence in child outcomes that people want to assess. However, what is possible to assess? What is important to assess? There seemed to be even more convergence regarding intervening mechanisms.
- We also need to acknowledge that it is difficult to use all of the data collection strategies that one would like.

State representatives and evaluators shared the child well-being constructs, and intervening mechanisms and policy questions developed in the group discussion sessions. Outcomes and intervening measures constructs are summarized in Tables 2 and 3.

The group adjourned, planning to meet again in Washington, DC February 27-28.

TABLE 2: CHILD OUTCOME CONSTRUCT AREAS PROPOSED IN SMALL GROUP DISCUSSIONS FOR IMPACT OR INDICATORS PROJECTS

Health/Physical Development	Cognitive/ Achievement	Social/Emotional Development
Use of prenatal care	Graduation rates	<i>Juvenile Justice involvement/ Juvenile delinquency</i>
Medical care	GED rates	<i>Teen pregnancy</i>
<i>Child abuse & neglect/placements outside of the home</i>	Reading at grade level	<i>Sexual behavior</i>
Low birth weight	Repeating grades	Abortion
Accidents	<i>School: readiness attendance achievement completion performance expulsion dropout</i>	<i>Drug/alcohol/ tobacco use</i>
Injuries		Aggression
Mortality		Violence
Reason receiving SSI	Referrals to special education	Truancy
Apgar Scores	Child's need for special services	School discipline
Suicide rate		Gang membership
Immunization rates		Institutionalization
Birth Outcomes		Child homicide
<i>Hunger</i>		Behavior problems
<i>Food sufficiency/consumption</i>		Community activities
<i>Nutrition</i>		<i>Depression/ Mental health problems</i>
ER Visits		Anxiety
Foster Care		Confidence
Child Health		Self-esteem
Neonatal Outcomes		Social skills
Infant Mortality		Utilization of after school programs
Child suicide		Extracurricular activities
Safety		Child's attitude about work
Immunizations/Immunization rate		Sibling relations
Lead exposure		
Developmental milestones		

NOTE: Italics indicate agreement across the three discussion groups

NOTE: Only one group categorized the constructs in terms of developmental domains. The categories are used here to simplify understanding and provide a framework. This categorization is flexible and states may choose to group constructs differently.

TABLE 3: INTERVENING MECHANISMS PROPOSED IN SMALL GROUP DISCUSSIONS

Child Care	Father Involvement	Physical Environment	Mother's Psychological Well-being	Income	Stability	Responsible Parenting	Social Support	Demographic, Economic Factors	Changes in Mother's Personal & Inter-personal Attitudes & Skills	Stress	Other
Quality Capacity Type Licensing Access Changing nature Non-traditional work hours	Child support Amount of father involvement Paternity Quality	Housing/Housing quality Neighborhood environment Number of moves	Self efficacy Self-esteem Domestic violence/abusive relationships Depression	Level Predictability Stability Child Support Sources of income Type of income Employment	<i>Family structure</i> <i>Family living arrangements</i> Income Schooling Child care Residential stability	Parenting practices Parental school involvement Regular routines Mother-child interaction Role modeling Parent's ability to mobilize resources Parental monitoring	Extended families & resources Parental support Kinship networks	Marital status Education Number of subsequent births	Mother's attitude/preference for work Work orientation Problem solving skills Parental socialization Level of personal responsibility	Time (amount or quality vs. hurried time) Financial Psychological Family	Use of other welfare programs/changes in SSI Use of health services Access to medical care Births to teen moms Child support enforcement Household organization Local and regional conditions Public perception/cultural issues about welfare Child health

NOTE: There was consensus across the 3 groups that each of the domains listed in column headings are important to measure. Italics indicate agreement across the three discussion groups

PROJECT ON STATE LEVEL CHILD OUTCOMES

November 6 & 7, 1996

Meeting Attendees (as of Nov. 5)

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