



Studies in the News for



Children and Families Commission

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Introduction to Studies in the News

Studies in the News: Children and Family Supplement is a service provided to the First 5 California Children and Families Commission by the California State Library. The service features weekly lists of current articles focusing on Children and Family policy. Prior lists can be viewed from the California State Library's Web site at <http://www.library.ca.gov/sitn/ccfc/>.

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- When available on the Internet, the URL for the full-text of each item is provided.
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- All other interested individuals should contact their local library - the items may be available there, or may be borrowed by your local library on your behalf.

The following studies are currently on hand:

IMPROVED CHILD DEVELOPMENT

The Abbott Preschool Program: A 10-Year Progress Report. By Danielle Farrie and Jenna Weber. (Education Law Center, Newark, New Jersey) August 2010. 23 p.

Full text at:

http://www.edlawcenter.org/ELCPublic/elcnews_100805_PreschoolReport.pdf

[This report “examines the state of universal preschool programs in the 31 poor, urban districts formerly known as Abbotts. The report examines trends in overall enrollment and enrollment by age and explores the diversity of preschool providers. The School

Funding Reform Act (SFRA) revised the method for calculating the estimated eligible preschool population in NJ. The report finds the new calculation systematically undercounts that population by as many as 6,000 children. ‘As a result of this modification, many districts may scale back recruitment and facilities planning under the false pretense that they are adequately reaching their eligible students,’ said Dr. Danielle Farrie, ELC Research Director and the report's author. The report also finds that enrollment of 3-year-olds lags behind that of 4-year-olds, despite research demonstrating the academic advantage of two years of preschool. The ‘10-Year Progress Report’ makes a series of recommendations, including a revision of the methodology used to estimate the preschool universe, outreach to increase enrollment (especially of 3-year-olds), and a thorough assessment by both the NJ Department of Education and individual school districts of barriers preventing them from achieving universal enrollment. ‘New Jersey's Abbott Preschool Program is rightly seen as a national model,’ Dr. Farrie said. ‘However, the State needs to renew its commitment to early childhood education and continue working towards the goal of universal enrollment of all 3- and 4-year-olds.’” Education Law Center, press release (August 5, 2010.)]

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ACF-OPRE Report: A Year in Head Start: Children, Families and Programs. By Nikki Aikens and others, Mathematica Policy Research. (U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, Washington, DC) October 2010. 36 p.

Full text at:

http://www.acf.hhs.gov/programs/opre/hs/faces/reports/year_final/year_final.pdf

[“The Head Start Family and Child Experiences Survey (FACES) was first launched in 1997 as a periodic longitudinal study of program performance.... This brief profiles the 3- and 4-year-old Head Start children and families who were newly enrolled in the program in fall 2006... and are still attending in spring 2007. The first section of the report provides background on the study methodology and sample. The next offers information on the children’s characteristics, family demographics, and home life, including language background, educational environment of the home, family routines, and socioeconomic risk status. It includes information on parent involvement in Head Start and level of satisfaction with their own and their children’s Head Start experiences. The following section chronicles children’s developmental progress over the Head Start year, considering whether these outcomes vary by age, gender, race/ethnicity, or risk status. Changes in children’s skills and development during the program year reflect a range of influences, including maturation, program and family influences, and other influences in children’s lives. Presented next are the characteristics of their teachers and classrooms, including measures of observed quality. Finally, the last section examines the relationships among child, family, and classroom factors and children’s outcomes.”]

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ACF-OPRE Report: Data Tables for FACES 2006: A Year in Head Start Report. By Lara Hulse and others, Mathematica Policy Research. (U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, Washington, DC) October 2010. 197 p.

Full text at:

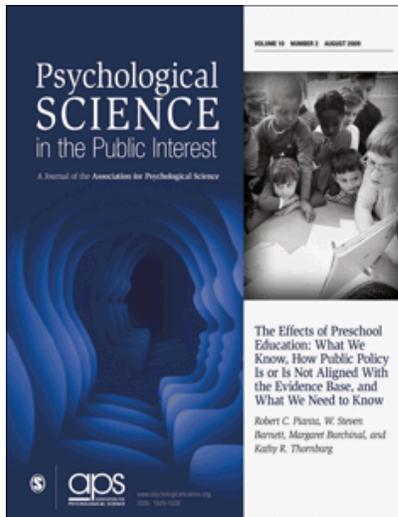
http://www.acf.hhs.gov/programs/opre/hs/faces/reports/year_data_tables/year_data_tables.pdf

[“FACES is a tool for measuring Head Start program performance at the national level. This recurring data collection provides the means to assess how the program is performing currently and over time. This set of tables is designed to accompany a research brief which profiles the 3- and 4-year old Head Start children and families who were newly enrolled in the program in fall 2006 and are still attending in spring 2007.... Following this introduction to the study methodology and sample, the tables in the first section provide information on the children’s characteristics, family demographics, and home life, including language background, educational environment of the home, family routines, and socioeconomic risk status in spring 2007. These tables also include information on parent involvement in Head Start and level of satisfaction with their own and their children’s Head Start experiences. The next sections, on cognitive and social-emotional/health outcomes in spring 2007, chronicle children’s developmental progress over the Head Start year. They examine whether these outcomes vary by age, gender, race/ethnicity, or risk status. The following section presents the characteristics of their teachers and classrooms, including measures of observed quality in spring 2007. Subsequent sections provide information on fall-spring change in family environment, child cognitive, social-emotional, and health outcomes. The next section examines the relationships among child, family, and classroom factors and children’s outcomes; the methods used for those analyses appear in advance of the tables in that section. The final section provides tables of standard deviations and standard errors.”]

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The Effects of Preschool Education: What We Know, How Public Policy Is or Is Not Aligned With the Evidence Base, and What We Need to Know. By Robert C. Pianta, University of Virginia and others. IN: Psychological Science in the Public Interest, vol. 10, no. 2 (August 2009) pp. 49-88.

Full text at: http://www.psychologicalscience.org/journals/pspi/pspi_10_2.pdf



[“Two children, both age 3, enroll in publicly funded preschool. But they may have vastly different experiences. Publicly supported preschool programs (e.g., child care centers, Head Start, and state-funded pre-kindergarten) incorporate such a wide range of basic aims, funding, program models, and staff qualifications that their potential efficacy is not being achieved. Despite this variability, numerous studies have shown that preschool improves the learning and development of young children, and that the benefits of preschool are long-lasting: Enrollment in preschool has been associated with less grade repetition, higher rates of high school graduation, and improved social behavior. Children from low-income homes in particular benefit from preschool education in comparison with their peers

from high-income homes. However, the magnitude of the benefits depends on the quality of the program: On average, due to the prevalence of low-quality preschool programs, preschool in the U.S. narrows the achievement gap by perhaps only 5% rather than the 30% to 50% that research suggests might be possible on a large scale if all preschool programs were of higher quality. Policymakers and program administrators often emphasize the importance of providing high-quality services for children. Although ‘quality’ can refer to a number of factors, research indicates that the most important factor in determining quality of preschool programs may be what teachers do, and how they do it, when interacting with children. Professional development of preschool teachers may result in improved interactions with the students, which may lead to considerable skill gains in children. However, professional development can take many forms, and public funds devoted to teacher development must be used in ways that are beneficial to students and teachers (as suggested by research), not in ways that are merely convenient to professional-development providers. The authors show that to ensure that publicly funded preschool programs adequately prepare every child for school, public policy and practice need to align more closely with research on early childhood education.” Association for Psychological Science (October 14, 2010.)]

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The New Mexico PreK Evaluation: Impacts from the Fourth Year (2008-2009) of New Mexico’s State-Funded PreK Program. By Jason T. Hustedt, University of Delaware and others. (National Institute for Early Education Research, New Brunswick, New Jersey) November 2010. 28 p.

Full text at: <http://nieer.org/pdf/NewMexicoRDD1110.pdf>

[“The New Mexico PreK initiative has expanded quickly since it began in 2005. During this entire period of rapid growth, New Mexico PreK has participated in an evaluation using a methodologically rigorous design known as the regression-discontinuity approach. This fourth in a series of reports focuses on the impacts of New Mexico PreK

on children’s vocabulary, math, and literacy skills at the beginning of kindergarten. Children’s skills in these key content areas were examined in a total sample of 1,359 children from Public Education Department (PED) and Children, Youth and Families Department (CYFD) PreK sites statewide. Our results from the 2008-2009 school year are consistent with previous findings that New Mexico PreK produces positive impacts for young children that are evident at kindergarten entry. Specifically, at the beginning of kindergarten: 1. Children’s vocabulary scores increased by about 5 raw score points as a result of participating in the New Mexico PreK initiative. These gains represent an improvement of about 24% of the standard deviation for the control group and are attributable to PreK. This finding is important because our vocabulary measure is predictive of children’s later success at reading and general cognitive abilities. 2. Children’s early math scores increased by about 2 raw score points as a result of participating in the New Mexico PreK initiative. These gains represent an improvement of about 37% of the standard deviation for the control group and are attributable to PreK. This reflects greater success in important skills such as addition, subtraction, and telling time. 3. Children’s greatest gains were in the area of early literacy. Their early literacy scores increased by about 23 raw score points as a result of participating in the New Mexico PreK initiative. These gains represent an improvement of about 130% of the standard deviation for the control group and are attributable to PreK. This reflects greater knowledge in areas such as print concepts and phonological awareness. Each of these findings is both statistically significant and practically meaningful, because these are important content areas related to children’s success in kindergarten and beyond. As a result, New Mexico PreK is meeting a common objective of state prekindergarten initiatives nationally, in helping prepare young children for later school success.”]

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“Maternal Work Early in the Lives of Children and Its Distal Associations with Achievement and Behavior Problems: A Meta-Analysis.” By Rachel G. Lucas-Thompson, Macalester College and others. IN: Psychological Bulletin, Online First Publication (October 4, 2010) 28 p.

Full text at: <http://www.apa.org/pubs/journals/releases/bul-ofp-100410-lucas-thompson.pdf>

[“Another day, another study on whether women who work are jeopardizing their children's well-being. According to a review of 50 years of research on the subject, kids whose moms went back to work before the kids were 3 years old had no worse academic or behavioral problems than kids whose moms stayed home. In fact, in some instances they did better. The research, which appears in the ‘Psychological Bulletin,’ a peer-reviewed publication of the American Psychological Association, looked at 69 studies between 1960, when research on the issue started, and 2010. The researchers looked specifically at academic and behavioral outcomes.... The researchers found little evidence to suggest that mothers who work part-time or full-time have children with problems in later life. But the researchers did find two positive associations between working motherhood and well-adjusted children: kids whose mothers worked when they

were younger than 3 were later rated as higher-achieving by teachers and had fewer problems with depression and anxiety. The only small caveat was that children whose mothers worked in the very first year of their lives tended to have slightly lower formal academic scores than those whose moms didn't. However children whose mothers were employed when the child was 1 or 2 years old had higher academic scores than kids with full-time moms. Over the three years, the effects evened out." Time Magazine (October 18, 2010.)]

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IMPROVED FAMILY FUNCTIONING

Allied for Better Outcomes: Child Welfare and Early Childhood. By Kate Stapleton and others. (Center for the Study of Social Policy, Washington, DC) 2010. 21 p.

Full text at:

http://strengtheningfamilies.net/images/uploads/pdf_uploads/ALLIED_FOR_BETTER_OUTCOMES.pdf

strengthening families



["Strengthening Families is an innovative approach to child abuse and neglect prevention designed to reach millions of children and their families before any maltreatment occurs.... 'Allied for Better Outcomes: Child Welfare and Early Childhood,' presents an overview of the research and application of this approach for very young children. In this publication, authors Kate Stapleton, Jean McIntosh, and Beth Corrington, emphasize the promotion of protective factors - as well as the reduction of risk factors - to guide caseworkers and their partners in child welfare in ensuring the healthy development of young children.

These protective factors allow families to create healthy, nurturing environments that promote the positive development of children. These factors include: Parental resilience; Social connections; Knowledge of parenting and child development; Concrete support in times of need; Social and emotional competence of children." Children's Bureau Express, Child Welfare News (November 2010.)]

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Pew Inventory of State Home Visiting Programs. By the Pew Center on the States. (The Center, Washington, DC) 2010. Online tool.

Full text at:

http://www.pewcenteronthestates.org/initiatives_detail.aspx?initiativeID=61051

[“Pew Launches Tool to Help Promote States’ Home Visiting Programs for New and Expectant Families.... In 2010, the Pew Center on the States surveyed state agency leaders in an effort to inventory state home visiting programs in all 50 states and the District of Columbia. Policy makers now have - for the very first time - a much-needed account of state and national home visiting investments and program strategies. The resulting Pew Home Visiting Inventory provides state leaders, agency administrators and program directors with a state-by-state and national snapshot of home visiting programs, models and funding. This new resource will help state and federal policy makers evaluate current home visiting approaches, compare systems across states, prepare for the upcoming infusion of federal home visiting grant dollars and make informed decisions to ensure the best results for families and strongest returns to taxpayers.” Pew Center on the States (November 2, 2010.)]

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Basic Facts about Low-income Children, 2009: Children Under Age 3. By Michelle Chau and others. (National Center for Children in Poverty, New York, New York) October 2010. 8 p.

[“Children represent 25 percent of the population. Yet, they comprise 36 percent of all people in poverty. Among children, 42 percent live in low-income families and nearly one in every five live in poor families. Our very youngest children, infants and toddlers under age 3, appear to be particularly vulnerable with 46 percent living in low-income and 24 percent living in poor families. Winding up in a low-income or poor family does not happen by chance. There are significant factors related to children’s experiences with economic insecurity, such as race/ethnicity and parents’ education and employment. This fact sheet describes the demographic, socio-economic, and geographic characteristics of infants and toddlers and their parents - highlighting the important factors that appear to distinguish low-income and poor children in this age group from their less disadvantaged counterparts.”]

Children Under Age 3: http://www.nccp.org/publications/pdf/download_377.pdf

Children Under Age 6: 8 p. http://www.nccp.org/publications/pdf/text_972.pdf

Children Under Age 18: 8 p. http://www.nccp.org/publications/pdf/download_368.pdf

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Early Lessons from the Implementation of a Relationship and Marriage Skills Program for Low-Income Married Couples. By Jennifer Miller Gaubert, MDRC and others. (U.S. Department of Health and Human Services, Administration for

Children and Families, Office of Planning, Research and Evaluation, Washington, DC) September 2010. 105 p.

Full text at:

http://www.acf.hhs.gov/programs/opre/strengthen/support_hlthymarr/early_lessons/early_lessons.pdf

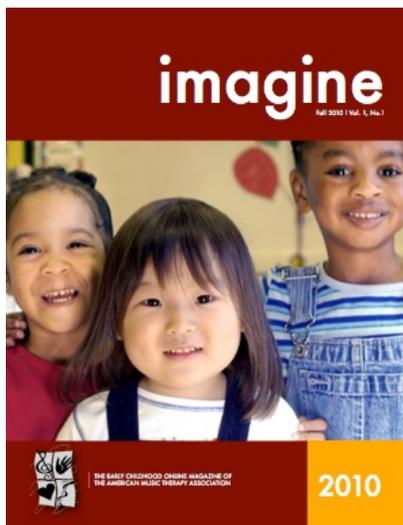
[“This report presents early implementation and operational lessons from the Supporting Healthy Marriage (SHM) evaluation. Funded by the Administration for Children and Families, SHM uses a rigorous research design to test the effectiveness of a new approach to improving outcomes for low-income children: strengthening the marriages and relationships of their parents as a foundation for family well-being. It also uses implementation research to document and assess how the organizations that were selected to be in the study are implementing the SHM model. The SHM model is for low-income married couples and includes three components: relationship and marriage education workshops that teach strategies for managing conflict and effective communication, supplemental activities that build on workshop themes and skills through educational and social events, and family support services that pair couples with specialized staff who facilitate participation and connect couples with needed services. In the first year of program implementation, SHM providers focused on three main tasks: developing effective marketing and recruitment strategies, keeping couples engaged in the program, and building management structures and systems. Lessons in these three areas from implementation analyses are the focus of this report.”]

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IMPROVED HEALTH

imagine: Early Childhood Music Therapy Online Magazine. By the American Music Therapy Association. Vol. 1, No. 1. (The Association, Silver Spring, Maryland) 2010. 96 p.

Full text at: http://imagine.musictherapy.biz/Imagine/imagine_online_magazine.html



[“Welcome to the inaugural issue of ‘imagine,’ the first annual online magazine dedicated to early childhood music therapy.... Recognizing the innovative and creative nature of early childhood music therapy, and also desiring to make worldwide connections, we felt that the best way to accomplish these goals was to offer an online multimedia publication including text, images, hyperlinks, audio and video clips. All articles have an interactive digital viewing mode allowing readers to turn pages like a hard copy magazine, adjust the size of the document, search for content, email the text to

colleagues, link the text to websites and social network pages, and look for related articles.... Topics include serving teens and their babies, a music listening program for pediatric patients, ArtStories with indigenous Australian communities, the Friendship Club for preschoolers working on social skills, augmentative communication and assistive technology, Storybook Dance, and music therapy with multicultural and bilingual children.”]

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Fast Food FACTS: Evaluating Fast Food Nutrition and Marketing to Youth. By Jennifer L. Harris and others. (Rudd Center for Food Policy and Obesity, Yale University, New Haven, Connecticut) November 2010. 207 p.

[“Children as young as age 2 are seeing more fast food ads than ever before, and restaurants rarely offer parents the healthy kids' meal choices, finds a... study from the Rudd Center. The... evaluation, the most comprehensive study of fast food nutrition and marketing ever conducted, shows that fast food marketers target children across a variety of media and in restaurants. In addition, the study finds that restaurants provide largely unhealthy defaults for the side dishes and drinks that come with kids' meals. The report's authors studied marketing efforts of 12 of the nation's largest fast food chains, and examined the calories, fat, sugar, and sodium in more than 3,000 kids' meal combinations and 2,781 menu items. Their evaluation of marketing practices revealed that the fast food industry spent more than \$4.2 billion on marketing and advertising in 2009, focusing extensively on television, the internet, social media sites, and mobile applications.” Rudd Center for Food Policy and Obesity.]

Summary: 4 p.

http://www.fastfoodmarketing.org/media/FastFoodFACTS_Report_Summary.pdf

Full text at: http://www.fastfoodmarketing.org/media/FastFoodFACTS_Report.pdf

More information at: <http://www.fastfoodmarketing.org/>

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Children of Immigrants: Healthy Beginnings Derailed by Food Insecurity. By Stephanie Ettinger de Cuba and others. Policy Action Brief. (Children's HealthWatch, Boston, Massachusetts) October 2010. 2 p.

Full text at:

http://www.childrenshealthwatch.org/upload/resource/childrenimmigrants_brief_oct10.pdf

[“U.S.-born children of immigrant mothers are more likely to be breastfed, have a healthy birth weight, and live with two parents than children of U.S. -born mothers. Despite this

healthier start, young children of recent immigrants are more likely to be in poor health and food insecure. Food insecurity plays a significant role in harming the health of young children of immigrants. Though immigrant families have higher rates of poverty and food insecurity, because of regulatory barriers and confusion about eligibility, children of immigrants are less likely than those of U.S.-born parents to receive important nutritional and health benefits needed for healthy growth and development.”]

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Earning More, Receiving Less: Loss of Benefits and Child Hunger. By Annie Gayman and others. Policy Action Brief. (Children’s HealthWatch, Boston, Massachusetts) September 2010. 2 p.

Full text at:

http://www.childrenshealthwatch.org/upload/resource/cliffeffect_brief_sept10.pdf

[“New research from Children's HealthWatch shows that increases in income that trigger loss of public assistance benefits can leave young children without enough food to eat. Families that have been cut off from SNAP or TANF when their income exceeds eligibility limits are more likely to experience levels of food insecurity that require reducing the size or frequency of children's meals compared to those currently receiving benefits. Previous research has demonstrated that both SNAP and TANF reduce the likelihood of food insecurity. Income eligibility guidelines should be re-examined to ensure that a modest increase in income does not disqualify a family from the benefits they need to keep their children healthy and well-fed. Families that successfully increase their earnings should not find themselves worse off due to a resulting loss of benefits.”]

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Smoking Cessation:

Proposed Cigarette Warning Labels. By the U.S. Food and Drug Administration. (The Administration, Silver Spring, Maryland) November 2010. 2 p.



[“The Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) requires that cigarette packages and advertisements have larger and more visible graphic health warnings. FDA issued a proposed rule, ‘Required Warnings for Cigarette Packages and Advertisements,’ proposing to modify the required warnings that appear on cigarette packages and in cigarette advertisements. These new required warnings would consist of nine new textual warning statements accompanied by color graphics depicting the negative health consequences of smoking.... The Tobacco Control Act requires FDA to issue final regulations requiring these color graphics by June 22, 2011. It

also specifies that the requirement for the new health warnings on cigarette packages and advertisements will take effect 15 months after issuance of this final rule.”]

Full text at:

<http://www.fda.gov/TobaccoProducts/Labeling/CigaretteProductWarningLabels/>

Warning: Tobacco Smoke Can Harm Your Children - proposed labels at: 3 p.

<http://www.fda.gov/TobaccoProducts/Labeling/CigaretteProductWarningLabels/ucm231347.htm>

Warning: Smoking during Pregnancy Can Harm Your Baby - proposed labels at: 1 p.

<http://www.fda.gov/TobaccoProducts/Labeling/CigaretteProductWarningLabels/ucm231357.htm>

All proposed labels at: 72 p.

<http://www.fda.gov/downloads/TobaccoProducts/Labeling/CigaretteProductWarningLabels/UCM232425.pdf>

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Tobacco Cessation: State and Federal Efforts to Help. By the National Conference of State Legislatures. (The Conference, Denver, Colorado) 2010. 6 p.

Full text at: <http://www.ncsl.org/default.aspx?tabid=14348>

[“Many states sponsor a state-wide tobacco cessation program to assist residents that would like to quit smoking or using tobacco. Such programs have been created in response to health problems as well as the related state costs in caring for people, including state employees, with tobacco related diseases and conditions. States are working to reduce their expenditures and improve the health of all of their employees and residents. The following links and resources may be helpful to legislators or legislative staff researching this issue.”]

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Tobacco Cessation Works: An Overview of Best Practices and State Experiences. By Ann Boonne. (The Campaign for Tobacco Free Kids, Washington, DC) October 11, 2010. 5 p.

Full text at: <http://www.tobaccofreekids.org/research/factsheets/pdf/0245.pdf>

[“Despite reductions in smoking prevalence since the first Surgeon General’s report on smoking in 1964, approximately 46 million Americans and more than 1.2 billion people worldwide continue to use tobacco. Tobacco use takes a huge toll around the world by causing an enormous amount of health problems and related death and suffering.

Tobacco cessation consists of a variety of approaches aimed at reducing the toll of tobacco by helping tobacco users to quit. Helping people to quit smoking is important because of the substantial health benefits to those who are able to quit successfully, such as increased longevity and decreased morbidity and mortality from heart disease, cancer, stroke, and chronic obstructive pulmonary disease. Unfortunately, the National Commission on Prevention Priorities found that use of tobacco cessation counseling services remains low and estimates that 42,000 lives would be saved each year if utilization of recommended cessation services increased to 90 percent. In addition to saving lives, research on higher lifetime healthcare costs of smokers versus quitters indicates that the long-term cost savings from these additional quitters could be at least \$9,500 per quitter. The research also indicates that the reduction in the number of smokers will result in immediate savings of hundreds of dollars per quitter from averted heart attacks, high risk births and other medical emergencies. Tobacco cessation programs are cost-effective and produce enormous long-term benefits.”]

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“Population-Based Smoking Cessation Strategies: A Summary of a Select Group of Evidence-Based Reviews.” Ontario Health Technology Assessment Series, vol. 10, no. 1 (Medical Advisory Secretariat, Ministry of Health and Long-Term Care, Toronto, Ontario, Canada) 2010. 44 p.

Full text at:

http://www.health.gov.on.ca/english/providers/program/mas/tech/reviews/pdf/rev_smoking_20100114.pdf

[“The objective of this report was to provide the Ministry of Health Promotion (MHP) with a summary of existing evidence-based reviews of the clinical and economic outcomes of population-based smoking cessation strategies.... The MAS [Medical Advisory Secretariat] and the MHP agreed that the project would consist of a clinical and economic summary of the evidence surrounding nine population-based strategies for smoking cessation including: 1. Mass media interventions; 2. Telephone counseling; 3. Post-secondary smoking cessation programs (colleges/universities); 4. Community-wide stop-smoking contests (i.e. Quit and Win); 5. Community interventions; 6. Physician advice to quit; 7. Nursing interventions for smoking cessation; 8. Hospital-based interventions for smoking cessation; 9. Pharmacotherapies for smoking cessation, specifically: Nicotine replacement therapies; Antidepressants; Anxiolytic drugs; Opioid antagonists; Clonidine; Nicotine receptor partial agonists.... A preliminary scan of Medline was conducted to identify major systematic reviews, meta-analyses, and health technology assessments (HTAs) in the area of smoking cessation.”]

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“Tobacco Cessation via Public Dental Clinics: Results of a Randomized Trial.” By Judith S. Gordon and others. IN: American Journal of Public Health, vol. 100, no. 7 (July 2010) pp. 1307-1312.

Full text at:

<http://search.ebscohost.com/login.aspx?direct=true&db=f5h&AN=52021344&site=ehost-live> (NOTE: State employee access link.)

[“We sought to compare the effectiveness of a dental practitioner advice and brief counseling intervention to quit tobacco use versus usual care for patients in community health centers on tobacco cessation, reduction in tobacco use, number of quit attempts, and change in readiness to quit. **Methods.** We randomized 14 federally funded community health center dental clinics that serve diverse racial/ethnic groups in 3 states (Mississippi, New York, and Oregon) to the intervention (brief advice and assistance, including nicotine replacement therapy) or usual care group. **Results.** We enrolled 2549 smokers. Participants in the intervention group reported significantly higher abstinence rates at the 7.5-month follow-up, for both point prevalence ($F_{1,12}=6.84$; $P<.05$) and prolonged abstinence ($F_{1,12}=14.62$; $P<.01$) than did those in the usual care group. **Conclusions.** The results of our study suggest the viability and effectiveness of tobacco cessation services delivered to low-income smokers via their dental health care practitioner in community health centers. Tobacco cessation services delivered in public dental clinics have the potential to improve the health and well-being of millions of Americans.”]

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IMPROVED SYSTEMS OF CARE

A Review of the Literature on Home-Based Child Care: Implications for Future Directions: Final. By Toni Porter and others. Submitted to the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. (Mathematica Policy Research, Princeton, New Jersey) January 15, 2010. 93 p.

Full text at:

http://www.acf.hhs.gov/programs/opre/cc/supporting_quality/reports/lit_review/lit_review.pdf

[“Research suggests that home-based care may be the predominant form of nonparental care for infants and toddlers.... It also represents a significant proportion of the child care for children whose families receive child care subsidies.... Parents use these arrangements for a variety of reasons, including convenience, flexibility, trust, shared language and culture, and individual attention from the caregiver. Parents may also turn to home-based child care if they have very young children - infants or toddlers - because there are few spaces in child care centers. ... Although there are more studies that examine quality in family child care than studies that examine this question in family,

friend, and neighbor care, information about the quality of home-based care is fairly sparse and presents a mixed picture. ... Many state and local agencies and foundations, as well as the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (DHHS), have explored ways to improve quality in home-based child care settings... Relatively little is known about the effectiveness of these initiatives, however, making it difficult for states to make informed policy and program decisions about how best to support home-based caregivers. To begin a process for filling this knowledge gap, the Office of Planning, Research and Evaluation (OPRE) within ACF contracted with Mathematica Policy Research, along with its subcontractor, Bank Street College of Education, to carry out the project ‘Supporting Quality in Home-Based Care.’”]

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A Compilation of Initiatives to Support Home-Based Child Care. By Toni Porter and others. Submitted to the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. (Mathematica Policy Research, Princeton, New Jersey) March 31, 2010. 378 p.

Full text at:

http://www.acf.hhs.gov/programs/opre/cc/supporting_quality/reports/compilation/compilation.pdf

[“This compilation provides brief profiles of a wide range of initiatives, either currently underway or recently implemented, to support quality in home-based child care. It is the result of an extensive scan for information on existing and recent initiatives that are no longer in operation to examine the breadth and depth of strategies aimed at supporting home-based child care. It includes initiatives developed for licensed family child care and family, friend, and neighbor care. Its purpose is twofold. First, the profiles provide information about the range of initiatives and the variety of strategies that can be useful to policymakers, program administrators, and practitioners interested in supporting this population of child care providers. Second, it is the first step in developing a compendium of the most promising strategies for supporting quality in home-based care. The compendium contains in-depth profiles of a subset of initiatives contained in this compilation. The compilation contains profiles of 96 initiatives that support home-based child care.”]

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Supporting Quality in Home-Based Child Care: A Compendium of 23 Initiatives. By Toni Porter and others. Submitted to the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. (Mathematica Policy Research, Princeton, New Jersey) March 5, 2010. 254 p.

Full text at:

http://www.acf.hhs.gov/programs/opre/cc/supporting_quality/reports/compendium_23/compendium_23.pdf

[“This compendium of initiatives provides in-depth descriptions of a diverse set of 23 initiatives designed to support quality in home-based child care. Together, these initiatives include the range of service delivery strategies and curricula currently in use in the field to provide services to this population of caregivers. These profiles are useful to policymakers, program administrators, and practitioners who are interested in learning more about strategies to support quality in home-based child care - including the availability of program models, curricula, program forms and data collection tools, program standards, and staff training materials. The profiles also aim to provide information about costs of the initiatives, including the average cost per caregiver of various approaches, as well as staffing requirements and qualifications.”]

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Supporting Quality in Home-Based Child Care: Initiative Design and Evaluation Options. By Diane Paulsell and others. Submitted to the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. (Mathematica Policy Research, Princeton, New Jersey) March 30, 2010. 156 p.

Full text at:

http://www.acf.hhs.gov/programs/opre/cc/supporting_quality/reports/supporting_options/supporting_options.pdf

[“This report was developed as a resource for program administrators and others who must make decisions about the design, funding, and evaluation of initiatives to improve quality in home-based care. The report is structured to achieve three goals: 1. To guide the design and development of initiatives including the identification of target populations of caregivers, expected outcomes, and appropriate service delivery strategies based on available inputs and resources. 2. To support decision-making about specific elements and activities of initiatives based on what is known from existing implementation and outcome evaluations of home-based care initiatives. 3. To promote monitoring and evaluation efforts, suited to the stage of an initiative’s development, that will address the gaps in knowledge that exist in the field.”]

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Supporting Quality in Home-Based Child Care: Final Brief. By Diane Paulsell and others. Submitted to the Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. (Mathematica Policy Research, Princeton, New Jersey) March 31, 2010. 17 p.

Full text at:

http://www.acf.hhs.gov/programs/opre/cc/supporting_quality/reports/supporting_brief/supporting_brief.pdf

[“In 2007, the Office of Planning, Research and Evaluation within the Administration for Children and Families in the U.S. Department of Health and Human Services funded a research project, ‘Supporting Quality in Home-Based Child Care,’ to: (1) systematically gather information from existing research on home-based child care and on initiatives that aim to support these caregivers, (2) synthesize the available evidence on home-based care, and (3) propose next steps for designing and evaluating initiatives that aim to improve the quality of care in these settings.... This brief presents an overview of key project findings. It begins with a summary of findings about the prevalence and quality of home-based child care, the characteristics of caregivers, quality initiatives for home-based care, and evidence of effectiveness for home-based care initiatives. It then presents an agenda for program development and research designed to foster effective quality initiatives for home-based care.”]

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CONFERENCES AND OPPORTUNITIES

Child Care and Development State Budget Policy Workshops. Hosted by the Child Development Policy Institute and On the Capitol Doorstep. Sacramento Workshop, Thursday, January 20, 2011; Oakland Workshop, Tuesday, January 25, 2011; Los Angeles Workshop, Thursday, January 27, 2011; San Diego Workshop, Friday, January 28, 2011.

For more information and registration: <http://www.otcdkids.com/2011BWFLier.pdf>

[“For 22 years OTCD [On the Capitol Doorstep] and CDPI [Child Development Policy Institute] have been providing overviews of political issues and California state budgets through our annual Budget Workshops. We are again partnering with the Children’s Defense Fund California to offer you the most current information.... Topics:

*Governor’s 2011-12 Budget; *Child Care Legislation; *Federal Impacts on California; *Licensing/Early Care and Ed. Issues; *Advocacy/Local and State Activities.”]

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25th Annual San Diego International Conference on Child and Family Maltreatment. Chadwick Center for Children and Families, Rady Children’s Hospital. January 22-28, 2011. Town and Country Resort and Convention Center, San Diego, California.

For more information and registration: <http://www.sandiegoconference.org/>



[“The San Diego Conference focuses on multi-disciplinary best-practice efforts to prevent, if possible, or otherwise to investigate, treat, and prosecute child and family maltreatment. The objective of the San Diego Conference is to develop and enhance professional skills and knowledge in the prevention, recognition, assessment and treatment of all forms of maltreatment including those related to family violence as well as to enhance investigative and legal skills. Issues concerning support for families, prevention, leadership, policy making and translating the latest research into action are also addressed.”]

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If you have a report, conference or funding opportunity that you would like us to consider for this publication, please send it to our attention.

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