



Developments

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State Of The Child Report

Improvements In Child Well-Being Offset By Rising Poverty

Lower school dropout rates and fewer child abuse cases top the list of statistical measures that show improvement in the well-being of children in Allegheny County and across Pennsylvania.

But those improvements, and others, are tempered by evidence that some serious problems are getting worse in the state and in the county, including child poverty.

The trends are reported in *The State of the Child in Pennsylvania: A 1999 Guide to Child Well-Being in Pennsylvania*. It is the latest review of child well-being indicators issued by the Pennsylvania KIDS COUNT Partnership, which includes the University of Pittsburgh Office of Child Development and Pennsylvania Partnerships for Children.

Recent Study Suggests

System Of Nonschool-Hour Care Needed To Meet High Demand

An estimated 73,000 elementary school-aged children in Allegheny County need care when school is out and their parents are at work. But only a small percentage spend those hours in regulated, structured programs that, rather than being merely a babysitting service, offer them academic, recreational, and social activities, and enrichment.

Most parents stitch together arrangements that may be convenient and inexpensive, but many are not likely to be enriching experiences for their children and tend to result in poorer academic achievement and more behavior problems.

A recent study by the University of Pittsburgh Office of Child Development provides a profile of child care during nonschool hours in Allegheny County.

School Drop-Out

The school dropout rate in Pennsylvania's public schools is on the decline. After rising sharply in 1992 to three dropout cases for every 1,000 children, the rate has fallen to two cases per 1,000 children.

The falling dropout rate is encouraging for several reasons. Children who drop out of school face difficult futures. Research shows that when compared to those who finish school, dropouts are less likely to hold a regular job, and the jobs they land are

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It reports that there is no coordinated network of nonschool-hour services, and gaps in services exist that seriously limit the options of parents who work second or third shifts, or need care on snow days, holidays, and weekends. Nonschool-hour care is especially critical for low-income parents entering the workforce. When gaps in care arise, many parents miss work to cover them, jeopardizing their jobs and chances of advancement.

Moreover, National School Lunch Program data show significant increases in low-income pupils in several suburban school districts, suggesting that targeting services at impoverished inner-city neighborhoods is no longer enough.

The findings led the study's Community Advisory
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Committee to recommend that a top-level After-School Commission be appointed to plan a coordinated and comprehensive system of nonschool-hour services sufficient to meet the needs of parents and children.

The study, funded by the Forbes Fund with a grant from the Howard Heinz Endowment, drew from several sources, including a survey of nonschool-hour programs, focus groups of 70 parents with children in center care, and a review of literature published on the issue of nonschool-hour programs, including a national program survey done in 1991.

Informal Arrangements

Two-thirds of U.S. elementary school children are estimated to need nonschool-hour care, including care before and after school, on weekends, teacher in-service days, holidays, summer recess, and when they are too sick to go to school. Most spend those hours in unlicensed or unregulated care. And nearly half of them are not in any known, formal, consistent child care arrangement.

In Allegheny County, only 14% of the elementary school children who need nonschool-hour care are enrolled in structured, center-based programs, of which only 27% are licensed.

The vast majority of children needing nonschool-hour services are unaccounted for. Most are believed to be given some type of care in a home. It is not clear, however, why so many children are being cared for in informal ways. "Are they forced into that situation because the services are not offered in the right ways or in the right communities? Or is it a matter of parental choice? I don't know if we know the answer to that yet," said James V. Denova, PhD, Director of The Forbes Fund.

Recent research suggests that children in informal home care, as well as those enrolled in unstructured center programs, tend to get less academic help, spend more time watching television, and engage in unsupervised social activities. They are likely to do more poorly in school and are more likely to have social, emotional, and discipline problems than children enrolled in structured centers.

Low-Income Families

Low-income parents are more likely to work irregular hours – times when care options are few and far

between. They are less able to afford child care fees, and they are less able to afford to miss work to cover gaps in care. As a result, their child care arrangements are often made for reasons of convenience and cost. But the relative lack of quality of these arrangements may short-change their children.

Welfare-to-work policies are resulting in more low-income mothers – including single mothers – taking jobs outside of the home to comply with the five-year lifetime limit on benefits.

In addition, the number of children eligible for free or reduced-price school lunches – a measure of low-income population – is rising steadily in Allegheny County, and not just in the inner city, where the highest concentration of programs is found.

Significant numbers of low-income families are found in several school districts outside the inner city, including Duquesne, Shaler, Wilkinsburg, Gateway, Clairton, Sto-Rox, and Penn Hills. Such findings "give us better intelligence about which school districts have a concentration of poor children and whether there are after-school programs available to them in their communities," said Dr. Denova, who co-chaired the Advisory Committee. "Poverty has moved out, beyond the inner city. And yet the concentration of programs has not moved with the need."

Available Services

A collage of programs offer nonschool-hour services in Allegheny County. Most operate independent of the public schools. And most lack systematic financial stability or coordinated management across sites, according to the study.

About 370 center-type programs were identified that might care for school-age children during nonschool hours. In addition, some 300 family and home-based care locations were also identified. Of the 139 center-based programs surveyed that did provide such services, about one-third were operated by social service agencies; 25% by private schools; 21% by other organizations, such as Citiparks; and 14% by religious groups.

Some independent programs use school facilities. But Allegheny County public schools play almost no role in operating nonschool-hour programs, despite having the space, administrative resources, and the potential to offer nonschool-hour services addressing academic needs.

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generally lower-paying, less stable, and offer fewer opportunities for growth.

In Allegheny County, the number of children who dropped out of public school each year fell from 1,640 to 1,468 from 1990-1997.

Abuse and Neglect

Abused children are more likely to do poorly in school, have health problems, and be arrested later as juveniles and adults.

Recent trends in substantiated cases of abuse and neglect are heartening. From 1990-1997, the statewide total of cases reported each year dropped from 7,951 to 5,691. And the rate of abuse and neglect cases per 1,000 children fell from 2.8 to 2 over the same period – a decline of nearly 30%.

In Allegheny County, the number of substantiated cases of abuse and neglect reported each year fell from 724 to 522 between 1990 and 1997. And abuse and neglect cases per 1,000 children fell from a rate of 2.6 to 1.8 – a 28.5% decline.

But those statistics tell only part of the story. The incidence of abuse is believed to be much higher than the number of cases that are reported to child welfare authorities.

Prenatal Care

Mothers who receive proper prenatal care are much more likely to deliver normal weight, healthy babies.

In Pennsylvania, the number of expectant mothers who fail to get prenatal care during the first trimester of their pregnancy has fallen steadily. In 1996, 16% of pregnant women did not seek early care. In 1989, 21% of pregnant women failed to get early prenatal care.

In Allegheny County, the number of women known to have failed to get early prenatal care fell from 2,757 to 1,613 between 1990 and 1996.

More intensive outreach and wider access to publicly-funded health insurance this decade are two reasons why more women are seeking early prenatal care.

Infant Mortality

In Allegheny County, the number of babies who died before their first birthdays fell from 170 to 119 a year between 1990 and 1996. The rate of deaths per 1,000 live births fell by 15% from 9.4 to 8 during that period.

Statewide, the latest numbers show no improvement in the total number of infants who die before their

first birthday. From 1995-1996, the statewide infant mortality rate has held steady at 7.7 deaths per 1,000 babies. Only among African-Americans did the infant mortality rate decline during that period, down from 17.5 deaths for every 1,000 babies to 16.6 deaths.

Previously, the overall state infant mortality rate had fallen steadily since 1983, when 11 out of over 1,000 babies died before their first birthday.

Young, Single Mothers

After 15 years of rising teen birth rates, Pennsylvania experienced a slight decrease in the number of children born to single mothers under the age of 20. From 1995 to 1996, births to young single mothers fell from 9.6% to 9.4%.

In Allegheny County, the number of children born to teenaged mothers fell from 1,443 in 1990 to 1,245 in 1996. Although the total number of teen births per year fell, the teen birth rate rose 4.7%, from 8 teen births per 100 births to 8.4.

Regulated Child Care

High quality child care helps children develop in many ways so that they are prepared to learn when they enter school.

Access to regulated child care is widening across Pennsylvania. Spaces in state-regulated centers and family and group child care homes increased from 227,000 to 276,000 from 1993-1998. During the same period, regulated child care spaces per 100 children in need increased 10% across the state.

In Allegheny County, capacity rose only slightly, from 1,544 to 1,559. However, spaces per 100 children in need fell 8.6%, from 67 space per 100 children in need to 61.

Child Poverty

Children who live in poverty are at extreme risk of encountering a range of problems that threaten their futures. The news on this front is not good.

Despite a strong economy, Pennsylvania's child poverty rate rose from 15.7% of children under the age of 18 in 1989 to 17.3% in 1995, according to data generated by the U.S. Bureau of Census.

Among urban counties, the highest rate of child poverty is reported in Philadelphia, where 37% of the children lived in poor families in 1995. In Allegheny

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Announcements . . .

Brochure Helps Children Cope With Mentally Ill Parent

The Mental Health Association of Allegheny County offers a brochure with information about how children can cope with a mentally-ill parent. It is part of an effort by the Children's Mental Health and Education Advocacy Program to help families affected by mental illness.

The brochure, *Coping With A Mentally Ill Parent*, is written specifically for adolescents and includes information on the following topics:

- The emotional impact of mental illness on the family.
- The most common mental illnesses.
- How an adolescent can cope with a mentally ill parent
- What to do in a crisis.
- Who to call for help.
- Resources and websites.

FOR MORE INFORMATION or to order brochures, contact Jane Pinto, Coordinator of the Children's Program at the Mental Health Association of Allegheny County, (412)391-3820, ext. 18. ■

University Offers Masters Program In Early Intervention

The University of Pittsburgh offers a Master's level program in Early Intervention to prepare students to work with young children who have disabilities.

Students in the M.Ed. in Early Intervention program receive hands-on experience and supervision as they develop a range of skills, such as assessing young children with special needs; developing, using, and evaluating individualized education programs; and collaborating with families and professionals from a wide variety of disciplines.

Applicants must have completed an undergraduate course of study, graduating with an overall QPA of at least 3.0. Transcripts must be submitted to the School of Education with an application form, the application fee, a written statement of career goals and objectives for the degree, and three letters of recommendation.

Full-time and part-time traineeships, which cover the cost of tuition, are available through funding from two federal grants.

FOR MORE INFORMATION, contact Program Coordinator Louise A. Kaczmarek, PhD, University of Pittsburgh, 4H01 Forbes Quadrangle, Pittsburgh, PA 15260; phone (412)648-7449. ■

Grants Offered For Drug Abuse Studies

The National Institute on Drug Abuse is accepting applications for research on behavioral therapies for drug abuse and dependence.

NIDA is seeking research on a wide range of therapies, including psychotherapy, behavioral therapy, cognitive therapy, family therapy, skills training, counseling, and other rehabilitative therapies.

Deadlines for applications are Feb. 1 and June 1 of 2000. Foreign and domestic public and private for-profit and nonprofit organizations are eligible for the grants, including colleges, universities, research institutions, and hospitals.

FOR MORE INFORMATION, contact Lisa Onken, phone (301)443-0107; e-mail: lo10nih.gov; Internet: <http://www.nih.gov/grants/guide/pa-files/PA-99-107.html>. ■

U.S. Releases Report On Higher Education Spending

The U.S. Department of Education's National Center for Education Statistics has released a report containing revenues and expenditures data for the nation's higher education institutes for fiscal year 1996.

The report, *Current Funds Revenues and Expenditures of Degree-Granting Institutions: Fiscal Year 1996*, includes summary findings on current funds revenues, funds expenditures, salary expenditures, and revenues and expenditures by states. The price is \$5.

FOR COPIES, contact New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954 (Stock number is 065-000-01227-8); or call 1-877-433-7827; or order online at www.ed.gov/pubs/edpubs/html. ■



YOUTH SMOKING: RISK FACTORS AND APPROACHES TO PREVENTING EARLY TOBACCO USE

Special Report

University of Pittsburgh Office of Child Development
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Preventing children from becoming users of cigarettes and other tobacco products has been an enduring challenge in the United States. Each day, an estimated 3,000 U.S. adolescents try their first cigarette.¹ One-third will eventually die of tobacco-related illness.

In 1998, an important opportunity to curb youth smoking emerged when the tobacco industry agreed to pay \$206 billion to settle a class-action lawsuit filed over the costs of treating sick smokers in 48 states. The states are expected to receive substantial sums. Pennsylvania, alone, is expected to receive \$11.3 billion over 25 years in annual payments ranging from \$138 million to \$450 million.

One year after the settlement was announced, Pennsylvania and other states were still debating how best to spend their awards.

Most regular smokers started smoking as adolescents. Understanding the issues that surround youth smoking, therefore, is critical to designing policies that seek to reduce tobacco use as a way of improving the health and well-being of communities.

The Problem

Tobacco use is a learned behavior. It is the single leading preventable cause of death and disability in the United States. More tobacco-related deaths are reported each year than the combined death tolls of AIDS, homicide, automobile accidents, illegal drug use, and fires.

An estimated 400,000 Americans die each year from tobacco-related illness.² The direct medical costs of treating tobacco-related illness in the U.S. is equally staggering – an estimated \$50 billion a year, according to the Centers for Disease Control.

Youth At Risk

Young people who smoke are at significant risk of experiencing serious health problems in childhood, adolescence, and into adulthood. Smoking, for example, appears to reduce the rate of lung growth and lung function, increases the risk of respiratory problems during adolescence, and is a primary risk factor for coronary heart disease, arteriosclerotic peripheral vascular disease, and stroke.

For better than three decades, research warning that smokers are at much greater risk of developing heart disease, cancer, and other serious disorders has been widely reported in the scientific and popular press.

Yet, more adolescents are surrendering to influences that lead to tobacco use, such as peer pressure, smokers at home, industry advertising, and the ease with which they are able to obtain cigarettes. From the early- to the mid-1990s, current smoking among high school students increased from 27.8% to 34%, and from 15.5% to 21% among eighth-grade students.³ Current smoking is defined as having smoked in the past 30 days.

The earlier adolescents begin using tobacco, the more heavily they use it as adults, and the longer they are likely to use it. The duration and the amount of tobacco use are related to eventual chronic health problems.⁴

Risk Factors

Tobacco use among children and adolescents develops in stages, from the forming of attitudes and beliefs about cigarettes, through experimenting with and regularly using tobacco, to addiction.

Several psychological and social factors influence this development. These factors include the attitudes of peers and the child's level of maturity. The economic status of a child's family is also a factor, with children of low-income families being statistically more likely to become regular tobacco users. Other influences include tobacco industry advertising and the availability of tobacco products.

Access To Tobacco

The ability of young people to obtain tobacco products is a critical factor. By law, the sale of tobacco products to minors is prohibited. But in most parts of the United States, minors are able to buy cigarettes from retail stores virtually at will. In one study, 76% of 8th graders and 90% of 10th graders reported they found it "fairly easy" or "very easy" to buy tobacco.⁵

Peers & Family

Children's peers are very influential during the early stages of tobacco use. When adolescents try their first

cigarettes, it is usually done in the company of peers, who often set expectations about smoking and encourage experimenting with tobacco.

The use of tobacco among a child's parents does not appear to be as influential as the use of tobacco by the child's peers. Parents can, however, help dissuade children from tobacco use in a number of ways, such as by disapproving of smoking, encouraging academic achievement, becoming involved with a child during his or her free time, and building a strong and trusting relationship with the child.

How adolescents perceive their social environment may be a stronger influence than the actual environment itself. Many adolescents, for example, overestimate the number of people who smoke, and those who think "everyone is doing it" are more likely to become smokers.

Behavioral Factors

Behavioral factors play a role in the initiation of smoking or other tobacco use. Their influence is perhaps the strongest during adolescence, a tumultuous period when children are moving rapidly toward physical maturity, a coherent sense of self, and emotional independence.

Adolescents, in particular, are vulnerable to the notion that using tobacco will help them navigate these difficult changes. Those who perceive tobacco use as a positive factor in establishing friendships, becoming independent and mature, and developing their social image are at higher risk of becoming regular smokers.

Adolescents who smoke also tend to have lower self-esteem and lower self-images than those who don't smoke, suggesting that tobacco may serve as a self-enhancement mechanism. The lack of confidence to resist a peer's offer of tobacco is another factor that may contribute to an adolescent's first use of cigarettes.

Industry Advertising

The evidence that many adolescents attribute smoking in a positive way to peer bonding, maturity, and self image has not been lost on the tobacco industry. These perceptions are advanced in most cigarette advertising.

Cigarette advertisements have been banned from the broadcast media for nearly three decades. However, the industry continues to spend considerable sums on print advertising, promotional activities, outdoor billboards, and store displays.

Research suggests cigarette advertising increases young people's risk of smoking. For example, cigarette ads in the print media often use human models or cartoon characters to present images of youthful activities, independence, healthfulness, and adventure-seeking. Adolescents who have low self-images are particularly

vulnerable to the messages. The ads also tend to influence an adolescent's perceptions of the pervasiveness of smoking and the image of smokers.

Addiction

Once a smoker, adolescents and adults alike find quitting difficult. Nicotine found in tobacco is a highly addictive substance and is considered to be a leading reason why an estimated 60% of the smokers who try to quit fail to do so.

Adolescents who use tobacco regularly often exhibit symptoms of addiction. In general, they report that it is simply too difficult to quit. More specifically, 82% of regular tobacco users aged 10-18 years old report experiencing a strong urge to smoke or chew when trying to quit, 77% report feeling irritable, and 63% report feeling restless.

Many adolescents may not fully understand the risks of tobacco use, including nicotine addiction. Among students who were high school seniors during 1976-86, 44% of those who smoked daily said they believed they would not be smoking in five years. Five years later, 73% were still daily smokers.

Tobacco may also serve as a "gateway" drug. Research suggests that smokers are 15 times more likely to use marijuana and other illegal drugs.⁶

Prevention

The Surgeon General's warnings of the harmful effects of smoking were first required on cigarette packages in 1965. During the following three decades, broadcast ads for cigarettes were banned, insurers began offering nonsmoker discounts, and smoking was prohibited on airlines, buses, and in most public places.

Despite such incentives not to use tobacco, youth smoking continues to be a widespread problem in the U.S.

The number of studies that estimate the effect prevention strategies have on youth smoking is relatively thin and, in some cases, contradictory. At the very least, however, the research identifies several interventions that show promise in curbing the use of tobacco among young people.

Restricting Access

A crucial element of prevention is access to tobacco products. Adolescents report having little trouble buying cigarettes despite 1996 federal Department of Health and Human Services regulations that require all states to adopt laws prohibiting the sale of tobacco products to minors.

Researchers report that in most municipalities where

easy sources of cigarettes were eliminated by vigorously-enforced local laws, sales to minors and smoking among young people declined.

Common characteristics of successful laws include:

- Store owners, not just clerks, are subject to civil, not criminal, penalties for selling tobacco to minors.
- Fines are progressively more expensive and chronic violators face having their license to sell tobacco products suspended or revoked.
- Laws are regularly enforced using a variety of tactics, including the use of minors who are sent into stores to buy tobacco products as part of a compliance check.

Some laws also fine minors for illegal tobacco possession.

In Woodridge, Illinois, the percentage of regular smokers in the 7th and 8th grades fell from 16% to 5% two years after strictly-enforced laws prohibiting sales to minors were put into practice.⁷ Under the anti-smoking law, sales were monitored by police, minors faced fines for tobacco possession, and merchants who sold tobacco to minors were subject to fines and suspension of their licenses to sell tobacco.

In Massachusetts, the percentage of students aged 12-19 years who identified themselves as smokers fell from 22.8% to 15.8% two years after legislation was passed that enforced laws prohibiting stores from selling tobacco to minors.⁸

A large drop in the number of stores that sold tobacco to minors and a decline in smoking among 7th grade students were seen in a study that compared two communities that tried interventions designed to restrict youth access to tobacco with two control communities. Interventions included community education, merchant education, and a voluntary policy change aimed at restricting access to cigarettes. In the intervention communities, stores selling cigarettes to minors fell from 75% to 0 after three years. By comparison, 39% of the stores in the control communities still sold tobacco to minors after three years. Smoking rates fell from 13.1% of 7th-grade students to 12.6% in the communities embracing the interventions, but increased from 15.6% of 7th-grade students to 18.6% in control communities. However, no significant decrease in smoking among 9th or 11th grade students was seen, suggesting the interventions have the strongest influence on younger children.⁹

Tobacco Prices

Tobacco use among young people appears to be

price-sensitive to some degree. In general, the higher the price of cigarettes, the fewer young people who smoke. Government usually manipulates the price of tobacco products through the use of excise taxes.

One study estimates that a 10% increase in the price of cigarettes generally results in a 7% decrease in the number of teenagers who smoke.¹⁰

However, research indicates that higher cigarette excise taxes may lead to greater use of smokeless tobacco – a product equally detrimental to health – among young people, suggesting that across-the-board price increases may be necessary if reducing use of all types of tobacco products is the goal.

Advertising

Tobacco industry documents released during recent litigation show that companies systematically attempted to attract young people to cigarettes through advertising.

Evidence suggests that anti-smoking media campaigns may help counter tobacco industry advertising. However, studies of the effectiveness of such campaigns are sparse.

The American Psychological Association has issued guidelines for designing more effective anti-smoking advertising. The APA recommends that ad campaigns:

- Provide specific counter-arguments to points highlighted in tobacco ads.
- Avoid scare tactics, such as images of death or diseased organs.
- Portray tobacco users as different from the target audience, and non-smokers as similar to the target audience.
- Inform young people that the tobacco companies are trying to control their behavior.
- Refrain from describing teenage tobacco use as a widespread national problem.

Education

Prevention programs based in schools show promise. These programs are usually most effective when conducted early, before the 5th grade, when most children have not yet begun to experiment with tobacco.

Effective early prevention programs usually last several years, convey culturally-appropriate information about the social issues that tend to lead to tobacco use, and teach children skills to help them resist using tobacco, often through role playing, small group discussion, and opportunities for peer leadership. Proper

training and support for teachers and administrators are also important to the success of school-based programs.

Quality early prevention programs of this type have been found to reduce later smoking by 28% when program students were compared with control groups.¹¹

School-based prevention programs aimed at adolescents have resulted in small, but reliable, reductions in tobacco use. Effective programs make adolescents aware of the media and social influences to use tobacco, teach skills to help them deal with the social influences of tobacco use, and attempt direct peer influences toward abstaining from smoking.

Public education programs work best when coupled with community-based interventions. Smoking among adolescents, for example, was found to be significantly lower when school-based prevention was combined with interventions such as media advocacy, restrictions on access to tobacco, and family communication about tobacco use.¹²

Policy Considerations

Smoking among young people is a critical issue in any effort to reduce tobacco use and the serious health consequences faced by those who smoke.

Preventing youth smoking should be a top priority among states debating how to spend their share of the tobacco settlement if only for the fact that 90% of regular smokers start smoking before they are 20 years old.

Several prevention strategies have been used to reduce smoking among young people. Rigidly-enforced laws restricting young people's access to cigarettes and smokeless tobacco are particularly effective. Quality early prevention education in elementary schools also reduces the number of children who later start smoking.

Research suggests, however, that the best approach is one that restricts access to tobacco and promotes tobacco-free norms using a combination of strategies, including price increases, tough enforcement of youth access laws, advertising restrictions, and school-based programs that make students aware of the influences that lead to tobacco use and teaches them the skills to say no to tobacco.

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EDITOR'S NOTE: *This Special Report, written by Jeffery Fraser, is largely based on the above-referenced reports. It is not intended to be an original work but a summary for the convenience of our readers. References noted in the text of this report follow.*

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Quality

The quality of nonschool-hour programs in Allegheny County is similar to national levels, and, in some measures, a cut above. For example, they tend to place somewhat more emphasis on academic support activities, enrichment, and tutoring; staff turnover is lower; and the staff-to-child ratio is at the professionally-recommended minimum.

However, most nonschool-hour services in the survey are unregulated. And some aspects of practice that tend to raise the quality of programs were found to be weak. For example, the staff of the centers are not always trained or have credentials, and there is no set of recommended practices.

Parents whose children are enrolled in center-based programs said they want a safe and competent program that offers a mix of academic support activities, such as homework time and tutoring, as well as recreational and social activities, such as field trips, cultural activities, organized games, and sports.

For the most part, their children receive those types of activities in center-type programs. Unfortunately, most children in Allegheny County do not attend center-based programs.

Hours

Missing work because of gaps in child care is not uncommon. A recent study of GAPS – a job retention program for low-income parents – reported that 12% of the parents missed an average of 17 hours during the last month alone because of child care problems.

Nearly 98% of the surveyed programs offer after-school care and most have summer services. But parents complained of difficulties finding care on school holidays, teacher in-service days, school vacations, and snow days.

And most programs do little to help parents whose work schedules fall outside the typical 7 a.m. to 6 p.m., Monday-Friday work week – a crucial issue among low-income parents. One-third of the GAPS parents, for example, work weekends, evenings, or nights.

Financial Issues

Funding is a problem for many agencies that offer nonschool-hour programs. About one-third of those surveyed reported difficulties securing money for the physical and material resources they felt were needed and for hiring and maintaining staff.

Although a range of public and private monies is available, it not used to the fullest extent. Some agencies are not aware of available funds, some don't know how to apply for the money, and some funds are restricted

to certain types of organizations, such as public schools, specific types of children, or particular purposes.

Many programs charge parents fees. Among the surveyed center-based programs, 61% charged fees, and an estimated 79% of parents paid full-fees (as defined by the agency) of \$2-\$4 an hour.

But child care fees put a considerable strain on low-income parents. Full fees to care for one child at a typical regulated center-based program run about \$2,000 a year – a significant expense for an entry-level wage earner who might make only \$14,000 a year. Even with subsidies, GAPS families paid an average of \$1,110 per year for one child.

Recommendations

Top among the Advisory Committee's recommendations is establishing an After-School Commission of leaders in government, the professions, and business to draw up a plan for a comprehensive, coordinated system that insures children aged 5-12 years, including those with disabilities, access to nonschool-hour services.

The Advisory Committee represented a range of interests, including private foundations, child care organizations, education, county government, and community and religious organizations. It further recommended that the plan include several issues, namely:

- The role of the public schools in nonschool-hour services should be explored.
- Recommended practices should aim for the highest standards of quality.
- Program activities should include a mix of academic support, enrichment, literacy and technological training, and structured and supervised social and recreational activities.
- The need for training, technical assistance, and information to support agencies, staff, and parents should be considered.
- A centralized system, likely with a substantial government contribution, is needed for a consistent and comprehensive system of services.
- Policymakers should be urged to provide broad and flexible core funding.
- With the increase in low-income families outside of the inner city, new strategies for assisting them should be considered, such as subsidies or vouchers, and sliding fee scales. ■

(Report continued from Page 3)

County that year, 18.3% of the children were poor. Although Allegheny County's child poverty rate was half that of Philadelphia's, it marked a 7% increase over the county's 1989 rate of 17.1%

The highest child poverty rates in rural counties were found in Fayette, where 30.8% of the children lived in poor families in 1995, and in Greene, where 27% of the children were poor.

Low Birthweight

Babies born at low birthweight – less than 5 pounds 9 ounces – are more likely to die during their first year, experience a number of health problems and disabilities, and struggle in school later in life. Throughout Pennsylvania, the number of babies born at low birthweight has inched steadily upwards since 1983, when 6.7 low birthweight babies out of 100 births were reported. In 1996, the rate reached 7.5 low birthweight babies for every 100 births

It was a different story in Allegheny County, where the number of low birthweight babies born per year fell from 1,451 in 1990 to 1,113 in 1996. The rate of low birthweight babies born per 100 births fell about 7% during that period. The county also saw a significant decline in the number of low birthweight babies born to African-American mothers and a small drop in low birthweight babies born to Caucasian mothers.

Child Deaths

The decline in the infant mortality rate is tempered by a recent rise in the number of children aged 1-19 years who die each year as a result of accident, illness, and violence.

From 1996-1997, the state's child death rate rose from 32.7 deaths per 100,000 children to 36.3 deaths

per 100,000 children – reversing a seven-year trend that saw the rate of child deaths fall by 5%.

The news was a bit less troubling in Allegheny County, where 440 children died between 1993 and 1997, a rate of 29.7 per 100,000 children, much lower than the statewide rate of 35 per 100,000 children during that period. In 1997, the child death rate in Allegheny County stood at 26.2 deaths per 100,000.

Out-Of-Home Placement

Pennsylvania is seeing increasing numbers of children who, for reasons of abuse and neglect, are removed from their parent's custody and placed in foster homes or other temporary, out-of-home settings.

Nearly 8 children out of every 1,000 were in foster care or another type of temporary placement on any given day in 1997 – a 30% increase over the rate reported in 1990, when 6 out of every 1,000 were in placement.

In Allegheny County, the number of children in placement on any given day rose from 1,730 in 1990 to 3,061 in 1997. The rate of placement during that period increased 75%, from 6.1 children in placement per 1,000 children, to 10.8 children.

Changes in placement numbers are expected, however. The recent federal Adoption and Safe Families Act provides incentives to quickly place children in permanent homes, whether it means returning them to rehabilitated parents or putting them up for adoption.

FOR COPIES OF THE FULL REPORT, contact Pennsylvania Partnerships for Children, 20 North Market Square, Suite 300, Harrisburg, PA 17101-1632; phone (717)236-5680 or 1(800)257-2030; e-mail: info@papartnerships.org; on the Internet: <http://www.papartnerships.org>. ■

Notice to *Developments* Subscribers

To subscribe to *Developments*, a free publication, please mail the following information to our Office (if you have not already done so): name, profession, title/position, work address, and phone number. (See this newsletter's back page for the OCD address.)

To submit material, write the Office of Child Development. Notices of programs or services will be published at the editor's discretion. All programs must be educational and nonprofit, and any fees charged must be noted. Publication of services does not imply an endorsement of any kind by OCD, its funding agencies, or the University.

Announcements . . .

Several On OCD Staff Move To New Offices

Several members of the University of Pittsburgh Office of Child Development staff have relocated to different offices on the university's Oakland campus.

Here is a list of those whose offices are now at 121 University Place, along with their suite numbers:

- Christina Groark, Co-Director – Suite 204B
- Peggy Maloney, Administrator (EHS) (PFS) (FSSR) (SP) – Suite 205C
- Barbara Wells, Administrator (OCD) (PEP) – Suite 205B
- Mary Ellen Colella, Administrative Assistant, Newsletter Coordinator – Suite 204A

Their telephone numbers remain the same. Their new fax number is (412)624-4551. Their new mailing address is: 121 University Place, Pittsburgh, PA 15260.

Several staff members with the OCD Policy and Evaluation Project have moved into new offices at 2017 Cathedral of Learning. They are:

- Anne Farber, Research Associate, (412)624-5521
- Debbie Stark, Research Associate, (412)624-4553
- Wendy Etheridge, Evaluation Manager, (412)624-4702
- Maria Townsend, Director, Child & Family Welfare Indicators, (412)383-8973
- Charlene Nelson, Secretary, (412)624-5576

Their new fax number is (412)624-1187. Their new address is 2017 Cathedral of Learning, Pittsburgh, PA 15260. ■

Grants Offered For Drug Abuse Education

The National Institute on Drug Abuse is offering grants to support education programs in drug abuse and addiction.

Programs the institute is interested in supporting

include those that are aimed at clinical issues and developing a cadre of clinical drug abuse experts who can translate and exploit research findings, for example, in public health, behavioral science, or medicine to develop or implement early detection, diagnosis, treatment or prevention interventions.

Public and private for-profit and nonprofit organizations are eligible, including colleges, universities, research institutions, and hospitals.

Deadlines for applications are Feb. 1 and June 1, 2000.

FOR MORE INFORMATION, contact Andrea Baruchin, Office of Science Policy, phone (301)443-6071; fax (301)443-6277; e-mail: ab47j@nih.gov; Internet: www.nih.gov/grants/guide/pa-files/PAR-99-093.html. ■

Small Grants Offered For Child Health Research

The National Institute of Child Health and Human Development is offering small grants to support child health-related projects that require minimal funding for limited periods, including pilot studies, feasibility studies, development of new research technology, and reanalysis of existing data.

The NICHD is supporting new biomedical and behavioral research relevant to the institute's mission in population sciences; reproductive science; pregnancy and birth; human growth and nutrition; normal and atypical development; pediatric, adolescent and maternal HIV/AIDS; genetics and teratology; developmental biology; and medical rehabilitation research.

Awards range up to \$50,000 a year for one year or \$100,000 in direct costs for two years. Public and private for-profit and nonprofit organizations are eligible, including colleges, universities, research institutions, and hospitals.

Deadlines for applications are Feb. 1 and June 1, 2000.

FOR MORE INFORMATION, contact www.nichd.nih.gov/contacts/R03PAcontacts.htm. ■

OCD Offers Courses In Program Evaluation

The University of Pittsburgh Office of Child Development is offering two courses related to program evaluation, each conducted by staff of the OCD Policy and Evaluation Project.

A seven-week mini-course, **Evaluation Design and Outcome Measurement**, will introduce leadership and staff of human service agencies to program evaluation by focusing on skills relevant to community programs. Participants will develop an evaluation plan of one of their agency's programs as a product of the course.

The topics to be covered in seven sessions include:

- Understanding evaluation and its benefits.
- Defining your program and how it works.
- Choosing appropriate outcomes and indicators.
- Documenting implementation of your program.
- Collecting data.
- Reporting results and using information for program improvement.

Training sessions will be held from 1:00 p.m. - 4:00 p.m. on Thursdays at the Office of Child Development, 5600 Penn Avenue, located in East Liberty at the corner of Penn and Negley.

The sessions begin in January 2000. They will be held on the following dates: January 20, February 3, February 17, March 2, March 16, March 30, and April 13.

This course is for agency directors, program staff, and board members of human service agencies serving children and families in Allegheny County.

The fee is \$250. Social Work Continuing Education Credit: 21 hours

Survey Design

Another course, **Survey Design for Program Evaluation**, will introduce staff of human service agencies to the principles of survey design to assess and improve programs. The course consists of four sessions. Topics to be covered are:

- What is a survey and when do you use one in program evaluation?
- What are the advantages and disadvantages of mail, telephone, and in-person surveys?
- How do you ask survey questions?
- How do you analyze survey responses?
- How do you report survey findings?

The sessions will be held from 1:00 p.m. - 4:00 p.m. on Thursdays, beginning in May 2000. They will be held on the following dates: May 4, May 18, June 1, and June 15.

The fee is \$120. Continuing Education Credit: 12 hours.

FOR MORE INFORMATION on one or both of the courses, contact Charlene Nelson at (412)624-1188; fax: (412)624-1187; or e-mail: bobcats+@pitt.edu. ■

Developments

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