

## **Invest in Kids Working Group Meeting Summary**

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The April 2006 Invest in Kids Working group discussion series offered a comprehensive overview of child interventions and their potential economic impact. Barbara Wolfe of the University of Wisconsin presented a paper (co-authored with Nathan Tefft and available at <http://www.ced.org/projects/kids.shtml#new>) on childhood interventions that may increase economic growth; she also identified design and evaluation standards that could be applied to other childhood interventions.

Millions of dollars are spent each year on interventions to improve children's health, education, or future labor market outcomes. Some programs have generated high rates of return which could, in turn, increase economic growth. Unfortunately, many other interventions that may improve child outcomes lack post-program evaluations to determine their effectiveness.

Barbara Wolfe and Nathan Tefft's paper, "Child Interventions that May Lead to Increased Economic Growth," looks at promising childhood interventions as well as the characteristics of well-designed interventions and evaluations. The study reviews more than 200 child intervention programs, identifies outcome measures tied to economic growth, and defines criteria for successful program evaluations.

Barbara began the presentation by discussing how various program outcome measures could impact economic growth, including: increased levels of schooling, earnings growth, and increased labor force participation. Next, she outlined the criteria for selecting well-evaluated programs that allow researchers and policy makers to identify causal mechanisms and remain confident that confounding effects, such as omitted variable or selection, do not bias or drive the results. The criteria for selecting good evaluations include: a truly random sample, a well-constructed control group, and low sample attrition. Additionally, programs should include student follow-ups, relevant outcome measures, and preferably operate in more than one location.

Barbara gave examples of a range of childhood interventions with good evaluations from which it may be possible to draw conclusions about their impact on economic growth:

- \* Nurse Family Partnership—Nurse home visits were provided to new mothers in several different locations using an experimental design; the children were followed for 15 years.
- \* Chicago Child Center Parent Program—Children who lived in low-income areas were invited to participate in a preschool program that included family and health services. The participants and a statistically matched similar sample of children were followed-up through age 23.
- \* Classwide Peer Tutoring—Children are recruited within classrooms for a peer tutoring process with rewards for progress. This intervention is inexpensive and a wide range of schools could replicate it.
- \* Healthy Kids—Health insurance was provided to low-income, Latino children which improved access to health care; economic growth may be impacted if health improved.

- \* Big Brothers/Big Sisters—Adults mentored children in a program that has been widely replicated and has positive outcomes on behaviors that may be tertiary to economic growth.
- \* Career Academies—Several high schools adopted career-oriented programs to keep students in school and prepare them for further education and employment. Sample attrition was low and the program had a direct effect on wages which can be used for economic growth analysis.
- \* Job Corps—High school dropouts participated in residential job training programs with multiple implementation sites, a randomized evaluation, and relevant outcome measures including wages.

Barbara concluded her remarks by highlighting other childhood interventions that did some things “right” in their evaluations and could perhaps be used for an analysis of economic growth and/or a benefit cost analysis.

Working group members in discussing Barbara’s paper focused questions on the following issues:

- \* Timeline issues—Could an evaluation be constructed to focus on continuous improvements, like a business model? Have any of the criteria been able to link earlier benefits to later benefits?
- \* Health programs—It was difficult finding programs that showed positive effects on child health. Healthcare data may also be distorted, as people without health insurance may still be treated at hospitals.
- \* Mixed data—Interventions, such as the Tennessee Star Program, that were once thought to have a fading effect on achievement now show positive effects on attainment.