

# Midterm Report July 2025

Diana Fishbein, Nova Scholar

## Original Conception of the Proposed Project

My proposed project, called *The Decade of the Child* (DOC), was designed to promote a research and national policy agenda that fosters whole child health and wellbeing. The original conception for the DOC involved four-prongs: 1) NIH embrace of a trans-institute whole child research agenda; 2) a presidential proclamation in support of the research and policy change; 3) congressional appropriations to NIH to incentivize and support the research; and 4) a public education campaign.

Proclaiming the next 10 years to be the Decade of the Child was considered a possible pathway for fostering the health and social security of our children [including adolescents and emerging adults], founded on an accumulation of knowledge, evidence, and best practices generated by NIH and other research groups and social service organizations and supported by congress and the executive branch. Although NIH funds a wide range of health issues, the focus has predominately been on disease—its causes, manifestations, and treatments. What is less prominent in its research agenda is a focus specifically on conditions that impact children and youth, and even less so on the holistic nature of health issues and wellbeing. Moreover, health promotion and the prevention of problems have not yet been the primary emphases.

The field generally feels now is the right time for this type of initiative given the substantial body of knowledge that has recently accumulated regarding the detrimental effects of adverse social conditions (especially trauma) on brain and body development in infants, children and adolescents that increase risk for mental and behavioral health problems, and their cascading impacts on chronic disease. Importantly, increasing the prevalence of positive and protective conditions has been shown to reverse or attenuate the effects of adverse experiences. The existence of hundreds of randomized controlled trials, funded largely by NIH, showing the benefits of family, school, and community environments, interventions, and public policies on whole child health and wellbeing suggest prevailing risk conditions are amenable to intentional change and that malleable developmental processes can be improved with greater investments in whole child health promotion and the wellbeing of ALL children. The population-level benefits to be derived from a large-scale initiative that builds on these recent advances can be achieved by furthering child-focused research, clinical application, prevention practices, and public health policies.

To exert a meaningful impact on the conditions that holistically influence child health and wellbeing, investments are needed in the development, evaluation, implementation, and scaling of interventions and public health policies to determine (a) impacts on these outcomes when interventions are appropriately delivered, adapted and scaled, (b) the extent to which population level disparities are narrowed, and (c) whether child health and wellbeing measurably improve. We advocated that this line of research experimentally evaluates policy strategies for altering the root causes—the adverse social determinants of health and wellbeing—including poverty, discrimination, and opportunity inequality. Research findings provide a blueprint for development

of a comprehensive plan with careful attention to assessing service delivery systems, practices, and public health policies to determine how best to support children through legislative, agency level, and proximal environmental (e.g., households, schools, communities) change.

To most effectively and comprehensively address this agenda, I assembled a team of 10 experts in child brain and behavioral development, prevention science and public health, and legislative and agency level policy to provide ongoing input, direction, and expertise. We meet monthly, oftentimes more, and I meet and interact with individual members of the team nearly daily. We have established a set of priorities and activities that have required ongoing adjustments based on rapidly changing research and political landscapes—detailed below. These activities were executed as a team, with some members focusing on different aspects of the work, depending on their expertise.

Also note that, as Dr. Christina Bethell also became a Nova Scholar, we agreed to co-lead this initiative and, as mentioned later and in her report, we have naturally assumed overlapping but also somewhat distinctive roles to leverage our complementary skill sets and tackle the initiative from multiple angles. The 30 years of research and data collection/reporting, plus the Launching Lifetime Health report (NASEM) to which she was a strong contributor, in part, forms the scientific foundation for this project.

Our first step was to urge NIH to embrace the DOC as its own. Based on my preexisting relationship with the Director of the Office for Disease Prevention (ODP) in the NIH Director's office, we were able to meet with him to introduce the DOC. After two meetings, he asked us (including Drs. Bethell, Prinz, Biglan) to formally brief him and the Director of the National Institute on Child Health and Human Development (NICHD) as a prelude to a request to support the DOC research agenda across NIH, with NICHD in the lead. Subsequent to this meeting, they responded affirmatively to our request and would await the results of our advocacy in congress for carve-out funds. We felt this was a major accomplishment and would place us in good stead for a successful outcome.

In our approach to Congress—the next step in the DOC agenda—we planned to introduce the DOC, inform them of NIH's agreement, and explain how federal policy can better meet the needs of our children. As clearly stated in our congressional letter, we planned to ask them:

1. To direct funds to NIH for supporting intramural and extramural research on whole child health as it applies to all disease/disorder states addressed across the institutes.
2. To evaluate policy priorities and identify opportunities to advance a child-supportive policy agenda.
3. To invest in any one or more specific areas of concern for children in their districts that they can accommodate in their policy agenda. A menu of policies was provided in our Statement.
4. To encourage them to ask congressional colleagues to prioritize children in their policy agendas.
5. To explicitly state their child-supportive policy concerns on their website and other informational materials.
6. To inform constituents of these issues and their commitment to tackle those that fit within their larger portfolio.

A letter was disseminated to all members, however, the chaotic political environment likely meant anything other than the “Big Beautiful Bill” and other administrative actions would take precedence, on both sides.

Just below, please find an abbreviated list of initial accomplishments. What follows is a delineation of the series of adjustments we made to accommodate the changing terrain, our activities and achievements, and next steps in this initiative.

### Abbreviated List of Accomplishments the First Few Months

1. Obtained approval to move forward with NIH to embrace the DOC on a trans-institute level.
2. Garnered support and involvement from the National Prevention Science Coalition’s (NPSC) Board of Directors and made this initiative a priority of the coalition.
3. Assembled a core DOC team of experts.
4. Created a detailed logic model that was shared with Nova leadership.
5. Developed 3 detailed statements to predetermined target audiences outlining the DOC plan:
  - a. Administration
  - b. Congress
  - c. NIH Director’s Office
6. Obtained hundreds of endorsements of the overall plan.
7. Strategized with members of the NPSC’s Advocacy Committee.
8. Created a flyer for policymakers and the public with Dr. Bethell.
9. Created a [website and logo](#) for branding the DOC with Dr. Bethell.
10. Disseminated information about the DOC initiative to the scientific community, policymakers, practitioners, agency officials, and the public.
11. Developed a table of legislative policies that would serve to support whole child health and wellbeing.
12. Identified key organizational partners.
13. Developed slide sets with Dr. Bethell regarding the initiative for presentations in multiple forums.
14. Created a library of relevant materials, literature, and resources.

And then there was the November 2024 presidential election that led to an administration less friendly to policies supportive of children and families, and clearly unsupportive of science and social services. Given these externalities, our plans required adjustment. The damage done to NIH in the first two months of the Administration made clear that the NIH prong of the initiative would need to be abandoned. My contact in the director’s office stated that if we attempted to associate the DOC with NIH, it would be harmed. Although implementation research is still central to our objectives, we are now taking a different tact.

Additionally, the administration has been systematically dismantling research, systems, and programs that serve children and families. Thus, rather than strictly working to promote transformational change, it is now necessary to also prioritize efforts to “defend science” and “preserve systems”. As such, my role is now twofold: (1) advocacy in congress and education of the public about the importance of whole child health and wellbeing, including to protect a range of constituent groups focusing on whole child health that are being harmed by these policies,

and (2) advancing the DOC mission to create systems and structures supportive of whole child health and wellbeing.

## Distillation of Ongoing Activities

First, please see this [webpage](#) which contains 5 links to action steps we are asking our supporters to undertake. They span a number of the categories that follow, and each one demonstrates a few of the different types of activities we are currently engaged in.

- LEARN MORE at [npscoalition.org/projects/decade-of-the-child](https://npscoalition.org/projects/decade-of-the-child)
- URGE CONGRESS to [support "Decade of the Child"](#)
- SHARE YOUR STORY: [Have the administration's actions negatively impacted you, your child\(ren\)/family, or your work? If so, let your voice be heard!](#)
- BECOME A DOC PROMOTER: [Help spread awareness to your network.](#)
- SHOW YOUR SUPPORT IN A TANGIBLE WAY: [Donate](#)

## Advocacy and Legislative Engagement

- Authored an [initial opinion editorial](#), published in The Hill, to voice serious concerns regarding the cuts that NIH was enduring to biomedical research, clinical trials, and programs/services that millions of people benefit from. The op-ed garnered the attention of the congressional HELP Committee, Don Bacon's office (R-NE), and other policymakers, giving me a throughway to speak to them about the DOC initiative. I have since been supporting the HELP Committee and others for the past few months to provide information, stories, and scientific evidence to bolster their own advocacy for legislation and with their constituents, with a focus on children's health.
- Developed an outreach letter to state representatives about how the DOC initiative can serve their states. I have also been meeting with two NC state legislators – Rep Buansi and Sen Burgin – about the initiative and how it might be applied in NC.
- Led letter writing campaigns to communicate key issues regarding children's health and how administrative actions place them in peril.
- Contacted and, in some cases, met with legislators, with a focus on Republican senators, addressing concerns about the reconciliation bill's potential negative impact on children and families, particularly regarding Medicaid, SNAP, WIC and other child and family-oriented programs.
- Extensively mapped administrative actions to impacts on children and families.

## Collaborations and Partnerships

- Worked closely with agency officials to align efforts and maximize impact. Christy has also done the lion's share of this work.
- Networked and partnered extensively with other national groups and prominent voices in this child health space to amplify advocacy campaigns.
- Endorsed letters and statements generated by other organizations to strengthen collaborative appeals.
- Developed a lengthy list of institutes, foundations, individuals, and national and community organizations that align with our mission and are doing similar work for future reference and joint advocacy efforts.

## Media and Publications

- Recruited and developed an agreement with a communications specialist at CTIPP to assist with public facing materials and platform (see above).
- Co-authored an [op-ed with Charles Bruner](#) to highlight critical issues affecting children and families.
- Currently, writing another op-ed regarding neurodevelopmental harms to children of being separated from parents by ICE raids.
- Plan to update op-ed initially written by Christy and I that now needs to address issues that have arisen since the inauguration.
- Collaborating with documentarian partners to collect stories illustrating the real harms caused to children, producing impactful podcasts and videos for public consumption.

## Dissemination and Education

- Sharing all our DOC-related productions on the PACEs Connection (a subdivision of NPSC) website which serves over 60,000 community coalition members.
- Working with two professional documentarians to collect and share testimonials about harms to children and families done by the administration, as well as success stories demonstrating how federal funding has been crucial to child and family health. These stories are being used in our advocacy with policymakers and to head up opinion editorials.
- Distributed information on the consequences of proposed cuts to NIH, CDC, SAMHSA, ACF and other federal agencies emphasizing the potential degradation of support for families and individuals.
- Ongoing speaking engagements about the DOG with national, state and local groups.

## Next Steps

### National Summit

- A Summit was initially proposed but I had not yet conceived of the purposes, framework, and intended outcomes. Our ideas are coming together now, as summarized here. The team has decided that facilitating a convening of about 60 participants to, first, develop relationships across agencies, organizations, foundations, and other players in the field would help us to coordinate our efforts, break down silos, integrate our respective knowledge bases, and identify alignments in approaches to fostering children's health. An overarching goal, articulated by Christy, would be to nurture joint ownership in the initiative, given that all participants play a substantive role in the field. Second, we would aim to co-create a concrete action plan, building from what we know from the foundational research (e.g., gleaning from consensus reports) and positioning the nation for cross-sector system transformation. The plan will be digestible and understandable by policymakers and others who would be executing the recommendations. The conference would be held in either a hotel room or one that Nova or another one of our partners has access to. Meals will be provided and travel expenses will be offered on a case-by-case basis—several participants will already be in the DC area.
- Part two of this Summit would be a separate convening by a small contingency of

participants to present a synthesis of the research and the resulting action plan to congress, agency officials and others, and offer to provide ongoing consultation and relevant expertise to the process. The objective would be to educate policymakers about developmental phases (what is needed at each period), gaps in knowledge, what we know about how nurture child health, and opportunities for doing so. This one would be held on Capitol Hill in one of their hearing rooms, free of charge. We will provide refreshments. We will attempt to obtain media coverage.

## Other Activities

- Significantly scale up our public education campaign.
- Continue fostering partnerships and building coalitions to strengthen advocacy efforts.
- Maintain focus on legislative engagement, particularly related to Medicaid, childcare, SNAP, health funding, and entitlement programs.
- Expand dissemination of success stories and documented harms to broaden public and policymaker awareness.
- Send personalized letters to congress that provide state-specific information on what their constituents have to gain and lose.
- Contacting and in some cases meeting with federal and state legislators.
- Meetings and working in partnership with agency officials.
- Continue working with our documentarian partners to produce and disseminate podcasts and videos of actual harms done and those that are forecasted to children.
- Further documenting success stories of how federal funding has been essential to child and family health.
- Disseminating information on how cuts to NIH, CDC, SAMHSA, etc. forebode a degradation in our ability to support families and individuals, and what is needed for research and systems to be more nurturing of child health and wellbeing, calling attention to the ROI of doing so.
- Collaborating with other national groups and prominent voices in this space.
- Endorsing letters and statements generated by other groups.
- Increasing our social media and news outlet presence.
- Publish op-eds, briefs, and papers, as the situation warrants.