

NIH CHILD CARE BOARD MEETING MINUTES
January 24, 2008
Natcher, Bldg 45 Room A

Members in Attendance: Valerie Durrant, Jayne Lura-Brown, Angela Magliozzi, Susan Persons, Kim Plascjak, Henry Primas, Heather Rogers, Lisa Strauss, Tracy Waldeck, Rachel Weinstein, Shanil Haugen, Robert McDonald, Tom Hayden, Mary Ellen Savarese, Tonya Lee, Hillary Fitis (via phone).

Center Liaisons Attending: POPI: Paulina Alvarado, Nicole Queen, Nikolay Nickolov, ECDC: Anne Schmitz, Beth Levy, Child Kind: Jaydah Wilson, Amy Cliber, James Pickel

Guests: Suzanne Bianchi, Michael Kirsch, Alfred Johnson, Jennifer Pohlhaus, Joslyn Kravitz, Joan Schwartz, Colleen Gray-Broder, Sarah Schmelling, Alisa Green, Barbara Kaplan, Lynnda Regan, Yuanting Zhang, and Joyce Rudick

- I. Welcome and Introductions** - Chair Valerie Durrant welcomed guests including FAES, FELCOM, Foundation for NIH, the NIH Working Group on Women in Biomedical Careers, the Office on Research on Women's Health, FEW, NICHD Work Life Research Office and Staff Clinicists group.
- II. Approval – Minutes for December** - Chair Durrant called for a vote to approve the minutes from the December, 2007 meeting. Minutes were approved.
- III. Presentation: “Changing Rhythms of American Family Life”**
Dr. Suzanne Bianchi, University of Maryland, gave a presentation on her recent research and findings.

The research focused on the following three questions with answers:

- (1) What did women “give up” to make time for market work? *On average mothers have shed housework but not child care.*
- (2) Did men respond by doing more in the home as women worked more outside the home? *Fathers are doing more in the home.*
- (3) How “fair” or equal is today’s gender division of labor in the family? *In two-parent families, mothers and fathers total workloads are equal but remain gender specialized.*

Findings also reflect in 2007, 60% of working mothers “ideal” work situation would be part-time. Overall labor force rates of women rose rapidly in 1970-90 and then leveled off. Rates of mothers with infants have declined recently. Dr. Bianchi concluded her presentation with the following remarks: “Women today have more choices-and may be more secure in exercising them-than women of a generation ago. Jobs take time and children take time, perhaps even more time given “intensive childrearing”. Leaving the labor force for a short spell can be part of a long term commitment to labor market work. Is this “opting out” or “opting in” to both work and family, deeply committing to both?”

- IV. NIH Child Care Needs Assessment: Final Report to NIH** The NIH Child Care Needs Assessment evaluated the Child Care needs of NIH and benchmarked NIH Child Care services with other organizations. Michael Kirsch, Project Manager from Impaq International, LLC followed up on the interim report on the NIH Child Care needs that he presented at the December Board meeting. He briefly discussed the child care needs assessment but mainly focused on the benchmarking results. Dr. Kirsch stated that there were 6 federal, 4 university/academic and 2 private sector organizations that participated in the study. Attached is the Report Executive Summary and a Summary of the Comparison on the Key Elements.

Conclusions and Recommendations:

- **Strengths:** high quality of NIH-sponsored child care centers, implementation of the NIH child care subsidy program, and improved transparency and equity of the waitlist process in recent years
 - **Weaknesses:** relative scarcity of child care slots at on-site and near-site facilities, length of time employees are on the waitlist, and perceived affordability of NIH's child care program-with a demand for expansion of the child care subsidy to fellows and other NIH staff
 - **Recommendations:** evaluate options for providing additional child care slots both on and near site and contract out for slots with "outside" child care centers; expand coverage of child care services to more employees, such as NIH fellows for example the subsidy program and/or child care stipends; and provide additional types of family-friendly benefits to NIH families such as back-up/emergency child care and paid time off or use short-term disability during maternity leave
- V. Report from the Chair** – The Camp Event Fair flyers and the NIH Child Care Board Summer Camp Brochure were distributed. Members were asked to hold the date for the Parenting Festival – May 7, 2008.

The meeting was adjourned at 12:00 PM.

The next meeting will be March 6, 2008

Assessment of the National Institutes of Health (NIH) Child Care Services Program

Final Report

January 24, 2008

Submitted to:

Office of Research Services
Division of Employee Services
National Institutes of Health

Submitted by:



IMPAQ International, LLC
10420 Little Patuxent Parkway, Suite 300
Columbia, MD 21044
Phone: 443.367.0088 / Fax: 443.367.0477
On the web: www.impaqint.com

EXECUTIVE SUMMARY

IMPAQ International, LLC, was contracted by the National Institutes of Health (NIH) to conduct an assessment of NIH's child care programs, services, and resources. This assessment included:

- Literature review of child care return-on-investment articles
- Conduct of interviews with NIH stakeholders
- Review of previous child care surveys conducted by NIH and other relevant reports
- Administration of a survey to NIH Parents Listserv members
- Review of postings to the NIH Parents Listserv
- Conduct of a benchmarking study with outside organizations.

A summary of the research questions addressed and a summary of the results are presented below.

Key Research Questions and Summary of Results

1. To what extent does NIH's Child Care Services Program support the mission of science at NIH and how critical is it to achieving this mission?

The data collected and documents reviewed as part of this study provide solid evidence to support the value of child care services in helping NIH employees to accomplish the agency's mission. The majority of the NIH community, both with and without children, felt that access to high quality, accessible child care programs and resources provides a sense of stability for parents and results in increased employee productivity. For example, 65% of parents with children at an NIH-sponsored child care center experience reported that they have fewer absences due to child care issues and 67% also experience less stress related to child care issues. The availability of on-site or near-site child care allows parents to stay focused on the research they are conducting, rather than having to worry about child care concerns.

2. What role does the provision of child care services play in employee decisions to join and continue their employment with NIH?

The findings of this study strongly suggest that the availability of child care services plays a key role in the recruitment and retention of NIH staff. Results of the employee survey indicated that 37% of those surveyed indicated that the availability of child care programs at NIH impacted their decision to join the organization, while 67% indicated that it impacts their decision to continue their employment with NIH. They results are consistent with those from the literature review which consistently found that the availability of affordable, employer-sponsored child care has a significant impact on employment decisions.

3. What are the greatest strengths and weaknesses of the NIH child care services program and how has the child care services program improved over time?

One of the greatest strengths of NIH's child care services program is the high quality of the NIH-sponsored child care centers. NIH survey and interview results found that most participants believe that the level of quality at NIH-sponsored child care centers is very high as compared to other child care options available to them.

A second area that was seen as a strength and an area of improvement in the NIH child care services program was the implementation of the child care subsidy program. An evaluation of the results of the Pilot program indicated that the Pilot was successful in providing support to those NIH employees most in need, allowing them to obtain licensed child care services at a lower out-of-pocket cost.

Another area of improvement has been the transparency of the wait list process. The survey results in 2005 reflected some improvements in this area, as a greater percentage of survey respondents in 2005 indicated that they had been contacted by waitlist staff (66%) than those participating in the 2001 survey (51%).

The major perceived weaknesses of the child care program are the relative scarcity of child care slots at NIH-sponsored on-site and near-site child care facilities and the perceived affordability of the child care programs sponsored by NIH. This was a theme that emerged from all of the data sources reviewed as part of this study.

4. Are NIH's child care services program offerings competitive with other organizations trying to attract similar types of employees?

NIH's child care program is among the top programs being offered by the benchmarked organizations. Its key strengths are the number of centers it offers and the number of child care slots that are made available to NIH employees. However, NIH's program is at about the same level as most of the benchmarked organizations on key program elements and is behind relative to providing back-up child care and offering short-term disability for maternity leave coverage, as well as its inability to meet the high demand for child care center slots.

5. Based on the findings and analysis of related research, how can the program continue to meet the needs of its staff and better support NIH's mission?

Based on the results of all of the analyses conducted as part of this study, it appears that while NIH does offer a competitive set of child care programs, services, and resources, it can no longer be considered to be "leading edge," at least relative to the organizations which were benchmarked as part of this study. Most of the organizations benchmarked now offer a comparable set of child care programs and services as NIH, and while NIH may be better than other organizations in a couple of areas, it is the same or behind comparable organizations in many of the key areas examined as part of this study.

If NIH is to regain its "cutting-edge" status in the child care area, it will need to invest additional resources in establishing new programs, such as providing back-up child care, providing increased compensation to women while they are on maternity leave, and perhaps contracting with community-based child care centers to allow for more employees to take advantage of nearby child care centers for their children.

SUMMARY OF COMPARISON ON KEY

Child Care Program Elements	Federal Government Agencies						Academic/Universities				Private Sector		NIH	
	SEC	DOJ	CDC	EPA	OPM	NRC	George-town	Harvard Medical School	Johns Hopkins	Duke	Bristol Myers Squibb	Fannie Mae	NIH	Comparison to Benchmark Orgs.
Number of Child Care Centers	1	1	2	0	0	1	2	2	2	1	5	1	3	Better
Number of Child Care Slots	88	76	102	0	0	97	96	36	248	152	640	20	450	Better
Serve All-aged Children	No	No	No	N/A	N/A	✓	✓	No	No	No	✓	✓	✓	Better
Offer Full-time Child Care	✓	✓	✓	No	No	✓	✓	✓	✓	✓	✓	No	✓	About the Same
Offer Child Care Subsidy	✓	No	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	About the Same
Offer Pre-tax Program for Child Care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	About the Same
Offer Alternative Work Schedules	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	About the Same
Average "Low" Annual Fee	\$10,660	\$12,480	\$10,348	N/A	N/A	\$12,780	\$11,722	\$15,900	\$13,956	\$11,928	\$13,520	N/A	\$10,452 ¹ \$10,452 ² \$13,920 ³	About the Same
Average "High" Annual Fee	\$15,860	\$12,480	\$12,064	N/A	N/A	\$17,640	\$13,128	\$24,000	\$17,760	\$13,932	\$16,016	N/A	\$16,224 ¹ \$17,244 ² \$17,556 ³	About the Same
Offer Sick Child Care	No	No	No	N/A	N/A	*	No	✓	No	No	No	No	No	About the Same
Provide Other Paid Leave	*	Leave Bank	*	*	*	Leave Bank	No	No	No	✓	No	✓	Leave Bank	About the Same
# of Employees on Wait List	0	*	400	N/A	N/A	68	111	25	*	363	200-300	N/A	1,105	Not as Good
Average Time on Wait List	N/A	*	1 year	N/A	N/A	9 mos. to 1 year	Varies	1+ years	1 year	*	*	N/A	1.5+ years	Not as Good
Contract with Outside Centers	No	✓	✓	No	No	No	No	No	No	✓	✓	✓	No	Not as Good
Offer Back-up Child Care	✓	No	No	N/A	N/A	No	No	✓	No	✓	✓	✓	No	Not as Good
Allow Use of Short-term Disability for Maternity Leave	No	No	No	No	No	No	✓	✓	✓	No	✓	✓	No	Not as Good

* - Data was not available.

¹ - ECDC / ² - POPI / ³ - Childkind