

Good Policy Requires Good Data: Assessing Child Well-Being in Every State

By Michael Laracy, Kristin Anderson Moore, David Murphey and Deborah Stein

Good policy decisions require good data, but state policy makers often have had little or no data to guide their work. A reliable annual survey of child well-being, as well as family and community characteristics, would be a valuable resource for developing better state policies for children. While we know that there are substantial variations by state in child well-being, we have very few indicators with statistically valid estimates at the state level that would permit rigorous cross-state comparisons and time-trend analyses. Having annual data for every state would do much to inform state policies affecting children.

The Need for State Data on Child Well-Being

The decisions that shape children's lives are increasingly being made by state policy makers. Two-thirds of the funds spent on children are allocated by state governments. Federal programs such as Temporary Assistance for Needy Families (TANF), the State Children's Health Insurance Program (SCHIP), and the Child Care and Development Block Grant (CCDBG) are all managed by state policymakers. Even programs such as the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, and Medicaid, which have significant federal authority, are still operated by state policymakers who make

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critical decisions about everything from application format to outreach efforts. States also invest significant amounts of their own resources, either as matching funds to federal programs or through their own programs and policies. Moreover, many important nonfinancial policy decisions that affect children's lives are made entirely by state policy makers: consider public education campaigns to get parents to read to their children, immunization requirements for entering school, or graduated licensing requirements for teenage drivers.

State data on how children are faring can inform and improve state policies in many ways.¹ Data can help policy makers and advocates identify problems that require immediate action. For example, when Alabama consistently had the highest rate of child mortality in the nation, state Kids Count researchers reviewed the death reports and realized that three major causes of child deaths in Alabama were preventable (SIDS, parents rolling over on babies in bed, and shaken babies); in two years, a public education campaign reduced Alabama's child deaths by 25 percent.

State data can identify successful policies that should be continued or expanded. Data show reductions in traffic accidents and deaths when states impose graduated licensing requirements,² and this has led to a rapid expansion of states adopting graduated licensing requirements.

Annual state data reporting can help drive long-term policy efforts that both benefit children and save states money. In Rhode Island, for example, a decade-long effort to reduce lead poisoning was largely driven by annual data initially showing that a third of all Rhode Island children entered kindergarten with lead exposure; as subsequent policy changes were implemented, exposure levels dropped consistently. Ten years later, the number of Rhode Island children exposed to lead has been reduced by three-quarters, children are healthier, and the state saves millions of dollars in Medicaid and special education costs every year.

Regular reviews of state data can help federal policymakers track whether federal dollars are being effectively invested and can thus maximize scarce federal resources. As Congress debates the reauthorization of TANF, policymakers are looking for good data to show how children are faring during this prolonged recession and what role TANF and other federal public assistance programs are playing in protecting them when parents lose their jobs or return to the workforce.

What Data Do We Have Now?

For too long, state policy makers have lacked good data to inform policies related to children.³ Moreover, many of the available data are in "silos" – that is, limited to children in a single administrative database, such as Medicaid; or only for children at a particular age, such as birth data; or only about a particular topic, such as teen sexual and contraceptive behavior. All too often, the data are not available for all states, are not statistically representative of all children in each state, are not

promptly available, are difficult to access and use, are heavily focused on negative rather than positive indicators, or are in other ways flawed for policy uses.

At the national level, enormous progress has been made in the past several decades in providing information that meets the criteria for good indicators.⁴ For example, up-to-date data are increasingly available for children of all ages, whether or not they are in government programs. Data users also increasingly recognize the importance of obtaining data on the “whole child,” because they have come to understand, for example, that a child’s health affects their educational progress, while their educational progress affects whether or not they drink and use drugs, and their substance use in turn affects their socio-emotional well-being.⁵ Reflecting this understanding, surveys increasingly include measures of health, education, emotional development, and social behavior in the same instrument. While measures of positive outcomes continue to be scarce, information on problem behaviors and the contexts in which children live – such as their schools, neighborhoods, and families – has become increasingly available. However, similarly rich data are not regularly available at the state level.

The National Survey of Children’s Health: A First Step

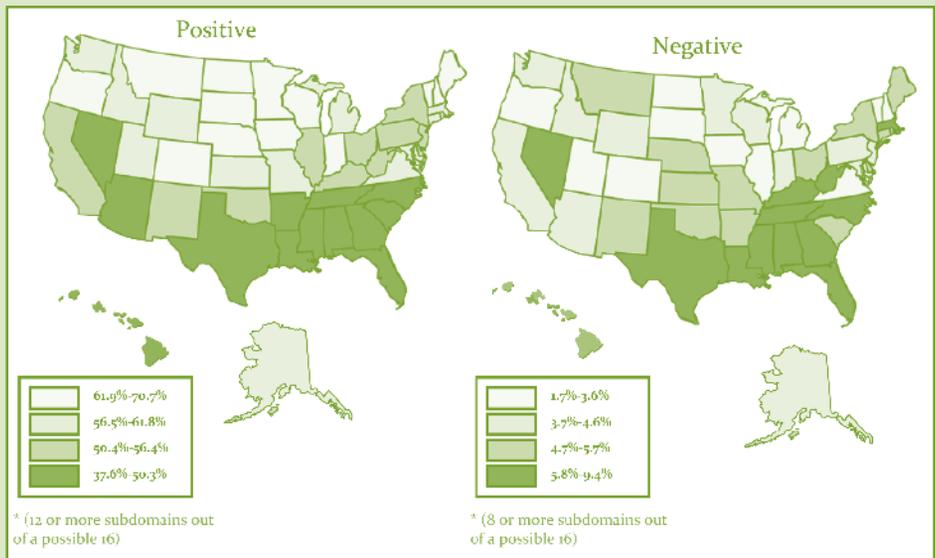
In 2003, an important step to fill this gap was taken when the National Survey of Children’s Health (NSCH) was initiated. The NSCH, currently collected every four years, provides rich information that is reported promptly and is comparable across all 50 states and the District of Columbia. The NSCH is a prototype for the kind of data collection that is vital in informing research, policy, and practice to improve child well-being, particularly at the state level but also increasingly for substate geographies.⁶ Because the NSCH offers precisely the kind of data that state policy makers need, an expansion of the NSCH to provide continuous or annual collection of data, and to include some important additional modules, would significantly enhance information at the state level.

Despite its title, the NSCH takes a broad view of child well-being, one that encompasses health and safety, education, and social and emotional well-being, as well as parenting and the family environment, out-of-school-time activities, neighborhood characteristics, and economic security. Data of this kind permit analyses of how multiple characteristics interact for each child. For example, we can see which children have multiple vulnerabilities (or multiple assets), and how those are linked with school engagement, participation in after-school activities, or employment.

Another forward-looking feature of the NSCH is that it includes positive as well as negative measures. While traditional indicators focus on “deficits” (e.g., dropouts), “disease” (e.g., obesity), and “disorderly behaviors” (e.g., use of alcohol), the field has come to recognize that the picture of well-being is incomplete without measures of strengths or assets – in other words, “what’s right” (rather than just what’s wrong) with children and youth. The NSCH measures, for instance, how often family members read with children, whether youth participate in volunteer activities, school

engagement, social competence, and the presence of neighborhood assets such as libraries and parks.⁷ Developmental science has confirmed that these are critical for fully assessing well-being. Enhancing positive outcomes is as important for the development of children as is reducing negative behaviors. In fact, using the NSCH, we can create indices (composite measures) comprised of multiple indicators (either positive or negative) and generate estimates of the proportions of children doing well (or poorly) on either the positive or negative scale (see Figure 1).

Figure 1
Overall* Child Well-Being for 6-11 Year-Olds, by State



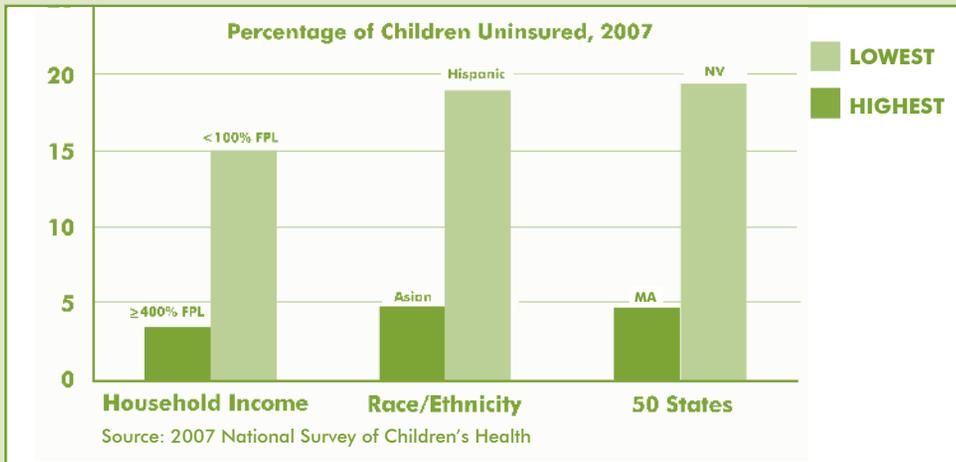
The NSCH differs from many existing state-level databases because it is not restricted to the clients of a particular administrative system (for example, schools, public assistance programs, or insurers), but rather is a representative sample of all children (and their families).⁸ As we know, not all children are in programs, even if we include the public school system in our definition of programs. Children who are not served by programs are frequently the most vulnerable or at-risk children: the uninsured, the dropouts, children in eligible families that are not receiving TANF benefits or child-care subsidies. These groups of children are perennially missed by administrative databases.

Finally, and again perhaps a surprise to people not versed in the survey world, the NSCH is one of the few publicly funded surveys that produces representative estimates for every state, in addition to national estimates. This is essential, because the variation across states typically exceeds the variation associated with income, race, and other

demographic and economic factors. In other words, to understand the range (worst to best) attained on any given indicator, we need state data. National data simply do not provide adequate guidance for state policymakers.

To take one example, we can look at children’s health insurance coverage. While children’s uninsurance rates vary enormously by income and race, they vary even more by state. There’s a fourfold difference in the share of uninsured children between the lowest income group (those under 100 percent of the federal poverty threshold) and the highest (400 percent or greater of the poverty threshold), with 15 percent of children in the lowest income group uninsured and only 3 percent of children in the highest income group uninsured. The gap between Asians (with the lowest rates of uninsured children) and Hispanics (the group with the highest rates of uninsured children) is a little wider; only 5 percent of Asian children are uninsured, while 19 percent of Hispanic children are uninsured. But the size of the gap between the lowest-performing state, Nevada, and the highest, Massachusetts, trumps both of those. Fully 19 percent of Nevada children are uninsured, and only 3 percent of Massachusetts children are uninsured (see Figure 2).

Figure 2
Variation by State Exceeds Variation by Income, Race/Ethnicity



Clearly, there are stories behind these disparities that are critical for understanding the role of states’ policies, insurance markets, diverse demographics, and other factors in determining what is working well or less well to promote higher rates of coverage. State-level policymakers certainly need these kinds of data to evaluate their performance within the relevant context.

For policymakers, the NSCH has other strengths. The data are publicly available promptly – within six months to a year after collection. They are also readily

usable by policymakers, researchers, and advocates; in fact, the data are reported on a website that is easily usable by nonresearchers.⁹

Building on the NSCH

For all its strengths, the NSCH is by no means the perfect child well-being survey. Chiefly, it suffers from infrequent data collection (currently, every four years). This severely limits its utility. For example, because data were last collected in 2007 and the survey will next be conducted in 2011, it provides no information about children during the depths of the current recession. If this is to be a truly useful policy tool, we must have new data annually.

Continuous data collection would allow us to track rapid changes in child outcomes when important systemic shocks occur, such as recessions or hurricanes that force large-scale migration. Major environmental changes are precisely the kinds of occurrences in response to which policymakers need current data promptly to make well-informed decisions.

In addition, continuous data collection would provide an opportunity to look at particular subgroups at the state level. When data are continuously collected, researchers can aggregate data over two or three years, creating samples large enough to examine subgroup differences. This can be particularly important for issues unique to particular age groups, such as infants and toddlers, or teenagers. Depending on population size, aggregation can also provide data on racial or ethnic groups at the state level.

Also, continuous data collection would enable a more fine-grained tracking of changes in child well-being indicators over time, providing better insight into the causes of such changes. Since it is impossible to predict when an important change in child well-being – such as the recent increase in teen births – will occur, only continuous collection of data would allow us to identify more precisely when such a change began.

There are practical benefits to continuous data collection. It is more efficient to keep a smaller survey staff in the field on an ongoing basis rather than training and dispatching a larger force every four years.

Continuous data collection would also provide frequent, current data to assess new policy initiatives. Aspects of child well-being that do not normally change rapidly may in fact do so when new policies are implemented. Continuous collection would provide data suggestive of whether broad-based new policies are having an effect and should be maintained, expanded, changed, or terminated.

Increasingly, place-based initiatives are gaining the attention of policy makers. Understanding the dynamics of these requires place-based data – frequently, data for substate geographies such as counties, cities, or even neighborhoods. For initiatives that are designed to affect a whole community, a survey is the only way

to gather data about community-wide effects. One role for surveys like the NSCH is to provide models of tested questions that could be adapted for other, locally administered surveys that might sample a city or neighborhood.

While surveys of populations cannot, strictly speaking, be considered evaluation tools, they can be very useful for “reflective practice” – that is, to provide ongoing information about whether expected outcomes are being achieved. If a state or community initiative, such as a “Promise Neighborhood,” develops a logic model to guide its work, indicators representing the elements of the logic model can be examined to explore whether anticipated changes have actually occurred. For example, a common logic model is that children in a high-quality preschool program are more likely to be ready for school, children who are ready for school are more likely to be engaged in school and do well, and children who do well will, in turn, be more likely to graduate from high school. Indicators representing the steps in this logic chain (assuming they are measured by the survey) can be examined to assess whether they are improving as expected, or not. If some are improving and others are not, this information suggests where to address further attention.

Expansion of the NSCH to include additional questions around child well-being would also be beneficial. Although the survey does include parents’ reports on a range of children’s well-being issues, the primary focus is on health, broadly defined. One area in which we have inadequate data is adolescence, since parents often have incomplete knowledge of teenagers’ lives. An adolescent module could be added to the survey, whereby the parent could give permission for the interviewer to speak with the young person directly. This would enable data collection on such important items as adolescent obesity since parents may not be reliable reporters of their teen’s height or weight as well as risky behaviors.

Efforts to Expand the NSCH

Bipartisan efforts are under way to pass legislation that would provide for an expansion of the NSCH. In the Senate, John D. Rockefeller (D-WV) and Olympia Snowe (R-ME) introduced The State Child Well-Being Act of 2009, S. 1151. In the House of Representatives, Chaka Fattah (D-PA) and Dave Camp (R-MI) introduced companion legislation H.R. 2558. These bills would convert the NSCH to an annual or continuous survey and expand the range of questions it asks. The new questions would be selected by the Maternal and Child Health Bureau, with guidance from the Federal Interagency Forum on Child and Family Statistics, as well as from a panel of external experts. The expansion would cost \$20 million a year.¹⁰

In sum, at the national level, efforts to inform public policy with regard to children and families have been enriched by data on health, education, behavior, and emotional development among children and youth. However, because state policy makers are responsible for implementing and funding many of the programs and policies that affect children and youth, they need data of similar

breadth and quality. Building on the exceptional strengths of the NSCH provides a remarkably cost-effective approach to augmenting the limited supply of data currently available at the state level.

Notes:

- ¹ Kristin Anderson Moore and Brett Brown, with Harriet Scarupa, *The Uses (and Misuses) of Social Indicators: Implications for Public Policy* (Washington, DC: Child Trends, 2003).
- ² Susan Anderson Fohr, Peter M. Layde, and Clare E. Guse, “Graduated Driver Licensing in Wisconsin: Does It Create Safer Drivers?” *Wisconsin Medical Journal* 104, no. 7 (2005): 31–36; AAA Foundation for Traffic Safety, *Evaluation of New Jersey’s Graduated Driver Licensing Program* (Washington, DC: AAA Foundation for Traffic Safety, 2010).
- ³ Brett V. Brown and Kristin A. Moore, *An Overview of State-Level Data on Child Well-Being Available through the Federal Statistical System* (Washington, DC: Child Trends, 2006, revised 2007), http://www.childtrends.org/Files/Child_Trends-2006_10_01_FR_StateDataPaper.pdf.
- ⁴ Kristin A. Moore, “Criteria for Indicators of Child Well-Being,” in *Indicators of Children’s Well-Being*, ed. Robert M. Hauser, Brett Brown, and William Prosser (New York: Russell Sage, 1997).
- ⁵ Pilar Marin and Brett Brown, *The School Environment and Adolescent Well-Being: Beyond Academics* (Washington, DC: Child Trends, 2008).
- ⁶ The Obama administration’s Promise Neighborhoods is one example of a community-based, comprehensive revitalization effort that requires survey data to assess its effect on the whole community.
- ⁷ For the full 2007 NSCH questionnaire, see <http://nschdata.org/Viewdocument.aspx?item=197>.
- ⁸ In 2003 and 2007 the NSCH was conducted entirely by calling family landline phones. Because of the rapidly growing number of families that have cell phones but no landlines, the Maternal and Child Health Bureau, which conducts the survey, is developing plans to include cell phone families in the survey in 2011. Although, for technical reasons, surveying families with cell phones is more expensive than surveying families with land lines, it is feasible and is currently being done in both government and private surveys. Thus, the survey should continue to provide statistically meaningful data that are representative of all children in each state.
- ⁹ See <http://nschdata.org/Content/Default.aspx>.
- ¹⁰ More information about this bill can be found at <http://www.childindicators.com>.