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Improving Indicators of
Child Well-Being

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Child Well-Being Indicators

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Summary

In December 2008, Chapin Hall convened 24 academic researchers, representatives of nonprofit organizations, and government officials in Bethesda, Maryland, to discuss the future of child indicators. The recommendations below and the paper that follows are neither summaries of the meeting nor endorsed by the participants. Rather they are Chapin Hall's attempt to spark further discussion, informed by the views of those present. The paper focuses on three areas outlined below:

Early Childhood Development and the Transition to School

There are opportunities to expand and standardize information collected at several *universal contact points* at ages 0–5. These contact points are events in which the vast majority of children have data about their well-being recorded. These include birth, immunization visits, and entry into kindergarten.

Recommendations:

- Standardize collection of birth data across states.
- Establish uniform collection of well-being data at immunization visits that can be aggregated up to indicators on a wider range of issues.
- Collect common information upon kindergarten entry that can be used as child well-being indicators.

Transition to Adulthood

Investments in data systems in the coming years will yield more information than ever about adolescents and young adults. There are two major opportunities.

Recommendations:

- Link secondary school, postsecondary school, and employment data systems.
- Use administrative data from these systems to develop predictive indicators of future in the transition to adulthood.

Children's Context

The context of children's lives is important. There are three areas that offer opportunities to learn more.

Recommendations:

- Explore creating universal measures of childcare quality.
- Add measures of poverty to the official measure that illuminate the role of government in supporting families.
- Routinely collect data on immigration history and status on federal surveys.

Introduction

President Obama, in his Inaugural Address, said “The question we ask today is not whether our government is too big or too small, but whether it works, whether it helps families.”¹

Yet, judging whether children and families are doing better requires a complex array of evaluations of specific programs and a broad system of child and family indicators that comprehensively cover the many aspects of children’s lives. There has been significant progress in the development of child indicators, particularly over the last 15 years. The number of researchers working in the field and the number of disciplines represented have grown. Technological breakthroughs have made some types of data collection, analysis, and sharing more efficient. Policymakers increasingly have used outcome data to make decisions and have demanded even more information. These trends have made possible the development of many robust indicators—some that provide a clearer perspective of progress overall and others that shed new light on trends in targeted populations.

There are many opportunities for further improvement. In some cases, this means developing new indicators from existing data. In other cases, it means taking advantage of new sources of data.

In December 2008, Chapin Hall at the University of Chicago sponsored a symposium in Bethesda, Maryland, on “Improving Child Indicators.” Twenty-four experts from within and outside the Federal Statistical System came together to take a fresh look at child indicators as a new presidential administration and new Congress transitioned into power. Attendees included government agency staff, academic researchers, and representatives of nonprofit organizations. The participants were asked to identify gaps in our knowledge about children’s conditions,

¹ White House transcript of President Obama's Inaugural Address
http://www.whitehouse.gov/the_press_office/President_Barack_Obamas_Inaugural_Address/ retrieved on March 19, 2009.

systemic problems with the Federal Statistical System, and resources needed to address these issues.

The experts at this meeting noted that the current system of child indicators is stronger than it once was, but that it needs improvement in some important ways. In particular, it does not adequately cover the key transitions in children’s lives from birth to adulthood. Moreover, it does not adequately capture the context of their lives. Indicators are often crafted from cross-sectional data that fail to record how children are making developmental progress.

One way to overcome that problem is to improve indicators at central transition points in children’s lives, e.g., points at which they are entering or leaving key institutional connections. Existing and possible new *universal contact points*—points at which data is collected on most children—provide opportunities for better indicators at these transition points. The discussion at the meeting was broad. However, this paper will focus on three indicator areas that are opportunities for improvement and relevant to the priorities of the new presidential administration. The topics are:

- Early childhood and the transition to school
- The transition from secondary school to adulthood
- The context in which children live

Chapin Hall is grateful for the participants’ help in identifying issues and for sharing their opinions. Participants are listed at the end of the paper; the recommendations here, however, are Chapin Hall’s alone.

Early Childhood Development and the Transition to School

By the time children start kindergarten, they have range of developmental skills, with some better prepared for the challenges of schooling than others. The knowledge and skills children possess by the time they start kindergarten can have significant consequences for their education and for outcomes later in life. Research has found links between early childhood development and high school graduation, earnings, teen pregnancy, and criminal activity.²

Because early childhood development can have such far-reaching consequences, indicators that can identify children at risk of falling behind are critical for applying interventions that might mitigate these risks.

There are three main universal contact points for young children—that is, points at which nearly all children have information about them recorded: birth, at immunization visits with health care providers, and at entry to kindergarten. Each of these points provides an opportunity to collect better data for indicators of child development.

Standardizing Birth Certificate Records

States are responsible for recording births and for transmitting this information to the federal government, specifically the National Center for Health Statistics (NCHS). In 2003, NCHS

² See for example: Timothy J. Bartik. *The Economic Development Effects of Early Childhood Programs*. The Upjohn Institute. January 25, 2008. http://www.upjohninstitute.org/Early_Childhood_Full_Report-2-28-08.pdf retrieved on March 19, 2009.

produced a new standard version of the birth certificate, updating the version in place since 1989. Only 19 states have switched to the new format to date.

The new version differs from the old in several important ways.³ Questions about race/ethnicity and educational attainment have evolved to more precisely measure these constructs. Although questions about maternal and infant health and the characteristics of labor and delivery are largely the same, *the response categories are very different*. The revised choices result from over a dozen years of research into the most important aspects of birth. Finally, the 2003 version includes several questions, in areas outlined below, that are not part of the 1989 version.

Medical Questions	Other Questions
Last prenatal visit	Mother obtained WIC food for herself during pregnancy
Infections during pregnancy	Paternity acknowledgment signed if mother not married
Labor characteristics	Principal source of payment for delivery
Maternal labor/delivery complications	Mother/infant medical records number
Infant breastfeeding at discharge from hospital	
Mother's height and weight	

There are three consequences of this split system in which some states use the new format and others use the old. First, states using the 1989 version do not collect the information above that research suggests are the most critical determinants of infant health. Second, NCHS cannot aggregate much of the data on birth certificates to the national level. Third, NCHS must manage two different systems simultaneously.

NCHS estimates it would take \$30 million to convert the rest of the states and provide solid information on births. These funds do not have to come in one year, as not all states using the 1989 standard certificate likely would be ready to convert in one year.

Immunization

The second universal contact point is the process of early childhood immunizations. About 80 percent of children ages 18 months to 3 years receive the full vaccination regimen recommended by the Centers for Disease Control and Prevention.⁴ Typically these are part of regular well-baby

³ The 2003 standard birth certificate is available at <http://www.cdc.gov/nchs/data/dvs/birth11-03final-ACC.pdf>

⁴ The Interagency Forum on Child and Family Statistics. *America's Children in Brief: Key National Indicators of Child Well-Being 2008*, p.19. The 1989 standard birth certificate is available at <http://www.cdc.gov/nchs/data/natality/1989%20Birth%20Certificate.pdf>

visits. Physicians routinely check on children's developmental progress during these visits. However, there are no standard instruments and data are not recorded electronically so they can be aggregated up into broad indicators. Both the “America's Children” report and the State School Readiness Indicator Initiative specifically cite the need for intermediate measures of early childhood development.

A system that would describe early childhood immunization completion (2-year status), school-entry immunization status (at age 5–6), and then track outcomes in middle childhood (age 10) and in teen years (age 15–16) would be enormously beneficially in describing access to and take-up of one component of preventive care. If the statistical system can combine these immunization updates with measures of growth, sensory status, and reports of physical and behavioral well-being, an important new set of indicators could be created. One resource could be the World Health Organization’s International Classification of Functioning, Disability and Health for Children and Youth, an effort to create common international definitions of diseases and conditions of children.

School Readiness and the Transition to Kindergarten

The point at which children enter school for the first time is a third universal point of contact. There are two challenges with consistently measuring the well-being of children at this point. The first is developing a standard set of school readiness indicators that cover cognitive, social, and physical development. The second is establishing data sources to supply the information needed for the indicators.

Three prominent models could guide future efforts to reach a consensus on indicators and data sources. The first is the Head Start Outcomes Framework, which has 8 domains of school readiness, 27 sub-domains, and over 100 indicators. The domains include cognitive skills such as literacy, math, and science; social and emotional development; and physical development. Examples of indicators are the ability to identify at least 10 letters in the alphabet and demonstrating “increasing capacity to follow rules and routines and use materials purposefully, safely, and respectfully.”⁵

A second model centers on the “core indicators” from the State School Readiness Indicator Initiative, which was a collaboration of 17 states ending in 2005. The initiative identified a set of

⁵ The Head Start Child Outcomes Framework is available at http://eclkc.ohs.acf.hhs.gov/hslc/ecdh/eecd/Assessment/ChildOutcomes/edudev_art_00090_080905.html.

school readiness measures including five direct measures of school readiness: motor skills, peer interactions, ability to follow directions, ability to associate letters with sounds, and ability to recognize shapes. It also called for the establishment of several *emerging indicators*, or concepts that have not been translated into indicators at the state level. These indicators included infants and toddlers and, separately, 3- and 4-year-olds with “developmentally appropriate skills and behaviors.”⁶

In 2008, the National Academy of Sciences issued a report titled “Early Childhood Assessment: Why, What, and How.” This report, the third model that might guide efforts to develop indicators of childhood well-being, identified five domains for indicators: (1) physical well-being and motor development; (2) social and emotional development; (3) approaches to learning; (4) language and literacy; and (5) cognitive skills, including mathematics. The report is an important resource because it identifies specific sub-domains, measurement instruments, and cost-benefit estimates for collecting data on each indicator.⁷

There is no consistent source of data to report on domains and indicators like the ones contained in these models at the national or state level. The Interagency Forum on Child and Family Statistics publishes “America's Children” annually. The 2000 edition included cognitive readiness indicators, such as letter recognition and the ability to match sounds to words. It also included such noncognitive measures as peer bonds and persistence at completing tasks. These indicators came from the Department of Education's Early Childhood Longitudinal Study of Kindergarten (ECLS) starting from the 1998–99 school year. Unfortunately these were one-time indicators. The next ECLS kindergarten study is planned for 2010–11, a 12-year gap between the studies.

The Department of Education also conducts the National Household Education Survey (NHES) every 2 years. It includes child survey supplements that contain questions about child development. However, this survey has been shelved until at least 2013 due to concerns about the coverage bias and nonresponse bias at the household level obtained in the 2007 survey.

Two courses of action have the potential to facilitate development and reporting of school readiness indicators on a national level. The first is to implement a national survey to gather data

⁶ Rhode Island KIDS COUNT for the 17-State School Readiness Indicators Initiative. *School Readiness Indicators Initiative: Indicator Selection by State, May 2005*. <http://www.gettingready.org/matriarch/d.aspPageID=303&PageName2=pdfhold&p=&PageName=Indicator+selection+by+state.pdf>. Retrieved on March 2, 2009.

⁷ “Early Childhood Assessment: Why, What, and How,” Catherine E. Show and Susan B. Van Hemel, Editors, National Research Council of the National Academies (2008).

on a sample of children as they enter school. Even better would be to develop school administrative data systems that record data for indicators for all children. Establishing a core set of indicators that all schools collect may be very difficult at the national level. However, with over a dozen states building longitudinal education information systems, there is an opportunity to build indicators from administrative data at the state level.

There also is an opportunity to link health status with these readiness assessments. Information on health, development and medical conditions would inform us about the physical health and well-being of children entering school. If, in addition, important descriptors of children's functioning in mobility, communication, and self-care skills were included, we could develop an enhanced understanding of the strengths and challenges of children with developmental delays.

School readiness and the transition to kindergarten are keys to the well-being of children. Significant new attention is needed to developing—and implementing—indicators relevant to this transition. We recognize that converting all states to a standard birth certificate and reaching broad agreement on what developmental indicators to measure and how to measure them represent significant challenges. However, there is significant opportunity as well. The American Reinvestment and Recovery Act of 2009 aims for every American to have an electronic health record by 2014. The federal government will lead the way in developing voluntary standards for medical records. These standards could include a common set of school readiness indicators, including guidelines for what to measure and when to measure it. This is an opportunity to define standards for early childhood development that would capture data on millions of children each year in a consistent way. Reaching consensus on these standards could be difficult, but could be well worth the effort.

The Transition to Adulthood

The Transition Out of Secondary School

A similar opportunity to create standardized indicators exists within systems that track the transition from adolescence to adulthood. The Department of Education is sponsoring the State Longitudinal Data Systems Grant Program (SLDSGP), which gives states multi-million dollar grants to build systems that can track students across schools and over time. The purpose is to allow educators to “make data-driven decisions to improve student learning, as well as facilitate research to increase student achievement and close achievement gaps,” according to the Department of Education.⁸

Building state longitudinal systems tracking thousands, even millions, of students is a dauntingly complex task. The American Reinvestment and Recovery Act of 2009 includes \$250 million in additional funds for this program, with the added benefit that the funds can be used for “data systems that include post-secondary and workforce information.”⁹

Integrating these separate sources of information into one unified information system would require data-sharing agreements with organizations such as the National Student Clearinghouse, a nonprofit organization that verifies postsecondary enrollment and degree attainment. It would also require agreements with state employment agencies or the Internal Revenue Service to provide employment information. Linking secondary education data to employment data is currently possible at the state level. State agencies can track employment and earnings within the state. However, agreements with individual states have their drawbacks. In most cases, this

⁸ Details on the Department of Education's Statewide Longitudinal Data System Grant Program are available at <http://nces.ed.gov/Programs/SLDS/index.asp>.

⁹ American Recovery and Reinvestment Act of 2009 Section 5, Title VIII “Innovation and Improvement”.

limitation does not significantly change the results. However, in metropolitan areas that straddle multiple states, such as New York City, Washington, D.C., and Chicago, this may be more complex. To make these systems comprehensive, they should also be able to track youth who fall outside the regular school system. These youth could include dropouts who are in foster care or in the juvenile justice system.

It is not clear how quickly these systems will be up and running and how comprehensive they will be. But at the very least, SLDSGP should prompt discussion about the best youth indicators of future outcomes. A national model that builds on state efforts is the Longitudinal Employer–Household Dynamics (LEHD) program, a voluntary partnership between the Census Bureau and select states in which states provide high-quality local labor market information and the Census Bureau uses state unemployment insurance (UI) wage records to provide up-to-date local statistics to the policymaking and research communities about the dynamics of economic activity. By using existing data collected for administrative purposes, LEHD produces new statistics at minimal cost and without burdening the public. A system of linking LEHD data to data on other outcomes for the transition to adulthood (e.g., postsecondary education and corrections involvement) would dramatically improve indicators of the transition to adulthood. Ideally, new longitudinal studies would be started frequently to continue to define the relationship between indicators and outcomes.¹⁰

Outcome and Predictive Indicators

The America's Children report includes 14 indicators of youth well-being with regard to education and to behavior.¹¹ They are the following:

¹⁰ <http://lehd.did.census.gov/led/about-us/FAQ.html#lehd>

¹¹ For American's Children indicators, see <http://www.childstats.gov/>

Education Indicators	Behavior Indicators
Dropouts	Crime perpetration
Math and reading achievement	Crime victimization
High-level coursework in core courses	Teen pregnancy
High school completion	Depression
Immediate college enrollment	Injuries and death
	Cigarette smoking
	Alcohol use
	Drug use
	Sexual activity

These indicators can be viewed in two ways—as the result of previous behavior and as predictive of future outcomes. Many of the indicators on the list above are the result in part of previous behaviors and circumstances of adolescents. This raises the question of why some adolescents engage in risky behavior while others choose developmentally appropriate behaviors.

Indicators predictive of these types of behaviors might resemble middle childhood versions of indicators for early childhood development: measures of cognitive development, measures of noncognitive development (including social and emotional skills), and the family, peer, and community environment. The indicators, individually and as a whole, should provide some level of predictive power of as many of the behaviors listed above as possible. From this perspective, the question is not how we track teen smoking. The question is whether there are risk or protective factors that predispose youth to engage in certain behaviors that might include smoking. These types of indicators should be developed through rigorous longitudinal research studies and then added to cross-sectional surveys.

These can also be viewed as baseline indicators that predict future outcomes deep into adulthood. The challenge here is that many of the outcomes one would want to measure reach beyond adolescence. Indicators must come from different data sources than those focused exclusively on children and youth. This could include postsecondary education and/or employment data.

Children's Context: Program Quality and Family Characteristics

The transitions to kindergarten and to adulthood discussed above involve *direct* measures of child characteristics and how they change over time. However, measures of children's environment and broader context matter too. This section is a discussion of three important aspects of children's context that affect their lives and well-being: the quality of childcare and early learning programs, family poverty, and the citizenship status and immigration history of parents.

Childcare and Early Learning Programs

Children's readiness for school is related to their health, knowledge, and skills obtained earlier in their lives. Early childhood education and care can also have an impact on readiness for kindergarten. Improving and standardizing indicators, not of children directly, but of the programs that serve them will be helpful in understanding this aspect of children's context and its potential impact on their well-being.

Although some early childhood programs have been found to increase the odds that children will succeed later in life, it is difficult to know whether this success is uniform across programs and locations or whether some program sites perform better or worse than others. In most cases, indicators are limited to program participation and do not evaluate program quality or costs and benefits.

The NHES is one of the best sources of regular data on program participation. The 2007 America's Children report produced by the federal Interagency Forum reports the NHES statistics on childcare by type of arrangement. As noted above, however, the survey has been suspended until at least 2013. Other surveys such as the Census Bureau's Survey of Income and Program

Participation and the Current Population Survey collect a small amount of information on program participation. Participation information from administrative data is also available for federal and state-sponsored programs like Head Start, but these data typically include only basic information, such as enrollment, by race and ethnicity. The Head Start Act, reauthorized in 2007, shifted emphasis from child outcomes to classroom quality and environment. However, these data only apply to Head Start programs. There is no universal measure of the quality of childcare or early childhood programs.

Some data can only be collected through the direct observation, which can be time-consuming and expensive. In some cases, however, it may be worth the effort. Early childhood care and education may be one of these cases because of the impact children's experiences early in life can have on future outcomes. If there is variation in quality, the right set of indicators may identify issues for policymakers to address. These indicators may also spur local program managers to review their practices against quality benchmarks and target professional development to identified needs.

There have been several significant federal studies on early childhood programs, including the following:

- the Head Start Family and Child Experiences Survey (FACES)
- the Early Childhood Longitudinal Study – Kindergarten Cohort (ECLS-K)
- the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B)

FACES is an ongoing national evaluation of Head Start programs that provides important information about the effectiveness of Head Start programs. It starts tracking a new cohort of children every 3 years. However, it only applies to children participating in Head Start and does not include other early childhood programs.

The ECLS-K tracked students starting kindergarten in the fall of 1998. Another cohort is planned for the kindergarten class of 2010–11. The ECLS-B tracked children born in 2001 until kindergarten entry. It included a sub-study that directly observed and assessed the quality of nonparental care and programs. However, there are no plans to replicate the sub-study.

Improving early childhood care indicators would involve two major challenges: developing consensus on what an early childhood program quality indicator would look like and acquiring the resources needed to measure quality. FACES, ECLS-B, and ECLS-K all involved comprehensive interviews with parents. FACES and ECLS-B include direct observation of center- or school-based programs. These are expensive methods of data collection, and the sample sizes are not large enough to drill down to the state or local level. Given the size of the

federal government's investment in early childhood programs, it may well be worth the cost to measure whether children are attending high-quality programs on a much broader scale. Note that the National Study of Child Care Supply and Demand may provide further insight. Now in the design phase led by NORC, this study will examine the factors influencing parents' childcare choices, which could include perceptions of quality.

The National Association for the Education of Young Children has led an effort to develop state-level "Quality Rating and Improvement Systems" to assess early childhood program providers.¹² According to NAEYC, these systems should cover programs' physical environment; staff qualifications and professional development; interactions between teachers; children, and families; curriculum; program evaluation and public reporting; and continuous quality improvement. There are currently 18 states with these systems in place and another 27 states with systems in development. It is not clear, however, whether these rating systems are connected to child outcomes. In 2008, a National Academy of Sciences Committee concluded, "More work examining existing quality rating systems could provide welcome information for those charged with assessing program quality."¹³

The National Institutes of Health's National Children's Study (NCS) may provide direction in this area. One element of the study that may yield new indicators soon is a planned sub-study on childcare. It will explore the relationship between the characteristics of childcare arrangements and later outcomes, including social and emotional development, aggressive behavior, cognitive function, and religious involvement. Tracking the children over time may help illuminate the characteristics of childcare arrangements that are most influential in later outcomes. The study aims to enroll 100,000 children, meaning the child care sub-study may have enough power to provide information at the state and local level.

The NCS research plan states, "To date, there have been no population-based, prospective longitudinal studies that examine the influences of child care on children's health and development. The most comprehensive study, the NICHD Study of Early Child Care and Youth Development, followed about 1,300 children from birth through age 15 at 10 sites across the

¹² "The NAEYC Quality Rating and Improvement Systems (QRIS) Toolkit." Retrieved from The National Association for the Education of Young Children website on June 11, 2009.
<http://www.naeyc.org/policy/state/pdf/WebQRSToolkit.pdf>

¹³ "Early Childhood Assessment: Why, What, and How," Catherine E. Show and Susan B. Van Hemel, Editors, National Research Council of the National Academies (2008).

country. The participants, however, were not representative of the current U.S. population and low income children were underrepresented.”¹⁴

Meanwhile, the suspension of the NHES is unfortunate, but it also could be an opportunity to consider whether measuring early childhood program quality from the perspective of parents could fit within the constraints of the survey.

The Poverty Measure in Context

The fortunes of families and children are changing rapidly due to the economic crisis. Policymakers have enacted large increases in government support for children and families in early 2009 and are debating providing more assistance. One of the key statistics used to track family well-being is the federal government's official poverty measure. Households are living in poverty if their incomes are below the official income thresholds.¹⁵ However this measure provides an incomplete picture of the relationship between government assistance and child and family well-being because it measures only earnings plus government cash support and excludes non-cash benefits and taxes.

Two variations on the measure of income could be produced for side-by-side comparisons with the current income measure to illuminate the role of government.

- The first comparative measure would count earnings only. This would show what the poverty rate *would be* without any government intervention.
- The second additional measure would include earnings and the additional value of cash and *near-cash* government benefits and would provide a comprehensive view of the impact of government in alleviating poverty. Data from the Food Stamp Program shows including near-cash benefits would have significant consequences. According to the U.S. Department of

¹⁴ From the National Institutes of Health's National Child Study website under research hypotheses. <http://www.nationalchildrensstudy.gov/research/studydesign/researchplan/Pages/Appendix%20A-2%20Child%20Health%20and%20Development%20031808.pdf#page=37>

¹⁵ The office OMB poverty measure has multiple thresholds that vary by family size and composition. The original thresholds were set in the 1960s. Apart from increasing by the rate of the Consumer Price Index for urban consumers (CPI-U), there have been only minor changes to the way it is calculated.

Agriculture, if food stamp benefits were included as income, 9 percent of the recipient households—about 1 million households—would move above the poverty line.¹⁶

Reporting earnings alone is straightforward; this information is already collected as a component of the official poverty measure. In 1995, a National Academy of Sciences committee proposed a model for including non-cash benefits with earnings and cash benefits.¹⁷ The model counts benefits such as public housing subsidies and the Earned Income Tax Credit. It then called for “non-discretionary” expenditures, such as taxes, out-of-pocket medical costs, and childcare costs to be subtracted from the income total. Many, most recently Rebecca Blank and Mark Greenberg, have argued persuasively that a version of the NAS measure would be far more accurate measure of poverty.¹⁸ The NAS model could be used for the earnings plus cash and near-cash benefits indicator. If the indicator used subtracted expenses like taxes and medical out-of-pocket costs as the NAS recommends, these expenses could also be subtracted from the earnings only and the earnings plus cash benefits measures to make the comparison consistent.

Immigration Status

There are about 35 million legal immigrants currently living in the U.S., and about 1 million new immigrants per year. Children with one or two immigrant parents make up about 20 percent of the child population. Children of immigrants are more likely to be in low-income families, be in poor health, and lack health insurance than children in the population as a whole. They are less likely to participate in early-childhood programs and receive public assistance, even though they may be eligible.

Most surveys collect race and ethnicity data on children. Two sources—the Census Bureau's Current Population Survey and the National Health Interview Survey (family questionnaire)—collect important information on immigration status as well. The table below shows the information each collects.

¹⁶ U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, Characteristics of Food Stamp Households: Fiscal Year 2007, FSP-08-CHAR, by Kari Wolkwitz and Joshua Leftin. Project Officer, Jenny Genser. Alexandria, VA: 2008. Note that the U.S. Department of Health and Human Services derives the “poverty guideline” annually from the official poverty measure. It is a simplified calculation with fewer categories of families that can be used for government program eligibility determinations.

¹⁷ Measuring Poverty: A New Approach (C. Citro & R. Michaels eds, National Academy Press, 1995)

¹⁸ Rebecca M. Blank and Mark H. Greenberg. “Improving the Measurement of Poverty” – Discussion Paper 2008-17. Brookings Institution. December 2008.

Item	Current Population Survey	National Health Interview Survey
<u>Child Information</u>		
Place of birth		X
Citizenship status		X
Year moved to U.S.		X
Mother's place of birth	X	X
Father's place of birth	X	X
<u>Adult Information</u>		
Place of birth	X	X
Citizenship status	X	X
Year moved to U.S.	X	X
Mother's place of birth	X	-
Father's place of birth	X	-

Note that the CPS does not ask parents for immigration information about their children. The places of birth of the mother and father of the children in the household are available because the adults provide the information about themselves. In addition, the CPS asks for the birthplace of the adult's parents. The NHIS, meanwhile, collects immigration information on the entire family, but does not ask about the parents of the adults surveyed. Thus, each survey could provide more information. The CPS could ask more about the children in the household and the NHIS could ask about the parents of the adults surveyed. This would create snapshots of three generations of immigrant families at once. The table below shows the immigration information collected in a sample of national surveys, showing how immigration data is not always obtained.

Item	National Survey of Children's Health	National Household Education Survey	Youth Risk Behavior Surveillance System	Census of Juveniles in Residential Placement
<u>Child Information</u>			None	None
Place of birth	X	X		
Citizenship status				
Year moved to U.S.	X	X		
Mother's place of birth				
Father's place of birth				
<u>Adult Information</u>			None	None
Place of birth	X	X		
Citizenship status				
Year moved to U.S.	X			
Mother's place of birth				
Father's place of birth				

This does not suggest collecting immigration information is appropriate for every survey. The length of the survey, the method of administration, the characteristics of the survey population, and other factors may limit what can be asked. Given the differences between the immigrant and nonimmigrant populations, all those administering surveys should consider whether collecting immigration data similar to that captured in the CPS and NHIS is feasible.

Conclusion

There are great opportunities now to establish new and improved indicators to expand what we know about children. In addition to the work needed to develop new indicators, there are opportunities to prioritize and standardize the indicators currently available. There are also opportunities to link separate data systems that might track different elements in children's lives. At a time when the lives of children and families are changing rapidly, we need a child indicator system that can keep pace.

The Federal Statistical System needs resources to take advantage of the opportunities outlined in this paper and others. However, there is concern that key agencies are not receiving resources to maintain their current operations, let alone take on new tasks.

A recent paper by Child Trends noted that the National Center for Health Statistics not only did not have the funds to convert birth certificates to the new standard format, but is also cutting back on some its key surveys on child health, including the National Health Interview Survey. Child Trends also notes that the Interagency Forum on Child and Family Statistics, the coordinating group that publishes the annual “America’s Children” statistical reports on child well-being, has no dedicated funding to develop new child indicators. Both Child Trends and the Annie E. Casey Foundation argue that a new child survey is needed to fill gaps in knowledge about child well-being at the state and local level. Chapin Hall shares these concerns and echoes these recommendations.¹⁹

As the Obama administration works to rebuild America’s infrastructure and invest in children and families in ways that work, an investment in new activities to develop child indicators is needed.

¹⁹ From The Annie E. Casey Foundation Draft Issue Brief “Improve the Nation’s Data on Children and Families” and from Child Trends’ “High Priority Opportunities to Improve Our Nation’s Capacity to Monitor Child and Youth Well-Being” by Brett Brown and Kristen Moore, November 2008.

These activities can build on successes of the past 15 years. They can use existing data resources more effectively. And they can expand our knowledge of whether America's children are making the key transitions that will lead to successful adulthood.

About Chapin Hall

Established in 1985, Chapin Hall is an independent policy research center whose mission is to build knowledge that improves policies and programs for children and youth, families, and their communities.

Chapin Hall's areas of research include child maltreatment prevention, child welfare systems and foster care, youth justice, schools and their connections with social services and community organizations, early childhood initiatives, community change initiatives, workforce development, out-of-school time initiatives, economic supports for families, and child well-being indicators.

