

# United States Senate

WASHINGTON, DC 20510

May 24, 2007

Dear Colleague,

We want to invite your staff to attend the following briefing: "The State of our Nation's Children, and The Need for State-level Child Indicators Data". The briefing will be on June 1, 2007 at 9:30 in the Capitol, room SC 6.

The briefing, cosponsored by the Annie E. Casey Foundation, First Focus, and Voices for America's Children, will explore the lack of statistically significant data on child well-being at the state level and the ramifications for federal and state policy.

**WHAT: Congressional Briefing on State-Level Child Indicators**

**WHEN: Friday, June 1, 2007, 9:30-11a.m.**

**WHERE: SC6, Capitol**

Over the past decade the federal government has given the states far greater power to administer programs for children and families. In order to make informed decisions about where limited resources should be invested, states need accurate, timely and reliable data about their children and whether or not the current programs are providing them with the assistance they need.

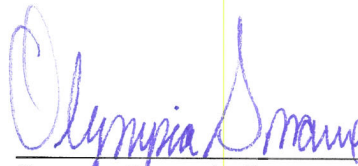
Unfortunately, for the most part, that data does not currently exist. Child Trends recently completed a study of the available state level data on child well-being. Their analysis shows that national surveys do not have adequate sample sizes to provide statistically significant data on small states such as West Virginia. While some state level surveys do exist, the data they provide is very patchy, with large gaps. Additionally, administration data for programs such as Medicaid, SCHIP, TANF or child care provides information only on children in the programs, not on all children.

At the briefing, Kristin Moore from Child Trends will review the currently available data and the gaps at the state level. Other speakers will discuss the problems that these gaps pose for federal and state governments.

Please do not hesitate to contact our staff, Barbara Pryor (Rockefeller 4-2578) or Amy Pellegrino (Snowe 4-5344), if you have any questions about this briefing. I look forward to seeing you or your staff at the briefing.

Sincerely

  
\_\_\_\_\_  
Senator Jay Rockefeller

  
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Senator Olympia Snowe



**Opening Statement**  
**Bill Bentley**  
**“The State of Our Nation’s Children:**  
**The Need for State-Level Child Indicators Data”**  
**Congressional Briefing**  
**June 1, 2007**  
**U.S. Capitol**

Welcome. I’m Bill Bentley, President of Voices for America’s Children. On behalf of our sponsor, The Annie E. Casey Foundation, First Focus and the other participating organizations, thank you for taking the time to attend this briefing on a critical tool for assessing the well-being of our nation’s children. To get such good turnout on a Friday morning during recess is a good indicator in itself.

As the head of a national network of children’s advocates working to advance effective policies for children at all levels of government, our ability to collect data on child well-being indicators is essential to fulfilling our mission. Child indicators not only inform the work of advocates but it is a critical tool for policy-makers as well; allowing Governors to plan more effectively, highlighting trends that indicate what the Federal Government could and should do, and allowing legislators to better target limited Federal and State resources.

President John F. Kennedy said, “The future promise of any nation can best be measured by the present prospects of its youth.” And that is what we are seeking to chart the prospects of our nation’s children in order to create better outcomes and futures for all children.

This year marks the anniversary of a decade long effort by Voice’s for Alabama’s Children to address the state’s child death rate. Alabama had consistently held one of the highest rates in the country, coming in regularly at the 48-49 mark on both the national and state level KIDS COUNT reports. As startling as these numbers are, no one knew why the child death rate was so high.

Voice’s for Alabama’s Children decided to confront the issue through the creation of a process for examining child deaths that included regional and state review teams. Legislation was introduced and a coalition was forged to drive its enactment, which was accomplished in 1997.

Among the findings of the initial review process was that SIDS (Sudden Infant Death Syndrome) was often incorrectly applied – in one case it was cited as the cause of death for a four-year-old child, rollover deaths, too much padding in cribs, and shaken baby deaths were the leading causes of child deaths. Voices for Alabama’s Children worked with the state to launch public health awareness campaigns to encourage mothers not to sleep with their children, raise awareness of the vulnerability of children when shaken, and to create safe crib environments.

In 2000, two years after the establishment of the review process, Alabama’s child deaths dropped from 500 or more annually to 386, a reduction of 23 percent.

From 1997 to 2005, Alabama’s death rate for children 1-14 moved from 36.2 per 100,000 children to 27.7 per 100,000 children. A significant improvement that led to the child death rate being noted as an improving trend in 2006.

The Alabama experience clearly demonstrates that state level child indicators matter.

When we know how children are doing, we can figure out how to improve—or even save—lives. More than ever, children’s policy is made at the state level. Each state is different; each state’s policies are different; so we need data that shows us what is happening state by state. Where we do have state level data, we know that there are wide variations in how kids are doing, which means national data is not a substitute.

Just collecting data at the state level is not enough we need to be able to compare data across all states along the same indicators in order to capture emerging trends and to accurately assess the state of our nation’s children. That is what we seek, to chart the state of the child, in order to better inform our advocacy and policy making efforts.

For that reason, we are delighted that Senators Rockefeller and Snowe, and Representative Fattah, have decided to introduce legislation that would expand significantly the data compiled on child-wellbeing in each state.

Passage of this legislation would be a major advancement for children, and I can assure you that the data will be put to good use.

Each year, Voices for America’s Children endeavors to advance its mission to improve the lives of children by advocating for effective public policies at local, state and national levels. Because so much of Voices’ work happens at the state level, state child indicator data is critical to our work. Oftentimes, we struggle to identify what children’s greatest needs are, and how best to meet those needs, because important state level data does not exist to inform our efforts.

Child advocates across the country will draw on this data to set priorities on how to best help children in their state, to educate policy makers about where children are doing well

and where they need help, and to monitor whether their state's policies are indeed having the impact they were intended to create.

As you will hear today, child advocates are not the only ones calling for this important tool. Policy makers and state agencies will also welcome this data and intend to use it effectively. Consistent state data has the potential to help us reach the shared goal of a world in which every child has the opportunity to thrive.

Before concluding, I would like to thank The Annie E. Casey Foundation for its commitment to making child indicator data accessible and assisting child advocates by ensuring that it is usable through technical assistance and training.

Without further ado, I'd like to turn this podium over to Bruce Lesley of First Focus, who will moderate today's briefing.

**State-Level Data on Children**  
Kristin Anderson Moore, Ph.D.  
Child Trends  
June 1, 2007

Thank you for inviting me to speak with you today. I am a researcher, so I am speaking from the perspective of a researcher, but a researcher who tries to do work about children and families that is relevant to policy makers and program providers.

Researchers, of course, need data; and most of the data used to inform public policy is funded by the Federal government, for example, data on the population, the economy, employment, education, and health are collected by varied Federal agencies, such as the Census Bureau, the Bureau of Labor Statistics, CDC, and the National Center for Education Statistics.

Much of the data that are used are collected at the national level; but, because many of the policies that affect children are administered at the state level, there is an increasing need for state level data on children and families with children.

This need for state-level data goes beyond knowing the overall proportion of children in a state who are in poverty, have health insurance, or live in a single parent family. We do need this information to identify and implement effective public policies; but we also need to have the capacity to do analyses within a state, to address questions such as, “What proportion of rural versus urban children have health insurance?” and “What proportion of adolescent versus preschool children have health insurance?” in a particular state.

I have organized my brief remarks around six questions, which are summarized in the handout. These questions address the need for data, the data that are already available, gaps in the available data, and ways to address current gaps in data, with a particular focus on the National Survey of Children’s Health.

**Q1. How and for whom are state-level data on child well-being useful?**

During the past decade, a trend towards devolution has placed greater responsibility on states to design and implement programs that affect children and families. This has increased the need of Federal and state policy makers for high-quality state-level data about children in their state.

State-level indicators are being used to:

- describe the state’s child population (for example, what proportion of children have seen a doctor or dentist recently?),
- to monitor trends (such as the trend in grade repetition),
- to assess needs (such as the proportion of children without health insurance),
- to track progress toward goals (such as the proportion of mothers who breastfeed), and
- to promote accountability (for example, the incidence of accidents and injuries).

Federal policy makers are using state-level data to help identify issues that are, or are not, most important for children in their state. For example, among low-income families, how many different kinds of child care arrangements are working parents using for their young children?

## **Q2. What criteria are used to guide data collection and indicators development on child well-being?**

After several decades of work developing and expanding data resources on children at the national level and thinking through the set of indicators that might be developed, there is now a substantial and growing knowledge base to guide this work. Several critical criteria include:

- *Cover the whole child:* Domains of child well-being include health and safety, social and emotional development, education and cognitive development. It is common for studies to focus narrowly on just one outcome, like education. As important as that is, it is critical to look at the whole child, that is, to monitor all child outcome domains.
- *Collect data on how conditions overlap:* Research indicates that problems tend to cluster; however, indicator data usually examine one problem at a time. We need data that go beyond the usual silo approach to examine clusters of overlapping conditions.
  - For example, states have administrative data on Head Start, on nutrition, and on school readiness. But with most administrative data, you cannot tell whether these are separate populations or overlapping populations. If poor nutrition and poor school readiness are clustered with Head Start enrollment (or lack of enrollment), this might suggest a different policy response than if they are not clustered.
- *Assess contextual indicators:* Data describing the child's family, peers, school and community are needed to describe the environments that shape child well-being.
- *Track regularly and provide up-to-date data:* In order to monitor trends, surveys need to be repeated regularly and frequently. Unfortunately, unlike the unemployment rate, data on children tend to be painfully out of date. To be useful for policy makers, we need data to be available every year or at least every other year.
- *Collect comparable data:* Indicators should be comparable across states to produce valid comparisons. This also increases the efficiency and cost-effectiveness of data collection because there are economies of scale, and everyone is not re-inventing the wheel.
- *Produce estimates for key subgroups:* It is important to know about all children ages 0-17; but often the policy interest is more focused, for example, on preschool children.

This means that sample sizes need to be large enough to produce reliable estimates for each state, for example, by age of child, by income level, and by race/ethnicity. In fact, what is really needed is the ability to produce estimates for several categories at a time, for example, low income preschool children.

I estimate that 3,000 children per state are needed. That would create a sample of about 1,000 preschool children, 1,000 adolescents, and 1,000 children in middle childhood in each state. These samples would probably require ongoing sampling and ongoing data collection.

## **Q3. What data are currently available about children at the state level?**

Child Trends recently completed a white paper, which is in your folder, that reviews the range of data available about children at the state level. This review indicates that, while there are large and critical gaps, there is probably more data than many people realize. We have several different kinds of data:

- We have Census data, but these data provide primarily a count of children at the state level;
- Federal surveys, which generally provide data at the national level, not at the state level;

- Administrative data, which generally provide information for children at the state level who get some kind of service or are in some kind of program, not for all children;
- Some surveys provide data about children at the state level, but, as noted, they tend to have a “silo” focus. That is, they collect data about a particular topic and do not obtain much information about other topics.

Overall, across these sources of state-level data:

- We have considerable *health and safety data*: Health outcomes are the most thoroughly covered domain. Historically health data from administrative sources exist at the state-level; but, since the 1990s, federally sponsored surveys have increased the availability of state-level health data, including data on child immunization, tobacco use, and substance use.
- And we also have a lot of *economic and demographic data*, such as births and deaths. Five major Federal data sources that provide social, demographic, economic, and administrative data: This includes population counts, data on family and household composition, income and employment information, and data on births and deaths.
- And we have *education data*: Though state-level education data are relatively plentiful, a lot of the data vary from state to state; most are collected at the school level rather than individual level and are available primarily for public schools and their students. State-level data from the National Assessment for Educational Progress, for example, are only available for students enrolled in public schools, so the critical dropout population is left out of such surveys.
- And we have *child welfare data*: The Department of Health and Human Services has worked with the states to develop high quality reporting systems in the areas of child abuse and neglect. All states participate in the two major data reporting systems. Quality and consistency across states has improved, but remains a challenge; and data on child well-being are thin at best.

#### **Q4. What are the gaps in state-level data on child well-being?**

- One gap is that we lack data for children who are not in programs because many of the sources of state-level data are administrative records.
- Another conspicuous gap is the lack of state-level data that cover the whole child -- that cover all domains of child well-being for a child in one survey. What we have tends to be “silo” surveys – information that covers the topic area of the specific sponsor and little else. So for example you can get a lot of information about substance use or about health, but typically there is not a lot of related information about educational issues or about family circumstances in such surveys.
- Coverage between infancy and age ten is quite thin.
- Data collection and measure development on social and emotional development, on positive behaviors, and on peer and neighborhood influences are thin. This includes topics such as mental health, social competence, school engagement, and peer pressure or peer support.
- Also, self-reported data for older children and adolescents on risk-taking behaviors for adolescents who are out of school, as well as those who are enrolled in school, are lacking for many states. This is a problem because many parents cannot provide accurate information on whether or not their teen drinks alcohol and then drives, or uses drugs, or is delinquent.

- Large samples to support analyses by family income, rural/ urban residence, family structure, race/ethnicity, child age, etc., and to examine multiple sub-groups at the same time, such as low-income pre-school children represent another gap.

**Q5. What data are needed to fill these gaps?**

- Clearly it would be useful to develop and add measures of social and emotional development, peer and neighborhood influences, and positive outcomes to existing surveys, and collect new data on young children from infancy through age ten.
- The white paper also points out that it would be useful to include rural/urban measures on more public use data sets so that child well-being can be assessed separately for rural and urban areas within states, and to:
- Collect data at the state level that provide representative and large samples of children in small states as well as large states.
- For today, though, the focus is on how the National Survey of Children’s Health can be expanded to be a cost-effective platform to collect large, representative samples for each state.
  - It uses SLAITS (the State and Local Area Integrated Telephone Survey) as a sampling frame to identify households with children and conducts telephone interviews with a parent or other adult about the family and children.
  - The National Survey of Children’s Health is a very cost-effective and useful survey that has been developed quite recently. While an important new data resource, it is only fielded every four years; it is too brief to cover all critical issues; data are only collected from one parent; and the sample size is declining because of cost constraints.
  - At present, a number of state samples are falling below 1,800 children, considerably below my estimate that researchers need at least 3,000 children per state to analyze data for important subgroups, for example to analyze preschool children, adolescents and children in middle childhood separately. Expanding the NSCH, in my opinion, would greatly enhance our inventory of state-level information about children and their families

**Q6. What are the challenges to collecting good data at the state level through the NSCH?**

**What are the solutions?**

Data collection efforts face a number of challenges these days. I want to touch on three types of data quality and feasibility questions:

- conceptual questions;
- questions about collecting data via telephone; and
- questions about how constructs are measured.

I am quite confident with regard to the conceptual issues. Researchers in the United States have been collecting data on children and families and producing indicators at the national level for several decades. I have developed an initial list of suggested constructs; but the advisory groups described in the legislation would obviously want to weigh in on the constructs to assess. My primary concern is how to squeeze it all into a single survey; but choosing among potential constructs to cover would be a valuable role for the advisory groups.

Regarding telephones, there have been concerns about missing households that do not have a phone. While there are not very many households without phones, they tend to be poor households

and concentrated in certain areas, and you don't want to miss them. Fortunately, ways to weight the data (using data for households that have recently been without phone service) provide an effective strategy to address this.

Mixed mode surveys that combine telephone interviews with in-person interviews represent another potential approach.

Cell phones are another issue because cell phones are not yet included in telephone surveys. The number of households that only have a cell phone is growing; however, among families with children, it is still quite small. Analyses indicate that this issue is not substantially affecting NSCH results; and researchers are working hard to develop new approaches for the future.

Measuring constructs well is the third question and, of course, it is critical to have reliable and valid measures. While any researcher would always agree that more research would be useful, the validity of the measures and the reliability of the scales seem strong. Moreover, the legislation, as I read it, calls for the ongoing involvement of an expert advisory committee and a committee of the Interagency Forum on Child and Family Statistics, which will play an important role in assuring data quality.

Some potential enhancements, in my view, include expanding the length of the survey, increasing the sample size, interviewing older children who have parental permission, and conducting the survey more frequently or collecting the data in an ongoing process.

One of the most important indications that the collection of good state-level data through the NSCH is feasible and effective is that, at a smaller scale, the survey is already happening. One round of the NSCH has already been completed, data quality seems generally solid, and the data have already been used in a number of analyses and reports.

In closing, the movement toward informing public policy with evidence from basic research studies, rigorous evaluations, and careful monitoring of trends in children's well-being, seems to me to be a positive change. Given the importance of state differences and state policies in affecting the development of children and families with children, providing richer information about children at the state level represents an important element of that effort.

Thank you.



**Remarks of Elizabeth Burke Bryant, Executive Director,  
Rhode Island Kids Count  
Congressional Staff Briefing on the State Child Well-Being  
Research Act of 2007  
US Capitol, June 1, 2007**

Rhode Island KIDS COUNT has been tracking indicators of child well-being since 1995. We have seen first hand the power of an effective child indicator to change public policy. A good example is our child indicator on childhood lead poisoning.

Our colleagues at the Rhode Island Department of Health had collected important data on the prevalence of lead poisoning among young children. The data was described using medical terminology that was difficult for the average person to understand. We crafted an indicator that we called *Children Entering Kindergarten with a History of Lead Poisoning* and we have tracked this indicator every year for the past 12 years.

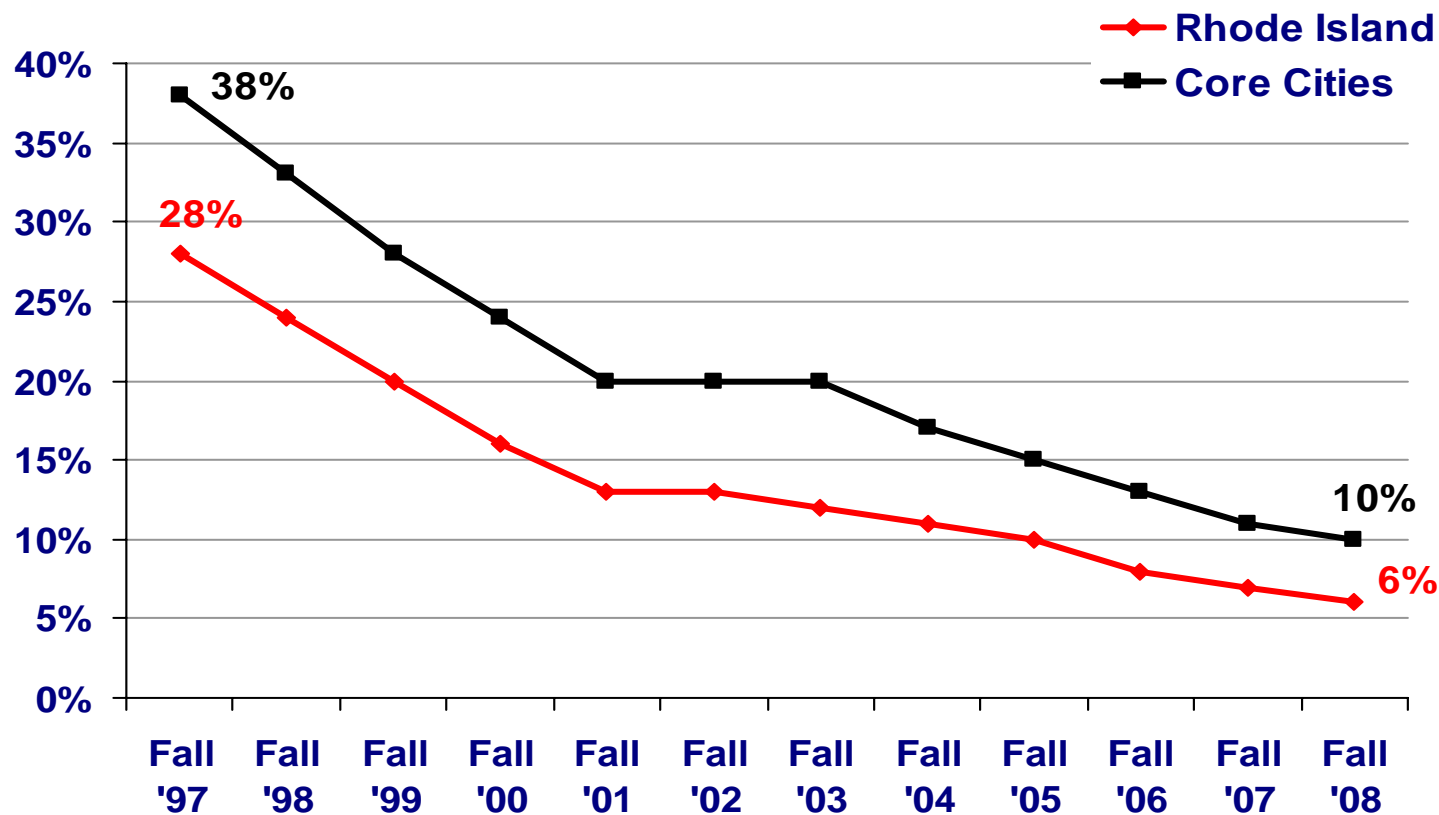
The baseline data showed that one in four children in Rhode Island had a history of lead poisoning at kindergarten entry and that one in three children in Rhode Island's five core cities had a history of lead poisoning at kindergarten entry. When talking about the data with the press and policy makers we used the image of children lining up for kindergarten at the schoolhouse door – that at kindergarten entry very high percentages of children in the line already had their brain development compromised by exposure to lead.

The publication of this data sounded an alarm bell in Rhode Island that lead poisoning was a very serious issue that needed immediate attention. Community leaders responded in many effective ways, from increased enforcement of lead laws, to enhanced parent education on making homes lead safe, to the development of city and state lead poisoning prevention plans and the passage of a comprehensive lead poisoning prevention law by the General Assembly.

As the attached chart shows, the incidence of childhood lead poisoning decreased significantly during the past decade since the indicator was first published – down to 6% statewide and 10% in the core cities. The fact that Rhode Island KIDS COUNT reported on the status of the lead poisoning indicator each year in its annual *Rhode Island Kids Count Factbook* kept attention focused on the issue. We continue to track this important indicator with the goal of completely eliminating lead poisoning among Rhode Island's children.

*Rhode Island KIDS COUNT is a children's policy organization that works to improve the health, safety, education and economic security of Rhode Island's children. Rhode Island KIDS COUNT is a member of Voices for America's Children and the Annie E. Casey Foundation's National Kids Count Network.*

# Children Entering Kindergarten with a History of a Positive Screen for Lead Poisoning, Rhode Island and Core Cities, 1997-2008



Source: Rhode Island Department of Health, Division of Family Health and Division of Environmental Health, Childhood Lead Poisoning Prevention Program, 1997-2006.

Prepared by Rhode Island KIDS COUNT, 2007