

THE STATE CHILD WELL BEING RESEARCH ACT

FREQUENTLY ASKED QUESTIONS

Q: What does the current national survey tell us?

Data gathered from the last national survey can be used to describe a state's child population, such as the proportion of children who have seen a doctor or dentist recently or whose families attend religious services regularly; to monitor trends, such as the trends in grade repetition and in two-parent families; to assess needs, such as the proportion of children without health insurance; to track progress toward goals, such as the proportion of children who exercise and the proportion of mothers who breastfeed; and to promote accountability, for example the incidence of accidents and injuries. Federal and state policy makers alike are using the available data.

Q: Why does the survey need to be expanded?

The current survey is an important data resource, but it is only fielded every four years. Also, it is too brief to cover all critical issues, and the sample size is declining because of cost constraints. As a result, there is no comprehensive or annual information on many aspects of child well-being to guide decision-making on policies and programs affecting children at the state level.

Q: Would an expanded survey duplicate efforts of other national surveys?

Expanding the National Survey of Children's Health would not duplicate efforts of other surveys. Current surveys do not provide a complete picture of child well-being. For example, Census data provide primarily a count of children at the state level. The National Children's Study will focus on a birth cohort of 100,000 children, but will not provide information on all age groups every year nor will it provide data for every state. Other federal surveys generally provide data only at the national level. State administrative data provide limited information only on children who receive services from a public program. Some surveys provide data about children at the state level, but they tend to have a "silo" focus. That is, they collect data about a particular topic (for example, births) and do not obtain information about the whole child. As such, it is difficult to develop a policy response.

Q: What agency administers the National Survey on Children's Health and how is the survey conducted?

The Maternal and Child Health Bureau administers the survey. It uses SLAITS (the State and Local Area Integrated Telephone Survey, which contacts over 400,000 households to learn about child immunizations) as a sampling frame to identify households with children and conducts telephone interviews with a parent or other adult about the family and children.

Q: How much does the survey cost now and how much would it cost if expanded?

The National Survey of Children's Health is a very cost-effective survey. The 2007 survey cost \$11 million. The proposed legislation would authorize \$20 million a year to support the expanded survey, with additional content, ongoing data collection, and surveys with adolescents.

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Q: What are examples of state-level child well-being indicators that could be available from the expanded survey?

Available every four years from the current National Survey of Children's Health	Potential Additional Topics
<p><u>Education</u></p> <ul style="list-style-type: none"> • school attendance • school engagement, problems • time reading for pleasure, TV; computer use <p><u>Socio-emotional Development & Behavior</u></p> <ul style="list-style-type: none"> • child behavior problems • parent reports of child mental health, depression, loneliness, anxiety • disconnected [not in school or working] • social competence • after-school activities, volunteering; child care <p><u>Health and Safety</u></p> <ul style="list-style-type: none"> • accidents and injuries • health habits, e.g., exercise, sleep • health insurance and care • parent health, exercise <p><u>Attitudes/ plans / expectations / values of adolescents</u></p> <ul style="list-style-type: none"> • ---- <p><u>Family Well-being</u></p> <ul style="list-style-type: none"> • self-care by elementary school children • work effort among adolescents • marital status of biological parents, parents in the home • parent-child activities, communication • religious attendance • parent monitoring • conflict resolution; parental aggravation • foster care • happiness of marriage/relationship • neighborhood quality • parent employment • benefits, services or supports such as WIC 	<p><u>Education</u></p> <ul style="list-style-type: none"> • tardiness, cuts classes • suspended/expelled; grade repetition • grades <p><u>Socio-emotional Development and Behavior</u></p> <ul style="list-style-type: none"> • adolescent reports of delinquency, crime, adolescent reports of arrests/convictions • adolescent reports of substance use (drugs, alcohol, smoking) • adolescent reports of abstinence/sexual activity among teens • adolescent reports of teen childbearing • adolescent reports of depressive symptoms • adolescent reports of quality of after-school activities <p><u>Health and Safety</u></p> <ul style="list-style-type: none"> • hunger; food insecurity • nutrition <p><u>Attitudes/ plans / expectations / values of adolescents</u></p> <ul style="list-style-type: none"> • marriage, childbearing • work, self-sufficiency; • educational expectations <p><u>Family Well-being</u></p> <ul style="list-style-type: none"> • care by adolescents of younger siblings; housework • quality of parent's marital relationship, conflict, commitment, communication • adolescent reports of parent-child relationship, activities, communication • contact with non-resident biological parent; payment of child support • abuse/neglect, harsh discipline • stressful life events • material hardship • housing adequacy; homelessness