

GOOD STATE-LEVEL DATA HELPS CHILDREN

“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 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... Oftentimes, we struggle to identify what children’s greatest needs are, and how to best meet those needs, because important state level data does not exist to inform our efforts.”

- Bill Bentley, President of Voices for America’s Children

Access to reliable, timely and accurate state-level child indicator data can help state policy makers identify and enact policies that improve child well-being and better target scarce state dollars on programs that work. By helping states enact better prevention programs, it can also save state funds that are spent on health care, special education and other services that help children after their well-being has been damaged. Because child well-being varies dramatically by state, data that is statistically significant for a particular state can lead to much better policies.

State level data has helped improve children’s health, educational opportunities, and even their very survival:

- ◆ *Lead poisoning indicator essential to reducing lead poisoning in Rhode Island* The Rhode Island Department of Health and the Rhode Island KIDS COUNT found that one in four children in Rhode Island, and one in three in Rhode Island’s five core cities, had a history of lead exposure at kindergarten entry, compromising their brain development. They reported annually on this indicator of childhood lead poisoning. Community leaders responded to the publication of this data by increasing the enforcement of lead laws, enhancing parent education, developing city and state lead poisoning prevention plans and passing a comprehensive lead poisoning prevention law. As a result, the incident of lead exposure decreased significantly from 38 percent to 10 percent in Rhode Island’s core cities and from 28 percent to 6 percent in the [state](#) over 10 years. This not only protects children’s health and ability to learn; it also reduces the state’s expenditures on health care and special education.
- ◆ *Corrected data meant fewer child deaths in Alabama:* Prior to 1998, Alabama had consistently held one of the highest state child death rates in the country. In 1997, Voices for Alabama’s Children examined child death rates at both the regional and state level, and found that Sudden Infant Death Syndrome was often incorrectly diagnosed as the cause of death, and that rollover death, too much padding in cribs and shaken baby deaths were the actual leading causes of death in children. Voices for Alabama’s Children worked with the

state to launch public awareness campaigns to create safer environments for children. After just two years, Alabama's child deaths dropped 23 percent.

- ◆ *Data from one state improved children's access to health care in another:* When Washington state moved from a 12-month health care enrollment cycle to a 6-month health care enrollment cycle, statistics showed a significant decrease in the children's health insurance enrollment rate. In 2008, Children First for Oregon discussed Washington's experience moving from a 12-month to a 6 month and again back to a 12-month cycle, along with data from Oregon's current health coverage situation, in a policy brief designed to encourage the transition from a 6-month to a 12-month enrollment cycle in Oregon. The media coverage this report received prompted the Oregon Governor to modify an existing administrative rule that led the Oregon Health Plan to switch to a 12-month continuous enrollment cycle on January 1, 2009. This switch could increase health coverage for nearly 20,000 of Oregon's children.

- ◆ *State data on access to and benefits of all day kindergarten led to expansion for at-risk kids.* In 2007, Voices for Utah Children presented data emphasizing the effectiveness of all-day kindergarten for at-risk children to the Utah Governor and to the United Way. The data included survey results that indicated nearly half of the Title I schools surveyed did not currently have an all-day kindergarten option and of those who did, approximately half offered only one class and had waiting lists. The majority of respondents indicated that their classes would target at-risk students, that these students would benefit from the classes, that they would like to offer more classes and that funding was a barrier to offering more classes. Test results for children in Utah also indicated that for at-risk students, all-day kindergarten helped students who were struggling academically catch up to their peers. After the presentation, the governor added all-day kindergarten to his budget and Young Leaders of the United Way chose this topic as their issue to work on for their 2007 session. The issue briefings were also used exclusively during the 2007 Utah legislature to successfully pass a bill granting statewide financial support for all-day kindergarten to Title I schools. Terry Haven, of Voices for Utah Children, noted that the "solid research-based information was crucial to getting the votes from conservative legislators who did not see the need for 'babysitting' for kindergartners."

- ◆ *State indicators tightened policy makers' focus on poverty* Vermont child and family economic indicators convinced the Vermont Senate Health and Welfare Committee to consider a poverty reduction strategy. As a result, a child poverty council was formed with a goal of cutting child poverty in Vermont in half in the next ten years.

- ◆ *State data on homelessness led to increase in services:* Hawaii Kids Count and the Hawaii Public Housing Authority developed a report describing the state of Hawaii's homeless population using an electronic data system. Among the findings discussed in the 2006 report were that one-fourth of the homeless were families with children and one-third of the individuals in shelters were children 17 years and younger. This report was shared at a National Housing and Urban Development (HUD) conference and the data was further published by HUD. In response to the 2006 report and subsequent annual reports was widespread media coverage and editorials calling for further support for the homeless, especially homeless children. There have since been significant increases in funding and facilities for Hawaii's homeless.

- ◆ *State policy makers and other stakeholders recognize the need for improved child indicators.* The National School Readiness Indicators Initiative is a multi-state initiative, including governors and other stakeholders from 17 states, that developed sets of indicators at the state level to track results for children from birth through age 8 in order to assess whether these children are ready for school. The Initiative participants – Arizona, Arkansas, California, Colorado, Connecticut, Kansas, Kentucky, Maine, Massachusetts, Missouri, New Hampshire, New Jersey, Ohio, Rhode Island, Vermont, Virginia and Wisconsin – identified a set of core indicators as well as a set of emerging indicators that are not yet reliably collected, but are needed in order to be able to monitor and improve children's school readiness. The topics to be explored by these indicators include child readiness, family readiness, community readiness, health service, early care and education and school readiness.

These examples serve as compelling evidence for the powerful impact of state-level data. Yet for many aspects of child well-being, we do not have state-level data that is timely or reliable, or that can be compared across state lines. Policymakers need the most up-to-date and accurate information possible to evaluate the effectiveness of current programs and ultimately create policies tailored to each state's particular needs. The State Child Well-Being Research Act will enable each state to acquire such information – a necessary step in successfully developing and implementing children's policy.