

# THE STATE CHILD WELL BEING RESEARCH ACT

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## OVERVIEW

### *Summary of Legislation*

Senators Rockefeller (D-WV) and Snowe (R-ME) have introduced legislation to collect publicly available state-level indicators of child well-being, S.1151. In the House, Representatives Fattah (D-PA) and Camp (R-MI) introduced companion legislation, HR.2558. This proposal would give policy makers and others concerned about children a cumulative picture of how children are doing in every state and nationally. Their proposal would expand the existing National Survey of Children's Health and generate data that would be representative for every state. This would enable state policy makers and program administrators to make more effective and better-targeted decisions affecting children. The proposal calls for data on a broader range of topics, ongoing data collection so that more current information is available, and interviews with adolescents.

The data would be publicly available, statistically representative at the state and national level, consistent across states, measured with reliability and, because data collection would be ongoing, information would be current. An over-sampling of low-income children would be conducted as necessary and feasible to produce estimates of key subgroups of at-risk children. The Maternal and Child Health Bureau (MCHB) would develop comprehensive indicators of child well-being in each state. Indicators would include measures related to education; social and emotional development; physical and mental health and safety; and family well-being, such as family structure, income, employment, child care arrangements, and family relationships. Data collection would be overseen by the MCHB. The Director of MCHB would consult with a subcommittee of the Federal Interagency Forum on Child and Family Statistics comprised of experts on child well-being on new measures and methods. An advisory panel of experts, including experts on domains of child well-being, child indicators, and users of child indicators at the state level, would also be established to make recommendations regarding the appropriate measures and statistical tools necessary for making such assessment.

The proposal would establish a public-private partnership. The Annie E. Casey Foundation has pledged to provide at least \$1 million annually to help policy makers and other stakeholders interpret and use the data from the expansion of the National Survey of Children's Health. As the sponsor of the annual KIDS COUNT reports, the Foundation brings strong leadership in area of child well-being research and its involvement in this effort would further enhance the credibility and usability of the new information.

You can find further information at [www.childindicators.com](http://www.childindicators.com).

*April, 2010*

## *Why We Need Better Data on Children In Every State*

- ◆ *States need good state level data to guide policy decisions.* A number of surveys provide important data on child well-being at the national level, but there is a dearth of consistent information at the state level, particularly for small states. Since state policy makers control much of the policy that affects child well-being, they need accurate data on their states to help guide their decisions.
- ◆ *Child well-being varies significantly across states.* Child well-being varies across states, over time, and across social, economic and geographic groups. Data are needed that identify where the greatest needs exist in each state as well as to achieve a complete picture of child well-being in the states.
- ◆ *Child well-being can vary significantly from year to year.* While the data collected every four years by the National Survey of Children's Health are very useful, the well-being of children and families can be affected by sudden changes in the circumstances of families, from specific events such as the economic turndown or Hurricane Katrina, by changes in the social and cultural environment, and by public policies and programs at the federal and state level. Ongoing data collection can capture these changes.
- ◆ *This survey provides data on children who are not included in administrative data.* Collecting state-level data on all children would fill current gaps in information. For example, children who are out of school are not captured in school-based surveys, while children who do not receive services are not covered by service administration data.
- ◆ *The survey would provide data on every aspect of child well-being, and would allow us to look at the whole child.* For example, the survey would let us look at the family circumstances, child's health and parents' health, among other items, for children struggling in school. This would enable more thoughtful and strategic policy responses.
- ◆ *The survey could include an adolescent interview.* Parents simply don't know enough about their adolescents to be good reporters on information from basics like height and weight to mental health and risk-taking behaviors.
- ◆ *This survey can provide important data on special populations at the national or regional level.* A survey that is large enough to provide data for all states can also support analyses of special populations at the national level, such as analyses of children without health insurance, rural children, Hispanic children and poor children.
- ◆ *Good data can help states target scarce resources effectively.* Regular collection of child well-being information at the state level is essential to informed decision-making by policy makers and program administrators. In these lean times, the availability of comparable state level data would greatly enhance decision making about where to direct scarce resources.
- ◆ *This proposal is cost-effective because it builds on a current survey.* The proposed expansion of the National Survey of Children's Health would build on the current use of telephone surveys to collect information. This is a cost-effective strategy and can be conducted alone or in a mixed mode strategy with other survey techniques.