

# The Child Indicator

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## Monitoring the Economic Crisis: Effects on Children and Families

The dimensions of the recession's effects will not be known for some time, since most data systems lag considerably behind real time. But the still-evolving economic situation underscores the importance of having reliable measures of well-being, both as a means of quantifying the downturn's social consequences, and for assessing the effects of policy responses.

Several new reports highlight aspects of families' struggles; although they are based on data that largely predate the current crisis, they provide measures of economic stress that is ongoing. Other resources provide useful information for those interested in tracking the associated state and federal responses.

Two reports on Americans without health insurance were recently released. The Robert Wood Johnson Foundation's *At the Brink: Trends in America's Uninsured* provides a state-by-state analysis of a lack of insurance among the non-elderly. The report shows costs paid by employees for family coverage rose 76 percent between 1996 and 2006, while median incomes rose only 10 percent over the same period. It shows an estimated 9.2 million children went without health insurance for a full calendar year during 2006/07.

In contrast, Families USA's report, *Americans At Risk: One in Three Uninsured*, estimates that 86.7 million, or one in three, people lacked health insurance for at least one

month during 2007-08. The majority of these individuals were without insurance for at least 12 of these 24 months. They included 26.6 million children (0-18), or 34 percent of this age group. The report highlights three factors underlying these numbers: a changing labor market with fewer job-based insurance plans; premium costs outpacing wage growth; and state variations in eligibility for publicly-funded health insurance.

On February 4, 2009, President Obama signed into law a reauthorization of the Children's Health Insurance Program (CHIP) that will cover approximately 4 million additional uninsured children.

A report published early this year by the National Center on Family Homelessness, *America's Youngest Outcasts*, paints a disturbing state-by-state picture of "a nation with the greatest number of children enduring or on the brink of homelessness since the Dust Bowl Era of the Great Depression." It estimates that 1.5 million children are homeless nationwide. Individual report cards describe (and rank) the status of homeless children in each state according to extent, child well-being, structural risk factors, and planning and policy efforts. Each of these areas, in turn, is a composite of multiple indicators. The report documents that 42 percent of homeless children are under 6 years old, and that more than one in seven homeless children have moderate to severe health conditions, including asthma, traumatic stress,

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**Written by:**  
David Murphey, Ph.D.

**Designed by:**  
Lindsay Giesen

<http://www.childtrends.org/ci>

## Monitoring the Economic Crisis *(continued from pg. 1)*

and emotional disturbances.

Homelessness Prevention Funds included in the American Recovery and Reinvestment Act (ARRA) will assist an estimated 298,000 households nationwide.

To access reports on ARRA, visit CBPP at [www.cpbb.org](http://www.cpbb.org) or CLASP at [www.clasp.org](http://www.clasp.org).

To see RWJF's report on the uninsured, visit [http://covertheuninsured.org/files/u15/State\\_by\\_State\\_Analysis\\_2009.pdf](http://covertheuninsured.org/files/u15/State_by_State_Analysis_2009.pdf)

## Spotlight on State and Community-Level Indicators

### Community Health Status Indicators

For those who work with community-level indicators, a longstanding issue has been how to provide a valid comparative context for their interpretation-i.e., "how is my community doing?"

Goals or targets (such as those in Healthy People 2010) can provide a kind of benchmark, although decisions on setting these can be made arbitrarily rather than on the basis of evidence. Alternatively, in a few cases a standard may be self evident, if perhaps unrealistic (for example, zero child abuse). Indicator trends over time help to show a community both where it's been and where it seems to be headed. But an additionally useful tool would be to compare "my community" with "communities like mine"-that is, with similar demographics and other characteristics. Selecting "peer" communities, however, is not as straightforward as it might seem.

One such effort is the Community Health Status Indicators (CHSI) Project of the U.S. Department of Health & Human Services (DHHS). CHSI is a product of a partnership among the Centers for Disease Control & Prevention, the National Institutes of Health/National Library of Medicine, the Health Resources Services Administration, the Public Health Foundation, the Association of State and Territorial Health Officials (ASTHO), National Association of County and City Health Officials (NACCHO), National Association of Local Boards of Health (NALBOH), and Johns Hopkins University School of Public Health. It was initially launched in 2000, and updated in 2006.

According to the DHHS, "the goal of CHSI is to provide an overview of key health indicators for local communities and to encourage dialogue about actions that can be taken to improve a community's health. The CHSI report was designed not only for public health professionals but also for members of the community who are interested in the health of their community."

Users can produce, download, and print reports including more than 200 measures for each of 3,141 U.S. counties. A distinctive feature of each report is the ability to compare any county with its peers (average group size is 36), and with the U.S. Peer counties are selected according to several criteria, including population size and density, age-distribution, poverty rate, and urban/rural status.

Indicators run the gamut from infant mortality and average life expectancy, to prevalence of drug use and depression, to air quality. County-level indicators flagged by an "apple" icon compare favorably to those of peers and the U.S.; a "magnifying glass" icon (suggesting more attention is warranted) indicates those that are worse than the median of its peers and the U.S.

To access CHSI, go to: [www.communityhealth.hhs.gov](http://www.communityhealth.hhs.gov).

### 2009 California Report Card

Children Now, a non-partisan, non-profit organization has released the 2009 California Report Card, showing some significant declines in children's well-being in that state.

## State and Community-Level Indicators *(continued from pg. 2)*

The report uses a number of indicators across several issue areas, and assigns letter grades to performance in each area. Some notable findings include: 1 million California children are expected to be without health insurance; one in five high school students dropped out in 2007; 16 percent of adolescents are overweight or obese.

See the 2009 California Report Card at [www.childrennow.org/reportcard](http://www.childrennow.org/reportcard).

### **Montgomery County (OH) Celebrates 10 Years of Indicator Work**

The Montgomery County (Dayton, OH, and surroundings) Family and Children First Council (FCFC) recently published their 2008 Progress Report on Community Outcomes, Indicators, and Strategies. The FCFC, applying a results-based accountability framework, is a group who has hung onto the indicator approach through good times and bad.

Throughout, their goal has been to answer the questions, "Where are we?" and "Where do we want to be?" Adopting six outcomes ("Healthy People," "Young People Succeeding," "Stable Families," "Positive Living for Special Populations," "Safe and Supportive Neighborhoods," and "Economic Self-Sufficiency") together with associated indicators, the FCFC produces annual reports that are data-rich and action-focused, all grounded in broad community participation. Trend data, comparisons with other Ohio counties and the state, analysis of what's working to "turn the curve," and what further strategies are needed, are all part of the presentation.

For more on Montgomery County's FCFC go to [www.fctc.montco.org](http://www.fctc.montco.org). For more on results-accountability go to [www.resultsaccountability.com](http://www.resultsaccountability.com)

### **Georgia's Family Connection Partnership Wins Innovation Award**

One of the longest-standing state-and-community-level projects for child and family indicators, the Georgia Family Connection Partnership (GaFCP) was recognized at the 2008 Community Indicator Consortium conference last June. GaFCP, which is also Georgia's KIDS COUNT organization, tracks 45 indicators of child, family, and community well-being. Community collaboratives use the indicators to write strategic plans, develop funding proposals, measure program implementation, and evaluate results.

For more on GaFCP go to [www.gafcp.org](http://www.gafcp.org).

### **Neighborhood DC: Profile Updates**

Neighborhood DC, a partnership of the Urban Institute and the Washington DC Local Initiatives Support Corporation, supports neighborhood-level data on a number of social and economic indicators, including some on child well-being. Their web site allows users to select among a number of city geographies (including census tracts, council wards, and neighborhood clusters) to create tables that show a given area's data in comparison with the group's low, high, and average values. Among data recently updated on the site are teen births, and low weight births.

To see the data go to [www.neighborhoodinfodc.org](http://www.neighborhoodinfodc.org).

### **Interactive Maps Highlight Long Island Index Indicators**

The Long Island Index, a regional indicators project launched in 2004, recently added to their web site an interactive mapping tool that allows users to visualize community-level data according to their own selections. The online application was developed by the Center for Urban Research's Mapping Service at the Graduate Center of the City University of New York.

Among the types of data included are land use, transportation routes, population (including racial/ethnic diversity and income-status), housing and education. For example, users can map the location of multi-family, low-income households, and the licensed capacity of early childhood programs. Additional features are statistics with zoom-in capability (including both additional statistics and satellite photos), links to Census data, and adjustable "transparency" of map layers.

To see more go to [www.longislandindexmaps.org/](http://www.longislandindexmaps.org/).

# Data and Resources

## Issues for Data Users

### **"Wireless-Only" Households Challenge Survey Researchers**

Of U.S. households in 2007, nearly 15% (about 1 in 7) had wireless telephone (cell phone) service only. Most observers believe this prevalence will continue to increase for some time.

For researchers who depend upon data collected through telephone surveys (generally much more effective in getting responses than mailed surveys), this development poses a significant challenge, because as a group cell-phone-only users not only may differ from landline users in significant ways, but including them in random-digit-dialing (RDD) samples presents several important hurdles.

Federal Communications Commission regulations currently prohibit mechanized (i.e., not hand-dialed) calling by survey organizations to cell phone users without express prior consent. Yet, methods to distinguish cell phone numbers from landline numbers are imperfect, making it necessary for surveyors using mechanized dialing to ask at the outset of an interview whether the respondent is speaking on a cell phone.

Other issues loom. There may be disproportionate cost burdens imposed on cell phone respondents, because of the charges many cell phone plans place on incoming calls. On average, cell phone users are younger than the population of all phone users; indeed, some reached via cell phones will be minors, for whose protection special protocols may be warranted. Identifying a cell phone respondent's geographic location can be additionally problematic. How people use cell phones can also differ dramatically from the pattern seen with landline use: often, cell phones are used ubiquitously, in public as well as private spaces, and respondents may or may not give answers with the same candor that would use on a landline phone.

Clearly, these emerging issues are still in search of adequate solutions. At the least, however, researchers who choose to exclude wireless-only households from their surveys need to be able to correct for the potential bias due to such exclusion, and those combining samples of landline and cell phone users also need prevalence estimates.

The U.S. Centers for Disease Control and Prevention (CDC) recently published the first state-level estimates of wireless-only households, and adults living in wireless-only households, using a combination of National Health Interview Survey data, and the Current Population Survey's Annual and Social Economic Supplement. The estimates show wide variation among the states, ranging from a high of 26.2% of households in Oklahoma, to 5.1% in Vermont, as of 2007.

For the CDC's report, *Wireless Substitution: State-level Estimates From the National Health Interview Survey, January-December 2007*, see [www.cdc.gov/nchs/data/nhsr/nhsr014.pdf](http://www.cdc.gov/nchs/data/nhsr/nhsr014.pdf).

For further discussion of issues related to surveying cell phones, see Lavrakas, P. J. et al. *The state of surveying cell phone numbers in the United States: 2007 and Beyond*. *Public Opinion Quarterly*, vol. 71, no. 6 2007, pp. 840-854.

[http://poq.oxfordjournals.org/cgi/reprint/71/5/840?](http://poq.oxfordjournals.org/cgi/reprint/71/5/840?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=lavrakas&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT)

[maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=lavrakas&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT](http://poq.oxfordjournals.org/cgi/reprint/71/5/840?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=lavrakas&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT)

### **New Multiyear Estimates From the American Community Survey**

In December, 2008, the Census Bureau released new American Community Survey (ACS) data on geographic areas with populations of at least 20,000. This amounts to 13,000 geographic areas, twice the number for which data were released in 2007, and three-fifths of U.S. counties. The difference is that for the areas holding between 20- and 65,000 people three-year estimates only are provided.

The ACS (which will replace the Census long form in 2010) collects data on a continuous basis, sampling 3 million housing units per year. The data just released for the smaller areas were collected over the 36 months between 2005 and 2007 (designated as "2006" data). Because ACS sample sizes are smaller than those previously used for the long form, however, there can be wide error margins associated with these data. This, along with the diminished timeliness that accompanies multiyear estimates, are potential drawbacks for users, but in general the ACS data provide a much more frequent look at key demographic indicators than was previously available. For more on the ACS go to <http://factfinder.census.gov/>.

## Low Birthweight: Racial/Ethnic Disparities Persist

A new report from the Joint Center for Political and Economic Studies, *Trends in Child Health, 1997-2006: Assessing Racial/Ethnic Disparities in Low Birthweight*, presents new analyses of low birthweight data from the National Health Interview Survey (NHIS).

Low birthweight (babies born weighing less than 2,500 grams, or about five-and-a-half pounds) is a signal indicator for a number of poor developmental outcomes for children, and its negative effects may even extend into adulthood. In the U.S., African-American women are most at risk for having low-weight births; Latinos (particularly Puerto Ricans) also experience high rates of low birthweight.

Groundbreaking in this study were the findings that many of these racial/ethnic disparities persist even after statistical controls for a number of sociodemographic variables. For example, among whites and blacks of comparable family structure, blacks fare more poorly on the low birthweight indicator; the same is true under comparable circumstances of geographic region of residence, employment status, or income-level (at or above the poverty threshold). In addition, having health insurance coverage, even private health insurance coverage, did not appear to reduce the risk of low birthweight. Among families where the householder did not complete high school, black and white children were equally at risk; however, in families where educational attainment was higher, black/white differences persisted.

The study's results raise provocative questions as to how effective current policies are in reducing these health disparities.

To read the report, go to [www.jointcenter.org/publications\\_recent\\_publications/health/trends in child health 1997 2006 assessing racial ethnic disparities in low birthweight](http://www.jointcenter.org/publications_recent_publications/health/trends_in_child_health_1997_2006_assessing_racial_ethnic_disparities_in_low_birthweight).

## Recently Released Reports

### **Births: Preliminary Data for 2007: Teen Births and Births to Unmarried Women Increase**

The National Center for Health Statistics (NCHS) report, released in March 2009, showed a rise in births to teen mothers, for the second year in a row, contrasting with a previous 14-year decline. The preliminary 2007 birth rate for U.S. 15- to 19-year-olds was 42.5 births per 1,000. Rate increases were seen both for teenagers 15-17 years, and for those 18-19.

Separately, Child Trends released an analysis of Vital Statistics birth data, showing estimates, by state, of the proportion of women who will become teen mothers. Nationwide, that figure for 2006 was 18 percent (down from 25 percent in 1991). However, state estimates varied widely, from fewer than 10 percent in New Hampshire, Vermont, and Massachusetts, to as high as 30% in Mississippi.

A number of explanations have been proposed for the recent rise in teen childbearing, including growing numbers of teens from racial/ethnic groups with relatively high fertility, such as Hispanics; reduced availability of contraceptives and abortion procedures; decreased access to contraceptive education; and diminished economic and social prospects. The NCHS publication also reports that the proportion of births to unmarried women reached an historic high of 31.8% in 2007. The rate of low birthweight (less than 2,500 grams) declined slightly to 8.2%.

For the NCHS report go to [www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57\\_12.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf).

For recent Child Trends reports on teen childbearing go to [www.childtrends.org/\\_listRB.cfm?LID=4248444D-4BC4-49DB-B9CAE91EF7CCC712#Teen%20Sex/Pregnancy](http://www.childtrends.org/_listRB.cfm?LID=4248444D-4BC4-49DB-B9CAE91EF7CCC712#Teen%20Sex/Pregnancy).

### **New Report Describes Adoptive Parents**

The National Center for Health Statistics (NCHS) released in January, 2009, a Data Brief, Who Adopts? Characteristics of Women and Men Who Have Adopted Children. Using data from the National Survey of Family Growth, the report finds that in 2002 about 2 million U.S. adults aged 18-44 (about 2 percent) had adopted children. Men were twice as

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likely as women to have adopted a child. Overall, adopting adults are more likely to be older, to have married, to have had biological children, and to have used infertility services, than non-adopting adults. The proportion of infants given up for adoption has declined from 9% of those born in 1973, to 1% of those born between 1996 and 2002.

For the NCHS Data Brief go to [www.cdc.gov/nchs/data/databriefs/db12.pdf](http://www.cdc.gov/nchs/data/databriefs/db12.pdf).

### **Reporting High School Graduation Rates: Policy Changes Afoot**

A new report by the Alliance for Excellent Education provides a state-by-state look at the implications of 2008 federal regulations covering reporting of high school graduation rates. Beginning in the school year (SY) 2010-11, states are required to report a uniform "four-year-adjusted cohort rate," which measures the percent of students in a ninth grade cohort that graduate with a regular diploma within four years. Beginning in SY 2011-12, this measure must also be used in determining schools' Adequate Yearly Progress under the No Child Left Behind Act (NCLB).

The new regulations represent a big step forward from an earlier state-by-state patchwork of graduation rate definitions, often misleading as well as lacking in comparability. The new data reported by states must also be disaggregated by the same student subgroups used in reporting test scores under NCLB, and states must set long-term goals and annual growth targets for graduation rates. The report from the Alliance for Excellent Education summarizes these changes, and provides individual profiles of their implications for each state, in terms of policies and data systems.

To view the report go to [www.all4ed.org/publication\\_material/federal\\_grp](http://www.all4ed.org/publication_material/federal_grp).

### **New International Comparisons of Education Indicators**

Comparative Indicators of Education in the United States and Other G-8 Countries: 2009 is a recent publication of the National Center for Education Statistics of the U.S. Department of Education. The report summarizes the most recent available results from four primary sources:

- the Indicators of National Education Systems (INES) at the Organization for Economic Cooperation and Development (OECD);
- the Progress in International Reading Literacy Study (PIRLS);
- the Program for International Student Assessment (PISA); and
- the Trends in International Mathematics and Science Study (TIMSS).

G-8 countries include Canada, France, Germany, Italy, Japan, the Russian Federation, the United Kingdom, and the United States. Not all countries participated in the latest round of each survey.

Five categories of data are included in the report: population and school enrollment; academic performance; context for learning; expenditures for education; and education returns: educational attainment and income.

Among the highlights of the report:

- In average reading literacy (PIRLS 2006), fourth-graders in the Russian Federation led their G-8 peers.
- In mathematics (TIMSS 2007), Japanese students outperformed those in other G-8 countries.
- On a combined science literacy scale (PISA 2006), U.S. students performed lower, on average, than their peers in the UK, Germany, Japan, and Canada.
- The U.S. had the largest proportion of fourth-grade teachers spending more than 6 hours per week on reading instruction (PIRLS 2006).
- The U.S. had the highest percentages of eighth-graders (55%) whose principals reported at least weekly classroom disturbances, and intimidation or verbal abuse of their students (39%) (TIMSS 2007).

To learn more see [http://nces.ed.gov/pubs2009/2009039\\_1.pdf](http://nces.ed.gov/pubs2009/2009039_1.pdf).

### **New Data on U.S. Immigrant Children**

The Population Reference Bureau (PRB) recently published *Children in Immigrant Families Chart New Path*, based on data from the U.S. Census Bureau's decennial census, population estimates, and the American Community Survey. The report examines the rapidly changing racial/ethnic composition of the U.S. population (led largely by children), and some important challenges children in immigrant families face.

As of 2007, children in immigrant families comprised 22 percent of all U.S. children. By 2020 they are projected to be one in three. The cohort of children now becoming adults is much more ethnically and racially diverse than the "baby

boomer" generation. While the United States as a whole is projected to become "majority minority" by around 2050, more than 300 U.S. counties already have reached that status. Confining that analysis to the population younger than 20 yields 489 counties—about one in seven counties nationwide.

Children of immigrants are more likely to be poor than non-immigrant children, even though they are also more likely to live in married-couple families and to have a parent employed fulltime.

An original contribution of this report is the description of a multi-risk index for children of immigrants. Based on expert recommendations, the measures comprising the index are:

- Neither parent proficient in English.
- Neither parent a U.S. citizen.
- Neither parent with more than a 9th grade education.
- Neither parent in the country more than 10 years.

The number of risk factors is closely associated with child poverty in immigrant families. Immigrant children with all four risk factors (nationwide estimated at 18 percent of all immigrant children), were 6 times as likely to live in poverty as those with none of the risk factors. Children with high numbers of risk factors tend to live either in central city neighborhoods, or in rural counties far removed from urban centers. By state, the proportion of immigrant children with three or more risk factors varies from 29% (South Dakota) to 2% (Alaska).

For more on this report see [www.prb.org/pdf09/immigrantchildren.pdf](http://www.prb.org/pdf09/immigrantchildren.pdf)

### **State of the World's Children: 2009; and ChildInfo**

UNICEF (United Nations Children's Fund) has published its annual statistical look at child-well being. This year's report focuses on maternal and newborn health, and includes multi-country data on young child mortality, other indicators of nutrition, health, education, and child protection. UNICEF's ChildInfo web site contains all of the organization's statistical information. Users of the site can select a specific indicator and display charts, definitions, and a brief explanation of its importance.

For the State of the World's Children report see [www.unicef.org/sowc09/](http://www.unicef.org/sowc09/).

For more on ChildInfo go to [www.childinfo.org/](http://www.childinfo.org/).

### **UNESCO: Educational Inequality for World's Children**

UNESCO's (United Nations Educational, Scientific, and Cultural Organization) 2009 report, *Overcoming Inequality: Why Governance Matters*, spotlights huge gaps in educational opportunities worldwide. 75 million children of primary school age are not in school; despite an international development target of universal primary education by 2015, the report estimates at least 29 million children will still be out of school at that date. Children in the poorest countries, such as Ethiopia, Mali, and Niger are three times less likely to be in school as children from the wealthiest nations. Inequities based on gender, language, race, ethnicity, and rurality also persist.

Learn more about the report at [www.unesco.org/education/gmr2009/press/GMR2009\\_pressrelease\\_EN.pdf](http://www.unesco.org/education/gmr2009/press/GMR2009_pressrelease_EN.pdf).

### **Second Conference of the International Society for Child Indicators (ISCI)**

The ISCI conference, *Counting Children In! Child Indicators: Research, Theory, Policy and Practice*, is planned for November 4-5, 2009, at the University of Western Sydney, Australia. Abstracts are invited under the following topics:

- Theoretical, conceptual and empirical issues in the development of child indicators.
- Measurement issues at levels of individual, family, community and globally.
- What is measured or counted?
- Who decides what is measured or counted (perspectives of all stakeholders, including children and young people)?
- How are indicators being used (potential uses and abuses)?
- Diversity as a challenge to construction and implementation of indicators (taking account of age, gender, ability, culture, geography and socioeconomic status).

For more information, visit <http://www.isci09.com>.

# Measuring Qualitative Well-Being

In a world reeling under dismal economic numbers, is there room for "happiness" indicators? Is this an opportunity to re-appraise what we consider to be "growth," "progress," or quality of life?

In fact, many of the leading indicator efforts focused on measuring qualitative well-being were developed explicitly to counter the notion that a country's progress can be summarized solely by economic measures, such as gross domestic product (GDP), or even by the traditional objective measures of health and well-being. Perhaps most prominent among these players currently is the Organization for Economic Cooperation and Development's (OECD) Global Project on Measuring the Progress of Societies. While these projects are not centered exclusively on children and youth, their choice and use of indicators are certainly compatible with a developmental and contextual understanding of child well-being.

## Gross National Happiness

More than 35 years ago, the ruler of the Himalayan kingdom of Bhutan coined the term "gross national happiness" (GNH), and declared it to be of greater importance than GDP. Since 1972 this work has evolved to the point where there is indeed a GNH index (inaugurated last November), comprised of a number of indicators. The Center for Bhutan Studies' (CBS) web site states boldly, "indicators determine policies" and "embody values." Rather than see happiness as a strictly private matter, CBS maintains that "happiness is a public good . . . Hence, the government of Bhutan takes the view that it cannot be left exclusively to private individual devices and strivings." Public policy can include the role of educating citizens about collective happiness. Moreover, indicators can be used both prospectively and retrospectively to screen projects and policies themselves, and hold them to account.

The GNH indicators speak to objective as well as subjective aspects of well-being. They were developed with the participation of citizens aged 15 and older. Nine "core dimensions" are covered:

*Psychological Well-Being, Time Use, Community Vitality, Culture, Health, Edu-*

*cation, Environmental Diversity, Living Standard, and Governance.*

Construction of the GNH Index is a sophisticated process, involving the setting of "sufficiency cut-offs" for each indicator, and a fairly complex aggregation algorithm.

A specific screening tool (the GNH Policy Lens) has been developed to quantitatively score proposed policies according to their expected effects on key GNH determinants. For example, policies can be scored from 1-4 ("negative," "uncertain," "neutral," or "positive") in terms of consequences for family:

- 1: Will probably decrease the opportunities that people have to spend time with family and friends;
- 2: Do not know the effect on opportunities that people have to spend time with family and friends;
- 3: Should have little or no effect on opportunities that people have to spend time with family and friends;
- 4: Will probably increase the opportunities that people have to spend time with family and friends.

Policies must score at least as high as "neutral," averaged across the appropriate screening questions, in order to go forward.

## National Accounts of Well-Being

Adopting a similar approach, the New Economics Foundation (UK) is exploring a framework for "national accounts of well-being." "The challenge is to match the multiplicity and dynamism of what constitutes and contributes to people's well-being with what gets measured." To create a working model of national accounts of well-being, the New Economics Foundation (NEF) co-sponsored a module in a 22-country European survey (of individuals 15 and older), yielding what it calls "the most comprehensive dataset on subjective well-being for any nation to date."

In the NEF model, "personal well-being" is distinguished from "social well-being." The former includes 5 main components: emotional well-being, satisfying life, vitality, resilience and self-esteem, and positive functioning; the latter includes supportive relationships, and trust and belonging.

Among the many findings (too numerous to summarize here) are substantial variability in well-being across countries, across indicators and indicator clusters, and across age-groups. For example, among under-25-year-olds, the UK and Ireland have the lowest levels of both personal and social well-being, although overall levels of well-being in those countries are higher than those of many others.

NEF also has developed 5 "policy levers" - "a set of evidence-based actions to improve well-being" which governments can use to encourage individual-level change.

## Gallup & Nielsen

In the U.S., venerable polling organizations, Gallup and Nielsen, have separately joined the "happiness" bandwagon. Gallup-Healthways' Well-Being Index is based on ongoing daily interviews of 1,000 U.S. adults (age 18 and older). In addition to an overall well-being score for the nation, states are ranked on each of 6 sub-indicators: life evaluation, emotional health, physical health, healthy behavior, work environment, and basic access (includes access to clean water, adequate food, shelter, health care, and community safety).

The Nielsen Company launched in 2008 a 51-country online survey (ages of respondents were not reported). The Nielsen Happiness Study, it states, found there are three main drivers of happiness globally: personal financial situation, mental health, and job/career. However, the specific composition of happiness varied widely among countries participating in the survey.

For more on the Gross National Happiness Index see

[www.grossnationalhappiness.com](http://www.grossnationalhappiness.com).

To see more on National Accounts of Well-Being visit

[www.nationalaccountsofwellbeing.org](http://www.nationalaccountsofwellbeing.org).

To learn more about the Gallup-Healthways Well-Being Index, see

[www.well-beingindex.com](http://www.well-beingindex.com).

For more on the Nielsen Happiness Study, go to <http://blog.nielsen.com/nielsenwire/category/health/>.

## Revisiting Targets: Reducing Child Poverty

In general, governments, even if they embrace the use of indicators, shy away from setting specific targets. Many fear that targets or goals can be driven more by political agendas than by rigorous analysis. Additionally, failure to meet targets can breed recrimination and cynicism, while even success can be met with a lukewarm response, if the target is perceived as having been set too low.

Thus, it could be seen as an act of political courage that a number of jurisdictions have taken up the goal of sharply cutting, or even eliminating child poverty—arguably the preeminent child indicator. Setting aside the difficult issues underlying the definition of poverty, here is an update of some of these efforts.

### Great Britain

Ten years ago, Prime Minister Tony Blair declared an intention to cut child poverty in Britain by half by 2010, and to eradicate it by 2020. Since 1999 (when official statistics placed 26% of children in poverty), the government estimates that 600,000 children have been spared from poverty, with a further 500,000 expected to follow as a result of ongoing policies. However, that would still bring the country 700,000 short of the 2010 target. Analysts estimate the costs required to meet the goal would exceed 3 billion pounds (about \$4.5 billion). Obviously the current economic crisis will put a strain both on families and on the government's ability to assist them.

### European Union

Eurochild, an international network of organizations and individuals working on child well-being issues, and co-funded by the European Commission, is pressing the European Union (EU) to adopt in 2010 a policy of "zero tolerance on child poverty." Already the majority of EU countries have gone on record with quantified targets in this area. Examples include:

- Austria ("reduce risk of material poverty of children and young people by one-third by 2016").
- Greece ("drop children's risk of poverty from 23% in 2006 to 18% in 2013").
- Hungary ("decrease the poverty rate of children by one-fourth by 2013 [19% in 2006]").

Some countries set additional targets for specific groups of children.

### U.S. and Canada

The Canadian province of Ontario has adopted a goal of reducing child poverty by 25% within 5 years (by 2013), moving 90,000 children out of poverty. Ontario's Cabinet Committee on Poverty Reduction has identified eight indicators it will use to assess progress toward the goal and toward "breaking the cycle of intergenerational poverty." These are:

- school readiness,
- educational progress,
- high school graduation rates,
- birth weights,
- rates of children living in poverty and in "deep" poverty,
- a housing measure (under development), and
- a "deprivation index" (also under development).

Ontario's publication, *Breaking the Cycle: Ontario's Poverty Reduction Strategy*, presents an interesting graphic (the Child and Youth Opportunity Wheel) that will be used to assess progress from baselines on each of the 8 indicator "spokes." Over time data on each of the indicators will show movement either toward, or away from the center/target.

In the U.S., Vermont in 2007 created a legislative commission, the Child Poverty Council, charged with developing "a ten-year plan to reduce the number of children living in poverty in the state by at least 50%." (The 2006 American Community Survey showed about 17,000 or 13% of Vermont's children living in poverty.) The Council held public forums in each of Vermont's 14 counties, and published its report, *Improving the Odds for Kids*, in January, 2009. While recognizing that the official poverty measure is flawed, the Council decided to use the federal poverty guidelines as the measure to be used in assessing progress toward the goal. Positive features of the 10-year target, according to the Council, are that it is "shared," "simple," "silo-busting," and "solution-building."

For more on Britain's child poverty goal see [www.everychildmatters.gov.uk/parents/childpoverty/](http://www.everychildmatters.gov.uk/parents/childpoverty/).

For more from Eurochild see [www.eurochild.org](http://www.eurochild.org).

To learn more about Ontario's initiative see [www.growingstronger.ca/english/default.asp](http://www.growingstronger.ca/english/default.asp).

For more on Vermont's Child Poverty Council see [www.leg.state.vt.us/workgroups/ChildPoverty/](http://www.leg.state.vt.us/workgroups/ChildPoverty/).

## About *The Child Indicator*

The goal of *The Child Indicator* is to communicate major developments and new resources within each sector of the child and youth indicators field to the larger community of interested users, researchers, and data developers on a regular basis. By promoting the efficient sharing of knowledge, ideas, and resources, *The Child Indicator* seeks to advance understanding within the child and youth indicators community and to make all its members more effective in their work.

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