

The Child Indicator

THE CHILD, YOUTH, AND FAMILY INDICATORS NEWSLETTER

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Call for Papers from the International Society for Child Indicators

The International Society for Child Indicators is holding its first conference, which will focus on using child indicators to improve child development and well-being. Titled "Child Indicators: Diverse Approaches to a Shared Goal", the conference will be held from June 26-28, 2007 in Chicago, Illinois. It will be held at the University of Chicago and hosted by the Chapin Hall Center for Children.

The stated sub-themes of the conference are:

- Theory and conceptual frameworks of child indicators
- Measurement, data, and methods issues
- Child indicators as measures of present or future child well-being
- Dissemination of child indicators
- Advocacy using child indicators
- Policy development using child indicators
- Children's participation in the development and implementation of indicators
- Child indicators with cultural variations
- Child indicators across borders
- Information technology and child indicators

In addition, the following domains of

well-being will be highlighted:

- Economic well-being
- Education
- Psychological well-being
- Social behavior
- Physical health
- Safety
- Child welfare
- Civic life skills
- Time use and activities

Presentations can be in the form of a paper, workshop, or poster.

Presentation proposals on these sub-themes are encouraged, but submissions on child indicator topics outside these themes will also be considered. All submissions should be in English. Primary authors will receive notification of their status by January 31, 2007. All presenters should register and pay for the conference by the end of March 2007.

Please send proposals by November 31, 2006 by email (preferred) to abenari@clemson.edu or social_policy@savion.huji.ac.il or by mail to: ISCI Office
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In this Issue...

Call for Papers from the International Society for Child Indicators 1

Recently Released Reports 1,4,5,7

School Readiness Indicators: A Strategic Approach to Improving Outcomes for Young Children 2,6,7

Small Area Health Insurance Estimates Will Fill Gap in Available Health Insurance Data 3,7

Children in North America Project Releases First Report 3,7

Future of Children Issue Aims to Promote and Inform Action in the Fight Against Childhood Obesity 4

HRSA Geospatial Data Warehouse Integrates Data on Health Resources 5

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

Just Released

America's Children in Brief: Key National Indicators of Well-Being, 2006, is an annual report produced by the Federal Interagency Forum on Child and Family Statistics (Forum) that details the status of families and children in the United States. Since 2004, the Forum has alternated each year between a detailed and a more condensed report. America's Children 2006 is the condensed version. A more detailed indicator report will be released in July 2007. The data come from various federal agencies. The report consists of 26 indicators divided among five sections: Population

continued on page 4

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Statement of Purpose

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.

Child Trends, a nonpartisan, nonprofit research center that has been active in the child and youth indicators field for 25 years, produces and distributes *The Child Indicator* with funding from the Annie E. Casey Foundation. We welcome your comments and suggestions. All communications regarding this newsletter can be directed to childindicator@childtrends.org.

Brett Brown, Ph.D., Editor

State and Local Scene

School Readiness Indicators: A Strategic Approach to Improving Outcomes for Young Children

We have always known that children do better in school when they have strong families and communities behind them. But now there's an emerging consensus, based on real-world experience in 17 states, about the ways we can measure - and make better - the conditions that contribute to children's success in school.

A 17 State Partnership

The attention to tracking state-level outcomes for the youngest children was a unique focus of a 17 state initiative highlighted in the report: *Getting Ready: Findings from the National School Readiness Indicators Initiative*. Through the three-year School Readiness Indicators Initiative, 17 states now have the capacity to track a comprehensive set of measures for the youngest children from birth through age 8. In addition, the states agreed on a core set of indicators that were important in all states and identified a set of emerging indicators that need more work to inform policy changes in the states. Participating states included: Arizona, Arkansas, California, Colorado, Connecticut, Kansas, Kentucky, Maine, Massachusetts, Missouri, New Hampshire, New Jersey, Ohio, Rhode Island, Vermont, Virginia, and Wisconsin.

Using Indicators to Monitor Progress on Early Childhood Policy

The regular tracking of a comprehensive set of school readiness indicators enables policymakers and community leaders to identify areas most in need of intervention, track the results of investments and monitor trends over time. State-level data are not often available from federal statistical systems, and states often do not organize available state-level data to look specifically at the needs of infants, young children and their families.

Child outcome indicators, when used by state level policymakers and local community leaders to inform decision making, are critical tools for public policy change. Experience in states and communities across the nation has proven that indicators of child well-being can be an important tool for bringing government and community leaders together to make strategic investments in children and families.

The Ready Child Equation

The most powerful sets of indicators combine information on child outcomes with systems indicators that monitor the capacity of child and family programs to meet the variable needs that exist across communities. The regular reporting of indicators that describe the physical, social, emotional, and cognitive well-being of children enables state policymakers to identify areas most in need of intervention, track the results of their investments, and monitor trends over time.

It is critical that school readiness efforts at the state level include indicators that address the needs of children at different ages (infants, toddlers, preschoolers, early elementary school) as well as across the domains of child development (physical well-being and motor development, social-emotional development, approaches to learning, language development and literacy, and cognition and general knowledge). Too often, efforts to improve school readiness begin and end with a very narrow approach to a set of complex circumstances that result in children being ready....or not ready...for success in school.

continued on page 6

Small Area Health Insurance Estimates Will Fill Gap in Available Health Insurance Data

In response to a lack of adequate county-level data on health insurance, the U.S. Census Bureau has developed a new initiative to measure health insurance coverage for small areas. The Small Area Health Insurance Estimates (SAHIE) program is a model-based program that provides county and state level estimates of health insurance coverage by age. The program is a product of the Small Area Estimates Branch of the Housing and Household Economic Statistics Division of the Census Bureau and builds from the Small Area Income and Poverty Estimates (SAIPE) program. The new project estimates county-level health insurance coverage through the combination of survey and population data as well as administrative records. Data sources used to generate these estimates include:

- the Annual Social and Economic Supplement (ASEC) of the Current Population Survey (CPS);
- demographic population estimates;
- aggregated federal tax returns;
- food stamp participation records; and
- Medicaid participation records.

The SAHIE is the first program of its kind to provide county-level data on health insurance. The program aims to continue to provide a consistent set of sub-state data, while also aggregating the data to produce state and

nation-wide results. Both county- and state-level estimates are adjusted to ensure that county numbers sum to the state estimate and that state estimates correspond with the estimates of the Current Population Survey's Annual Social and Economic Supplement. Confidence intervals for both sampling and modeling are provided for each estimate.

Prior to the Small Area Health Insurance Estimates program, federal data regarding county-level coverage was not readily available. Neither the decennial census nor the American Community Survey contain questions regarding health insurance coverage. Currently, the SAHIE program has produced year 2000 county and state estimates for:

- total population with and without health insurance coverage
- children under age 18 with and without health insurance coverage

Although still in the experimental stages, the program and its estimates have undergone both internal and external review. The Census Advisory Committee of Professional Associations, the State Data Centers, the Federal and

continued on page 7

Children in North America Project Releases First Report

In an increasingly interconnected world, the future of children and youth depends much upon the knowledge we have about them today. This is a founding premise for *Growing up in North America*, the first report of a several part series that aims to put children and youth on the agenda in North America. As part of the Children in North America Project, the report has an international perspective, highlighting the conditions and wellbeing of children and youth in Canada, Mexico, and the United States.

The report is a collaborative effort between the Annie E. Casey Foundation, the Canadian Council on Social Development, and the Red por los Derechos de la Infancia en Mexico (The Children's Rights Network in México). Their mutual recognition of the increasing economic, social and cultural interaction between children and youth in

Canada, Mexico, and the United States was inspiration for the report. Drawing from a variety of sources, the project hopes to:

- Document how children and youth are faring in each country across North America;
- Develop a baseline against which to measure and monitor their well being over time; and
- Build capacity in and across the three nations to continue the important work of measuring and monitoring the well being of children and youth.

The report emphasizes that, "through trade, investment, communications, human migration, education, travel, and cultural exchange" children and youth across North America are increasingly interconnected and have powerful potential as a political force. The project aims to expand knowledge about children and youth on a

tri-national level, with the goal of inspiring change and action amongst those who are able to advocate on children's behalf.

The introductory report presents a basic demographic profile of children and youth in North America and introduces health and safety, economic security, and capacity and leadership as the three primary areas in which the indicators of this project will focus.

The demographic profile highlights the population of children and youth in North America, as well as types of families, where children and youth live, racial and ethnic composition, and migration. The large, yet slightly declining, population of children and youth in North America is raised as an issue of concern and premise for policy that ensures the best outcomes for a modestly shrinking population. In addition, factors such as increases in single-parent

continued on page 7

Latest issue of *Future of Children* aims to promote and inform action in the fight against childhood obesity

Over the past three decades, the share of children who are overweight or obese has doubled, from 15 percent in the 1970's to nearly 30 percent today. The clear and present topic of childhood obesity is the focus of the latest volume of the *Future of Children*. This volume contains a collection of up-to-date literature reviews and analyses by leading experts, with the goal of promoting effective policies and programs directed at childhood obesity.

Of primary interest for an audience interested in indicators, is a chapter on the trends and potential causes of childhood obesity. This chapter explains why the use of the standard body mass index (BMI) can be controversial when used for measuring overweight and obesity in children, and defines in detail the standards for evidence used throughout this volume. Rates of obesity are presented, including trend and subgroups differences (low-income and African-American) based on data from the National Health and Nutrition Examination Surveys (NHANES). The particularly high rates of obesity observed among low-income and African-American children set the stage for an entire chapter on explanations and interventions targeted at low-income and minority youth. The authors explain that it may be a challenge for poorer schools to afford the cost of adopting some suggested policies.

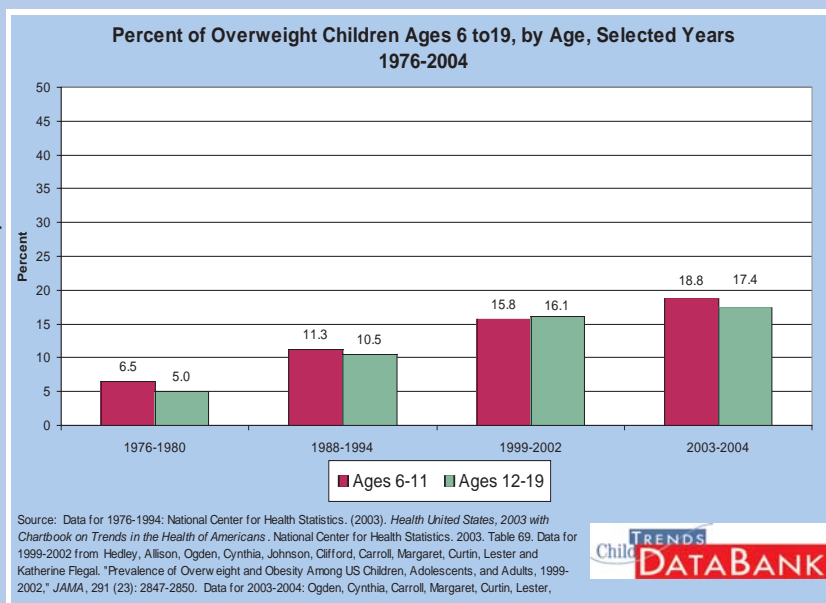
Other chapters in this volume focus on the causes and consequences of obesity. A chapter focuses on how childhood obesity affects children's health, warning that today's obese children may experience cardio-vascular disease at a younger age than has been observed in their parents' generation.

Five chapters describe how children's environments may have contributed to the rise in childhood obesity, and may suggest ideas for indicators of children's environment. A chapter on marketing to children concludes that the most

promising policies are those that reduce advertising to children, increase incentives for food providers to offer healthy choices, and improve the quality of foods that schools serve children. Another chapter concludes that, although the built environments (e.g., access to recreational facilities and convenience foods) in the U.S. have led to increasingly sedentary lifestyles and less healthy diets, evidence that changes in the built environment will reduce obesity does not yet exist. Changes in schools, childcare, and parenting are also discussed.

A final chapter explains that pediatricians are concerned about childhood obesity, but many feel they are not adequately prepared or do not have the resources and parental support to effectively address this issue. The author further describes how the medical community is responding to this need.

For access to this volume, go to http://www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=349724



Recently Released Reports

and Family Characteristics, Economic Security, Health, Behavior and Social Environment, and Education.

The report is available at: <http://childstats.gov>

Rural Disparities in Baseline Data of the Early Childhood Longitudinal Study: A Chartbook is a new report that helps fill a gap in information available on the status of young children living in rural areas. This report, from the National Center for Rural Early Childhood Initiatives at Mississippi State University and Child Trends, discusses differences in demographics, family life, health

continued from page 1

and physical development, social-emotional development, cognitive development, child care, and kindergarten experience between rural and urban children. The data come from the Early Childhood Longitudinal Study, kindergarten and birth cohort studies and are presented by racial/ethnic and rural/non-rural subgroups.

This chartbook is available at: <http://www.ruralec.msstate.edu/reports/ecls-frontmatter.pdf>

Fathers of U.S. Children Born in 2001: Findings from the Early Childhood Longitudinal Study, Birth Cohort

continued on page 5

HRSA Geospatial Data Warehouse Integrates Data on Health Resources and Needs

The Health Resources and Services Administration (HRSA) Geospatial Data Warehouse is an innovative website which integrates data on health resources and areas with health needs. The goals of HRSA, an agency of the U.S. Department of Health and Human Services, include improving access to health care, improving the public health, and eliminating health disparities. The Geospatial Data Warehouse provides access to data that allows HRSA staff and partners, as well as policymakers and health planners, to work towards these goals and promotes collaboration between these groups.

The Geospatial Data Warehouse website contains information about HRSA grants, grantees, and service sites. This information is supplemented with data on various types of health care facilities and the health workforce distribution. The data cover topics applicable to all ages, such as the locations of primary care and dental health services, as well as several topics specific to children and youth such as child care, newborn screening, and adolescent health services. Users can access the data in two main formats: maps and reports.

When using the map tool, users can choose the following geographic specifications: the whole world, U.S., state or territory, county, city, zip code, Census tract, Congressional district, HHS region, metropolitan statistical area, or specific address. They can also pick a hospital, health center, U.S-Mexico border initiative area, a National Health Service Corp clinic site, health professional shortage area (by medical care, dental care, primary care), or medically underserved area as their location to map.

Once the location is selected, layers can be added to the map. Numerous health related data can be layered on,

such as health professional shortage areas, health professional shortage areas (by medical care, dental care, primary care), Indian lands, HRSA investments in women's health, Ryan White Care Act Providers of Ambulatory/Outpatient Care, medically underserved populations/areas, and Nurse Education Loan Repayment Programs. Layers can also include additional geographic specifications, such as adding zip codes to a county or Census tracts to a zip code. In the "add more data layers" section, users can select additional HRSA information by fiscal year, program area (which includes a maternal and child health area), or HRSA grant program. Users can save maps in HTML format.

Two kinds of reports are available from the Geospatial Data Warehouse. Quick access reports are available for the following topics : HRSA grant awards by major program or state, HRSA grantees by program or state, and health professional shortage areas. Users can also make customized reports using the same data available in map tool, such as data on HRSA grantee sites, health care centers, areas with medical needs, and health professional shortage areas, as well as detailed geographic information. Users can view, sort, and export data in Excel, PDF or as a pre-formatted report. Some reports allow users to map their results or aggregate data at several levels.

The HRSA Geospatial Data Warehouse website provides additional information about the data including sections on data suppression, data sources, a data dictionary, and data refresh dates. The website also contains links to other HRSA sites, HHS sites, and federal data.

The HRSA Geospatial Data Warehouse is available at: <http://datawarehouse.hrsa.gov/>

Recently Released Reports (*continued*)

continued from page 4

(ECLS-B), E.D. Tab is a descriptive report of findings about children's biological fathers from the Early Childhood Longitudinal Study, Birth Cohort (ECLS-B). The ECLS-B, sponsored by the National Center for Education and Statistics, is one of the first studies in the United States to collect data about children directly from fathers. The report includes demographic information about residential and non-residential fathers, as well as data about their attitudes towards fatherhood and involvement with their children. Fathers of U.S. Children Born in 2001 is the first government report to be published using data from the ECLS-B.

The report is available at:
<http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2006002>

Child Maltreatment 2004 is the latest in a series of reports on child abuse and neglect from the Children's Bureau, a division of the Administration on Children, Youth and Families. The data in this report come from child protective service agencies data submissions to the National Child Abuse and Neglect Data System (NCANDS). The report contains data in the following areas: reports and referrals of maltreatment, victims, fatalities, perpetrators, services, and additional research activities. Information about the victims is available by age, race, and other characteristics of the incident(s), such as relationship to perpetrator, reoccurrence, living arrangements, and type of abuse or neglect.

continued on page 8

School Readiness Indicators: A Strategic Approach to Improving Outcomes for Young Children

continued from page 2

READY CHILD EQUATION

Ready Families

+

Ready Communities

+

Ready Services

+

Ready Schools

Ready Children

Ready Families

Describes children's family context and home environment.

Ready Communities

Describes the resources and supports available to families with young children.

Ready Services

Describes the availability, quality and affordability of proven programs that influence child development and school readiness.

Ready Schools

Describes critical elements of schools that influence child development and school success.

Ready Children

Describes what children know and can do in each of the domains of child development including physical well-being and motor development, social and emotional development, approaches to learning, language development and literacy, and cognition and general knowledge.

- Craft an indicator that measures whether the state is succeeding in improving that condition for young children or falling further behind.
- Choose indicators that can be easily communicated to and understood by policy makers and the public.

A Comprehensive Set of School Readiness Indicators

The set of school readiness indicators included in the final report of the initiative were selected based on the child development research and the public policy issues of most importance to the states. Each state selected a set of indicators that were of high priority given the needs of young children, the child development research, and their own state's political and economic context. Once states had their list of high priority school readiness indicators, it was clear that there were many indicators that were common across the states.

The states ultimately agreed on a common set of "core indicators" that are crucial and quantifiable signs of whether young children are on the road to achievement or failure. These core indicators provide a road map for what families, schools, communities, and states can do to make a difference in youngsters' lives. In addition, states identified a set of "emerging indicators" that are also critical to

Communications Power

Indicators are most powerful when there is a plan to use them as a tool to communicate with policymakers and the public. The 17 State School Readiness Indicators initiative emphasized the importance of linking indicators to potential state policies. Throughout the three years of the initiative, indicators were never talked about in a vacuum. It is critical that states do not create indicators and crank out data simply for the sake of having indicators. In selecting indicators, each state team involved in the initiative paid close attention to the "communications power" of indicators. States worked to select measures of school readiness that would quickly resonate with opinion leaders and policymakers as an item that truly matters to a child's ability to learn.

In order to drive a change agenda for young children, states must use indicators to develop a policy road map that sets baseline measures and tracks progress over time. Only when the indicators are used as a guide for policy action can they ultimately ensure that young children have what they need to arrive at school ready to learn. There are a series of steps in selecting and using school readiness indicators to influence public policy:

- Use existing data to look at the current status of young children (statewide as well as by city/town or county and by race/ethnicity).
- Examine policy solutions that have been proven to change things for the better for young children.

GETTING READY FOR SCHOOL

The National School Readiness Indicators Initiative identified a number of factors to indicate whether children have the tools to succeed in school. The indicators are divided into six categories:

Ready Children

- Physical well-being and motor development
- Social and emotional development
- Approaches to learning
- Language development
- Cognition and general knowledge

Ready Families

- Mother's educational level
- Births to teenagers
- Child abuse and neglect
- Children in foster care

Ready Communities

- Young children in poverty
- Supports for families with infants and toddlers
- Lead poisoning

Ready Services – Health

- Health insurance
- Low birth weight infants
- Access to prenatal care
- Immunizations

Ready Services – Early Care and Early Education

- Enrollment in early education programs
- Credentials for early education teachers
- Accredited child care centers
- Accredited family child care homes
- Access to child care subsidies

Ready Schools

- Class size
- Reading scores in 4th grade

Source: National School Readiness Indicators Initiative.

school readiness but have limited data available to track them at the state level. A complete list of the core indicators and emerging indicators from the initiative are available in the Executive Summary of the Getting Ready Final Report online at www.GettingReady.org. The following table outlines the core indicator categories.

Conclusion

To have an impact on real outcomes for children, indica-

continued on page 7

School Readiness Indicators (*continued*)

continued from page 6

tors must be developed with the policy context and a communications strategy in mind. Indicators are only useful if there is a constituency of people willing to take action. The most powerful sets of indicators show baseline measures and track progress or declines in key issue areas at the state and local level. Monitoring trends that are moving in the wrong direction and celebrating progress when trends are moving in the right direction is critical.

States are encouraged to regularly monitor a comprehensive set of school readiness indicators that address all of the domains of child development. If states and communities are to ensure that many more children enter school ready to succeed, it is important to monitor indicators that reflect the family and community context in which children live, the schools they attend, and the services that are available to support their healthy growth and development - beginning at birth and continuing through the early school years.

SELECTED SCHOOL READINESS POLICY OPTIONS

The National School Readiness Indicators Initiative identified a core set of school readiness indicators to track progress in the areas of ready children, ready families, ready communities, ready services and ready schools. The core indicators point to a variety of state and federal policy investments that can be used to improve outcomes for young children and their families.

Policy Options for Ready Children

- Kindergarten Assessment (that includes all domains of child development)
- Developmental Assessment as a Routine Part of Health Care

Policy Options for Ready Families

- Intensive Family Support for Infants and Toddlers (e.g. Early Head Start)
- Adult Literacy, Adult Education and English as a Second Language Programs

Policy Options for Ready Communities

- Income Support Programs
- Lead Paint Inspection and Abatement
- Affordable Housing

Policy Options for Ready Health Services

- Health Insurance
- Access to Health Care

Policy Options for Ready Early Care and Education

- Highly-Qualified Early Education Providers
- Affordable, Accredited Child Care and Preschool Education

Policy Options for Ready Schools

- Transition to Kindergarten
- Small Class Size
- Early and Appropriate Intervention for Children with Special Needs

The 17 State School Readiness Indicators Initiative was sponsored by the David and Lucile Packard Foundation, the Kauffman Foundation and the Ford Foundation and managed by Rhode Island KIDS COUNT. This article is based on the work of the School Readiness Indicator Teams in each of the 17 states and is an excerpt from an article written for a Voices for America's Children Advocacy Brief in November 2005. Go to www.rikidscount.org or the initiative website at www.GettingReady.org for more information or a copy of the full report, Findings from the National School Readiness Indicators Initiative, a 17 State Partnership. Multiple copies of the final report or Executive Summary are available by contacting Rhode Island KIDS COUNT at 401-351-9400.

Children in North America

continued from page 3

households, cohabiting partners, migration, and transnational arrangements makes the type of household a child grows up in an important indicator to follow in future research. Finally, safety and security during migration in North America is highlighted as a crucial issue as new laws are passed that affect millions of children and youth each year.

The report emphasizes that, "indicators of export growth, ratios of trade to Gross National Income and import liberalization are not proxies for human development". Correspondingly, health care, child poverty, and education are all highlighted as issues of concern for future reports.

The report is a compilation of data from both standardized and special sources. Reports including the OECD and national censuses, as well as special studies such as the Human Development Report and Index and World Values Survey were used as data sources.

For more information or to review the complete report online, visit http://www.childreninnorthamerica.org/tri_ENGLISH.pdf. Further Information about Children in North America is available at <http://www.childreninnorthamerica.org>.

Small Area Health Insurance

continued from page 3

State Cooperative Program for Population Estimates, as well as the University of Minnesota's State Health Access Data Assistance Center all participated in the formal review process.

More information about the Small Area Health Insurance Estimates program including the review process, methodology, publications, and data can be found at: <http://www.census.gov/hhes/www/sahie/index.html>

Recently Released Reports

continued from page 5

The 2004 report is available at:

<http://www.acf.hhs.gov/programs/cb/pubs/cm04/index.htm>

Progress for Children: A Report Card on Nutrition is the fourth and latest edition of the "Progress for Children" series from UNICEF. The report contains text and figures on low birthweight, exclusive breastfeeding, iodine deficiency, Vitamin A supplementation, iron deficiency and anemia, for major regions of the world and in industrialized nations. In addition to these indicators, the statistical tables also include stunting, wasting, progress towards Millennium Development Goals, rate of reduction of underweight children under 5, homes with iodized salt, and the under age 5 mortality rate. These tables can be downloaded by the user in Excel format. The Web version of the report also includes a photo essay, interactive map, and related links and the report is available in English, Spanish, and French.

This report is available online at:

http://www.unicef.org/publications/files/Progress_for_Children_-_No._4.pdf

State Estimates of Underage Drinking, a report from the Substance Abuse and Mental Health Services Administration, presents 2003-2004 state-level data on underage drinking. Estimates in the report come from the National Survey on Drug Use and Health. The percentages of persons aged 12 to 20 who drank alcohol in the past month and engaged in binge drinking in the past month are reported by state and accompanied by maps. In the text of the report, significant changes since 2002-2003 are discussed.

This report is available at:

<http://oas.samhsa.gov/2k6/stateUnderageDrinking/underageDrinking.htm>

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