

The Child Indicator

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Falling Short: Targets and *Healthy People 2010*

The “Healthy People” initiative of the U.S. Department of Health and Human Services is one of the most rigorous and ambitious indicator projects undertaken in recent years. Since 1979, this objectives-driven process has identified, monitored, and reported on the progress of indicators related to a vision of improved health for all Americans. A feature throughout the initiative has been the setting of 10-year targets; thus, *Healthy People 2010* (HP 2010), released in 2000, identified targets for progress on objectives (indicators) in 28 Focus Areas, several of which—maternal, child, and infant health; immunization and infectious diseases; injury and violence prevention; nutrition and overweight; etc.—are directly related to child well-being. The specific objectives and their targets were developed through a broad collaborative process that engaged the best scientific knowledge. *Healthy People* can be characterized as one of the most visible, and possibly the most durable (in terms of longevity), of official government indicator initiatives.

Now we have an opportunity to take stock: did we reach the targets, or even make progress in the desired direction, over the decade that ended with 2010? *Healthy People 2010: Final Review*, from the National Center for Health Statistics summarizes the record.

The report is not especially encouraging. Of the 733 objectives that could be reliably tracked over the decade, 23 percent (170) met their targets, while another 48 percent (349) moved in a favorable direction. Five percent showed no change from baseline, and nearly a fourth (24 percent; 175 objectives) moved in the “wrong” direction.

Within the Focus Area of maternal, child, and infant health, only three objectives (infants put to sleep on their backs; age at first identification of autism spectrum disorder; and folate levels among non-pregnant women) met or exceeded their targets, although nearly half (47 percent) made progress short of reaching their targets. In the Focus Area of nutrition and overweight, no objectives reached their targets, and more than two-thirds (15 of a total of 22) moved away from their targets.

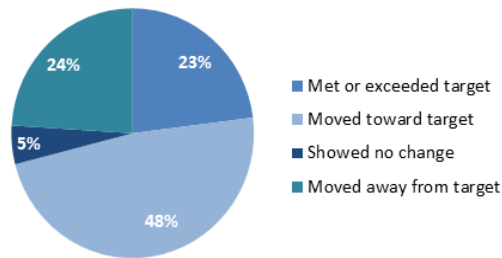
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Progress on "Healthy People" Objectives with Complete Data, 2000-2010



Two overarching goals of HP 2010 were 1) increasing quality and years of life, and 2) eliminating health disparities. Some good news is that life expectancy did increase (by two years, as measured at birth) over the decade. However, there was a decrease in the number of years people could expect to live free of chronic conditions. Importantly, there was little or no progress made in reducing health disparities, by race/ethnicity, gender, education level, income, or disability status.

The Final Review report for the most part eschews analysis of what accounts for what some might consider a disappointing record; however, it does state

that “full achievement of the goals and objectives of Healthy People 2010 was predicated on a health system accessible to all Americans that would integrate personal health care and population-based public health activities.”

Healthy People 2020 has already been launched, and it brings with it a number of expansions. Approximately 1,200 objectives (a little more than half of which are carried over, sometimes in modified form) are organized under 42 Topic Areas. Among the 13 new Areas for 2020 are Adolescent Health, and Early and Middle Childhood.

The Executive Summary of the HP 2010 Final Review can be accessed at http://www.cdc.gov/nchs/data/hpdata2010/hp2010_final_review_executive_summary.pdf.

For more information on HP 2020 Topics and Objectives, go to <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>

VITAL STATISTICS: UPDATES SHOW BOTH PROGRESS AND PERSISTING CHALLENGES

The U.S. National Vital Statistics System, a division of the National Center for Health Statistics, recently released finalized data for 2008 on deaths, finalized data on births for 2009, and preliminary data on births and deaths for 2010.

Typically, trends in vital statistics show few dramatic year-to-year changes (a reflection of the relatively large numbers of events they generally deal with). However, these most recent reports announce several noteworthy data points; of course, it remains to be seen whether these herald lasting trends.

Infant mortality, which has declined or remained steady each successive year from 1958 to 2010 (with the exceptions of 2002 and 2005), reached a new low in 2010 of 6.14 infant deaths per 1,000 live births. A wide disparity (a factor of 2.2) remains between rates for white and black infants. Relatedly, life expectancy for infants born in 2010 reached 78.7 years.

The birth rate for teens ages 15-19 fell to 34.3 per 1,000 females in 2010—a record low for this age group. The teen birth rate dropped among both younger and older teens, and for all race and Hispanic origin groups. The percentage of births to unmarried women declined slightly—a rare reversal of the trend that has dominated this indicator over the past 30 years. For the first time in more than a decade, the percentage of cesarean deliveries fell slightly, to 32.8 percent. The rate of preterm birth fell for a fourth straight year, to 12.0 percent.

For more information, see the National Vital Statistics System, at <http://www.cdc.gov/nchs/nvss.htm>.

Also see the following Child Trends DataBank indicators:

- Infant, Child and Teen Mortality
- Life Expectancy
- Teen Birth
- Births to unmarried women
- Preterm Births

“NATION’S REPORT CARD” SHOWS SLOW GAINS IN MATH AND READING

2011 data from the National Assessment of Educational Progress (NAEP), dubbed “the nation’s report card” by its sponsor, the U.S. Department of Education, were recently released for mathematics and reading in grades four and eight. In mathematics, gains were made in both grades, with higher percentages of students at the “proficient” level or above than in any previous assessments. Gains from 2009 at both grade levels were posted in four states and jurisdictions; five states had gains at fourth grade only, and nine states posted gains at eighth grade only. One state at grade four, and one at grade eight, had 2011 scores that were lower than those from 2009.

In reading, gains were more modest. The average score for fourth-graders was unchanged from 2009, though higher than in 1992. For eighth-graders, the average score was higher than in both 2009 and 2002. In grade eight only, a greater percentage than in 2009 achieved at the “proficient” level or above. Two states had gains since 2009 at both grades, two at fourth grade only, and eight at eighth grade only. Two states had 2011 scores for fourth-graders that were lower than 2009’s.

To learn more, visit <http://nationsreportcard.gov/>

NEW DATA ON CHILDREN WITH SPECIAL HEALTH CARE NEEDS

The latest wave of data (collected in 2009/2010) from the National Survey of Children with Special Health Care Needs (NS-CSHCN) has been released. A telephone survey of parents of children ages birth through 17, the NS-CSHCN is designed to be representative of the U.S. population, and of the 50 states, plus the District of Columbia. Children with special health care needs (CSHCN) are defined as those who “have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition, and who also require health and related services of a type or amount beyond that required by children generally.”

The Survey finds the national prevalence of CSHCN to be more than one in seven (15.1 percent)—up from 2005/06, when it was 13.9 percent. Boys are nearly 40 percent more likely than girls to have special health care needs. Children in poverty are almost 15 percent more likely to have such needs than those with family incomes four or more times the federal poverty level.

While many survey questions remained comparable across the two waves, there were some important changes in the content for 2009/10. More questions on specific chronic conditions were added, along with items addressing the effect of the child’s condition on the family, including employment mobility.

Other new items deal with early intervention services, developmental screening, use of complementary and alternative medicine, and ADD/ADHD medication and treatment. Parents were asked to respond to new items regarding ease of use of services, and their participation in shared decision-making about their child.

Among other uses for the NS-CSHCN data, they are the means for the Maternal and Child Health Bureau’s (MCHB) monitoring of six “quality indicators of a system of services.” These include:

- Partnerships with families and youth
- Adequate financing
- Early and continuous screening
- Organization of services for easy use
- Transition to adult health care
- Access to care through the medical home

Across these areas, the proportion of the national sample achieving MCHB goals varies from 40 percent (for “transition to adult health care”) to 79 percent (for “early and continuous screening”).

More information can be found at the National Center for Health Statistics, <http://www.cdc.gov/nchs/slaits/cshcn.htm>, and at the Data Resource Center for Child & Adolescent Health, www.childhealthdata.org.

The current U.S. official poverty measure, developed in the early 1960s, has, in the eyes of many researchers and analysts, outlived its usefulness. It does not account for the effects on families’ disposable income of key government policies that act either to reduce resources (e.g., payroll taxes), or to increase them (e.g., food stamps). The current poverty thresholds also have failed to keep pace with rising overall incomes: in 1963-64 they were approximately in line with one-half the national median income; but by 1992 half of median income was more than 20 percent higher than the official poverty threshold.

The original measure was based on a now-outdated picture of household spending; in addition to basic costs for food, shelter, and clothing, many families now have significant work-related expenses unacknowledged in the original measure—such as work-related transportation, and child care. Health care expenditures—now a hefty part of most families’ budgets—did not figure in the original poverty-level calculations. Nor were any adjustments made for regional variations in cost-of-living.

Nevertheless, the official measure has persisted, even while work has proceeded on alternative measures that address some of these weaknesses. The U.S. Census Bureau recently published an analysis of poverty in 2010, comparing results from the official measures with those generated from the Supplemental Poverty Measure (SPM), developed by an inter-agency working group, based on recommendations from a National Academy of Sciences panel. The SPM differs from the official measure in several ways, including its calculation of household composition, its estimation of the cost of basic needs, and its accounting for taxes and in-kind benefits.

Overall, the SPM identifies 2.5 million more Americans living in poverty, compared with results using the official measure. This translates to a poverty rate for 2010 of 16.0 percent, higher than the official rate of 15.2 percent. These discrepancies vary by different subgroups. Some groups (blacks, renters, and non-metro-area residents, for instance) were found to have lower poverty rates under the new measure. Poverty among the elderly population (ages 65 and older) rises nearly seven percentage points (from 9.0, to 15.9 percent) under the SPM.

For children, the new measure primarily reflects how public programs like the Earned Income Tax Credit, food stamps, and Medicaid keep some families from falling into poverty, as well as offer some buffer for those already poor. The SPM finds the rate of child poverty to be 18.2 percent, compared with the official rate of 22.5. The Census Bureau’s analysis finds that the EITC reduced 2010 child poverty by nearly four percentage-points; similarly, SNAP (the food stamp program) lowered the rate by three points; by taking account of out-of-pocket medical expenses, the SPM-calculated child poverty rate increases by nearly three points.

The SPM represents work still in progress. The official measure continues to be the basis for determining eligibility for a number of public assistance programs. Adjustments reflecting state or local cost-of-living differences are not yet part of the SPM, though these will be developed later this year.

The Census Bureau publication can be accessed at http://www.census.gov/hhes/povmeas/methodology/supplemental/research/Short_Research-SPM2010.pdf.

Census Bureau's Single-Stop FactFinder

The U.S. Census Bureau has “retired” its original American FactFinder web site (<http://factfinder.census.gov>), and consolidated its statistics at the “new” American FactFinder (<http://factfinder2.census.gov>). American FactFinder is the go-to place for Decennial Census data, American Community Survey data, population estimates, and several Census economic surveys. The site provides more than 40,000 preset data tables, and data for more than 12 million geographies. Tables, data files, and maps can be downloaded and/or printed from the site.

New FERPA Regulations Clarify Access to Student Data

As states and other localities increasingly move toward more integrated, holistic approaches to addressing the educational, social, health, and employment needs of children and youth, they are developing data systems that will support these efforts. To some degree, the impetus for this integration comes from the federal government, through various comprehensive, place-based initiatives, such as Statewide Longitudinal Data Systems, Promise Neighborhoods, Race to the Top, and the Maternal, Infant, and Early Childhood Home Visiting program—all of which require recipients of these funds to improve the alignment and coordination of data systems that historically have had little or no ability to share information.

Student-level school data (on academic achievement, attendance, discipline, and other measures) have long been relatively inaccessible for these purposes, due to the protections instituted under the Family Educational Rights and Privacy Act (FERPA). Occasionally, confusion regarding the FERPA regulations has created unnecessary barriers to greater transparency and accountability, even within the educational system. Recently, the U.S. Department of Education (ED) announced revised FERPA guidelines that both strengthen the privacy of student information, and facilitate appropriate sharing of student data.

For researchers and evaluators, the salient changes are those that clarify how “authorized representatives,” including those who are not officials of an education agency, may have access to personally identifiable student information for purposes of program audits or evaluations, and how research organizations conducting studies on the effectiveness of instruction may also gain such access. In the words of the ED press release accompanying these changes,

“The changes announced today will . . . help policy-makers determine if state and federally funded education programs are adequately preparing children for the next stage of life, whether that is in kindergarten or the work force. States will be able to determine which early childhood programs prepare kids for kindergarten. High school administrators will now be able to tell how their graduates did in college.”

More information on the revised regulations is at <http://www2.ed.gov/policy/gen/guid/fpco/index.html>.

More Americans Cut the Cord: Implications of the Trend Toward Wireless Communication

As of early 2011, nearly half of American households (48 percent) had only wireless (cell) telephones, or received almost all calls on a cell phone. Children are more likely than adults are to be living in cell-phone-only households: more than a third (36.4 percent) do so, compared with 30.2 percent of adults.

Because many surveys of child well-being are conducted with random-digit-dial telephone methodology, the rise in prevalence of cell-phone-only households with children presents challenges for data collection. Sampling frames that include such households are more costly to assemble, and, because cell-phone-only users' characteristics differ systematically in certain ways from those who rely solely or primarily on landlines, accurate estimates of the size of these respective groups are important.

The National Center for Health Statistics (NCHS) regularly releases updated estimates of these numbers, based on the National Health Interview Survey. In addition to the latest 2011 national estimates,

TIPS FOR DATA USERS, continued from page 5

state-level estimates (as well as estimates for selected U.S. counties) are available. The most recent of these (covering July 2009-June 2010) show substantial variation across the states. The proportion of children in cell-phone-only households is as high as 46 percent (in Arkansas), and as low as 13 percent (in Connecticut). The most recent NCHS release of national data is at www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201112.htm, and the most recent state estimates at www.cdc.gov/nchs/data/nhsr/nhsr039.pdf

New Tool for Arrest Data

Those in the U.S. with experience trying to unearth child well-being data (especially local-level data) know that juvenile justice is one area where, historically, information has not been easily accessible. The U.S. Bureau of Justice Statistics (BJS) has made a significant contribution to these efforts with its new on-line Arrest Data Analysis Tool. It covers 30 years of records, and offers breakdowns of arrest by sex, age, and race. In addition to national-level estimates, the tool includes all reporting law enforcement agencies within each state, so that, for instance, a user can find all arrests by the Yuma, Arizona, Police Department, of females younger than 18, for all offenses, in 2009. Try the tool at <http://www.bjs.gov/index.cfm?ty=datool&surl=/arrests/index.cfm>

BRIEFLY NOTED

Data Quality Center: Serving it Hot

The Data Quality Campaign (DQC) is a project of 10 founding organizations committed “to improv[ing] the availability and use of high-quality education data to improve student achievement.” Among other activities, the DQC monitors each state’s progress in moving toward a comprehensive management system for education data. To date, DQC has produced several “Hot Topics”—brief summaries of what states are doing on the cutting edge of data collection. Recent releases cover providing feedback on the postsecondary experience of high school graduates; “early warning systems” to monitor students’ on-track status; and measuring teacher effectiveness. More information on these and other topics is available at <http://dataqualitycampaign.org>

Adding Up: A New State-Level Index of Child Well-Being

The Foundation for Child Development has published a new U.S. state-level child and youth well-being index (the STATE CWI). Based on the Foundation’s earlier work on the national CWI, released each year since 2004, the STATE CWI includes 25 indicators in seven domains. (The domains, derived from work on adult well-being are family economic well-being, health, safe/risky behavior, educational attainment, community engagement, social relationships, and emotional/spiritual well-being.) Among the findings highlighted in the report are that states that spend more on behalf of children (through per-pupil education expenditures, or Medicaid spending, for example) have higher scores on the index. These expenditure patterns are significant, since only about one-third of all spending on children comes from the federal government; the balance is state and local spending. States with the highest CWI values were New Jersey, Massachusetts, New Hampshire, Utah, Connecticut, and Minnesota. States with the lowest index values were New Mexico, Mississippi, Louisiana, Arkansas, and Nevada. More information can be found at <http://fcd-us.org/resources/investing-public-programs-matters-how-state-policies-impact-childrens-lives#node-1152>

ABOUT THE CHILD TRENDS DATABANK

The **Child Trends DataBank** (www.childtrendsdatabank.org), a compendium of more than 100 indicators of children’s well-being and the context for their development, is a resource for researchers, practitioners, policymakers, and others. Along with trend data, for each indicator we summarize why it’s important, what we know about how to bend the trend in the desired direction, and links, where available, to state, local, and international data.