

What Gets Measured Gets Done: High Priority Opportunities to Improve Our Nation's Capacity to Monitor Child and Youth Well-Being

A White Paper for the Annie E. Casey Foundation

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Key Ideas and Suggestions

Having strong data at the national and state level is key to developing, targeting and monitoring policies and programs for children and youth. Suggestions outlined in this White Paper are summarized below.

- Strengthen data resources at the state level by making the National Survey of Children's Health a larger and annual or ongoing survey. (Section III)
- Strengthen the U.S. Vital Statistics System, the National Health Interview Survey, and the National Household Nutrition and Examination Survey (Section I)
- Ensure sufficient resources for the 2010 Census to provide an accurate population count, particularly for population groups that have previously been under-counted.
- Transition to a more accurate and up-to-date measure of poverty that adjusts income for core expenses, accounts for non-cash benefits and regional differences in the cost of living, and calculates poverty based on actual food, clothing and shelter expenses. (Section IV)
- Construct an abbreviated version of this poverty measure that can be widely used in surveys. (Section IV)
- Develop new and stronger measures of child well-being to address the paucity of indicators for young children, of positive outcomes, and of socio-emotional well-being. (Section VI)
- Continue to improve measures of performance and child well-being in the child welfare system. (Section VIII)
- Increase the sample size of the American Community Survey to originally planned levels, recognizing that the substantial costs involved may require an incremental approach. (Section V)

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I. Introduction

Child Trends has been asked by the Annie E. Casey Foundation to identify key opportunities that a new Administration might pursue to improve the capacity of the federal statistical system to monitor child and youth well-being. In this paper we discuss a number of areas of opportunity, offering concrete steps that can be taken, generally at a relatively modest cost.

A strengthened national system for monitoring child and youth well-being will be a critically important resource for the new Administration and for policy makers at all levels of government as they work to serve children in what promises to be a very challenging fiscal environment. Social indicators are increasingly indispensable as tools of governance for identifying needs, setting priorities, tracking progress towards goals, and for holding actors accountable for measurable results.ⁱ In addition, accurate and up-to-date data are critical to efforts to monitor the development and well-being of children at the state as well as the national level. Good data can highlight progress and the lack of improvement, and with adequate samples, data can target new concerns and identify population subgroups at particular risk. Multiple economic indicators are made available in a very timely manner. Similarly, rich and up-to-date information about children needs to be available for large samples on a regular basis.

II. What Does a Strong National System of Child Indicators Look Like?

A strong national system would have the following characteristics:ⁱⁱ

- Comprehensive: covering all major aspects of well-being (health, intellectual and social development) and the social environments that shape well-being (family, peers, school, community), from birth through the transition to adulthood;
- Estimates are collected and reported on a regular basis to effectively monitor trends (with the appropriate interval varying according to the measure and the purposes that it serves).
- Estimates are available at all levels of governance: national, state, and local levels.
- Estimates are available for different social groups (by race, income, family structure) to monitor disparities in well-being. This is, for example, a core focus of Healthy People 2010 and No Child Left Behind, perhaps the two largest indicators-driven federal policy efforts.

- High quality measures with strong psychometric characteristics (validity, reliability) are available and accurately capture the constructs they are intended to represent.

III. Fielding a New National Survey of Child Well-Being for the States

What is the problem?

A previous paper by Child Trends for the Annie E. Casey Foundation that reviewed existing federally organized data collection effortsⁱ and found that there have been substantial improvements in this area over the last decade through efforts that include: the launching of the National Survey of Children’s Health (NSCH) and the Survey of Children with Special Health Care Needs (CSHCN); the implementation and dissemination of academic assessment data related to No Child Left Behind; and the advent of the American Community Survey.ⁱⁱⁱ

However, the report also identified substantial gaps in the existing system of state-level child indicator data including the following:

- A shortage of data in important substantive areas including socio-emotional development (e.g., mental health, social competence, school engagement), positive behaviors, peer and neighborhood influences.
- Data on children from infancy through about age ten is scarce compared with what is available for newborns and adolescents.
- Data on teen dropouts is also very thin due to the fact that most indicator data on teens come from school-administered surveys and assessments.
- Surveys gathering data at the state level tend to be narrowly focused, addressing one aspect of well-being such as health (NSCH, YRBS, NHSDA), education (NAEP), or demographics (ACS). This makes it difficult to produce more complex portraits of well-being for individual children that span across domains,^{iv} and that include outcomes that do not fall neatly into one of these major areas (e.g. civic engagement).
- The premier source of state-level data on children, the NSCH, is fielded only once every four years, too infrequent for state governments that work on annual and two-year policy cycles.

In addition, it should be noted that substantial resources and effort have been expended on data-based accountability for education outcomes under the No Child Left Behind legislation. Better methods and measures and greater standardization are needed, for example, supporting the standardization of high school graduation ratios being undertaken by the National Governors Association.

Why is this important?

Over the last decade or more, states have been called upon to take on progressively greater levels of responsibility for the design and implementation of programs to promote the well-being of children within their borders. The need for a comprehensive system for tracking child well-being at the state level has never been greater. While there have been clear advances in the availability of such indicator data for states, there remain large gaps

in terms of the topics covered, the age groups and populations included, and the frequency with which these data are updated.

What can be done?

In 2007, bipartisan legislation was introduced by Senators Rockefeller and Snowe in the U.S. Senate, and by Representative Fattah (and 15 co-sponsors) in the House, to establish and fund a comprehensive annual survey on the condition of children that would provide a comprehensive picture of well-being for children ages 0-17 in each state. Though not explicitly stated, the survey would likely build off of the National Survey of Children's Health, which is currently fielded every four years. The legislation, titled the "State Child Well-Being Act of 2007," would have provided \$20 million per year to support this comprehensive survey.

Properly designed, such a survey would be a cost-efficient means of filling in many of the data gaps outlined above. Important features would include:

- Sufficient sample size to allow for precise estimates across major age groups (early childhood, middle childhood, and adolescence), income groups (poor, near-poor and non-poor), and race/ethnicity groups with a sizeable presence in the state. We estimate that a sample size of about 3,000 per state would be needed for this purpose, though a formal power analysis ought to be done. This is substantially larger than the current NSCH state samples of about 1,800.
- Annual (or continuing) administration, as specified in the legislation. States need the most up-to-date estimates possible to identify emerging needs and to monitor trends in critical outcomes for children. The vast majority of our national social surveys are fielded annually for precisely this reason.
- The survey will need to be long enough to gather essential information on all dimensions of well-being. Current research indicates that telephone surveys can be as long as 30-40 minutes before taxing respondent patience and endangering data quality. Disciplined instrument design may be able to produce a sufficiently comprehensive survey within those time constraints. But, if more is needed than can be fit into that time frame, we recommend that the survey designers consider developing topical modules that allow a deeper look at particular areas of well-being that could be employed on a rotating basis. This is already being done with the Behavior Risk Factor Surveillance Survey (BRFSS), a telephone-based, state-level adult health survey administered by the U.S. Centers for Disease Control and Prevention.
- Interview older adolescents (ages 12-17 or 14-17) in addition to parents. There are many aspects of adolescent life that simply cannot be accurately reported on by parents, such as substance use. Therefore, in addition to the parent survey, we recommend that adolescents be given a brief interview to collect essential data where youth report is needed. This approach has been done successfully in several surveys including the National Crime Victimization Survey administered by the Bureau of Justice Statistics.

It is estimated that a survey with these characteristics can be designed, fielded, and disseminated for \$20 million dollars a year.

IV. Improving the Poverty Measure

What is the problem?

The current measure of poverty, originally defined by a government statistician, Mollie Orshansky, in the early 1960s, sets the poverty line at three times the annual cost of groceries based on the “thrifty food plan” identified by the U.S. Department of Agriculture. The multiplier was based on the understanding that families at that time spent about a third of their after-tax income on food.^v

Whatever the merits of the original definition, changes in family economics over the last 50 years have undermined its standing as an accurate reflection of material deprivation. Issues include the following:

- Basic dollar costs of survival have increased substantially over time. Also, as women have moved out of domestic production and into the paid labor force, the costs for child care, transportation, and other work-related expenditures have all increased.
- Benefits from Food Stamps, Medicaid, subsidized housing, and other government programs designed to alleviate poverty are not reflected in the current poverty definition. As a result, many of the country’s major efforts to materially support the poor have no effect on official poverty estimates.
- Adjustments in the poverty line to account for variations in the cost of living across the country are very limited in the current poverty calculation. Only residents in Hawaii and Alaska have adjustments for the higher costs of living in those states.

Changes in the economy, family budgets, and the growth of support programs since the early 1960s have made the current poverty measure outmoded; some have even claimed that it is now positively misleading.^{vi}

Why is this important?

Research demonstrates clearly that poverty negatively affects all aspects of child and youth development including their physical and mental health, social development, intellectual development and academic achievement. Youth from poor families often struggle in the transition to adulthood, and are far more likely to be poor as adults than youth from more affluent families.^{vii}

These concerns have spawned decades of major federal policies and programs designed to reduce poverty and to mitigate its negative impact on children, ranging from the Great Society to the Welfare Reform Act of 1996 and into the present day. The accuracy of measurement affects programs involving billions in federal and state dollars.

What can be done?

Child poverty remains a strong, and perhaps increasing, focus of American policy, yet that policy effort must depend on a tool (the poverty measure) made obsolete by history. This point was recognized a decade ago by members of the National Academy of

Sciences,^{viii} and in the past year it has been emphasized by members of Congress with the introduction of the Measuring American Poverty Act of 2008. The NAS report, whose recommendations are reflected in the aforementioned bill, addresses the inadequacies in the current poverty measure by offering an alternative that:

- Adjusts income for core expenses related to work, child care, taxes, and out-of-pocket medical expenses;
- Accounts for non-cash government benefits (e.g., Food Stamps) and tax benefits, especially the Earned Income Tax Credit;
- Accounts for regional differences in the cost-of-living; and
- Recommends that the basic poverty level be calculated using actual food, clothing, and shelter expenditures rather than the thrifty food plan.

Such changes should provide a more accurate measure that is sensitive to the effects of major federal programs designed to reduce and/or ameliorate poverty.

While this new measure would be extremely valuable, it is complex and requires detailed data. A simplified version is also needed that can be used on other major federal surveys so that we may continue to get meaningful comparisons of well-being between poor and non-poor children from all federal surveys. The new measure appears to require many survey questions in order to produce a poverty estimate. While this is appropriate for the survey that is identified for providing the official national poverty estimates (e.g. the Current Population Survey, or the Survey of Income and Program Participation), it would create a substantial burden for many federal surveys, and we are concerned that the capacity to produce poor/non-poor estimates would simply be eliminated from these surveys. A somewhat less precise companion measure that could be constructed based on a few questions, perhaps four or five, and adopted by most federal social surveys would preserve the nation's capacity to systematically compare the well-being of poor and non-poor children in the U.S.

V. Vigilance over the American Community Survey (ACS) and the Decennial Census

The decennial census has provided the nation, state, and local communities with a sociodemographic snapshot of its inhabitants since the late 1700s, including basic information about age, race, family structure, education, occupation and employment, income, and housing. Long an invaluable planning tool for governments and private concerns at all levels, its main weakness was the fact that new estimates were only available once every ten years.

The American Community Survey (ACS), which became fully implemented in 2005, addressed this problem by offering the same information updated annually, though completely new estimates at the smaller geographic levels are only available every three to five years. To accomplish this, the Census Bureau interviews about 3 million households each year as part of the ACS. A sample size of 4.8 million households has been suggested by the U.S. Government Accountability Office (2004)^{ix}. The 2010 decennial census will still collect essential information for population counts, but the

more detailed information has been left to the ACS. In addition to the traditional census questions, several new measures have been added to the ACS including health insurance coverage. Others may be added in the future.

Funding for the ACS was uncertain for much of its existence, but, more recently, support appears to be solid. Our recommendation here is to guard against any attempts to undermine the current design through funding cuts and to consider a larger sample as feasible. In addition, sustaining an independent Census Bureau and providing support for outreach and operation for the 2010 Census cannot be compromised if an accurate count is to be obtained.

VI. Expand and Improve Available Indicators of Child and Youth Well-Being for Inclusion in Federal Surveys

What is the problem?

Recent reviews of the child indicators field have found that, while substantial progress has been made over the last decade in developing better indicators of child and youth well-being, many important outcomes for children, and of the social contexts affecting their development, remain poorly measured and inadequately tracked.^x Problems with measurement include:

- A dearth of powerful measures of positive development. For much of its history, social indicators development in the US has been guided by a deficit-based model that emphasized tracking negative outcomes that may need to be addressed through federal programs and policies. With increased policy emphasis on actively encouraging positive development in children, policymakers at all levels of government are asking for stronger measures in this area and better data resources.^{xi} Examples would include such constructs as social competence, school engagement, civic engagement, hope, and spiritual health.
- Many important outcomes and contextual measures are poorly measured. Areas identified by the Interagency Forum for Child and Family Statistics in its annual report to the nation include: disability, health care quality and content, homelessness, long-term poverty, positive behaviors, and early child development outcomes.^{xiii} Also, better identification and reporting on children with immigrant parents (about one-fourth of all children) is needed. Another example, important enough that we have given it separate treatment in this paper, above, is the poverty measure.
- A lack of proven cross-cultural validity in many existing measures. In many cases this reflects the fact that there has been no systematic research to explore the issue.

Why is this important?

A strong system of indicators is an indispensable tool for good governance.ⁱ As we discussed at the beginning of this paper there are a number of important characteristics of a strong system of child well-being indicators. None is more important than an inventory of high quality measures covering all key outcomes. Without good measures, emerging

needs may not be identified, progress cannot be properly tracked, and those who are responsible for improving conditions for children cannot be held accountable.

What can be done?

Researchers and federal agencies have responded to the need for new measures in a number of areas. For example, the Interagency Forum for Child and Family Statistics has ad hoc committees in disability and child mental health, both of which have been working across agencies and with private researchers to develop and field stronger measures in those areas. In 2003, Child Trends, with support from federal agencies and private foundations, brought together a diverse collection of researchers to hold a major conference to showcase and discuss the state of the art in positive indicators development.^{xi}

These efforts are very useful, but the field lacks a systematic and sustained effort to develop stronger measures across the board. Recently, the Interagency Forum has established a new standing committee, which, based on the official policies of the Forum, is charged to: "...identify, inform and advise the Forum on the gaps that exist in current data collection, harmonization, analysis and reporting and dissemination activities and innovative research and testing approaches and other research issues relevant to the Forum's mission and overall purpose....The Committee will propose research and other activities designed to close gaps as identified above to the Forum for consideration only if they 1) are believed to be of high relevance to Forum concerns, 2) expand data collection or analysis capability to close an existing gap, test innovative ways to present or interpret existing indicators, or help develop new indicators, and 3) are accompanied by a proposal for obtaining needed resources." To address this we recommend the following:

- That the Research and Innovation Committee of the Interagency Forum on Child and Family Statistics work to develop a "system of continuous improvement"^{xiii} in which promising measures are included in major national longitudinal surveys of children and families to support the research needed to develop new and stronger measures of child well-being. Once developed, member agencies would work to include them in existing cross-sectional surveys that would allow the outcomes to be tracked over time at the national, state, and, if possible and appropriate, local levels. The Committee could be used to identify key measures in need of development, coordinating the research and data development needed to develop high priority measures. While the current budget of the Forum could not support such an ambitious activity, it could be taken on if the budget for the Forum were increased (see below).
- This effort would ideally be coordinated with basic research funding from the National Institute of Child Health and Human Development, the National Science Foundation, and other federal agencies that support research on children. This may require new funding, but might also be accomplished by redirecting existing funding to support these activities.

VII. Coordinate Data Collection and Dissemination across Federal Agencies

What is the problem?

Federal responsibility for collecting and disseminating data on child and youth well-being is spread across more than 20 separate agencies in the Departments of Education, Health and Human Services, Commerce, Labor, and several others. Until 1994, cooperation and coordination of activities across agencies was largely ad hoc, resulting in a lack of consistency in measurements, occasional duplication of effort, and gaps in the overall system of indicators for tracking child and youth well-being.^{xiv}

Why is this important?

That year, a number of agencies joined forces to form the Interagency Forum on Child and Family Statistics, which was formally established in 1997 under Executive Order 13045. “The mission of the Forum is to foster coordination and collaboration and to enhance and improve consistency in the collection and reporting of Federal data on children and families.”^{xv} The Forum now claims 22 member agencies across fourteen federal departments. Private research organizations focusing on child well-being data (e.g., Child Trends, KIDS COUNT) are also encouraged to participate. Major activities include:

- Annual publication of the nation’s official report on child well-being *America’s Children: Key National Indicators of Well-Being*, first published in 1997.
- Ad hoc working committees on data measurement, collection and dissemination issues of common interest to member agencies. These committees pull staff from across the member agencies. Currently there are committees focused on disability, mental health, and data collection.
- Meetings 2-3 times per year of the senior staff from the data collection arms of the member agencies to discuss Forum business and share information of common interest.

What can be done?

The Forum has always been supported through voluntary member contributions, and currently has an annual budget of about \$400,000. The fact that it has been able to operate and accomplish all that it has under these arrangements is a testament to its worth. It also, however, places substantial constraints on what it can accomplish to improve the quality and efficiency of the federal data collection system. For example, several of the suggested improvements in the federal data system discussed above (designing a new survey of child well-being for the states, researching households that have cell phone but no land line, and developing new indicators), would logically involve the Forum for their development and dissemination. Finally, the current funding mechanism is precarious, and even the current work of the Forum could be easily undermined in the fiscally challenging times that lay ahead.

The future and effectiveness of this valuable interagency organization could be enhanced by stable support on the order of \$1 million dollars per year in core operating expenses. This would provide the Forum with the stability and the resources needed to pursue its mission of improving quality while bringing efficiencies to the federal data collection system as a whole.

The Forum should have a significant role in carrying out several of the data development recommendations presented above, including the design of a state-level survey of child well-being and developing new indicators (as they are already doing for mental health and disability).

VIII. Improve Indicators of Permanency and Well-Being in Child Welfare Data Systems

What is the problem?

In its 2007 annual KIDS COUNT essay, the Annie E. Casey Foundation argued that our nation's administrative data systems did not allow one to effectively track system performance in helping children within the system to achieve placement in permanent, supportive family environments, the ultimate goal of child welfare systems. The capacity to monitor system performance and child well-being related to this core system goal is crucial to monitoring state performance, which is critical for making system improvements over time.

Why is this important?

The child welfare system, which includes child protective services, foster care, and adoption services, is tasked to keep at-risk children safe, and to provide them with permanent, supportive family environments. That may be with their birth family, or with relatives, or with a new family. Policies designed to minimize children's time in temporary living arrangements and facilitate placement in supportive, permanent families need strong monitoring systems to assess need and gauge the success of the various strategies employed.

What can be done?

The federal government has taken steps in this direction, establishing the Child and Family Service Review (CFSR) process, which attempts to track such items as placement stability, speed of reunification, speed of adoption, and likelihood of replacement for children in foster care.

The quality and comprehensibility of CFSRs has been a topic of discussion among researchers and policymakers in the field for some time. Attempts have been made to improve the measures, but there is still ample opportunity for improvement, most notably the use of longitudinal cohort data.^{xvi}

We echo the Casey Foundation's call for leaders in the field to continue their work to improve measures of child welfare system performance,^{xvii} and also call for an improved and broader set of measures of child health and well-being for those currently in the system.^{xviii}

An important opportunity to pursue these goals will soon take place as the U.S. Department of Health and Human Services reopens discussion of the Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting requirements in order to comply with the new Public Law 110-351. We suggest that the new Administration

draw in top researchers, senior state child welfare agency staff, and frontline social workers to make practical recommendations for improving the reporting system while not placing undue burdens on frontline staff who must have time to work with children and families. We also suggest that a similarly diverse set of stakeholders be assembled to produce a practical consensus plan for improving the CSFR data.

IX. Improve Child Health Data

What is the Problem?

In recent years, the once-vital federal child health data system has slowly degraded, and is now at a crossroads.

- The National Health Interview Survey (NHIS), the nation's flagship health survey for children and adults, has seen its sample size cut by 25 percent from 40,000 to 30,000 households per year in 2008. That number is expected to be reduced further for 2009, to perhaps as low as 25,000. There has even been discussion of simply not fielding the NHIS at all for a year due to financial pressures.
- The National Household Nutrition and Examination Survey (NHANES), the major source of national health data collected through medical examination, is currently considering whether it must discontinue use of one of the trailers used for medical examinations. This would significantly reduce the sample size from whom data could be collected each year.
- Timely and complete data from the Vital Statistics system are a major source of concern, due to resource constraints at the National Center for Health Statistics. For example, final birth data for 2006 were not released until early 2009. In addition, birth certificate data, the major source of state and local estimates for topics ranging from teen and out-of-wedlock births to low birth weight births, problems with prenatal care, and breastfeeding, has experienced substantial delays in states adopting the revised 2003 birth certificate. As of 2008, half the states use the new certificate, and half use the old certificate. The revised certificate includes new measures, and numerous revised questions that are not compatible with the older version. These incompatibilities mean that national estimates for such important outcomes as pre-natal care, tobacco and alcohol use during pregnancy, maternal education level, and breastfeeding can no longer be produced (though estimates for individual states are possible).
- As noted above, the National Survey of Children's Health (NSCH), the premier source of state-level data on children's health and well-being for each of the 50 states and D.C., has seen its sample sizes reduced from 102,000 in 2003 to about 90,000 in 2007-8, more than a 10 percent reduction. For each state, that means sample size reductions from about 2,000 to about 1,800.

Why is this important?

Smaller sample sizes make it harder to detect real changes in child health, health care access and quality, as well as differences across important population subgroups (e.g., differences by race or income level). They also make estimates less precise, so that real levels of need requiring policy action may be substantially larger or smaller than is

indicated by a weakened child health data monitoring system. The capacity to produce useful estimates for important but rare health conditions, such as autism, is also weakened.

These data supply vital information to federal, state, and local policymakers to identify emerging areas of need, monitor progress over time, monitor progress in reducing child health inequalities, and accurately estimate the size of health problems requiring attention. These are all critical to child health policy efforts from the federal Healthy People 2010 initiative to state Maternal and Child Health block grants, and a variety of local health planning efforts. The data problems described above significantly weaken all of these policy initiatives to improve child health.

How did this happen?

The National Center for Health Statistics, which oversees each of the data collection efforts identified above, has experienced relatively stagnant budgets and rising costs for data collection. Congressionally mandated increases in NCHS budgets have been inadequate to keep up with increased costs and inflation. Also, the CDC is using a larger proportion of NCHS funds to provide basic supports. In the case of the NHIS survey, which is actually conducted by the Census Bureau, the Bureau has also increased its charges to NCHS in order to cover its own increased basic support costs, leaving fewer dollars available to devote to maintaining survey size.

For the NHIS and NSCH surveys, these problems have been compounded by declining rates of cooperation among potential survey participants, which requires more call-backs and that larger number of households be contacted in order to achieve comparable sample sizes. And, for telephone-based surveys such as the NSCH, costs have been driven up further by the challenges resulting from increased reliance of the public on cell phones.

The problems with vital statistics birth data collection stem from the fact that many states have found it difficult to afford the costs of shifting from the old birth certificate to the 2003 revised version, and NCHS has been unable for financial reasons to provide enough material or expert support to facilitate the transition for many states. As a result, only half the states had switched to the new certificate by 2008. This leaves NCHS unable to perform the core function of providing national estimates on critical measures of child and maternal health. Funding problems have also led to delays in the purchase of state birth data for processing. NCHS is considering addressing these issues by dividing the information on the birth certificate into core measures (e.g., birth weight, gestational age at birth, and the demographic data), which they would purchase each year, and “enhanced” measures (e.g., mother and child health-related questions), which would only be bought and processed if additional funds were made available.

What can be done?

- Restore the National Health Interview Survey Sample Size. A knowledgeable senior government scientist estimates that it would cost an additional several million dollars per year to restore the NHIS to its original sample size of 40,000 households. A possible alternative strategy would be to collect and release the

data every two years instead of annually; the latter option would represent a historic break with the past, however, as the NHIS has been fielded annually since 1957.

- Vital Statistics Birth Data. Internal NCHS estimates indicate that conversion of the remaining states to the new birth certificate could be completed in a couple of years for a one-time cost of about \$30 million. Once the conversion is complete, it is estimated that it would cost an additional \$8-10 million per year in order to purchase and process the additional data collected by the states, on top of current funds available for that purpose.
- Strengthen the National Survey of Children's Health. The 2007-08 NSCH was fielded on a budget of about \$10 million. Those funds are not Congressional earmarks, but are taken out of the general budget from the Maternal and Child Health Bureau. Original sample sizes of about 2,000 per state could be restored for an additional cost of about \$2 million, if it were fielded again today. The NSCH is currently on a four-year schedule. By 2011, returning to its original sample sizes, would, we estimate, cost \$13-14 million depending on the inflation rate. This assumes, of course, that response rates do not continue to deteriorate, and that problems with the continued migration to cell phones can be addressed without further cost increases. Adding an adolescent survey, lengthening the questionnaire, and enhancing dissemination would bring the total cost to about \$20 million a year – less than \$400,000 for each state and D.C.

X. Conclusion

Effective public policy and research require high-quality and up-to-date information. Providing and sustaining adequate resources for data and encouraging coordination across agencies and levels of government represents a critical element of infrastructure for a modern economy. Reliable and timely data can inform policy choices and contribute to improvements in the well-being of children at a relatively modest cost.

Child Trends is a nonprofit, nonpartisan research center that studies children at every stage of development. Its mission is to improve outcomes for children by providing research, data, and analysis to the people and institutions whose decisions and actions affect children. For additional information on Child Trends, including a complete set of available Research Briefs, visit our Web site at www.childtrends.org. For the latest information on more than 100 key indicators of child and youth well-being, visit the Child Trends DataBank at www.childtrendsdatabank.org. For summaries of over 300 experimental evaluations of social interventions for children, visit www.childtrends.org/LINKS.

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- ^{xiii} This idea for a system of continuous improvement was originally put forward by Stagner and Zweig in Stagner, M. and Zweig, J. (2007) Indicators of youth health and well-being: taking the long view. In Brown, B (Ed) Key Indicators of Child and Youth Well-Being: Completing the Picture. New York: Lawrence Erlbaum Associates.
- ^{xiv} National Research Council. (1995) Integrating Federal Statistics on Children: Report of a Workshop. Washington, D.C.: National Academy Press.
- ^{xv} From the web site of the Interagency Forum on Child and Family Statistics. <http://childstats.gov/forum/> Downloaded November 17, 2008.
- ^{xvi} Courtney, M., Needell, B., Wulczyn, F. (2003) National Standards in the Child and Family Services Reviews: Time to Improve on a Good Idea. Paper prepared for the Joint Center for Poverty Research.
- ^{xvii} The Annie E. Casey Foundation (2007) 2007 KIDS COUNT Data Book: State Profiles of Child Well-Being. p 31.
- ^{xviii} Chalk, R., Gibbons, A., and Scarupa, H. (2002) The Multiple Dimensions of Child Abuse and Neglect: New Insights into an Old Problem. Research Brief Series. Washington, D.C.: Child Trends.