

Better Data Needed for Monitoring and Promoting Infant and Toddler Well-Being

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Introduction

Children who are nurtured, protected, and supported in their first years of life are more likely to grow into healthy and productive adults. Specifically, the first three years of life are critical to healthy development because of the rapid changes in brain growth that occur when children are infants and toddlers. Yet many children are at risk of not developing optimal cognitive, physical, or social-emotional-behavioral health, and thus may not realize their full potential for well-being and positive outcomes. Monitoring child well-being with better data and common indicators may help states develop policies and programs that foster child development.

The opportunity at hand

Data-informed policies and programming have the potential to maximize benefits for all children, especially those who are [disproportionately affected by poor health outcomes](#), such as American Indian or Alaska Native, Black, Hispanic, and Native Hawaiian or other Pacific Islander children, as well as those living in poverty. Improved measurement of and reporting on the well-being of infants and toddlers would help monitor trends in infant and toddler outcomes and allow researchers to assess associations between individual factors, policies and programs, and overall health and development.

One way to measure the well-being of our youngest children is with state-level indicators that are captured at regular time intervals and comparable across all 50 states and Washington, DC. These types of indicators can help states see how their children fare compared to other communities, set goals or targets for policies and programs, invest in advantageous policies and programs, and respond to the needs of their youngest constituents. Yet current federal data sources with state-level indicators focus primarily on physical health instead of cognitive and social-emotional-behavioral health, both of which are important components of whole-child development.

Call to action

Policymakers and practitioners need more comprehensive data describing children's overall health, including their cognitive and social-emotional-behavioral development. These data could more fully support infants and toddlers, as well as the parents, providers, and policymakers working to foster their development. The Measuring Up Collaborative—a group of developmental psychologists, behavioral health scientists, sociologists, and public health experts—came together to determine how to address these needs.

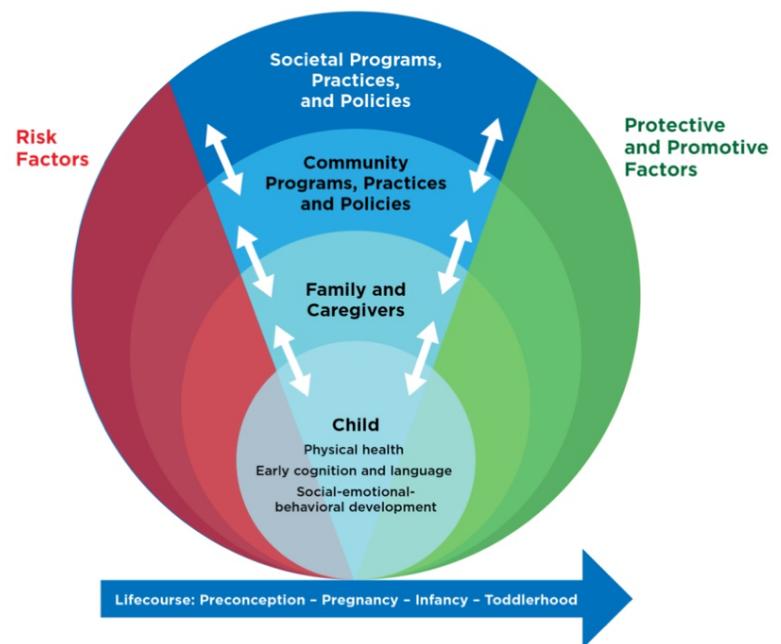
Summary of Measuring Up Project Framework and Findings

The Measuring Up Collaborative reviewed the current status of child indicators that are publicly available, comparable for all 50 states and Washington, DC, representative of state populations, measured at regular time intervals, and relevant to children from the prenatal period to age 3. This work was guided by a social-ecological framework focused on physical, early cognition and language, and social-emotional-behavioral health within the child and family/caregiver contexts (see Exhibit 1). Complete details on our work can be found in Social Indicators Research [Ryberg, R., Wiggins, L., Moore, K. A., Daily, S., Piña, G., & Klin, A. (2022). Measuring state-level infant and toddler well-being in the United States: Gaps in data lead to gaps in understanding. *Child Indicators Research*. <https://doi.org/10.1007/s12187-021-09902-4>].

Main findings

- Existing indicators focus heavily on physical health, with relatively little emphasis on cognitive and social-emotional-behavioral health.
- Many existing indicators come from one of three data collection systems supported by the U.S. Department of Health and Human Services (HHS): the National Immunization Survey (NIS), the National Survey of Children's Health (NSCH), and the National Vital Statistics System (NVSS).
- Relatively few measured indicators focused specifically on young children. More often, indicators focused on contextual influences on development, especially health care settings and family and caregiver environments.
- Child-level indicators frequently focus on the *absence* of positive development rather than the *presence* of positive development.
- Few data sources collect enough data to allow disaggregation of findings by race and ethnicity at meaningful state or local levels, preventing decision makers from understanding whether specific programs and policies benefit all subpopulations.

Exhibit 1: Early Childhood Social-Ecological Contexts of the Child



Recommendations

To improve the breadth of information collected on infant and toddler development, the field needs greater investments in existing data collection efforts, as well as plans for new data collections. Such investments could support data-informed policy and programming decisions that promote optimal infant and toddler health and development. Shaping data collection systems around a whole-child perspective recognizes that children and families navigate an array of programs and systems that promote well-being in multiple and overlapping domains of development.

Existing federal data collection efforts could be improved by:

- Incorporating a wider variety of child indicators to capture the whole child experience, including the following:
 - Child cognition and language and social-emotional-behavioral development
 - Child-caregiver relationship quality, within and beyond the nuclear family
 - Protective and promotive factors that support child development, such as normative language development or demonstrating curiosity
- Expanding data collection to larger samples of infants and toddlers across the United States, thereby allowing researchers to disaggregate data and examine health inequities, particularly by family income and race and ethnicity
- Collecting and reporting administrative data (such as program access rates) in a timelier manner and providing supports to states to improve data quality and encourage data-informed decision making
- Promoting data linkages within and between programmatic and administrative data sources, with strong [data governance and privacy protections](#)—systems that link data for individual children from birth to age 3 will improve the field’s ability to make connections between related efforts and outcomes over time

Promising new initiatives are highly aligned with the above recommendations. In January 2021, President Joe Biden signed an [executive order](#) to establish an Interagency Working Group on Equitable Data charged with identifying weaknesses in federal data collection efforts and helping agencies expand and refine their data collection efforts. Federal staff can engage with this working group to more efficiently and effectively improve the quality and availability of data used to monitor and promote infant and toddler well-being. Relatedly, the Robert Wood Johnson Foundation (RWJF) has established a [National Commission to Transform Public Health Data Systems](#), which aims to rethink and improve the public health data system to promote health equity.

Measuring Up Collaborative Members and Funders

This work is the result of a collaboration between developmental psychologists, behavioral health scientists, sociologists, and public health experts from the following organizations: Child Trends, the National Center on Birth Defects and Developmental Disabilities (NCBDDD) at the Centers for Disease Control and Prevention (CDC), the Georgia Department of Public Health (GA-DPH), the U.S. Health Resources and Service Administration (HRSA), and the Marcus Autism Center (MAC). For more information about this project and its sponsors, see <https://www.childtrends.org/project/measuring-up>.



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