Child TRENDS

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WELFARE INDICATORS AND RISK FACTORS (13TH REPORT TO CONGRESS)

Much has happened to alter the landscape of public assistance since the welfare reform of the mid-1990s. As mandated by the Welfare Indicators Act of 1994, the Department of Health and Human Services continues to provide Congress with annual reports on "indicators and predictors of welfare dependence."

The latest such report provides information through 2011 for most indicators. For purposes of the report, welfare dependence is defined as "the proportion of all individuals in families that receive more than half of their total family income in one year from TANF, SNAP and/or SSI."[1]

Some highlights:

- In 2011, about one in 20 individuals (5.2 percent) were "welfare dependent." This rate, measured since 1993, peaked in 2010, at 5.3 percent. Among the welfare dependent population, the largest share of income is accounted for by their receipt of SNAP.
- In 2011, about one in four (23.1 percent) people received or lived with someone who received any amount of benefit from the three programs at some point during the year.
- Most SNAP recipients (63 percent) are in families where one or more members are in the labor force.
- In 2011, TANF cash assistance (the program most commonly associated with "welfare") went to just 1.5 percent of the population.
- About three-fourths of people's "spells" on TANF, and more than half of those on SNAP, lasted less than one year.

This report is available at http://aspe.hhs.gov/hsp/14/indicators/rpt_indicators.pdf.

1. TANF: The Temporary Assistance for Needy Families program; SNAP: the Supplemental Nutrition Assistance Program (formerly, Food Stamps); SSI: the Supplemental Security Income program.

A BROADER VIEW OF HEALTH

A new understanding of health is emerging. As reflected in *Healthy People 2020*, as well as recent prominent reports, both domestic and international, health is seen as the product of multiple determinants, including social and economic circumstances, in addition to individual behavioral choices and genetic predispositions. In line with this evolution, new indicators will be developed to measure and monitor the health of patients, insurance plan participants, and whole populations.

The Institute of Medicine of the (U.S.) National Academies of Science recently released its recommendations for "capturing social and behavioral domains in electronic health records [EHRs]." The IOM's committee used a number of criteria for making its selection of the specific domains it recommends:

- The strength of the evidence that a domain is associated with health;
- The usefulness of the domain (for decision making on client health, for policy, and for research);
- The availability of reliable, valid, and standardized measures;
- The feasibility of collection and storage of the data;
- The sensitivity of the data;
- The accessibility of the data from another source (such availability would reduce its priority for inclusion in EHRs)

The accompanying table shows the five domain areas, together with the constructs selected, as well as those considered but not selected.

Recommended Domains for Inclusion in Electronic Health Records	Domains Considered but Not Selected
Socio-Demographic	
Sexual orientation	Gender identity
Race/ethnicity	
Country of origin/U.S.-born or non-U.S. born	
Education	
Employment	
Financial resource strain	
Food and housing insecurity	
Psychological	
Health literacy	Negative mood and affect Hostility and anger, hopelessness
Stress	
Negative mood and affect Depression Anxiety	Cognitive function in late life
Psychological assets Conscientiousness, patient engagement/ activation, optimism, self-efficacy	Positive psychological function Coping, positive affect, life satisfaction

STATE PRECONCEPTION HEALTH INDICATORS

Preconception health, included as an important *Healthy People 2020* strategy, has received broader attention in recent years. It encompasses not only the health of adults of reproductive age, but a number of adverse pregnancy outcomes, such as those associated with pre-pregnancy use of tobacco and alcohol, and with women's access to social and emotional support.

Under the leadership of the Centers for Disease Control and Prevention's (CDC's) Agency for Toxic Substances and Disease Registry, a workgroup identified 45 core state indicators of preconception health. Of these, 24 rely on the Pregnancy Risk Assessment Monitoring System (PRAMS). PRAMS data come from 29 reporting areas which collectively represent about 55 percent of U.S. live births. The Behavioral Risk Factors Surveillance System (BRFSS) is the source for another 17 indicators; BRFSS is conducted in all 50 states, along with the District of Columbia, the Commonwealth of Puerto Rico, Guam, and the U.S. Virgin Islands.

A recently released CDC report provides the most comprehensive data to date on these preconception health indicators.

Key findings include the following:

- Seventy-five percent of women reported having health care coverage during the month before their most recent pregnancy.
- Forty-three percent of women reported their most recent pregnancy was unintended. Of that group, about half reported not using contraception at the time they conceived.
- Smoking during the three months prior to pregnancy was reported by 25 percent of women, and 54 percent reported drinking alcohol during that period.
- Eighty percent of women reported getting adequate social and emotional support.

The report is available at http://www.cdc.gov/mmwr/pdf/ss/ss6303.pdf.

Recommended Domains for Inclusion in Electronic Health Records	Domains Considered but Not Selected
Behavioral	
Dietary patterns	Abuse of other substances
Physical activity	Sexual practices
Nicotine use and exposure	Exposure to firearms
Alcohol use	Risk-taking behaviors
Individual-Level Social Relationships	
Social connections and social isolation	Social support
Exposure to violence	Emotional, instrumental, and other support
	Work conditions
	History of incarceration
	Military service
	Community and cultural norms
	Health care decision making
Neighborhoods and Communities	
Socioeconomic characteristics	Environmental exposures
Race/ethnic characteristics	Air pollution
	Allergens
	Other hazardous exposures
	Neighborhood resources
	Availability of nutritious food options, transportation, parks, open spaces, health care and social services, educational and job opportunities

The IOM report briefly summarizes the scientific literature that undergirds each of the recommended domains.

The report is available at http://www.iom.edu/Reports/2014/Capturing-Social-and-Behavioral-Domains-in-Electronic-Health-Records-Phase-1.aspx.

NCHS DATA ONLINE QUERY SYSTEM

The National Center for Health Statistics has announced the beta release of its newest statistical tool, the Data Online Query System (DOQS). DOQS provides users with the ability to generate and store analyses that are customized to meet their requirements. Accessing NCHS public-use data, the system dynamically generates charts, tables, and graphs. First up in DOQS are data from the Emergency Department component of the 2005-2010 National Hospital Ambulatory Medical Care Survey, with more data sets to follow in the future.

For a look, go to http://www.cdc.gov/nchs/doqs/index.htm.

EARLY RELEASE PROGRAM OF THE NATIONAL HEALTH INTERVIEW SURVEY

All managers of data systems, and particularly those involving survey data, struggle with the competing demands of release timeliness and data quality. Finishing necessary checks on the accuracy and completeness of data can sometimes mean "sitting on" data for months, or even years, before they become accessible to researchers and other interested citizens. For this reason, there is increased interest in more flexible, fit-to-purpose policies around data sharing.

The U.S. Centers for Disease Control and Prevention, which administers the National Health Interview Survey (NHIS), has addressed this challenge in its new Early Release Program. Since 1999, the time for processing and releasing NHIS data has gone from years to months. Re-engineered data processing procedures are responsible for this progress.

The NHIS is conducted throughout the year, yielding a nationally representative sample each month. Analyses of preliminary NHIS data are now available six months after the close of a calendar quarter of data collection, giving data users estimates up to nine months before the corresponding data files are released. Preliminary microdata files are also available six months after the first three quarters of the data collection year; prior to this advance, users had to wait until a year's end to have access to any data. Differences between the preliminary data and the final public-use data are typically less than 0.1 percentage points.

Among the indicators for which the NHIS data provide estimates are health insurance coverage, having a usual place to go for medical care, obesity, leisure-time physical activity, smoking, alcohol consumption, HIV testing, serious psychological distress, and asthma.

More information on the NHIS Early Release Program is at http://www.cdc.gov/nchs/features/early_release_program.htm

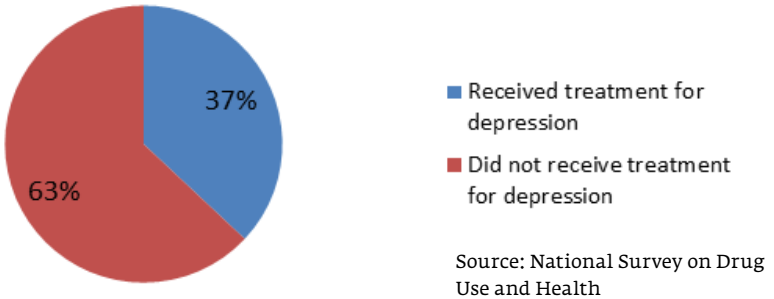
BEHAVIORAL HEALTH BAROMETER: UNITED STATES, 2013

The U.S. Substance Abuse and Mental Health Services Administration has inaugurated a series of national and state reports on behavioral health. The *Barometer* reports include indicators of substance use and mental health, aggregated from sources that include the National Survey on Drug Use and Health, the National Survey of Substance Abuse Treatment Services, the Youth Risk Behavior Survey, and the Monitoring the Future survey.

Among the indicators (provided for every state, and the District of Columbia, as well as the nation) are a number that focus on youth or young adults:

- Past-year non-medical use of pain relievers (ages 12-17, and 18-25)
- Past-month illicit drug use, by race/ethnicity (ages 12-17)
- Perceived risk from using selected substances (ages 12-17)
- Past-year major depressive episode (MDE) (ages 12-17)
- Past-year treatment for depression among those with MDE (ages 12-17)
- Past-year alcohol use treatment among those with alcohol dependence or abuse (ages 12-17)

Past-Year Depression Treatment among Persons Aged 12-17 with Major Depressive Episode (2012)



Source: National Survey on Drug Use and Health

Access the reports at http://store.samhsa.gov/product/Behavioral-Health-Barometer-2013/SMA13-4796.

DIVERSITYDATAKIDS.ORG

The Kirwan Institute for the Study of Race and Ethnicity (at the Ohio State University) has partnered with diversitydatakids.org (at Brandeis University) to produce a unique neighborhood-level Child Opportunity Index for the 100 largest U.S. metropolitan areas. Indicators in three domains—educational opportunity, health and physical environment, and social and economic opportunities—make up the index. Data come from multiple sources, including the American Community Survey and the National Center for Education Statistics. The project website allows users to overlay mapping of the Opportunity Index with maps of the child population by race/ethnicity, to examine issues of equity.

Visit the site at http://www.diversitydatakids.org/data/childopportunitymap.

NEW DATA ON ADOPTED CHILDREN AND STEPCHILDREN IN THE U.S.

The Census Bureau has released a report, using several national data sets, detailing the characteristics of adopted and stepchildren and their families, as of 2010.

Data sources include the 2010 decennial census, the American Community Survey, and the Current Population Survey. The assignment of adopted or stepchild status is based solely on respondents' reports, and thus these categories include children who may be informally adopted, as well as those adoptees whose status is legally recognized. Informal adoptions are more common among certain cultural groups. Moreover, the term "stepchildren" has evolved in common usage to include children living in households with one or more biological parents, regardless of the parents' marital status.

Estimates of the number of children living with at least one stepparent or one adoptive parent vary across the data sets used. The 2010 census shows about 1.5 million adopted children younger than 18, and about 2.8 million stepchildren in that age group.

Other highlights of the report include the following:

- In 2009-11, slightly less than half (49 percent) of adopted children were non-Hispanic white.
- In 2009-11, about one in eight adopted children was internationally adopted, with about half of that group born in Asia.
- Twenty-eight percent of adopted children in 2009-11 were transracially adopted.
- In 2012, 5.6 million children lived with a parent who was cohabiting. Of that number, equal shares (46 percent each) lived with two biological or adoptive parents, or with one biological or adoptive parent. Six percent lived with one biological or adoptive parent along with their cohabiting partner, who was identified as their child's stepparent.

Find the report at http://www.census.gov/prod/2014pubs/p20-572.pdf.

REVISITING THE U.S. DEPARTMENT OF EDUCATION'S CIVIL RIGHTS DATA COLLECTION

In our Winter 2014 edition of *The Child Indicator*, we reported on new data released by the Office of Civil Rights (OCR) in the U.S. Department of Education. Now, OCR has released the most detailed data since 2000, in a series of Issue Briefs. The analyses are based on data from every public school in the nation.

Taken together, the four briefs document inequities, by race/Hispanic origin, student disability status, and English language proficiency, throughout the pre-K through high school education system. For example,

- Preschool programs are not offered by about 40 percent of the nation's 16,500 school districts.
- In 2011-12, black children represented 42 percent of preschoolers suspended, though they are only 18 percent of preschool enrollment.
- Kindergarten retention rates by state ranged as high as 12 percent (Arkansas, Hawaii).
- In primary and secondary school, black students are suspended and expelled at rates three times as high as those for white students. Black females have an overall suspension rate of 12 percent—twice as high as white boys', and higher than rates for girls of any other race or ethnicity.
- Only half of the nation's high schools offer calculus, and between 10 and 25 percent do not offer more than one of the courses considered "core" for a typical sequence of math and science education.
- Among the high schools with the highest percentage of black and Latino students, one-quarter do not offer Algebra II.
- Black, Latino, American Indian, and Alaska Native students are three to four times more likely to encounter inexperienced teachers (those in their first year of teaching) as white students are.
- One in five high schools has no school counselor.

The Issue Briefs are available here:

- Early Childhood Education: http://www2.ed.gov/about/offices/list/ocr/docs/crdc-early-learning-snapshot.pdf
- School Discipline: http://www2.ed.gov/about/offices/list/ocr/docs/crdc-discipline-snapshot.pdf
- Teacher Equity: http://www2.ed.gov/about/offices/list/ocr/docs/crdc-teacher-equity-snapshot.pdf
- College and Career Readiness: http://www2.ed.gov/about/offices/list/ocr/docs/crdc-college-and-career-readiness-snapshot.pdf

DO YOU KNOW LONGSCAN?

For 20 years, researchers in five sites around the country followed more than 900 children, recruited prior to age four, into adulthood. They used a variety of research methods, including interviews with children, parent reports and observations, teacher reports, and maltreatment data from a variety of sources. The goal: to learn about the antecedents and consequences of child maltreatment.

The Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) has produced scores of studies over its 20-year span. Now, a summary of major findings has been released. Results are organized for the report into three areas: safety and health, permanency, and well-being.

Among the most striking are these:

- Children who are at risk for abuse and neglect can be identified from the time of birth, on the basis of established factors.
- An eight-year-old who witnesses violence has a risk for aggression, anger, and depression similar to that of a child who is himself a victim of physical abuse.
- "Permanent" placements are often not permanent. Nor do they mean children will be safe.
- Having a father present is associated with a number of improved child outcomes, including in the areas of cognitive development and perceived competence.

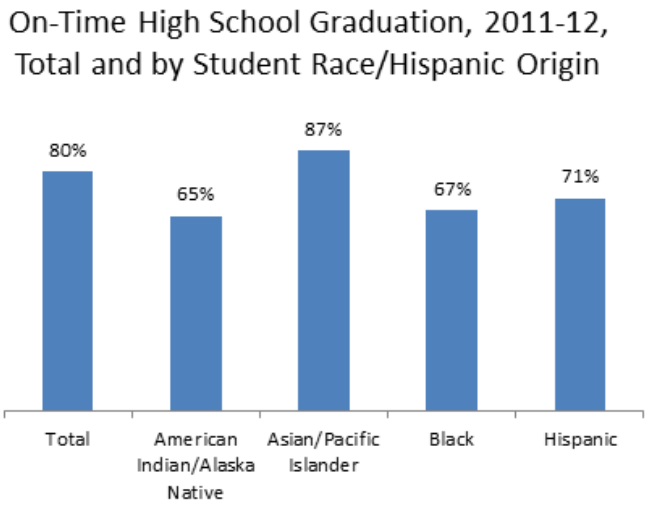
The report is available at http://www.unc.edu/depts/sph/longscan/pages/DDCF/LONGSCAN%20Science%20to%20Practice.pdf.

MAKING THE GRADE ON HIGH SCHOOL GRADUATION RATES

The U.S. Department of Education has released the first-ever national four-year adjusted cohort graduation rates (ACGRs), for 2010-11 and 2012-13. This is an event perhaps best appreciated by those who for decades have wrestled with a number of less-than-ideal alternative measures. This is also a prime example of an indicator which, on its face, seems elementary, and yet in practice is far from simple.

The ACGR measures what conforms best to the commonsense understanding of a graduation rate: it is the number of students who graduate in four years with a regular high school diploma, divided by the number of students who make up the "adjusted cohort" for that graduating class. The adjusted cohort refers to the students who enter ninth grade, plus any who transfer in or out of the cohort (due to moves or death) in grades 9-12. Prior to this release, researchers and the general public have had to make do with various work-around calculations. Of course, there are other measures of high school graduation (such as the "event" rate) that are most appropriate for particular purposes.

In 2011-12, the ACGR was 80 percent, one point higher than in 2010-11. Data are reported by state, and by race/Hispanic origin, economic disadvantage, limited English proficiency, and student disability status.



The report is available at http://nces.ed.gov/pubs2014/2014391.pdf.

WORLD FAMILY MAP

Mapping Family Change and Child Well-Being Outcomes is the latest report from the World Family Map Project. The Project monitors global changes in the areas of family structure, socioeconomics, processes, and culture, focusing on 16 indicators selected because of their established relationships to child outcomes.

This 2014 edition of The World Family Map includes an essay, "Family Instability and Early Childhood Health in the Developing World," which examines evidence, across a number of lower-income countries, for the role of "union instability" (that is, divorce or dissolution of a cohabiting partnership, death of spouse, or repartnership) in children's health. The analyses find that these forms of instability are, in many regions of the globe, associated with higher levels of children's diarrhea, stunting, and mortality. An exception is the Middle East, where these negative outcomes show no association with family instability.

A supplement looks at the association of family structure with children's psychological distress, in the 25 European Union countries.

More information, including the 2014 report, is at http://worldfamilymap.org/2014/.

WOMEN'S LIVES AND CHALLENGES: EQUALITY AND EMPOWERMENT SINCE 2000

The U.S. Agency for International Development has released this report, which assesses progress toward one of the United Nations' Millennium Development Goals: promoting gender equality and empowering women. Findings from 95 surveys conducted between 2000 and 2011 in 47 countries make up the report.

The authors summarize progress as "halting and inconsistent." Notable strides toward gender equality have happened in Cambodia, Nepal, and Rwanda. But, women worldwide face exceptional challenges:

•In 16 countries, less than half of women ages 15-24 have completed primary school.

•In three countries (Mali, Guinea, and Bangladesh), more than 60 percent of women marry before age 18.

• In only 12 countries surveyed is the proportion of women who participate in household decision making more than two-thirds.

• In 14 countries, more than one-third of married women have experienced intimate partner violence.

The report is available at http://dhsprogram.com/publications/publication-OD66-Other-Documents.cfm.

RACE FOR RESULTS

A new report from the Annie E. Casey Foundation's KIDS COUNT Project introduces a "race for results" index to gauge the progress of states, and the nation, toward closing the racial equity gap that inhibits the opportunities available to some of our country's children. Twelve indicators compose the index, as follows:

- Babies born at normal birthweight
- Children ages 3 to 5 enrolled in nursery school, preschool, or kindergarten
- Fourth-graders who scored at or above proficient in reading
- Eighth-graders who scored at or above proficient in math
- Females ages 15 to 19 who delay childbearing until adulthood
- High school students graduating on time
- Young adults ages 19 to 26 who are in school or working
- Young adults ages 25 to 29 who have completed an associate's degree or higher
- Children who live with a householder who has at least a high school diploma
- Children who live in two-parent families
- Children who live in families with incomes at or above 200% of poverty
- Children who live in low-poverty areas (poverty<20%)

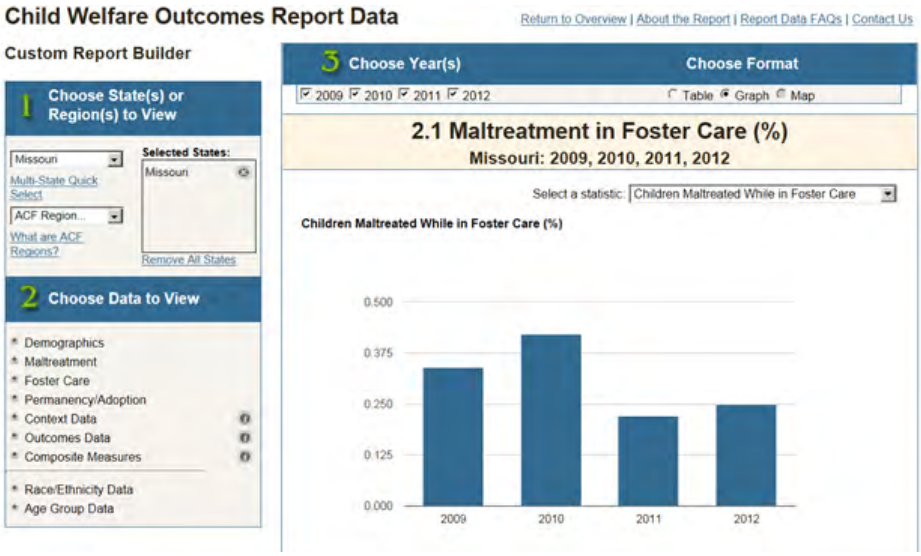
The index is single composite score, ranging from 0 to 1,000, arrived at by summing a state's (or group's) standardized scores on each of the indicators. Higher scores indicate a greater likelihood that children are meeting developmental milestones associated with success.

The KIDS COUNT report calculates index scores for each major racial/ethnic group, nationally, and by state. There is a nearly two-fold difference between Asian and Pacific Islander children, who receive the highest score, at 776, and African American children, who, at 345, receive the lowest score. American Indian and Latino children receive scores of 387 and 404, respectively; the score for white children is 704. The report includes detailed analysis of the varied factors that influence the life chances of children in these groups, as well as recommendations for how the nation might achieve greater equity in outcomes for all children.

Find the report at http://www.aecf.org/~/media/Pubs/Initiatives/KIDS%20COUNT/R/RaceforResults/RaceforResults.pdf.

CHILD WELFARE OUTCOMES DATA SITE UPDATE

The U.S. Children's Bureau has announced enhancements to its Child Welfare Outcomes Data Site. In particular, the website now has increased capability for viewing race/ethnicity data and creating data reports. Data can be viewed by state, ACF Region, or nationally. The Data Site is at http://cwoutcomes.acf.hhs.gov/data/overview.



ABOUT THE CHILD INDICATOR

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

We welcome your comments and suggestions. All communications regarding this newsletter can be directed to dmurphey@childtrends.org.

Child Trends is a nonprofit, nonpartisan research center that studies children at all stages of development. Our 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 publications available to download, visit our website 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 http://www.childtrends.org/databank/. For summaries of over 500 evaluations of out-of-school time programs that work (or don't) to enhance children's development, visit http://www.childtrends.org/what-works/.

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