

# Child Indicator Fall 2014

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### IN THIS ISSUE

- 1 Modeling the Life Course
- 2 Safeguarding Student Data
- 2 One U.S. Birth Certificate
- 3 America's Young Adults - Adolescents and Young Adult Health
- 3 Undercounting Children
- 3 RBA in Vermont
- 4 Child Care in Europe
- 4 Generation 2030
- 5 Civic Engagement and Social Cohesion
- 5 Data-Based Child Advocacy
- 5 Confidentially...
- 6 Happy Birthday, KIDS COUNT!
- 6 National Children's Study: New Recommendations

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### **MODELING THE LIFE COURSE**

A developmental perspective takes an interest in the experiences that precede, and the experiences that follow, any given chapter of the life course. Often (though not always), concern with antecedents and successors has to do with wanting to prevent bad outcomes, or to improve the likelihood of good ones. However, it is challenging to conduct research in this arena. Longitudinal studies are costly, data gaps are common, and the number of potentially important variables is vast.

So, it is exciting that several major projects are underway that use statistical modeling to shed some light on important issues of contribution, timing, and sequence along the pathway from childhood to adulthood, or even from one generation to another.

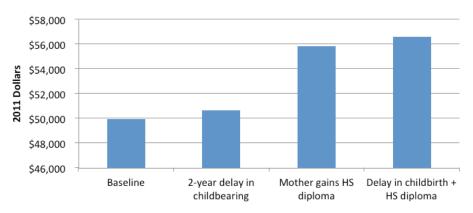
One such project is the Social Genome Model, a venture that brings together Child Trends, the Brookings Institution, and the Urban Institute. (See the Fall 2012 edition of The Child Indicator for more on this project's findings.) A recent Child Trends research brief highlights findings of a simulation (computational model) that used data from the 1997 National Longitudinal Survey of Youth. The aim was to examine the effects on the children if teen mothers were to delay a first birth by two or five years, and/or if moms without a high school diploma completed high school. Of course, there are important limitations to any such hypothetical exercise, though this analysis was careful to control for a number of confounding factors.

The results have direct bearing on program and policy decisions that aim for better outcomes for either young parents or their children, or both. Delaying births to teens results in increases of \$700 to \$1,800 in annual family income at the time the child is age 29, depending on the length of the delay. Having mothers earn a high school diploma has an even greater effect: a nearly \$6,000 boost in annual income. But the largest gains (\$6,700) were achieved by combining delayed childbearing and increased education.



Economic self-sufficiency was not the only indicator examined; the study found that children of mothers who both delayed childbearing and earned their high school diploma were less likely to describe themselves as being in poor health, somewhat less likely to report depression symptoms, and less likely to be parents at age 29.

## Children of Teen Mothers: Average Family Income at Age 29, Baseline and Selected Simulation Results



The new research brief is available at <a href="http://www.childtrends.org/wp-content/uploads/2014/12/2014-27SocialGenomeDelayChildbearing.pdf">http://www.childtrends.org/wp-content/uploads/2014/12/2014-27SocialGenomeDelayChildbearing.pdf</a>.

A second project is the British Cohort Study, which uses a sample that includes all births from the second week in March, 1970. A recent report examines the predictors of life satisfaction at age 34. To what extent do features of childhood experience influence adult well-being, either directly or indirectly? Clearly, current circumstances influence adult well-being, but what, in turn, influences those? Answers to these sorts of questions could help us decide where in the life course interventions may be most cost-effective.

The study described in the report collected outcome data when the children were ages 5, 10, 16, 26, and 34. Child outcomes included intellectual performance, good conduct, and emotional health, as well as a number of measures of family background. Researchers were interested in both "proximal" predictors of life satisfaction—that is, characteristics measured in adulthood—and "distal" predictors (those measured in childhood). Of the adult characteristics (economic, social, and emotional, measured eight years previously), emotional health had the greatest effect on life satisfaction (about four times the effect of income).

Of the childhood variables, again it was emotional health, followed by behavior, which was the most important predictor of life satisfaction; the child's intellectual development was least important.

What about the relative importance of the proximal and distal indicators for life satisfaction at 34? Adult circumstances mattered even after accounting for the influences of childhood and family background. But childhood experience, both directly and through effects on adult outcomes, also accounted for significant effects on life satisfaction.

The paper, "What predicts a successful life? A life-course model of well-being," is available at <a href="http://www.econstor.eu/bitstream/10419/90009/1/dp7682.pdf">http://www.econstor.eu/bitstream/10419/90009/1/dp7682.pdf</a>.

### **NOTED BRIEFLY**

### SAFEGUARDING STUDENT DATA

The Data Quality Campaign (DQC) has released a "Roadmap to Safeguarding Student Data." Intended for state education agencies, the brief guide to policies and practices outlines how to create a "responsible data culture." Three focus areas organize the guide: transparency, governance, and data protection procedures. Many of these issues will be familiar to managers of administrative data, but an emerging topic is the increasing push for commercialization of student data (for example, through contracts with vendors of classroom programs and technology).

The DQC has produced other "quality implementation roadmaps"; all are available at <a href="http://dataqualitycampaign.org/">http://dataqualitycampaign.org/</a>.

### ONE U.S. BIRTH CERTIFICATE

In January 2015, a long journey's milestone will be reached with the completed transition, in all 50 states, and the District of Columbia, to the 2003 revision of the U.S. standard birth certificate. Up until this time, users of these data (whether analyzing across time within a single state, or comparing across states) have had to contend with two parallel, and non-comparable, systems. And, because national vital statistics depend on reporting from each state, we have been without comprehensive national data on several key indicators (for instance, timing of prenatal care) since 2003.

It was not anticipated to take this long to adopt the common standard. Each jurisdiction faced its own set of challenges, related to a variety of legacy systems and unique information needs. Moreover, all changes needed to conform to the requirements of the digital age. Now that this process is nearly complete, the National Vital Statistics System



### AMERICA'S YOUNG ADULTS - ADOLESCENTS AND YOUNG ADULT HEALTH

Boundaries, in many cases, can be arbitrary. Certainly this is true when it comes to making distinctions between childhood and young adulthood. Looking across cultures and through history reveals a great deal of elasticity in who societies consider to be adults, as well as in how we subdivide the pre-adult period of life.

Today, in much of the developed world, the years taken up with formal schooling have been extended; marriage is increasingly a decision distinct from childbearing (although both are occurring later in life); and employment prospects for young people in their twenties are at a low point, by the standards of recent record-keeping. Thus, the transitions (social, economic, and so forth) that at another time marked the beginning of adulthood are now following a different pattern.

These trends, and others, have led many researchers to reconsider the utility of limiting conceptions of adolescence or youth to those individuals younger than 18, or even those younger than 24.

Two recent reports focus on young adults in the U.S. One, by Jane Park and colleagues, reviews what we know about the health of this group over the past decade. Their analysis finds that, when it comes to many of the traditional "adolescent" health measures—injuries, mental health problems, substance abuse, and sexually transmitted infections, for instance—young adults fare less well than adolescents. Still, there are encouraging trends: overall fatal injury rates decreased, as did violent victimization (excluding homicide); cigarette smoking declined; exercise rates improved.

The second report, a special issue from the Federal Interagency Forum on Child and Family Statistics, is a comprehensive collection of well-being indicators for the 18 to 24 age group. Like other reports from the Forum, this one represents extensive commitment and cooperation among a great number of federal statistical agencies. *America's Young Adults* is organized into sections for demographics, education, economic circumstances, family formation, civic, social, and personal behavior, and health and safety.

Among the report's highlights are the following:

- The rate of participation of young adults in the labor force was 65 percent in 2012, compared with 75 percent in 1986.
- In 2013, majorities of young adult men (58 percent) and women (51 percent) lived with their parents.
- In 2012, 19 percent of 20- to 24-year-olds volunteered with a community organization.
- In 2012, about one in four males, 18-24, and about one in six females, had a substance use disorder.

The review (in the *Journal of Adolescent Health*) of adolescent and young adult health can be accessed at <a href="http://www.jahonline.org/article/S1054-139X(14)00166-9/abstract">http://www.jahonline.org/article/S1054-139X(14)00166-9/abstract</a>.

America's Young Adults: Special Issue, 2014 is at <a href="http://www.childstats.gov/americaschildren/index.asp.">http://www.childstats.gov/americaschildren/index.asp.</a>

expects it will result in more-timely processing of the data—which, in turn, will mean earlier access for researchers who, in the past, may have had to wait years to see data from a just-closed year.

More information is available at <a href="http://www.cdc.gov/nchs/nvss/vital\_certificate\_revisions.htm">http://www.cdc.gov/nchs/nvss/vital\_certificate\_revisions.htm</a>.

#### UNDERCOUNTING CHILDREN

Acknowledging a problem it says has been evident for some decades, the U.S. Census Bureau has produced a report on "The Undercount of Young Children." A task force performed a high-level review of the issue of undercounting children ages birth through four in censuses and surveys. It estimates the magnitude of the undercount at 4.6 percent, nationally; in certain geographic areas, and for certain racial and ethnic groups, the problem is larger.

The task force finds no single cause for the undercount. However, it recommends that the evaluation program for the 2020 decennial census "embed appropriate evaluations and experiments specific to the enumeration of young children."

The report is available at <a href="http://www.census.gov/library/working-papers/2014/demo/2014-undercount-children.html">http://www.census.gov/library/working-papers/2014/demo/2014-undercount-children.html</a>,

#### **RBA IN VERMONT**

The State of Vermont has recently named Results-Based Accountability—an indicators-driven approach to measuring outcomes at a population level, and performance measures at a program level—as the driver for ongoing data collection. Legislation passed earlier in 2014 charges the executive branch with annual reporting to the General Assembly on indicators for six quality-of-life outcomes (including "Vermont's families are safe, nurturing, stable, and



### **CHILD CARE IN EUROPE**

How do families reconcile parents' need for paid work, and children's need for care? There has been increased attention recently in the U.S. to employment supports, such as parental leave and access to non-parental care for young (preschool-age) children. That discussion may be informed by two new reports focusing on measures of child care, parental leave, and other flexible workplace arrangements in the European Union (EU).

In 2002, an EU target was set specifying that at least 90 percent of children between the age of three and school entry, and at least 33 percent of those younger than three, should have access to formal childcare. However, as it is in the U.S., in Europe choosing child care is complex, generally involving a combination of formal and informal arrangements, according to a recent RAND Europe report. As of 2013, 11 EU states have met the target for the over-threes; however, typical attendance patterns vary greatly between countries—for example, Swedish children are likely to attend for six hours a day, five days a week, whereas Dutch children are more likely to participate just one or two days per week.

As in the U.S., the cost of childcare in the EU is high, but is widely offset by government-provided benefits (including subsidies). Nevertheless, 59 percent of European users reported cost was the main obstacle to their accessing child care services.

Use of informal care arrangements (usually grandparents) is particularly high in the Netherlands, Greece, Portugal, Romania, and Cyprus, where more than half of children are in such arrangements. In many more EU countries, informal care is common for the youngest children.

In all EU countries, mothers are provided with paid leave after childbirth, ranging from 1.8 months in Germany and Austria, to 12 months in Poland and the United Kingdom. For fathers, paid leave around the birth of a child is generally two weeks. In the EU, "parental leave"—time for one or both parents to care for young children, beyond the time of maternity or paternity leave—is also a universal entitlement. However, take-up has been low when parental leave is unpaid.

EU countries vary in the extent to which leave policies, child care capacity and cost operate to limit parents' options. However, when reconciling these factors, it is most often mothers who opt for part-time work. Part-time work is the status for a majority of mothers in the UK, Austria, Germany, and the Netherlands.

A second report, this one from the European Commission, provides additional data on early childhood education demographics and policies. Europe's population of children younger than six is projected to decline by some 2.5 million by 2030; nevertheless, Europe still is faced with a considerable shortage of early care and education (ECE) "slots."

The stakes are somewhat greater in the EU than in the U.S., since eight European countries (as of 2013) have guaranteed a legal right to ECE to every child, from soon after birth; and, in the remaining EU states, from the age of three. In nine countries, the last year or two of pre-primary education is compulsory.

supported" and "Vermont's children and young people achieve their potential").

This list includes 65 indicators; among them are several pertaining to the experience of youth:

- Percent of students volunteering in their community in the past week;
- Percent of youth who feel valued by their community; and
- Percent of youth that report teachers care about them and give them encouragement.

For more information: <a href="http://www.leg.state.vt.us/docs/2014/bills/Passed/S-293.pdf">http://www.leg.state.vt.us/docs/2014/bills/Passed/S-293.pdf</a>

### **GENERATION 2030**

By the end of the current century, close to half of the world's children will be African, according to current trends. As human history is believed to have begun in Africa, so the future of humankind is increasingly African. In 15 countries of Africa, children already comprise more than half the population.

These figures come from UNICEF's new report, Generation 2030|Africa. Despite the numbers, Africa's children face huge challenges: one of every 11 children born dies before their fifth birthday, and average life expectancy at birth is 58 years. About 60 percent of Africans survive on less than \$2 per day, and 40 percent on less than \$1.25 per day. Investing in Africa's children is imperative if the world is to make significant inroads on reducing poverty and improving child well-being.

The report can be found at <a href="http://www.unicef.org/policyanalysis/index\_74707">http://www.unicef.org/policyanalysis/index\_74707</a>. <a href="http://www.html">httml</a>.



Whether because of lack of availability, cost-sharing, or other factors, a minority of parents in the EU have their youngest children (under three) participating in ECE; just ten countries have met the 2010 target of one-third participation; Denmark is an outlier, with 74 percent participation.

In the case of older children (over three), most EU countries do not charge fees, with local and central governments sharing the costs; for younger children's care, it is local governments most often financing these costs.

For more information, please see <a href="http://eacea.ec.europa.eu/education/eurydice/documents/key data series/166EN.pdf">http://europa.eu/education/eurydice/documents/key data series/166EN.pdf</a> and <a href="http://europa.eu/epic/studies-reports/docs/rr-554-dg-employment-childcare-brief-v-o-16-final.pdf">http://europa.eu/epic/studies-reports/docs/rr-554-dg-employment-childcare-brief-v-o-16-final.pdf</a>.

### **CIVIC ENGAGEMENT AND SOCIAL COHESION**

Among the concepts of positive youth development that have long interested researchers are civic engagement and, more broadly, the role of social capital (such as connections with friends and neighbors, participation in community organizations, and political engagement) as a promotive factor for multiple dimensions of well-being. Now, at the request of the Corporation for National and Community Service, the National Research Council (NRC) has released recommendations related to measurement of these broad—and relatively understudied—areas.

The "connectedness" of individuals—with family members, neighborhoods, peers, and other forms of community—is, of course, a developmental pillar from infancy onward. More specifically, child and youth researchers have been interested in indicators of volunteering, voting, and membership in various formal and informal groups. Others have focused particularly on indicators of social isolation or exclusion (at individual, family, or group levels). In any case, it is specific attitudes, behaviors, or experiences that best lend themselves to definition and measurement.

As the NRC report notes, research on social capital is still in its early stages, and direct evidence for causal relationships between it and youth or adult outcomes, or of how other characteristics may influence social capital, is still relatively sparse. However, one may argue that social cohesion is a good in itself.

The NRC panel urges "a multipronged strategy" for data collection in this area, building on existing modules in large national surveys, such as the Current Population Survey, and the new Neighborhood Social Capital Module of the American Housing Survey (focusing on neighborhood effects). However, acknowledging the particular importance of social capital when examined at the level of neighborhoods or communities, the NRC panel recommends that statistical agencies take a closer look at non-survey data, as well—including the private-sector and social media information often referred to as "big data."

You can read more here: <a href="http://www.nap.edu/catalog.php?record\_id=18831">http://www.nap.edu/catalog.php?record\_id=18831</a>

### DATA-BASED CHILD ADVOCACY

A new book focuses on the use of child indicators in an advocacy context. Data-Based Child Advocacy, by William O'Hare, introduces key concepts in this field of work, and provides illustrations from a number of countries on how child well-being data can be used to educate, monitor, set goals, and evaluate child-serving programs.

More information is at <a href="http://www.springer.com/social+sciences/">http://www.springer.com/social+sciences/</a> wellbeing+%26+quality-of-life/book/978-3-319-07829-8.

#### CONFIDENTIALLY . . .

The U.S. Administration for Children and Families, as part of its Interoperability Initiative, has released a Confidentiality Toolkit. Intended to support state and local efforts to coordinate information across multiple systems, this guide clarifies how confidentiality requirements can be met while promoting collaborative strategies to improve outcomes. The Toolkit includes sample memoranda of understanding and data sharing agreements that can aid states and localities as they develop their own procedures for sharing information.

The Toolkit is available at https://www.acf,hhs.gov/sites/default/files/assets/acf\_confidentiality\_toolkit\_final\_08\_12\_2014.pdf.



### **HAPPY BIRTHDAY, KIDS COUNT!**

One measure of the maturity of the field of child indicators is that KIDS COUNT this year celebrates the 25th anniversary of its annual data book. In 1990, the very idea of an indicators report on child well-being was a novelty. However, there is even greater significance in the fact that this effort has been maintained, year following year, for a quarter century. During that time, many such indicators reports have come and gone, evidence for the vagaries of funding, leadership, and public attention.

Such inconstancy is unfortunate, because an inherent feature of indicators is that their value increases to the extent they can be sustained over time. It is not just that most indicators of child well-being, even under ideal circumstances, change only slowly. It is also that, to make an impact—particularly in today's mediacrowded environment—it helps to be a survivor, to be a voice that does not give up, that puts the information "out there" not once, not occasionally, but every year, to the point where people finally "get it," even expect it—and act on it.

This year's data book takes the opportunity to examine, for selected indicators, 25-year trends in the areas of economic well-being, education, health, and family and community. Of course, extensive tables with indicator data by state are also included.

Happy Birthday, KIDS COUNT!

Find the 2014 report at <a href="http://www.aecf.org/resources/the-2014-kids-count-data-book/">http://www.aecf.org/resources/the-2014-kids-count-data-book/</a>.

### NATIONAL CHILDREN'S STUDY: NEW RECOMMENDATIONS

In 2000, Congress authorized the National Children's Study (NCS), heralded as the first to use a national probability sample of children, followed from birth to age 21, to focus on the effects on health and development of chronic and intermittent exposures to a variety of environmental influences (physical, chemical, biological, and psychosocial). The NCS, implemented by a special office within the National Institute of Child Health and Development, was planned to be the most comprehensive study of its type in the world, enrolling a cohort of 100,000 children.

However, no funds were appropriated for the NCS until 2007. In 2009, field operations began, with efforts to enroll mothers in seven "vanguard" locations. The vanguard study would serve as a pilot for the main study. The sampling design for the NCS underwent numerous changes as a result of experience recruiting the pilot participants. A tentative start date of 2015 was set for the main study.

In March 2013, Congress asked a panel of the National Research Council and Institute of Medicine to review the revised study design; that panel's recommendations have now been released.





Notably, the panel did not endorse some key elements of the proposed design: it rejected the plan to split the probability sample of 90,000 births into two groups, one recruited prenatally, and the other half at the time of birth, arguing for prenatal recruitment overall. And, the panel recommended eliminating a proposed convenience sample of 10,000. With regard to other aspects of the proposed design—which include using hospitals rather than counties as the primary sampling units; the adequacy of stratification; other details of sampling and recruitment; and the quality of the proposed hypotheses that are to guide data collection—the panel cited their inability to comment, with their report stating, "Overall... the documents that NCS made available to the panel did not provide sufficient details for an evaluation of whether the proposed sample would meet the minimal standards of a scientifically based sample design required for large national data collections."

The panel's recommendations focus on improving the expertise available to, and providing oversight for, the NCS office; creating greater transparency around design decisions; strengthening the study's focus on health disparities; and implementing "a strong and public process" to revise the study hypotheses. If major reductions in funding occur, the panel recommends that sample size be reduced, rather than the number of exposure domains.

The report is available at <a href="http://www.nap.edu/download.">http://www.nap.edu/download.</a> php?record id=18826#.

### **ABOUT CHILD INDICATOR**

The goal of <u>Child Indicator</u> 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, <u>Child Indicator</u> seeks to advance understanding within the child and youth indicators community and to make all of its members more effective in their work.

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 <a href="https://www.childtrends.org">www.childtrends.org</a>. For the latest information on more than 100 key indicators of child and youth wellbeing, visit the Child Trends DataBank at <a href="http://www.childtrends.org/databank/">http://www.childtrends.org/databank/</a>. For summaries of over 500 evaluations of out-of-school time programs that work (or don't) to enhance children's development, visit <a href="http://www.childtrends.org/what-works/">http://www.childtrends.org/what-works/</a>.

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