

NLWJC - Kagan

DPC - Box 026 - Folder 003

Family - Family Indicators



Cynthia A. Rice

03/31/97 12:45:48 PM

*Family -
family
indicators*

Record Type: Record

To: Elena Kagan/OPD/EOP
cc:
bcc:
Subject: Re: child well-being indicators 

I believe it's important for the federal government to collect good social science data. This list seems okay -- some measures seem slightly subjective, and a few important things are left out. However, these data will provide a depressing portrait of America, drawing attention to many problems we may not be able to change but ones we should try to change.

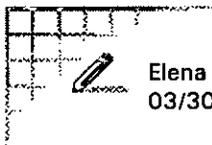
I'd also like to know:

- 1) What do they want the President to do? What is this Children's Executive Order Sally refers to?
- 2) What's the relationship between this effort and other data collection efforts (Census, Welfare Indicators Act, welfare law requirements)
- 3) Are these data already collected, or would we have to divert funds from another project to collect them?

Shall I call Sally and ask?

NO

Elena Kagan



Elena Kagan
03/30/97 01:18:34 PM

Record Type: Record

To: Cynthia A. Rice/OPD/EOP
cc:
Subject: child well-being indicators

Did you ever look at these? Don't spend too much time on it, but give me a call when you have a chance.

File - Family - Family Indicators

Ask CR
Call Sally

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503



ADMINISTRATOR
OFFICE OF
INFORMATION AND
REGULATORY AFFAIRS

MAR 13 1997

EX/CR -
I'm not a big fan
of this project, but
I could be wrong.
What do you think?
- BR

MEMORANDUM FOR BRUCE REED

FROM: Sally Katz *Sally Katz*

SUBJECT: Social and Demographic Indicators of Children's Well-being

As we discussed Tuesday night, the statistical agencies have -- after several years of effort -- agreed on 25 social and demographic indicators for monitoring children's status over time. These factors were vetted with various Federal policy officials and outside organizations, with the criteria for selection being that they are: easy to understand by broad audiences, objective, balanced, available regularly, representative of large segments of the population, and reliably estimated. Attached is a list of the indicators.

The group that has worked on this has already begun to prepare its first annual report, tentatively titled "Child Well-being 1997." A draft of this report has been reviewed by members of an interagency Forum on Child and Family Statistics, which also includes participants from private research organizations (incidentally, this Forum was created with Carol Rasco's blessing). The report is currently scheduled for release in May or June of this year. }

what
say?
using
indica here?

The action-forcing event for me is not the release of the report, which will happen in any event, but the decision whether we want the President to place his imprimatur on this effort by including some reference to it, or even a directive to do it, in the Children's Executive Order that we are coming to closure on. Let me know what you think.

Proposed Indicators of Child-Well-being**Economic Security**

1. **Child Poverty**
Percentage of children in households with income below the poverty line by family structure (married couple families, female headed household, total)
2. **Health Insurance Coverage**
Percent of children covered by health insurance by type of insurance (private, public, total)
3. **Food Security**
Percent of children in households reporting that there is sometimes or often "not enough to eat" by household income (above 130 percent of poverty, below, total)
4. **Housing Problems**
Percent of households with children reporting housing problems (inadequate, crowded, cost burden, any problem, and any problem for low income households)
5. **Secure Parental Labor Force Attachment**
Percent of families with own children where at least one parent worked full time (married couple families, single mother households, single father households, total)

Health

1. **Summary Health Measure**
Percent of children in very good or excellent health by age (0-4 years, 5-17 years) and family income (under \$10,000, \$10,000-\$19,999, \$20,000-34,999, \$35,000 and up)
2. **Prenatal Care**
Percent of mothers with early prenatal care by race (white, black, Asian) and Hispanic origin
3. **Infant Mortality**
Infant mortality rates by race (white, black, total)
4. **Low Birth Weight**
Percent low birthrate by race (white, black, Asian) and Hispanic origin
5. **Child Immunizations**
Percent of children receiving recommended vaccinations by poverty status (at or above poverty, below)

6. **Activity Limitation**
Percent of children (0-4 years old) with activity limitation due to chronic conditions by family income (\$20,000 or less, over \$20,000) and race and Hispanic origin (white non-Hispanic, black non-Hispanic, Hispanic)
7. **Child Mortality**
Mortality rates among children (0-4 years old, 5-14 years old) by race and Hispanic origin (white, black, Asian, Hispanic, total)
8. **Adolescent Mortality**
Mortality rates among adolescents (15-17 years old), by race and Hispanic origin (white, black, Asian, Hispanic, total)
9. **Teen Births**
Birth rates for 15-17 year olds by race and Hispanic origin (white non-Hispanic, black, American Indian, Asian or Pacific Islander, Hispanic) Unwed

Behavior and Social Environment

1. **Regular Cigarette Smoking**
Percent of students who report smoking cigarettes daily in previous 30 days by grade (8th, 10th, 12th)
2. **Alcohol Use**
Percent of students who reported having an alcoholic beverage on more than 2 occasions in the last 30 days by grade (8th, 10th, 12th)
3. **Substance Abuse**
Percent of students who have used illicit drugs in the last thirty days by grade (8th, 10th, 12th)
4. **Youth as Victims of Violent Crime**
Rate: youth victims of violent crimes per 1000 youth by sex (male, female, total)

Education

1. **Difficulty Speaking English**
Percent of children (5-17 years old) who spoke a language other than English and who have difficulty speaking English
2. **Parental Reading to Young Children**
Percent of 3 to 5 year olds who are read to every day, by mother's education (less than high school, high school, vocational/technical or some college, college or graduate school)

3. **Early Childhood Education**
Percent of 3-4 year olds enrolled in nursery school and percent of 3-4 year olds enrolled in center-based early childhood programs by race and Hispanic origin (white non-Hispanic, black non-Hispanic, Hispanic, all other)
4. **Math and Reading Proficiency**
Math and reading proficiency scores by age (9, 13, 17 years old)
5. **High School Completion**
Percent of 18-24 year olds who have completed high school by race and Hispanic origin (white non-Hispanic, black non-Hispanic, Hispanic, total)
6. **Detached youth**
Percent of youth 16-19 years old who are neither in school nor working
7. **Higher Education**
Percent of high school graduates, 25-29 years old, who have completed a bachelors degree or higher, by race and Hispanic origin (white non-Hispanic, black non-Hispanic, Hispanic)

Nat Indicators May 1/21/97

W-wd FOTC

650 - wd background

Capacity to do in Apr?

YES - Rumsfeld/Katzen

Thurman -

need to institutionalize - not just one-time

need to get check-off from everyone

AR: product of group / req needs / intermediary

HTS requiring this group, May be other people who need to be plugged in.

have to inst. This

simplex + give someone

the lead.

when does production of report happen?

NOT OMB

NOT DPC

look for political

HTS (4 parts) - plurality

DOT

ET

Lab

Commerce

AT (1)

HUD. (1)

- also lots

Thurman - tone will reflect lead agency.

(Process needs to be as ^{as much} integrity as poss)

But for purposes of funding, need

Nat Inst of Child & Human Development

including interagency reports

in HTS - Don't lose side -

focus on children

institutionalizes - no PD appointees

Agencies totally cooperative in this project

Ask Cong to do specific approp?

He can't do -

can inst. get in-kind contrib. from up?
(what were doing now - but at low level)

R

Thurman - \$20-40,000: not so much (can do)

Do not go for authorizing lang -

have 4 even indicators are specific authorized

Too much copying over indicators in corp

1) Pres just say directive? / memo?

2) straight EO

3) Do broader EO - fixing
the EO/does fixes lots
of family stuff

- NB: EO on families
generally (repealing
Pres EO)

4) try to get specific authorization -

too much
process?
what of results?

still 30-word
- informed decision-making
(playing to into app)

HHH - to do mission - + governance shut to give to
do go to speak writers other agencies

- who to lead
- what's needed
- EO/directive

List of Indicators

Indicator	Description	Source	Periodicity	Notes
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Population and Family Characteristics

1	Number of Children	Number of children under age 18	Census Bureau's population estimates	annual	
2	Child Proportion of Population	% of total and dependent populations	Census Bureau's population estimates	annual	
3	Minority Children	% of children who are other than white non-Hispanic	Census Bureau's population estimates	annual	
4	Difficulty Speaking English	% of children with difficulty speaking English	CPS 79, 89, 92, 95	irregular	There is a question about whether this indicator fits in the background or education section
5	Family Structure	% of all non-institutionalized children under 18, by family structure	March CPS	annual	Categories will include: single parent, two parent and no parent present

Economic Security

6	Child Poverty	% of children living in poverty, and under 50% and 150% of poverty line	March CPS	annual	
7	Poor Children Receiving Assistance	% of poor children receiving AFDC, food stamps, subsidized housing, energy assistance, or Medicaid in the past year	March CPS	annual	In the process of looking at the indicator with and without free/reduced price lunches
8	Food Security	% of families who report they have enough food	CSFII or CPS, USDA	irregular ??	USDA food sufficiency scale to be substituted in the future
9	Housing Indicator		HUD		To be determined
10	Secure Parental Labor Force Attachment	% of children with at least one resident parent employed full time, full year	March CPS	annual	

Health and Health Care

11	Infant Mortality	Death rate per 1,000 children under age 1	Vital Statistics, Mortality	annual	neonatal and perinatal split will appear in appendix
12	Low Birth Weight	% of newborns weighing 5.5lbs. or less	Vital Statistics, Natality	annual	Should this indicator be dropped? Is IMR sufficient?
13	Immunization	% of children ages 19-35 months who have received combined 4:3:1 or 3:3:1 series vaccinations	National Health Interview Survey, NCHS	annual	
14	Limitations of Activities	% of children <5, and 5-17 who are limited in activities due to chronic health conditions	National Health Interview Survey, NCHS	annual	Broken down by types of activities: major, etc.

15	Child Mortality	Death rate per 100,000 children ages 1-14	Vital Statistics, Mortality	annual	
16	Adolescent Mortality: Homicides, Suicides, Motor Vehicle Accidents, Other Deaths, Total Deaths	Death rate per 100,000 children ages 15 - 19	Vital Statistics, Mortality	annual	
17	Child Abuse	Substantiated cases of child abuse and neglect	NCCAN	annual	
18	Teen Non-marital Births	Birth rate per 1,000 single females ages 10-14, 15-17 and 18-19	Vital Statistics, Natality	annual	
19	Health Insurance	% covered by health insurance	March CPS	annual	

Behavioral Health

20	Violent Crime Arrests	Arrests for violent crimes per 1,000 youth age <15 and 15-17	Uniform Crime Reporting Program, FBI	annual	
21	Crime Victims	% ages 12 - 19 who are victims of crime (violent and thefts)	Crime Victimization Survey, BJS	annual	
22	Regular Cigarette Smoking	% of 8th, 10th, and 12th graders who smoke daily	Monitoring the Future	annual	
23	Alcohol and Substance Abuse	% of teens who report drinking alcohol regularly or who have used controlled substance in the last 30 days (composite)	Monitoring the Future	every 1-3 years	

Education

24	Early Childhood Reading Exposure	% of children ages 3-5 who are read to daily by family member	National Household Education Survey, NCES	1993, 1995, 1996, 1999?	
25	Early Childhood Education	% of children who attend early childhood programs	NHES, NCES	91, 95, 96, possibly 99	
26	Math and Reading Proficiency	Change since 1990 in the proficiency scores in math and reading for 9, 13, and 17 year-olds	NAEP, NCES	every 2 years	
27	High School Course-taking	% of high school graduates taking selected advanced math and science courses	High School Transcripts, NCES	82, 87, 90, 94 and possibly 2000	
28	High School Graduation	% of 18 - 24 year olds who have graduated high school	October CPS	annual	This differs from HS completion: the GED is not included in this measure.
29	Detached Youth	% of youth ages 16-19 not in school or labor force full or part time	March CPS	annual	There is a question about what section this indicator fits in
30	Higher Education	% of high school graduates enrolled in college	October CPS	annual	This includes two year colleges

PARTNERSHIPS FOR STRONGER FAMILIES

NATIONAL INDICATORS OF THE CONDITION OF CHILDREN

Discussion Guide -- December 4, 1996

Background

In the fall of 1994, the Chief Statistician at OMB collaborated with the leaders of six statistical and research agencies to found the Federal Interagency Forum on Child and Family Statistics. The Forum now has participants from a broader range of government agencies, including the Departments of Agriculture, Justice, and Housing and Urban Development. It also has partners in private research organizations.

The Forum fosters coordination, collaboration, and integration of the collection and reporting of Federal data on child and family issues. It meets two to three times per year. Between meetings, its agenda is carried out by working groups that focus on:

- ▶ developing priorities for enhanced data collection on children and youth;
- ▶ improving the reporting of childhood indicators to the policy community and the general public; and
- ▶ producing better data on children at the sub-national level.

At the first meeting of the Forum, Duane Alexander, Director of the National Institute for Child Health and Human Development (NICHD), proposed that the Forum produce an Annual Summary Report to the President on the status of children and youth and trends in their well-being. Although HHS is producing a comprehensive annual report on child well-being (entitled Trends in the Well-being of America's Children and Youth), the Forum saw the need for a more-focused summary report as well. At their May 1996 meeting, the Forum commissioned an Annual Summary Report and asked its Reporting Committee to begin to develop it. This report will focus on a limited number of indicators that can best capture the range of conditions facing American children and youth.

Purpose of the Report

The Annual Summary Report will:

- ▶ summarize, in an accessible format, the well-being of children and youth;
- ▶ monitor child and youth well-being over time; and
- ▶ stimulate improvements in the collection and reporting of data on children and youth

by Federal statistical agencies.

The set of indicators proposed will represent the best available data on enduring topics that the Forum member agencies--with input from the policy, advocacy and research communities--agree are of the highest importance. A separate set of indicators may appear occasionally, rather than annually. These indicators will feature special measures that the Forum wishes to highlight in a given year, as well as measures which are deemed important but for which there is not currently regular and continuous coverage in Federal surveys.

Preparation of the Report

The report will be prepared for the Forum under the direction of the Reporting Committee. The Reporting Committee will recommend the indicators and data sources to the Forum members, make decisions regarding the report content and style, provide data when necessary, and review the report. Review of the indicators will also be obtained by the policy, advocacy, and research communities to help inform the deliberations of the committee. The committee will coordinate the review process, and revise the indicators accordingly. Forum members will have input into the report at all stages of development through their representative on the committee and final approval of the indicators to be included will rest with the Forum members.

The format that the committee envisions for the report is a short, colorful summary with graphics and text, like that of the National Center for Health Statistics' Health United States: 1994 Chartbook. The report will be printed annually. The release strategy will focus on "telling the story" of each year's indicators, focusing on key trends of interest to the policy community and the general public. In addition to highlighting trends in the indicators, the release will also focus attention on areas of children's lives where better information is required.

The Selection of Indicators

The Reporting Committee will recommend to the Forum a list of indicators to represent the domains of children's lives as represented in the annual comprehensive report developed by HHS:

- ▶ Population and Family Characteristics;
- ▶ Economic Security;
- ▶ Health and Health Care;
- ▶ Behavior; and
- ▶ Education.

The committee will also recommend that the indicators be presented or identified in the report as belonging to one of the following categories:

- ▶ background indicators;
- ▶ indicators of the status of child well-being in each domain; and
- ▶ indicators of risk in each domain.

The committee will seek a balance in the report between status indicators and indicators of risk to achieve both comprehensiveness and impact. The committee will use the following guidelines in selecting the indicators:

- ▶ they must be easy to understand by broad audiences;
- ▶ they must be objective, and their importance must be based on research rather than public opinion;
- ▶ they must be balanced so that no single domain of children's lives would dominate the report;
- ▶ they must be available regularly so that they can be updated annually (or nearly) and show trends over time;
- ▶ they must be representative of large segments of the population, rather than one concentrated group; and
- ▶ there must be reliable estimates available for the indicator.

The "story" in many indicators is told by the trends among age groups, racial/ethnic groups, and by gender. The committee will recommend these breaks for each indicator according to expert opinion in each domain, but the suggested breaks are not presented in the attached list.

The committee will recommend approximately 30 regular indicators for the annual report. A tentative draft list is attached. In addition, a special feature section is proposed for important indicators for which data may only be available for one year, or for which there is significant interest in the policy or research communities.

Relationship to Partnerships for Stronger Families

The Domestic Policy Council's Partnerships for Stronger Families' Action Team on National Indicators and Accountability has been charged with developing a proposal for the President that suggests the production of an annual report on the condition of children. The Action Team is building on the work already conducted by the Forum on this effort. As part of the

Action Team's efforts, meetings have been held to obtain input from the policy, research, and advocacy communities about the most useful content and structure for an annual report on the condition of children and youth.

Future steps

Next month, the Forum will meet to approve the list of indicators to be produced in the first year's report. Following that meeting, staff of Forum agencies will develop a proposal to the President. This proposal will outline the process for creating the report in 1997 and following years, a process for developing the structure of the annual release event, a process for improving the report, and more generally, for improving data collection on children.