FOUNDATIONFORCHILDDEVELOPMENT

Analyzing State Differences in Child Well-Being

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For a summary of this report, please see
Investing in Public Programs Matters: How State Policies Impact Children's Lives
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EXECUTIVE SUMMARY

Analyzing State Differences in Child Well-Being

By William P. O'Hare, Mark Mather, and Genevieve Dupuis

In this report we examine the results of a comprehensive composite state-level index of child well-being modeled after the Foundation for Child Development's (FCD) Child Well-Being Index (CWI). The NATIONAL CWI has been produced every year since 2004 but only for the country as a whole, not for individual states.

This study uses data from 2007 to update a similar study published some years ago that was based on data from 2003. The years (2003 and 2007) are selected because that is when the National Survey of Children's Health (NSCH) data have been collected and the NSCH is the only state-level source of data for several key indicators of child well-being.

The index is composed of 25 indicators clustered into seven different domains or dimensions of child well-being. These are the same seven domains used every year in the construction of FCD's CWI. The seven domains are:

1. Family Economic Well-Being
2. Health
3. Safe/Risky Behavior
4. Education Attainment
5. Community Engagement
6. Social Relationships
7. Emotional/Spiritual Well-Being

Key findings from this study include:

- The six states with the best child well-being scores are New Jersey, Massachusetts, New Hampshire, Utah, Connecticut, and Minnesota.

- The six states with the worst scores are New Mexico, Mississippi, Louisiana, Arkansas, Nevada, and Arizona.

- There is a strong positive correlation across six of the seven domains. The exception is the Emotional/Spiritual domain, which is negatively correlated with most of the other domains.

- No state ranks in the top ten across all seven domains, but 32 different states are in the top ten on a least one of the seven domains. New Hampshire is in the top ten in six domains. Four states (Massachusetts, Minnesota, New Jersey, and Utah) are in the top ten in five domains.

- No state ranks in the bottom ten across all seven domains, but 30 states are in the bottom ten on at least one of the seven domains. Five states (Arizona, Arkansas, Louisiana, New Mexico, and Oklahoma) are in the bottom ten in five different domains.

Change Over Time

- The majority of states (33 out of 50) show improved child well-being between 2003 and 2007.

- The states with the most improvement are Hawaii, West Virginia, Massachusetts, and Pennsylvania.

- The states with the most deterioration of child well-being between 2003 and 2007 are Connecticut, South Dakota, Kansas, and Maine.

Correlates of Child Well-Being Across the States

In this study, we examine demographic, economic, and policy measures related to state differences in child well-being.

Twelve measures show statistically significant correlations (.01 or higher) with CWI scores:

1. Percent of Adults without Health Insurance (r = -0.71)
2. Percent of Adults with at least a High School Education (r = +0.66)
3. Percent of Adults with a Disability (r = -.64)
4. Employment Ratio (Percent of Adults Employed) (r = +0.60)
5. Per Capita Income (r = +58)
6. Household Net Worth (r = +.56)
7. State and Local Tax Rate (r = +.50)
8. Per-Pupil Expenditures for Elementary and Secondary Schools (r = +0.47)
9. Medicaid Eligibility Level (higher levels mean more children get free medical care) (r = +0.46)
10. Level of TANF Benefits (r = +0.40)
11. Percent of the Population Ages 10–17 (r = +0.37)
12. Percent of Children Who Are Minorities (r = -0.37)

While demographic and economic measures are closely correlated with state differences in child well-being, the conditions reflected by those measures cannot be changed quickly by states. On the other hand, several policy measures that can be changed quickly by states are also strongly correlated with child well-being.

Our analysis shows that child well-being is related to state and local tax rates, level of TANF benefits, per-pupil expenditures on elementary and secondary education, and

access to public medical insurance programs. This is an important finding given the recent economic downturn and resultant pressures on state budgets. As state leaders attempt to balance budgets, it is important that they do not compromise the country's future by shortchanging children.

Analyzing State Differences in Child Well-Being

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INTRODUCTION

This report uses a broad quality-of-life measure based on 25 indicators of children's well-being to examine differences in the welfare of children across the United States. The report takes advantage of new data that have become available in recent years to provide a richer index of child well-being at the state level.

This study combines two prominent research and publication streams that measure the well-being of U.S. children: The KIDS COUNT Project of the Annie E. Casey Foundation and the Child Well-Being Index (CWI) published yearly by the Foundation for Child Development. The study combines the strength of the KIDS COUNT initiative, which focuses on state measures of child well-being, with the methodological expertise derived from the development of the CWI, to produce a new state-level version of the CWI. (See Box 1 for more information on these two programs.)

By combining several different data sources, we found state-level data for 25 of the 28 measures used in the CWI. It is important to note, however, that many of the indicators are only available periodically, thus the index cannot be replicated every year. In this report, we refer to the 25-item index as the "STATE CWI."

First, states are ranked on the basis of the STATE CWI. Rankings are shown based on the overall index and for each of seven key domains. Then we examine state changes from 2003 to 2007 in the overall index of child well-being. Finally, we look at conditions and characteristics associated with positive child outcomes at the state level.

There are four key questions we try to answer in the report:

1) Which states have the best child well-being based on this new index?
2) Which states performed best on each of the seven domains?
3) Which states improved children's well-being the most from 2003 to 2007?
4) What demographic factors, economic conditions, and public policies are associated with states that exhibit higher levels of child well-being?

THE IMPORTANCE OF STATES

Enormous variation across the states in child well-being was found. The maximum and minimum state values for each of the ten indicators used in the *2011 KIDS COUNT Data Book* show that in every case the worst state has a value that is nearly two times lower that of the best state.[1] Given these state-level differences, national measures tell us very little about what is happening in any particular state or region.

For each of the ten key measures of child well-being in the *KIDS COUNT Data Book*, Table 1 shows that most states are different from the national average on most

BOX 1: Overview of Foundation for Child Development's Child Well-Being Index (CWI) and KIDS COUNT

The FCD Child Well-Being Index (CWI) is a national, research-based composite measure, updated annually, that describes how young people in the United States have fared since 1975. The CWI is the nation's most comprehensive measure of trends in the quality-of-life of children and youth. It combines national data from 28 indicators across seven domains into a single number that reflects overall child well-being.

The CWI is used as a tool (similar to the Consumer Price Index) to inform policymakers and the public on how well children are doing. The CWI was created to provide a broader measure of children's quality of life by capturing features of life not covered by the GDP, which measures economic growth alone.

Published every year since 1990, the KIDS COUNT Data Book has achieved widespread visibility and credibility among key audiences such as state legislators and their staffs. The KIDS COUNT report relies on a set of indicators that are widely accepted as good benchmarks for describing the well-being of children, but the dearth of consistent, timely, state-level data on child well-being means that measures available for constructing state-level indices have been limited.

measures; of the 500 possible comparisons of a state value with the corresponding national value (50 states times ten measures), 339 have statistically significant differences from the national measure. Again, knowing the national rate tells very little about what is happening at the state level.

Table 1. Number of States That Differ from the National Rate on Measures of Child Well-Being, 2004–2005

KIDS COUNT Measure	Number of state estimates with statistically significant differences from the U.S. estimate at 90% level*
1. Percent Low-Birthweight Births, 2002	44
2. Infant Mortality Rate (Deaths per 1,000 births), 2002	36
3. Child Death Rate (Deaths per 100,000 children ages 1–14), 2002	26
4. Teen Death Rate (Deaths per 100,000 children ages 15–19), 2002	28
5. Teen Birth Rate (births per 1,000 females ages 15–19), 2002	49
6. High School Dropout Rate (Percent ages 16–19 not in school/not graduates), 2003	19
7. Idle Teens (Percent ages 16–19 not in school not working), 2003	21
8. Percent of Children with No Parent who Works Full-Time Year-Round, 2003	39
9. Child Poverty Rate 2003	43
10. Percent of Children in Single-Parent Families, 2003	34
TOTAL	339

* District of Columbia not included.
Source: O'Hare, William P. 2006. "Developing State Indices of Child Well-Being," Brookings Institution, Washington, DC. Available online at: www.brookings.edu/papers/2006/0510childrenfamilies_ohare.aspx.

Another a good example of state differences is support for public education, which is by far the largest program for children and is largely driven by state and local funds and decision making. Per-pupil expenditures ranged from $6,951 in Idaho to $17,620 in New Jersey in 2007.

Moreover, during the past few decades responsibility for programs designed to support vulnerable children and families has been transferred from the federal level to the state level.[2] Devolution of federal power, through block grants, the welfare reform of the mid-1990s (The Personal Responsibility and Work Opportunity Reconciliation Act of 1996), and other mechanisms have made states more powerful actors in social policy decisions.[3]

A recent comprehensive review of state and federal responsibilities for major safety net programs concluded, "The recent shifts in federal–state arrangements across both standard setting and financing functions appears to have contributed to a widening of state variation in standards for, and financing of, three of these programs: TANF, Food Stamps, and Medicaid (with state variation a hallmark of SCHIP since its inception)."[4]

For major social service programs, such as Temporary Assistance for Needy Families (TANF), Supplemental Nutritional Assistance Program (formerly called Food Stamps), health programs such as Medicaid and State Child Health Insurance Program, and Women Infants and Children (WIC), states have power to decide eligibility criteria and set benefit levels.[5] In contrast, Social Security and Medicare, the two biggest programs for the elderly, are federal programs with standard formulas for calculating eligibility and benefits.

The difference between recipients of Social Security and Medicare (mostly elderly) on the one hand and Medicaid (mostly children) on the other is relevant to the ongoing debates about cutting programs to lower the federal deficit. While public opinion polls show voters are strongly favor supporting programs for children, this support is not always reflected in Washington politics.[6] Political leaders have been reluctant to make

changes to Social Security and Medicare, but Medicaid is increasingly being discussed as a place to cut spending.[7] Public opinion polls show Medicaid (where the majority of the recipients are children) is not supported as strongly as Social Security and Medicare (for which the majority of recipients are elderly).[8]

Moreover, inequities flowing from the split state/federal responsibility for taking care of our most vulnerable citizens are accentuated by the fact that the federal government provides $23,500 for each elderly person, but only $3,348 for each child.[9] Less than 10 percent of the federal budget goes to support children despite public opinion polls that show overwhelming support for children's programs.[10] Another recent report shows that children get much more financial support from state and local sources than from federal sources.[11]

The growing fiscal pressures brought on by the rapidly retiring baby-boom generation are likely to exacerbate political pressures and cause this generational imbalance to increase. Such sociopolitical change based on changing demographics was predicted by demographers almost 30 years ago.[12]

The enhanced decision-making power of states has led to increased demand for state-level measures of child well-being.[13] As state leaders struggle to meet the needs of vulnerable children, having a clear understanding of the numbers, trends, and characteristics of vulnerable children at the state level is more important than ever.

DATA ON CHILDREN'S WELL-BEING

Over the past 20 years, there has been an enormous increase in the collection and use of social indicators related to children. This has been fostered by scientists, researchers, advocates, practitioners, and government officials.[14] Moreover, there is

growing interest in compiling data on children from different data sources, constructing child well-being indices, and in sharing results with policymakers and the public. In response to this growing interest, researchers have engaged in efforts to produce indices of child well-being at the national and state levels.[15]

This STATE CWI report is timely, because several recent developments in the federal statistical system are likely to increase our ability to produce state-level estimates and indices of child well-being. The development and now full-scale implementation of the American Community Survey provides reliable census-type measures at the state and local level every year.[16] The Census Bureau has been producing county- and school-district-level rates of child poverty (e.g., Small Area Income and Poverty Estimates) since the mid-1990s and more recently has started producing regular county-level estimates of child health insurance status (Small Area Health Insurance Estimates).[17] The emergence of the State and Local Area Integrated Telephone Survey (SLAITS) and particularly the National Survey of Children's Health derived from the SLAITS system adds many new measures of child well-being for states every four years.[18] The recent emergence of the National Survey on Drug Use and Health has provided state estimates since 1999.[19] The amount of EITC received can now be calculated at the state and local levels, because income tax data are now more available.[20] The No Child Left Behind Act now requires all states to participate in the National Assessment of Educational Progress (NAEP), providing consistent educational achievement data for all states.[21] Recent activity in Congress suggests that a more comprehensive set of state-level measures of child well-being may soon become available.[22]

These developments are encouraging and suggest the time is ripe for significant advancement in state-level measures of child well-being. The results of this study will help move the field forward.

CONCEPTUALIZING CHILD WELL-BEING

There are a number of definitions of child well-being in the literature but little consensus on exactly how to define the concept. Here are a few definitions of child well-being from the literature:

> "Child well-being encompasses quality of life in a broad sense. It refers to a child's economic conditions, peer relationships, political rights, and opportunities for development."[23]

> "Child well-being is a multidimensional construct incorporating mental/psychological, physical and social dimensions."[24]

> Child well-being is "the ability to successfully, resiliently, and innovatively participate in the routines and activities deemed significant by a cultural community. Well-being is also the state of mind and feeling produced by participation in routines and activities."[25]

> "Children's health and well-being is directly related to their families' ability to provide for their essential physical, emotional and social needs."[26]

The statements above demonstrate that no consensus exists on how child well-being should be conceptualized, but most analysts think of child well-being as a global concept with multiple dimensions. We also conceptualize child well-being as a multidimensional construct, which is reflected in a variety of indicators from several key domains. Domains are often defined as broad concepts that are typically represented by several indicators. Health and education are examples of domains.

Some scholars make a distinction between outcome domains and social environment domains. Indicators in the outcome domain reflect experiences and

activities of children and are direct measures of how children are faring. Such domains are populated with measures such as infant mortality, school test scores, and measures of health.

Social environment domains, sometimes referred to as "context" in other studies,[27] pertain to aspects of children's environments that influence their well-being. These domains include neighborhood and school characteristics, as well as characteristics of the family. Indicators in these domains are measures such as poverty, family structure, and parental employment. We believe that the social environmental measures are important to include in a child well-being index because the social environment has an impact on children that is not fully reflected in the outcomes measure. Some social environment measures like family poverty or parental unemployment may serve as proxy measures for the lack of resources available to a child. In addition, the effects of the social environment may not show up until later in life.[28]

Following widespread practice, we combine outcome and social environment indicators into a single index to reflect overall child well-being.

Although well-being has multiple dimensions, we think of child well-being as a global concept that ranges from very high levels of well-being to very low levels of well-being. One can imagine a child who spends his or her entire childhood in a stable two-parent family, with adequate material resources, who has sound physical and mental health, who is doing well in school, and who lives in a supportive neighborhood with low levels of poverty and crime. We would say this child has a high level of well-being. On the other hand, one can imagine a child who grows up in an unstable family, experiences permanent or intermittent poverty, has physical and/or mental health problems, has

been abused by one or both parents, is not doing well in school, and lives in high-poverty neighborhood. We would say this child has a low level of well-being.

DATA AND METHODS

The indicators used in this study were selected to replicate an earlier study, and the measures selected for the previous study were extensions of the measures used by Dr. Kenneth Land and his colleagues in developing their NATIONAL CWI, which is based largely on the quality-of-life literature. Land and his colleagues have published a series of reports with more information about how measures in the CWI were selected.[29] The index they composed is documented in two peer-reviewed journal articles and is based on 40 years of research on quality-of-life studies.[30]

We reviewed the variables that had been used in the previous report to make sure they were still available and measured consistently over time.

Measures chosen for the index constructed here possess three important attributes: (1) they reflect several important areas of a child's well-being, (2) they reflect experiences across a range of developmental stages—from birth through early adulthood, and (3) they are measured consistently over time and across states.

Of the 28 measures included in the NATIONAL CWI, three are not included here because they are either unavailable or unreliable at the state level:

1. Twelfth Graders who report religion as being very important (Emotional/Spiritual domain)
2. Violent crime victimization rates for teens (Safe/Risky Behavior domain)
3. Rate of violent crime offenders for teens (Safe/Risky Behavior domain)

The CWI variables are grouped into seven different domains:

1. Family Economic Well-Being
2. Health
3. Safe/Risky Behavior
4. Education Attainment
5. Community Engagement
6. Social Relationships
7. Emotional/Spiritual Well-Being

Appendix A shows the 25 measures used here and their sources.

Construction of a comprehensive composite index is one of the most efficient ways to communicate state-level patterns and trends in child well-being. A child well-being index can be used to combine multiple indicators of well-being across many dimensions into a single measure of overall well-being. For many audiences, an index provides a more concise and understandable portrayal of child well-being than a collection of data tables for individual measures. An index helps popular audiences quickly determine which states are doing better and which are doing worse in terms of child well-being. Changes in index values also tell readers whether trends for children are moving in the right direction.

We combined the 25 measures into seven domain indices and an overall index using the same methodology employed by Land et al. (2001). For readability and ease of interpretation, a higher score on the indices means better child well-being. A detailed description of the methodology is provided in Appendix B.

Table 2 shows the 25 indicators of child well-being used for 2007 along with their domains and basic descriptive statistics. The data in table 2 underscores the large variation in child well-being across states.

Table 2. Descriptive Information for 25 Items in the Child Well-Being Index

	Average State Value	Lowest State Value	Highest State Value	Standard Deviation
Family Economic Well-Being				
1. Families with Children in Poverty, 2007	14.5	7.5	24.6	4.17
2. Children without Secure Parental Employment, 2007	32.7	24.1	42.6	4.26
3. Median Income for Families with Children, 2007*	57,451	40,200	81,000	10,611
4. Children without Health Insurance Coverage, 2007	9.7	4.5	20.2	3.69
Health				
5. Infant Mortality Rate, 2007	7.1	4.8	10.0	1.50
6. Low Birthweight Babies, 2007	8.2	5.7	12.3	1.44
7. Mortality Rate, Ages 1–19, 2007	33.1	18.4	51.9	8.41
8. Children Not in Very Good or Excellent Health, 2007	13.8	7.6	22.3	3.23
9. Children with Functional Limitations, 2007	4.6	2.9	6.7	0.91
10. Children and Teens Who Are Overweight or Obese, 2007	31	23.1	44.4	4.21
Safe/Risky Behavior				
11. Teen Birth Rate, 2007	42.3	20.0	71.9	12.75
12. Cigarette Use in the Past Month, Ages 12–17, 2006–2008	10.8	6.5	15.9	1.96
13. Binge Alcohol Drinking Among Youths, Ages 12–17, 2006–2008	10.2	6.6	13.2	1.59
14. Illicit Drug Use Other Than Marijuana, Ages 12–17, 2006–2008	4.8	3.8	6.2	0.63
Education Attainment				
15. Average Reading Scores for Fourth and Eighth Graders, 2007*	241.2	228.9	254.5	6.85
16. Average Math Scores for Fourth and Eighth Graders, 2007*	259.9	246.3	275.2	7.62
Community Engagement				
17. Young Adults Who Have Not Received a H.S. Diploma, 2007	16.3	9.5	23.5	3.57
18. Teens Not in School and Not Working, 2007	8	4.0	12.6	2.14
19. Percent of Children, Ages 3–4 Not Enrolled in School, 2007	54.6	34.9	71.5	8.14
20. Young Adults Who Have Not Received a B.A. Degree, 2007	72.3	56.7	82.0	7.13
21. Young Adults Who Did Not Vote in Election, 2007	54.3	40.8	77.6	7.74
Social Relationships				
22. Children in Single Parent Families, 2007	31.9	18.2	43.7	6.12
23. Children Who Have Moved Within the Last Year, 2007	16.2	9.9	22.6	2.97
Emotional/Spiritual Well-Being				
24. Suicide Rate, Ages 10–19, 2007	5.2	1.4	14.5	2.82
25. Children Without Weekly Religious Attendance, Ages 0–17, 2007	46.8	25.6	74.5	10.70

* These measures were reverse coded in the index. Standard scores were multiplied by -1.

FINDINGS

State Rankings in 2007

Table 3 shows the states ranked in terms of overall child well-being based on our analysis. Map 1 shows the results graphically. New Jersey and Massachusetts rank highest on the STATE CWI, while New Mexico and Mississippi rank the lowest.

Overall, the results are consistent with the general pattern seen in the yearly KIDS COUNT report over the past 20 years. States in the South and Southwest do poorly while state in the upper Midwest and Northeast do well. In terms of child well-being, the bottom ten states are almost all in the South and Southwest. The top ten states are mostly in the Northeast and Upper Midwest.

The correlation between the rankings based on the State CWI and the KIDS COUNT ranking for the same year is +0.91, which indicates a very high level of consistency (see table 4). Small differences between the two rankings should not be surprising since to a great extent they used different measures of child well-being. Only six measures are exactly the same in the two indices, though a few others are similar.

These results are similar to previous studies comparing the CWI and the KIDS COUNT index.[31] The consistency of the results, despite the use of different indicators, underscores the robustness of the findings.

Table 3. States Ranked on Overall Child Well-Being: 2007

Rank*	State	Index Value
1	New Jersey	0.85
2	Massachusetts	0.84
3	New Hampshire	0.77
4	Utah	0.75
5	Connecticut	0.74
6	Minnesota	0.73
7	Iowa	0.59
8	North Dakota	0.56
9	Maryland	0.53
10	New York	0.46
11	Pennsylvania	0.43
12	Virginia	0.40
13	Vermont	0.35
14	Wisconsin	0.29
15	Nebraska	0.26
16	Illinois	0.26
17	Maine	0.20
18	Rhode Island	0.19
19	Hawaii	0.19
20	Kansas	0.17
21	Delaware	0.13
22	Washington	0.09
23	Michigan	0.09
24	Idaho	0.07
25	Ohio	0.04
26	Colorado	0.02
27	South Dakota	0.01
28	Indiana	-0.01
29	Missouri	-0.04
30	California	-0.07
31	Oregon	-0.08
32	North Carolina	-0.11
33	Montana	-0.13
34	Florida	-0.15
35	Georgia	-0.18
36	South Carolina	-0.20
37	Wyoming	-0.23
38	West Virginia	-0.27
39	Texas	-0.34
40	Tennessee	-0.45
41	Kentucky	-0.47
42	Alaska	-0.47
43	Oklahoma	-0.56
44	Alabama	-0.59
45	Arizona	-0.68
46	Nevada	-0.74
47	Arkansas	-0.77
48	Louisiana	-0.80
49	Mississippi	-0.92
50	New Mexico	-0.96

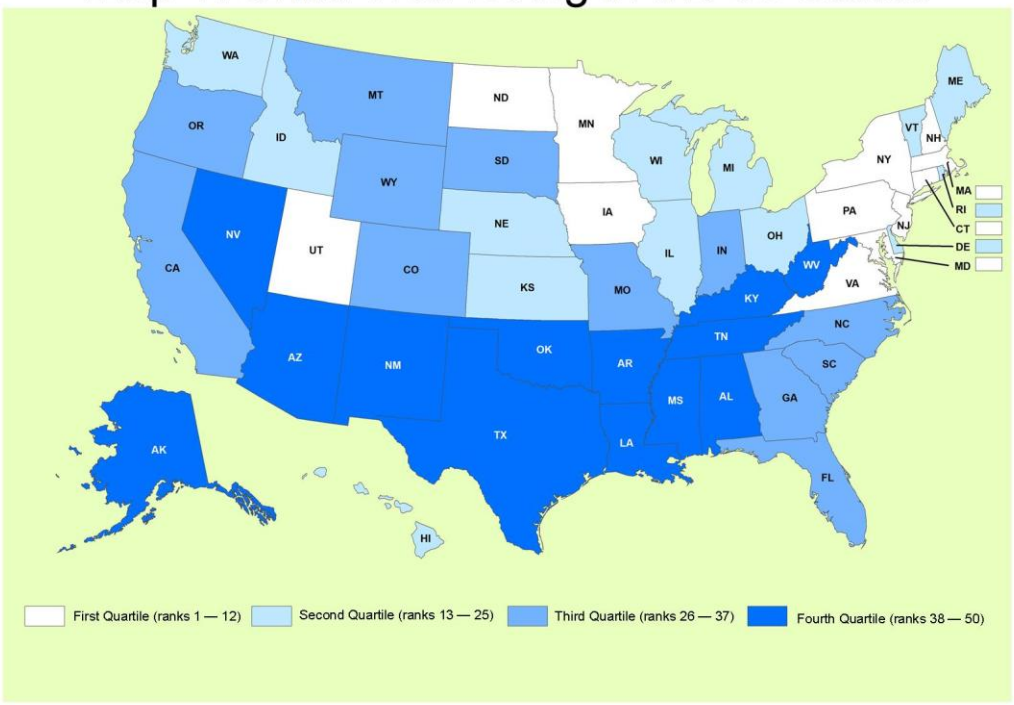
*Ranking based on unrounded index values

Table 4. Comparison of CWI and KIDS COUNT Rankings: 2007

State	2007 State CWI rank	2010 *KIDS COUNT Data Book* (based on data from 2007 and 2008)	Difference in Ranks
Alabama	44	47	3
Alaska	42	38	-4
Arizona	45	39	-6
Arkansas	47	48	1
California	30	19	-11
Colorado	26	20	-6
Connecticut	5	8	3
Delaware	21	27	6
Florida	34	35	1
Georgia	35	42	7
Hawaii	19	22	3
Idaho	24	21	-3
Illinois	16	24	8
Indiana	28	33	5
Iowa	7	6	-1
Kansas	20	13	-7
Kentucky	41	40	-1
Louisiana	48	49	1
Maine	17	14	-3
Maryland	9	25	16
Massachusetts	2	5	3
Michigan	23	30	7
Minnesota	6	2	-4
Mississippi	49	50	1
Missouri	29	31	2
Montana	33	32	-1
Nebraska	15	9	-6
Nevada	46	36	-10
New Hampshire	3	1	-2
New Jersey	1	7	6
New Mexico	50	46	-4
New York	10	15	5
North Carolina	32	37	5
North Dakota	8	12	4
Ohio	25	29	4
Oklahoma	43	44	1
Oregon	31	18	-13
Pennsylvania	11	23	12
Rhode Island	18	17	-1
South Carolina	36	45	9
South Dakota	27	26	-1
Tennessee	40	41	1
Texas	39	34	-5
Utah	4	4	0
Vermont	13	3	-10
Virginia	12	16	4
Washington	22	11	-11
West Virginia	38	43	5
Wisconsin	14	10	-4
Wyoming	37	28	-9

Correlation between rankings = 0.91

Map 1: Child Well-Being in the 50 States



Rankings on Each of Seven Domains

Appendix C shows the state rankings for each of the seven domains of child well-being. Not surprisingly, the data in these tables indicate that some states do better than others on certain dimensions of child well-being.

Table 5 shows how correlated the domains are to one another as well as to the overall index. There are strong relationships among most of the domains. Of the 21 correlations examined, 18 are significantly different from zero at the 0.1 level or higher. In general, the correlations across the seven domains are in the moderate-to-high range. The mean absolute value of the correlation coefficients for the 21 coefficients examined here is 0.36. O'Hare found a similar pattern in his analysis of relationships among the ten KIDS COUNT indicators across states and over time; correlations

between KIDS COUNT measures are typically positive and in the moderate-to-high range by social science standards.[32]

However, there are a few correlations between domains that stand out because they are very high and a few that stand out because they are very low. Of the three relationships that are not very high and not statistically significant, two involve the Emotional/Spiritual domain and two involve the Safe/Risky Behavior domain:

- Education Attainment and Safe/Risky Behavior= +0.19
- Emotional/Spiritual Well-Being and Safe/Risky Behavior = +0.01
- Emotional/Spiritual Well-Being and Community Engagement= -0.18

The highest correlations seen here are listed below, all of which involve either the Family Economic Well-Being or the Social Relationships domains:

- Social Relationships and Community Engagement= +0.78
- Social Relationships and Health = +0.76.
- Family Economic Well-Being and Health = +0.76
- Family Economic Well-Being and Community Engagement= +0.76
- Family Economic Well-Being and Social Relationships = +0.75
- Social Relationships and Education Attainment = +0.69

Table 5. Correlations Between Domains: 2007

Domain	Family Economic Well-Being	Health	Safe/Risky Behavior	Education Attainment	Community Engagement	Social Relationships	Emotional/ Spiritual Well-Being
Family Economic Well-Being	1						
Health	0.76***	1					
Safe/Risky Behavior	0.51***	0.41**	1				
Education Attainment	0.69***	0.68***	0.19	1			
Community Engagement	0.76***	0.58***	0.41***	0.71***	1		
Social Relationships	0.75***	0.76***	0.59***	0.61***	0.78***	1	
Emotional/ Spiritual Well-Being	-0.28**	-0.51***	0.01	-0.35**	-0.18	-0.25*	1
Overall Index	0.90***	0.78***	0.63***	0.77***	0.87***	0.89***	-0.14

*** Significant at the .01 level
** Significant at the .05 level
*Significant at the .1 level

While most of the domains are related as one would expect, one of the domains—Emotional/Spiritual Well-Being—is negatively correlated with most of the other domains.

The Emotional/Spiritual Well-Being domain has a negative correlation with five of the other domains and a near-zero correlation coefficient with a sixth domain. Of the 21 correlations examined in table 5, the Emotional/Spiritual domain is the only one to exhibit a negative correlation with another domain. The relationship between the Health domain and the Emotional/Spiritual domain stands out because it is a highly negative correlation (r = -0.51), suggesting states that have good health outcomes often have poor scores in the Emotional/Spiritual domain and vice versa.

Past analysis shows that weekly religious attendance, which is one of the two indicators used to measure the Emotional/Spiritual domain, is one the few indicators where children in low-income families (below 200% of poverty) score higher than children in middle- and upper-income families.[33] So it is not surprising that states with high concentrations of children in low-income families also have high levels of religiosity.

From a sociological perspective, it could be argued that families without ample resources or material goods are more likely to turn to the Spiritual domain for solace and this may explain the negative relationship between spirituality and other domains of well-being.

The negative associations between the Emotional/Spiritual domain and the other domains as well as the overall index raise a number of theoretical and methodological questions about this domain. At a minimum, it suggests that the Emotional/Spiritual domain is not a very powerful force in children's lives compared to other domains. Moreover, the two indicators used in the Emotional/Spiritual domain (Suicide Rate and Weekly Religious Attendance) are negatively correlated with each other, though at a very low (non-statistically significant) level.

Examination of States by Domain Scores

To examine the state scores across the domains more closely, we looked at the states in the top ten (best) rankings on each domain and the ten states at the bottom of the rankings (worst) on each of the domains. Table 6 shows the top ten states (best) and the bottom ten states (worst) for each of the seven domains.

Thirty-two states fell in the top ten at least once. No state is in the top ten on all seven domains, but 14 states are in the top ten multiple times. Most of the states that are in the top ten multiple times are in the Northeast or Midwest. Exceptions include Hawaii, Maryland, Utah, and Virginia. New Hampshire is in the top ten on six domains; the only domain New Hampshire did not score in the top ten is the Emotional/Spiritual domain (New Hampshire ranks 45th on this domain). Four states (Massachusetts, Minnesota, New Jersey, and Utah) are in the top ten in five of the domains.

Table 6. Top Ten and Bottom Ten States in Seven Domains

Rank	Family Economic Well-Being, 2007	Health, 2007	Safe/Risky Behavior, 2007	Education Attainment, 2007	Community Engagement, 2007	Social Relationships, 2007	Emotional/Spiritual, 2007
1	New Hampshire	Minnesota	Utah	Massachusetts	Massachusetts	New Jersey	South Carolina
2	Connecticut	Utah	Hawaii	Vermont	Connecticut	Connecticut	Alabama
3	Maryland	New Hampshire	New York	New Jersey	New Hampshire	North Dakota	Georgia
4	Massachusetts	Vermont	Maryland	New Hampshire	Minnesota	Utah	Arkansas
5	Hawaii	Iowa	California	Minnesota	Iowa	New Hampshire	Utah
6	Minnesota	North Dakota	New Jersey	North Dakota	North Dakota	Minnesota	Mississippi
7	New Jersey	Oregon	Delaware	Kansas	New Jersey	Massachusetts	Tennessee
8	Utah	Connecticut	Idaho	Montana	Vermont	New York	North Carolina
9	Iowa	Maine	New Hampshire	Virginia	Rhode Island	Pennsylvania	Louisiana
10	Virginia	Hawaii	Massachusetts	Maine	Wisconsin	Iowa	Texas
41	Arizona	Oklahoma	Rhode Island	Tennessee	Louisiana	Florida	North Dakota
42	South Carolina	Georgia	Kansas	West Virginia	Tennessee	Georgia	Idaho
43	Oklahoma	North Carolina	Tennessee	Arizona	Alabama	Alabama	Wyoming
44	West Virginia	Kentucky	Montana	Hawaii	Alaska	Louisiana	Montana
45	Kentucky	Tennessee	New Mexico	Nevada	Oklahoma	Arizona	New Hampshire
46	Arkansas	South Carolina	Arizona	Alabama	New Mexico	Nevada	South Dakota
47	Texas	Arkansas	Oklahoma	Louisiana	Texas	Arkansas	New Mexico
48	Louisiana	Alabama	Kentucky	California	Arkansas	Wyoming	Vermont
49	New Mexico	Louisiana	Wyoming	New Mexico	Arizona	Oklahoma	Maine
50	Mississippi	Mississippi	Arkansas	Mississippi	Nevada	Mississippi	Alaska

Table 6 shows that 30 states appear in the bottom ten at least once. No state is in the bottom ten in all seven domains, but 17 states are in the bottom ten multiple times. Most of the states that appear in the bottom ten rankings multiple times are in the South and Southwest: the exceptions are Alaska, Montana, Nevada (though some people consider Nevada part of the Southwest), and Wyoming. Five states were in the bottom ten five times (Arizona, Arkansas, Louisiana, New Mexico, and Oklahoma).

Changes from 2003 to 2007

By comparing the results of this study to those from the study done with 2003 data, we can look at change over time. The methodology developed for the CWI is designed to measure change over time in child well-being, and that methodology has been applied to states in the past.

O'Hare and Lamb used the CWI methodology to examine change in child well-being during the 1990s based on the KIDS COUNT data, and found that state rankings based on improvement over time were quite different than the rankings based on child well-being at one point in time.[34] O'Hare and Lamb also used the same methodology to measure state changes since 2000, with similar results.[35]

For each indicator in each state, we calculated the percentage change from 2003 to 2007. A value over 100 indicates improvements from the base year, whereas a value under 100 indicates a worsening trend. The values for indicators within each of the seven domains were averaged to produce a domain-specific change score. Then the domain scores were averaged to produce an overall change score for each state.

Table 7 shows trends in child well-being based on changes in the State CWI from

2003 to 2007. As a point of reference for assessing the state-level changes between 2003 and 2007, the largest four-year change in the NATIONAL CWI over the last 35 years is 6.6 between 1997 and 2000. The average four-year change is about 1.9 in absolute terms.

Between 2003 and 2007, there was a 2 percent improvement in child well-being in the United States. The State CWI values shown here are consistent with the NATIONAL CWI reported in the 2010 CWI report, which shows the NATIONAL CWI went from 101.05 in 2003 to 103.50 in 2007. However, the 2 percent overall improvement in child well-being in the United States between 2003 and 2007 masks significant variation across states and across domains.

Most states (33 out of 50) showed improvement in child well-being between 2003 and 2007. Hawaii led states with a 7.8 percent increase, followed closely by West Virginia (up 7.7 percent). Massachusetts improved with a 6.6 percent increase and Pennsylvania with a 6.4 percent increase.

Seventeen states showed declines in child well-being. Connecticut saw the biggest drop (5.5 percent) followed by South Dakota (5.3 percent) and Kansas (5.1 percent).

Massachusetts is the only state with a substantial improvement in child well-being that is also among the top five states based on 2007 data. At the other end of the distribution, Arkansas is the only state that ranks near the bottom on both rank in 2007 and rank in improvement from 2003 to 2007.

Appendix tables D1 to D7 show state-level changes in child well-being for each of the seven domains.

To more closely examine the changes in state scores across the domains from 2003 to 2007, we looked at the states in top ten (best) rankings on each domain and the ten states at the bottom of the rankings (worst) on each domain. Table 8 shows the top ten states (best) and the bottom ten states (worst) for each of the seven domains.

Thirty-eight different states appear in the top ten at least once. No state is in the top ten on all seven domains but 22 states appear in the top ten multiple times. There is very little geographic clustering of states that appear in the top ten multiple times but few are in the South (only Alabama, Florida, Maryland, North Carolina, Oklahoma, and West Virginia). Massachusetts and West Virginia each appear in the top ten four times.

No state is in the bottom ten in all seven domains but 37 states are in the bottom ten at least once and 22 states are in the bottom ten multiple times. The states that appear in the bottom ten rankings multiple times are geographically dispersed. Three states are in the bottom ten four times (Nebraska, Oregon, and South Dakota).

Table 7. States Ranked by Changes in State CWI between 2003 and 2007

Rank*	State	Percent Change in Index, 2003–2007
U.S. average		102.0
1	Hawaii	107.8
2	West Virginia	107.7
3	Massachusetts	106.6
4	Pennsylvania	106.4
5	Arizona	105.3
6	New York	104.9
7	Utah	104.7
8	Montana	104.4
9	Georgia	104.4
10	Alaska	104.3
11	Texas	104.0
12	New Hampshire	104.0
13	North Carolina	103.9
14	Washington	103.5
15	Maryland	103.3
16	California	102.8
17	Rhode Island	102.4
18	Nevada	102.4
19	Illinois	102.3

Rank*	State	Percent Change in Index, 2003–2007
20	Oklahoma	102.3
21	Iowa	102.1
22	Virginia	102.0
23	Michigan	102.0
24	Wisconsin	101.5
25	South Carolina	101.5
26	Louisiana	101.3
27	Alabama	100.9
28	Idaho	100.8
29	Florida	100.8
30	New Mexico	100.7
31	New Jersey	100.7
32	Delaware	100.5
33	North Dakota	100.3
34	Minnesota	99.7
35	Colorado	99.7
36	Wyoming	99.5
37	Tennessee	99.3
38	Oregon	98.2
39	Kentucky	98.0
40	Missouri	97.8
41	Nebraska	97.7
42	Indiana	97.4
43	Ohio	96.8
44	Mississippi	96.7
45	Arkansas	96.6
46	Vermont	96.3
47	Maine	95.5
48	Kansas	95.1
49	South Dakota	94.7
50	Connecticut	94.5
Not ranked	District of Columbia	107.9

***Ranking based on unrounded index values.**

Table 8. Top Ten and Bottom Ten States Based on Change on Seven Domains: 2003 to 2007

Rank	Family Economic Well-Being	Health	Safe/Risky Behavior	Education Attainment	Community Engagement	Social Relationships	Emotional/Spiritual
1	Hawaii	West Virginia	Nebraska	Massachusetts	North Dakota	New Jersey	Wyoming
2	West Virginia	Florida	Delaware	Pennsylvania	Connecticut	Rhode Island	Georgia
3	Connecticut	Michigan	South Dakota	Maryland	Nebraska	New Mexico	Utah
4	Wyoming	Alaska	North Dakota	New Jersey	New York	Connecticut	Oklahoma
5	Idaho	South Dakota	North Carolina	Florida	North Carolina	Washington	Nevada
6	Massachusetts	Illinois	Massachusetts	Texas	New Hampshire	Maryland	Montana
7	Oklahoma	North Dakota	Hawaii	Arkansas	Rhode Island	Louisiana	New Hampshire
8	California	Hawaii	West Virginia	New Mexico	Illinois	Oregon	Pennsylvania
9	Alabama	New Jersey	Montana	Alabama	Colorado	Arizona	South Carolina
10	Pennsylvania	Maryland	Michigan	Kansas	Massachusetts	California	West Virginia

Rank	Family Economic Well-Being	Health	Safe/Risky Behavior	Education Attainment	Community Engagement	Social Relationships	Emotional/Spiritual
41	Kansas	Nevada	Rhode Island	Nebraska	Utah	Alaska	Indiana
42	Mississippi	Nebraska	Arkansas	Mississippi	Oregon	North Carolina	South Dakota
43	Rhode Island	Idaho	Washington	Utah	Nevada	Michigan	Illinois
44	Minnesota	Arkansas	Maine	South Carolina	New Jersey	Nebraska	Ohio
45	Missouri	Montana	Oregon	Oregon	Delaware	Maine	Oregon
46	South Carolina	Wyoming	Florida	Missouri	Minnesota	Delaware	Kentucky
47	Delaware	Alabama	Alabama	Connecticut	Kentucky	Vermont	Kansas
48	South Dakota	Ohio	Tennessee	Michigan	South Dakota	Oklahoma	Mississippi
49	Vermont	New Hampshire	Kansas	North Carolina	Arkansas	Wyoming	North Dakota
50	Nebraska	Virginia	Wyoming	West Virginia	Wisconsin	South Dakota	Connecticut

Analysis of Factors Related to Child Well-Being Differences Across States

In this section some contextual factors that may account for differences in child well-being across states are examined. We draw on past studies of state differences in child well-being to develop a set of explanatory variables.

Variation in child well-being across states may potentially be explained by several factors. Some states have a higher concentration of vulnerable population groups such as racial and ethnic minorities, new immigrants, and very young children. For example, numerous reports shows Black and Hispanic children have worse outcomes than non-Hispanic white children and these groups are more prevalent in some states than in others.[36]

States also vary in their investment of time or money in children and this may affect child outcomes. For example, children in low-income families have poor child outcomes on almost every indicator, and children in low-income families are more concentrated in some states than in others.[37]

Investments in children may come through their parents or through supportive public policies and public expenditures. Investments that come through families and parents are often reflected by indicators such as income, wealth, parental education, and employment. State policies may directly or indirectly affect children's well-being. These include policies that affect parental income and employment, as well as state spending on things such as children's education or health that affect child well-being directly.

While past studies on state differences in child well-being are somewhat limited and there is some unevenness, two findings seem to be relatively robust. First, demographic and economic measures consistently explain much of the variation in child well-being across states. Second, several studies have found that at least one dimension of social policy is related to differences in child well-being.

Collectively, these kinds of factors are very powerful predictors of child well-being. Using multivariate analysis, O'Hare and Lee found that a model including demographic, economic, and policy variables "explained" 90 percent of the variance in child well-being across states.[38] Therefore, for purposes of this study we clustered factors into three different categories, demographics, economics, and policy-related measures.

Demographic and economic factors explored in this study are taken from previous studies, and they are largely self-explanatory. Developing state policy measures is a little more complicated and is discussed in a later section of this paper. All of the measures used here are described in more detail in Appendix E.

Correlates of Child Well-Being at the State Level

Correlation analysis is a commonly used social science method for examining how

various factors or variables are associated with one another. In this study, we use correlation analysis to examine which factors are most closely associated with variations in child well-being across the states.[39]

For those who may not be completely familiar with correlation coefficients, there are three important facets of a correlation coefficient. The sign or the direction of a correlation coefficient is important. A positive correlation means that a high value on one measure is associated with a high value on the other measure in the correlation. In contrast, a negative correlation means a high value on one measure is associated with a low value on another measure.

The strength of the association between two measures is also reflected in the correlation coefficient. The value of a correlation coefficient is between zero and one. The higher the value of the coefficient, the stronger the association between two measures.

Finally, one can calculate whether a correlation coefficient is statistically significant. In other words, how likely is it that the observed correlation is due to random chance? A one in 100 chance (.01) is more significant than a one in ten chance (.10).

Demographic Correlates

Table 9 shows how selected demographic measures are correlated with child well-being. Consistent with past research, eight of the ten demographic measures are statistically significant, but many are only moderately correlated with child well-being.

Table 9. Correlations Between Overall Child Well-Being Index and Demographic Measures, 2007

Demographic Characteristic	Correlation Coefficient	Level of Statistical Significance
Percent of Children Non-Hispanic Black	-0.27	*
Percent of Children Hispanic	-0.23	
Percent of Children Minorities	-0.37	***
Percent of Child Population Ages 0 to 4	-0.34	**
Percent of Child Population Ages 10 to 17	0.37	***
Percent of Children with a Foreign-Born Parent	0.1	
Percent of Children Living in Urban Areas	0.27	*
Percent of Adults 25+ with a High School Diploma	0.66	***
Percent of Adults Ages 18 to 64 without Health Insurance	-0.71	***
Percent of Adults with a Disability	-0.64	***

*** Significant at the .01 level

** Significant at the .05 level

* Significant at the .10 level

Several studies have found that the racial/ethnic composition of a state is associated with the level of child well-being.[40] States with higher percentages of Black and/or Hispanic children tend to have lower levels of child well-being. Engels et al. showed that state rankings on child well-being shifted significantly after adjusting for the percent Black in each state.[41] Cohen also found racial/ethnic composition was closely linked to child well-being scores at the state level.[42]

The three measures of racial/ethnic composition used in this study (percent Black, percent Hispanic, and percent minority) all have relatively similar levels of association with child well-being, with correlation coefficients ranging from -0.23 to -0.37. The

percent of the child population that is minority includes Blacks and Hispanics as well as others in minority groups such as American Indians. The correlation between percent Hispanic and child well-being is negative and not statistically significant (r = -0.23), but it is almost as strong as the correlation between percent Black and child well-being.

These negative correlations all make sense because on average these groups have poorer child well-being than non-Hispanic white children. For example, the poverty rates for Black children in 2007 was 35 percent and the poverty rates for Hispanic children in 2007 was 29 percent compared to only 8 percent for non-Hispanic white children.

The percent Hispanic and the percent minority have a relatively high correlation with each other (r = +0.68), but the correlation between percent Black and percent minority is relatively low (r = +0.34). This is probably related to states in the Deep South where there are large numbers of Black children but few Hispanic children. For example, only 5 percent of the child population of Alabama is Hispanic but 38 percent are minority. Likewise, only 3 percent of the Mississippi child population is Hispanic but 50 percent are minority.

It is likely that percent Hispanic and percent minority reflect different parts of the country where child outcomes are poor. Percent Hispanic reflects southwestern states and percent minority really reflects the Deep South, where the Black population is concentrated. The analysis is also confounded because Hispanics are highly concentrated in just a few states. Almost two-thirds (63 percent) of Hispanic children live in just five states.

The main point of this section of the analysis is that states with higher-than-average concentrations of minority populations tend to have worse outcomes, but the correlations are modest at best.

Age structure of the child population is also related to child well-being. We examined two measures regarding the age structure of the child population. The first is the percentage of all children who are under age five, and the second is the percentage of all children under age 18 who are ages 10 to 17, basically teenagers.

There are statistically significant negative correlations between the STATE CWI and percent of the population that is age 0 to 4 (r = -0.34), while the percent of the population age 10 to 17 shows a statistically significant positive correlation with child well-being (r = +0.37).

The highest fertility rates tend to be in the fast-growing states in the South and Southwest, which also have child outcomes that are worse than in the rest of the country. Many of the states with the worst child outcomes, such as Arizona and Texas, have higher-than-average fertility and younger age structures lead to higher-than-average shares of young children. Also, the racial/ethnic group with the highest fertility rate (Hispanics) is concentrated in some of these states.

If a state has a relatively high percentage of children under age five, it usually means there is a relatively low percentage in the 10 to 17 age group. States with a high percentage of children in the 10 to 17 age group are likely to be the slower-growing (or declining) states of the Northeast and Midwest. These states have relatively positive child outcomes compared to the rest of the country.

The main point here is that the age structure of the child population is associated

with child well-being, largely operating through higher fertility rates and younger age structures in states with poor child outcomes, but it is only moderately correlated with child well-being.

The correlation between the share of children living in urban areas and child well-being is statistically significant but it is relatively low (r = +0.27), indicating states with a larger share of their population living in big cities have better outcomes. This is probably due to the relatively poor outcomes of children in rural areas and to the fact that many states in the Northeast, which tend to have good child outcomes, also have highly urban populations.

The three measures with the highest correlations with child well-being (significant at the 0.01 level) reflect the education, disability status, and health insurance status of adults in the state. While we call these measures *demographic*, in fact, they are a mix of demographic and socioeconomic factors.

Education is measured here as the percent of the population age 25 and older with a high school diploma or equivalent. Disability status is self-reported data from the U.S. Census Bureau's American Community Survey and includes blindness, deafness, or any condition which impairs normal daily functioning such as climbing stairs, getting dressed, walking, as well as any mental impairment. Health insurance status reflects the share of adults who did not have any health insurance coverage in the previous year.

The percent of the adult population who are disabled is negatively related to child well-being (r = -0.64). The higher the percent of adults with a high school degree, the higher the level of child well-being (r = +0.66). The higher the percent of adults with no health insurance, the lower the level of child well-being (r = -0.71).

Since adults are the people primarily responsible for taking care of children, perhaps it should not be surprising that states with struggling adult populations often have struggling child populations. That the correlations between adult characteristics and child well-being are as high as those between economic measures and child well-being underscores the importance of family and the two-generational approach to solving the nation's poverty problems.[43]

Interestingly, there is not a statistically significant correlation between child well-being and percent of the child population that lives with a foreign-born parent. This may reflect the diffusion of immigrants (particularly Hispanics) that we have witnessed over the past few decades.[44] Hispanics are the only major racial/ethnic group where the number of children increased in every state in the nation between 2000 and 2010.[45]

The highest correlations among demographic variables examined here involved adult characteristics. States that have low levels of adult education, low rates of adult health insurance, and high levels of adult disability tend to have low levels of child well-being.

Economic Correlates

Table 10 shows how selected economic measures are correlated with child well-being. The results shown in table 10 show that per capita income (r = +0.58), average household wealth (r = +0.56), and employment ratio (r = +0.60) are all highly correlated with child well-being. The employment ratio is the percent of 18- to 64-year-olds who are employed. Higher levels of employment, higher levels of household net worth, and higher levels of per capita income are associated with better outcomes for children,

which reflects the well-known relationship between socioeconomic status and positive child outcomes. On almost every measure of child well-being, children in families with more highly educated parents, more income, and more wealth do better than those in poorer families.[46]

These findings are consistent with many past studies. For example, Whitaker found that the economic environment in a state as well as the demographic composition (percent minority and female-headed households) were both strong predictors of child well-being, explaining over 90 percent of the variance in child well-being across states.[47] Cohen also found economic variables were closely related to state differences in child well-being.[48] In looking at data for 1985 and 1992, Voss found that economic factors (e.g., unemployment rates, employment by industry, and income) were the most powerful predictors of child well-being.[49] Ritualo and O'Hare also found that economic conditions were closely related to state variation in child well-being.[50]

The measure of income inequality used in this study is the Gini coefficient and it does not show a statistically significant correlation with child well-being. There are many other measures of income inequality available, but the Gini coefficient is widely used and is highly correlated with most other measures of income inequality across states, so we doubt this finding is caused by the particular measure of income inequality we used.[51]

While Wilkinson and Pickett contend that state variation in child well-being is more closely linked to income inequality than to per capita income,[52] other researchers have found that the relationship between income inequality and some measures of child well-being disappear when one controls for differences in racial/ethnic composition across

the states.[53] Given the mixed evidence on the relationship between child well-being and income inequality, it is not surprising that there is not a statistically significant relationship found in this study.

Table 10. Correlations Between Overall Child Well-Being Index and Selected Economic Measures: 2007

Economic Variable	Correlation Coefficient	Level of Statistical Significance
Per Capita Income	0.58	***
Gini Coefficient (Measure of income inequality)	-0.21	
Average Household Net Worth	0.56	***
Employment Ratio (ratio of workers to population age 18–64)	0.6	***

*** Significant at the .01 level

Policy Correlates

Ideally, we would have available a widely accepted state policy index that captures the extent to which a broad set of state policies are family-supporting. There are several reasons why such a policy index does not exist. First, it would have to include a very large set of policies. Second, there is often broad disagreement about which policies are family-supporting. Third, state policies are constantly changing and there is no central location that tracks such changes. Finally, the difference between what is passed in legislation and what happens when policies are implemented often varies across states and even within states.

In addition, many state policies target low-income families, so we might not expect them to be closely related to state rankings based on the well-being of all children in a state.

While no widely accepted policy index is available, the Policy Matters initiative undertaken by the Center for the Study of Social Policy assembled a group of experts to develop a state policy framework for the well-being of children. The group identified five key factors and 20 policies they believe are related to family and child well-being.[54] Some of these 20 measures identified by Policy Matters were not available for all states in 2007, but we incorporate many of their measures in this analysis. Some additional policy measures from past research were added to the Policy Matters collection by the research team.

Some policy measures that initially looked very promising turned out to be unavailable or inconsistent across states. For example, three measures related to preschool funding and activities were only available for 38 of the 50 states. Initial exploration of these measures convinced us that the large number of states with missing data made the variables inappropriate for use in a 50-state analysis.

The differences in state government that relate to differences in child outcomes can be separated into two types: state fiscal/spending policies and social programs designed to directly improve key aspects of child well-being, such as health and education. Appendix E shows the sources and definitions for all the state policies examined here.

Many analysts have found a relationship between state policy measures and child well-being across the states. Voss found that social service expenditures were also very

important predictors of child well-being.[55] Ritualo and O'Hare found average Aid to Families with Dependent Children (AFDC) payment per family was closely related to differential child well-being as well. They speculate that the average AFDC payment level is a reflection of state generosity to poor and low-income families across a broad set of state programs.[56] Cohen also concluded that a higher AFDC maximum benefit level is associated with better conditions for children.[57]

Meyers, Gornick, and Peck found that individual policy measures had little relationship with child well-being, but using clusters of policies was more productive.[58] However, our attempt to build a broader policy index from the measures used in this study was not successful. The index had a lower correlation with child well-being than several of the individual measures.

Table 11 shows the correlations between the composite Child Well-Being Index and twelve policy measures. Only five of the twelve policy measures examined here show a statistically significant correlation with overall child well-being, but four of the five were statistically significant at the highest level.

Table 11. Correlations Between Overall Child Well-Being Index and Selected Policy Measures: 2007

Policy Measures	Correlation Coefficient	Level of Statistical Significance
Income Tax Threshold for a Two-Parent Family of Four	0.17	
State and Local Tax Rate	0.50	***
States with Personal Income Tax	0.18	
States with Refundable EITC	0.20	
States Where Part-Time Workers Are Eligible for Unemployment Insurance	0.20	
Annual TANF Benefit Per Child	0.40	***

Food Stamp Participation Rate	-0.17	
Medicaid Child Eligibility as a Percent of Federal Poverty Level	0.46	***
Medicaid Working Parent Eligibility Cutoff as a Percent of Poverty Level	0.11	
Education Spending Per Four-Year-Old in PreK	-0.03	
States Charging a Premium for Child Health Coverage Programs	0.35	**
Education Spending Per Pupil	0.47	***

*** Significant at the .01 level

** Significant at the .05 level

Table 11 shows that the policy measure that has the strongest correlation with the STATE CWI is state and local tax rates (r = +0.50). This correlation coefficient is nearly as high as the most highly correlated demographic or economic characteristics.

States that have higher tax rates have better child well-being scores. We suspect this operates through a broad set of public sector programs that support vulnerable children and families, particularly children in low-income families. Higher tax rates produce more state revenue which allows states to have more and better-funded government programs for children. This is the hypothesis put forward by Every Child Matters Education Fund [59] which concluded, “The bottom states generally tax themselves at much lower rates, leaving themselves without the revenue needed to make adequate investments in children.”

This idea is supported by other analysts. For example, after examining a number of key measures of child well-being such as child mortality, elementary school test scores, and adolescent behavioral outcomes, one set of researchers[60] conclude, “States that spend more on children have better outcomes even after taking into account potential confounding influences.” Billen et al. report that over 90 percent of total state

expenditures on children are on elementary and secondary education spending.[61]

The positive relationship between economic resources and child well-being has been found in other countries as well. Examining the countries of Europe, Bradshaw and Richardson[62] found that "There are positive associations between child well-being and spending on family benefits and services and GDP per capita…."

There is a significant association between state/local tax rates and several supportive policies for children examined in this study. Our analysis shows states with higher tax rates:

- Have less restrictive rules for participation in Medicaid
- Pay higher TANF benefits
- Have higher per-pupil spending in elementary and secondary schools
- Put more money into public preschool programs.

Table 12 shows that the correlation between state and local tax rates and average annual TANF benefits per child is +0.45. The correlation between state and local tax rates and Medicaid eligibility level is +0.42. The correlation between state and local tax rates and per-pupil spending on preschool is +0.34. The correlation between state and local tax rates and average education spending on preschool per four-year-old child is +0.27.

These results clearly support the idea that states vary in terms of more supportive or less supportive policy regimes across a host of programs.

Table 12. Correlations between State and Local Tax Rate and Selected Social Support Programs: 2007

Social Program	Correlation Coefficient	Level of Statistical Significance
Annual TANF Benefit Per Child	0.45	***
Medicaid Child Eligibility as a Percent of Federal Poverty Level	0.42	***
Spending Per Pupil in Public Elementary and Secondary Schools	0.34	**
Education Spending Per Four-Year-Old in PreK	0.27	*

*** Significant at the .01 level
** Significant at the .05 level
*Significant at the .1 level

Most of the variables in table 12 that are all correlated with state and local tax rates are also associated with higher levels of child well-being as reflected in the State CWI.

The connection between state spending on children and educational spending is reflected in the correlation between per-pupil spending on education and child well-being which is +0.47. States that spend more on education tend to have better child outcomes. However, it is worth noting that the correlation was significantly reduced when we controlled for differences in state incomes as measured by per capita income.

Higher levels of TANF benefits are associated with better overall child well-being (r = +0.40). The association between higher welfare benefits and better child well-being was also found by Ritualo and O'Hare as well as Cohen.[63] We suspect higher welfare benefits have some positive benefits in and of themselves, but we also suspect the level of welfare benefits is reflective of a broader package of supportive programs. States that have higher TANF benefits also offer a more generous package of supportive programs.

Medicaid child eligibility as a percent of poverty is also associated with better child well-being scores (r = +0.46). Some states with relatively low tax rates still have relatively generous Medicaid child eligibility levels. For example, New Hampshire and Tennessee both have below-average state and local tax rates but about average Medicaid eligibility standards.

Higher Medicaid child eligibility thresholds mean more children in the state are likely to be eligible for government health insurance, making it easier for children to obtain health care which leads to better child outcomes. It is also possible that Medicaid child eligibility thresholds are a reflection of the broader availability of health care for children. The correlation between Medicaid child eligibility levels and percent of children with health insurance coverage is +0.30.

The correlation between preschool spending and child well-being is not statistically significant, but that may be because most states spend very little on preschools or early education efforts.

Our analysis of state differences strongly supports the idea that higher tax rates are linked to more generous support programs which are linked to better child outcomes.

Discussion — Public Policy Implications

The key finding of this study, which is consistent with many other studies, shows that when children get more resources, they do better. Resources may include private resources such as family income, wealth, and parental education, or public resources such as welfare benefits, health insurance, or school expenditures. The evidence presented in this report shows a strong positive correlation between state and local tax

rate and child well-being and we hypothesize that this relationship operates through a broad set of supportive public policies and programs linked to higher tax rates.

Most of the demographic and economic factors closely related to state differences in child well-being are things that states cannot change quickly. The demographic composition of a state typically changes very slowly and public policy plays only a minor role in such shifts. Likewise, earnings and accumulation of wealth in a state do not change quickly and state policies only have a marginal impact on these.

Therefore focusing on the results of the policy measures may be more productive and useful. There are many policies that government can enact or change immediately, if they choose to do so.

While states provide most of the public expenditures on children, it is important that we do not overlook the role played by the federal government. More than a third of government support for children comes from the federal government. The federal government pays at least a portion of many major programs that help children such as Supplemental Nutritional Assistance Program (formerly called food stamps), Medicaid, and TANF (often called welfare). A complete list of federal programs that provide support for children is included in a recent report by First Focus.[64]

Unfortunately, whether the federal government will continue to invest in children is uncertain at best. A recent report concluded, “spending on children in the 2011 federal budget dropped by nearly 10 percent from 2010, falling from a five-year high of 9.2 percent to 8.4 percent.”[65] A recent headline on Bloomberg.com proclaimed, “Generational War Seen as U.S. Debt Panel May Target Children’s Programs.” [66] The

article goes on to outline several children's programs that are potential targets for budget cuts.

As the federal government grapples with trimming expenditures to reduce the deficit, we hope they are mindful of the relationship between government support for children and child well-being.

As states struggle to weather the national economic downturn, they are facing the withdrawal of significant funds provided by the American Recovery and Reinvestment Act of 2009. This infusion of funds from the federal government over the past couple of years helped many states meet some of their obligations to vulnerable populations including programs that support vulnerable children and families.

Although state budget conditions vary widely, recent reports indicate that overall state budgets are in the worst shape in years.[67] According to the National Governors Association and the National Association of State Budget Officers,

"The severe national recession which ended in the second half of calendar year 2009 drastically reduced tax revenues from every source. Additionally, increases in state revenue collections historically lag behind any national economic recovery, which itself has been slow to develop. As such, total state revenues remain below their 2008 levels." [68]

The situation regarding state budgets is important for child well-being because children's programs are very reliant on state financing, while supportive programs for the elderly, such as Social Security and Medicare, are mostly supported by the Federal government. Consequently, support available to vulnerable children varies widely from state to state while support for the elderly is fairly constant across states.

A recent study showed that only 4 percent of the $24,800 per capita expenditures from federal, state, and local governments spent on the elderly in 2008 came from the

state and local government while 67 percent of the $11,232 per capita expenditures by federal, state, and local governments on children came from state and local sources.[69] In other words, kids get less government support than seniors and what they get is highly dependent on what state they live in.

State variation in support for children compared to the elderly is illustrated by data from the Census Bureau's American Community Survey (ACS). In 2009, the state variation in Social Security income (which goes mostly to the elderly) was much lower than the variation in public assistance income (which goes mostly to families with children). The state with the highest average annual Social Security Income (Delaware at $16,863) was only 22 percent higher than the state with the lowest average Social Security Income (Louisiana at $13,781). But the state with the highest average annual public assistance income (California at $5,371) was almost four times the state with the lowest average annual public assistance income (Oklahoma at $1,490). Where one lives is much more important for children than for the elderly in determining what level of government support one gets.

The relationship between State and Local Tax rates and child well-being identified in this study is important because many states are adjusting tax rates and cutting back on investments in children.[70] For example, the most recent data from the U.S. Bureau of Labor Statistics (BLS) indicates that employment by state and local governments continues to decrease.[71] BLS states, "Employment in both state and local government has been trending down since the second half of 2008," This is reflective of the economic pressures of falling state revenues.

Since education is one of the biggest budget items for most states it has been a victim of budget cuts. A recent report by the Center on Budget and Policy Priorities shows that real (inflation-adjusted) per-pupil expenditures have gone down significantly in many states.[72] They identify ten states where per-pupil expenditures in FY 2012 are at least 10 percent lower than they were in FY 2008. There have also been cutbacks on preK spending in recent years.[73] A recent newspaper article identified nearly 300 school systems across the country that have gone to a four-day school week to try and save money.[74]

Specific cuts in programs to support children in each state are documented in a recent report by the National Association of Child Care Resource and Referral Agencies, the Every Child Matters Educational Fund, and Voices for America's Children.[75] After reviewing recent actions across the country, their report concludes, "Many states began their new fiscal years with additional cuts that will make it even more difficult to prepare children for success." Other groups have also documented recent cuts in children's programs.

It is also worth noting that the U.S. child population is growing most rapidly in states where child outcomes are among the worst in the country. The five states that gained the most children between 2000 and 2010 are all in the bottom half of the distribution on child well-being based on the CWI. The five states that gained the most children between 2000 and 2010 are Texas (ranked 39th on the CWI), Florida (ranked 34th), Georgia (ranked 35th), North Carolina (ranked 32nd), and Arizona (ranked 45th). Moreover, four of these five states are in the bottom half of the distribution in terms of the state and local tax rate, which we have shown is closely linked to child well-being. In

addition, many states where child outcomes are among the best in the country, the child population has declined over the past decade.[76]

If most of the programs that supported the well-being of children were national in scope, this demographic shift would not be so meaningful. But given the significant effect that state programs have on child well-being, this demographic shift has big implications for large numbers of children.

Table 13. Change in Child Population 2000 to 2010 and Child Well-Being

	Children (under age 18) 2000	Children (under age 18) 2010	Change in Number 2000 to 2010	Rank on State CWI (1 is best)	Rank on State and Local Tax Rate (1 is highest)
Arizona	1,366,947	1,629,014	262,067	45	28
North Carolina	1,964,047	2,281,635	317,588	32	13
Georgia	2,169,234	2,491,552	322,318	35	27
Florida	3,646,340	4,002,091	355,751	34	36
Texas	5,886,759	6,865,824	979,065	39	45

CONCLUSIONS

Our analysis shows that state rankings based on the STATE CWI are very similar to the yearly rankings based on the KIDS COUNT index. Both are governed by a geographic pattern where states in the South and Southwest show low rates of overall child well-being and states in the Northeast and Upper Midwest show the high rates of child well-being.

Examination of state differences on seven distinct domains of child well-being revealed some variation among the states, but dimensions of child well-being are positively correlated with each other at moderate to high levels, with the exception of the

Emotional/Spiritual domain. However no state is in the top ten on all seven domains, which means all states have room to improve.

Several factors were found to be associated with state differences in child well-being, including demographic composition, state economic characteristics, and state policy measures. The demographic factors most highly correlated with child well-being are characteristics of adults including levels of education and health insurance coverage as well as levels of disability. Minority population concentrations were also associated with lower levels of child well-being, but minority population was not as closely correlated with child well-being as adult characteristics. The economic factors most highly correlated with overall child well-being include employment, income, and wealth.

The policy measure that was most highly correlated with child well-being is the state and local tax rate. States that have higher tax rates are also more generous in providing education and support services and these states have higher levels of child well-being on average.

Maintaining support for children is particularly important as we expect today's children to compete successfully in an increasingly globalized marketplace. In fact, we expect them to pay off (or at least pay down) the national debt we have accumulated over the past thirty years and simultaneously support the large retired population. The nation needs every young person today to grow up to be a productive worker.

There is no shortage of ideas about how to improve the lives of children. Many recent publications have documented dozens of programs to improve the well-being of children.[77] The question is whether we have the public will to implement such programs.

Appendix A: Sources for the 25-Item Child Well-Being Index

Indicator	Source
Families with children under age 18 in poverty, 2007	Population Reference Bureau, analysis of 2007 American Community Survey data, http://factfinder2.census.gov
Secure parental employment rate, 2007	Population Reference Bureau, analysis of 2007 American Community Survey data, http://factfinder2.census.gov
Median annual income all families with children, 2007	Population Reference Bureau, analysis of 2007 American Community Survey data, http://factfinder2.census.gov
Rate of children in families headed by a single parent, 2007	Population Reference Bureau, analysis of 2007 American Community Survey data, http://factfinder2.census.gov
Rate of children with health insurance coverage, 2007	Population Reference Bureau and the University of Louisville, analysis of the 2007 Current Population Survey data, March Supplement.
Rate of children who have moved within the last year, 2007	Population Reference Bureau, analysis of 2007 American Community Survey data, http://factfinder2.census.gov
Infant mortality rate, 2007	Centers for Disease Control and Prevention, National Center for Health Statistics, http://www.cdc.gov/nchs/
Low-birthweight rate, 2007	Child Trends analysis of National Center for Health Statistics data, http://www.cdc.gov/nchs/
Mortality rate, ages 1–19, 2007	Population Reference Bureau, analysis of National Center for Health Statistics data, http://www.cdc.gov/nchs/
Rate of children with very good or excellent health (as reported by their parents), 2007	National Survey of Children's Health, http://nschdata.org
Rate of children with functional limitations (as reported by their parents), 2007	National Survey of Children's Health, http://nschdata.org
Children and teens who are overweight or obese, 2007	National Survey of Children's Health, http://nschdata.org
Teenage birth rate, ages 15–19, 2007	Population Reference Bureau and Child Trends analysis of National Center for Health Statistics data, http://www.cdc.gov/nchs/
Rate of cigarette use in the past month, ages 12–17, 2006–2007	Department of Health and Human Services, www.oas.samhsa.gov/.
Rate of binge alcohol use, ages 12–17, 2006–2007	Department of Health and Human Services, www.oas.samhsa.gov/.
Rate of illicit drug use other than marijuana, ages 12–17, 2006–2007	Department of Health and Human Services, www.oas.samhsa.gov/.
Fourth- and eighth-grade math scores, 2007	U.S. Department of Education, http://nces.ed.gov/nationsreportcard/
Fourth- and eighth-grade reading scores, 2007	U.S. Department of Education, http://nces.ed.gov/nationsreportcard/
Rate of school enrollment, ages 3–4, 2007	Population Reference Bureau, analysis of 2007 American Community Survey data, http://factfinder2.census.gov
Rate of persons who have received a high school diploma, ages 18–24, 2007	Population Reference Bureau, analysis of 2007 American Community Survey data, http://factfinder2.census.gov
Rate of youths not working and not in school, ages 16–19, 2007	Population Reference Bureau, analysis of 2007 American Community Survey data, http://factfinder2.census.gov
Rate of persons who have received a bachelor's degree, ages 25–29, 2007	Population Reference Bureau, analysis of 2007 American Community Survey data, http://factfinder2.census.gov
Rate of voting in presidential election, ages 18–24, 2008	Population Reference Bureau, analysis of 2008 Current Population Survey, November Supplement
Suicide rate, ages 10–19, 2007	Centers for Disease Control, National Center for Injury Prevention and Control, http://webappa.cdc.gov/
Rate of weekly religious attendance, ages 0–17, 2007	National Survey of Children's Health, http://nschdata.org
Percent who report religion as being very important, grade 12	Not available at the state level
Rate of violent crime victimization, ages 12–17	Not available at the state level
Rate of violent crime offenders, ages 12–17	Not available at the state level

Appendix B: Detailed Methodology

Index Construction

Before combining the indicators into an index, we had to standardize state data in two ways. We had to control for directionality of some indicators and we had to convert measures to standard units. We also had to calculate standardized domain scores because some domains contain more indicators than others.

By directionality we mean a high value on some indicators (e.g., median income) reflects positive child well-being but a high value on other indicators (e.g., child poverty) reflects poor child well-being.

Standardizing directionality was done in two ways. Some of the measures were changed from a positive measure to a negative measure. For example, the measure specified in the CWI as children *with* health insurance, was changed to children *without* health insurance.

To control for differences in directionality for some measures (e.g., median income) we had to calculate the inverse of the measures so that for all the measures higher values consistently indicated worse child outcomes. This was done by multiplying values by -1. Without this correction for directionality, it would not have been possible to combine scores together to derive a meaningful total or average.

Table B1 shows the measures where we reversed directionality to make all the variables consistent in that regard. After reverse coding, a higher score always reflects worse outcome for children for each of the 25 indicators.

It is necessary to standardize scores because they are often measured on different units or scales (e.g., dollars, percentages, rates per 1,000, or rates per 100,000). For example, adding median income in dollars, average reading score, and percent in poverty together does not make sense. Moreover, the distributions are quite different across measures. For example, the state scores for the percent of three- to four-year-olds not in school ranged from 34.9 percent to 71.5 percent while the range for low-birthweight babies was only 5.7 percent to 12.3 percent. If we simply combined these two scores, data for the percent of three- to four-year-olds not in school would dominate the resulting sum. The measures need to be transformed into standard units before they can be combined. By standardizing the variables, as described below, we make sure that each measure is given equal weight in the domain score.

Table B1. Variables That Were Reverse Coded

From		To
1. Percent of Children with Secure Parental Employment		Percent of children without secure parental employment
2. Median annual income all families with children		Value multiplied by -1
3. Percent of Children with Health Insurance Coverage		Percent of children without health insurance
4. Percent of Children in Good or Excellent Health		Percent of children not in good or excellent health
5. Average Fourth- and Eighth-Grade Math Scores		Value multiplied by -1
6. Average Fourth- and Eighth-Grade Reading Scores		Value multiplied by -1
7. Percent Who Have Received a High School Diploma, Ages 18–24		Percent who have not received a high school diploma, ages 18–24
8. Percent of Three- to Four-Year-Olds in Preschool		Percent of three- to four-year-olds not in preschool
9. Percent of Persons Ages 25–29 Who Have a Bachelor's Degree		Percent of persons ages 25–29 who do not have a bachelor's degree
10. Percent of Persons Ages 18–24 Who Voted in the 2008 Presidential Election		Percent of persons ages 18–24 who did not vote in the 2008 presidential election
11. Percent of Persons Ages 0–17 Who Attend Religious Services Weekly		Percent of persons ages 0–17 who do not attend religious services weekly

After standardizing measures on directionality, we derived standard scores (sometimes called z-scores) for each measure by subtracting the mean state value from the state estimate and dividing that value by the standard deviation for that distribution of state estimates, as shown in the formula below.

In the formula, *x* represents the state estimate, the Greek letter *μ* (mu) represents the mean across the 50 state values, and the Greek letter *σ* (sigma) represents the standard deviation:

$$\frac{x-\mu}{\sigma} = \textit{standard score (Z score)}$$

After reverse coding and standardizing the measures, we derived an index value for each of the seven domains by averaging the standardized scores for variables in that domain. For readability and ease of interpretation, we inverted the index values. Thus a higher score means better child well-being.

Then we averaged the domain means to derive an overall score for child well-being in each state. Finally, we ranked the states on the basis of their total standard score in sequential order from best (1) to worst (50). The District of Columbia is not included in the rankings because it is not comparable to a state. The District of Columbia is very similar to many central cities around the country, but unlike those cities, the more affluent suburbs are not included. Also, the District of Columbia does not have all the governance powers of a state.

The NATIONAL CWI classifies variables into seven different domains, weights indicators equally within domains, and weights each *domain* score equally in constructing the composite index. That is the method we use here as well.[78]

An equal-weighting strategy is the simplest, most widely used, and most transparent

method, and it is appropriate for this analysis because it is consistent with the method used to construct the annual CWI. Some researchers have questioned whether an equal-weighting strategy is appropriate in measuring child well-being, given that not all measures contribute equally to children's overall quality of life, but there is no consensus at this point on a preferred alternative to equal weighting.[79] Moreover Haggerty and Land argue that absent any compelling reason to vary weights, an equal-weighting scheme works best.[80] Haggerty and Land show that the equal weights method is a "minimax" statistical estimator in the sense that it minimizes extreme disagreements among individuals making such ratings.

Appendix C: States Ranked on Each of Seven Domains

Table C1. Family Economic Well-Being: 2007

Rank	State	Index Value *
1	New Hampshire	1.48
2	Connecticut	1.35
3	Maryland	1.24
4	Massachusetts	1.13
5	Hawaii	1.06
6	Minnesota	0.97
7	New Jersey	0.94
8	Utah	0.80
9	Iowa	0.79
10	Virginia	0.78
11	Wisconsin	0.73
12	North Dakota	0.61
13	Kansas	0.55
14	Wyoming	0.53
15	Nebraska	0.44
16	Vermont	0.44
17	Illinois	0.40
18	Rhode Island	0.39
19	Pennsylvania	0.31
20	Washington	0.31
21	Delaware	0.30
22	Indiana	0.23
23	Maine	0.22
24	South Dakota	0.22
25	New York	0.06
26	Colorado	0.02
27	Michigan	-0.01
28	Missouri	-0.02
29	Ohio	-0.02
30	Alaska	-0.04
31	Idaho	-0.07
32	California	-0.15
33	Nevada	-0.30
34	Georgia	-0.32
35	Oregon	-0.32
36	North Carolina	-0.46
37	Montana	-0.56
38	Florida	-0.61
39	Tennessee	-0.63
40	Alabama	-0.63
41	Arizona	-0.64
42	South Carolina	-0.66
43	Oklahoma	-0.76
44	West Virginia	-0.82
45	Kentucky	-0.90
46	Arkansas	-1.10
47	Texas	-1.21
48	Louisiana	-1.45
49	New Mexico	-1.59
50	Mississippi	-1.94
N.R.	District of Columbia	-1.09

*Average of standard scores for indicators in this domain. A higher index score is better.

Table C2. Health Well-Being: 2007

Rank	State	Index Value *
1	Minnesota	1.28
2	Utah	1.25
3	New Hampshire	0.98
4	Vermont	0.95
5	Iowa	0.77
6	North Dakota	0.76
7	Oregon	0.76
8	Connecticut	0.67
9	Maine	0.60
10	Hawaii	0.58
11	New Jersey	0.56
12	Washington	0.49
13	Massachusetts	0.49
14	South Dakota	0.44
15	Colorado	0.40
16	Rhode Island	0.39
17	Idaho	0.35
18	Wisconsin	0.33
19	New York	0.30
20	Florida	0.21
21	Nebraska	0.19
22	Maryland	0.16
23	California	0.16
24	Michigan	0.16
25	Montana	0.12
26	Virginia	0.11
27	Pennsylvania	0.11
28	Alaska	0.04
29	Kansas	0.03
30	Illinois	0.00
31	Wyoming	-0.02
32	Missouri	-0.05
33	Arizona	-0.05
34	Texas	-0.12
35	Indiana	-0.25
36	Nevada	-0.27
37	New Mexico	-0.29
38	Delaware	-0.31
39	Ohio	-0.39
40	West Virginia	-0.39
41	Oklahoma	-0.42
42	Georgia	-0.50
43	North Carolina	-0.54
44	Kentucky	-0.57
45	Tennessee	-0.83
46	South Carolina	-0.92
47	Arkansas	-1.10
48	Alabama	-1.43
49	Louisiana	-1.50
50	Mississippi	-2.10
N.R.	District of Columbia	-1.60

*Average of standard scores for indicators in this domain. A higher index score is better.

Table C3. Safe/Risky Behavior: 2007

Rank	State	Index Value *
1	Utah	1.48
2	Hawaii	0.94
3	New York	0.92
4	Maryland	0.73
5	California	0.66
6	New Jersey	0.65
7	Delaware	0.56
8	Idaho	0.49
9	New Hampshire	0.48
10	Massachusetts	0.46
11	Georgia	0.42
12	Pennsylvania	0.41
13	Iowa	0.39
14	Connecticut	0.35
15	Nebraska	0.31
16	Alaska	0.31
17	Illinois	0.30
18	North Carolina	0.27
19	Michigan	0.26
20	Mississippi	0.24
21	Virginia	0.21
22	South Carolina	0.18
23	Maine	0.17
24	North Dakota	0.14
25	Minnesota	-0.01
26	Washington	-0.01
27	South Dakota	-0.05
28	Vermont	-0.07
29	Oregon	-0.07
30	Florida	-0.09
31	Indiana	-0.22
32	Nevada	-0.23
33	West Virginia	-0.25
34	Ohio	-0.29
35	Texas	-0.29
36	Alabama	-0.35
37	Missouri	-0.37
38	Wisconsin	-0.44
39	Colorado	-0.45
40	Louisiana	-0.53
41	Rhode Island	-0.53
42	Kansas	-0.55
43	Tennessee	-0.61
44	Montana	-0.78
45	New Mexico	-0.79
46	Arizona	-0.86
47	Oklahoma	-0.86
48	Kentucky	-0.94
49	Wyoming	-1.13
50	Arkansas	-1.47
N.R.	District of Columbia	0.91

*Average of standard scores for indicators in this domain. A higher index score is better.

Table C4. Education Attainment: 2007

Rank	State	Index Value *
1	Massachusetts	1.97
2	Vermont	1.27
3	New Jersey	1.24
4	New Hampshire	1.13
5	Minnesota	1.02
6	North Dakota	1.00
7	Kansas	0.95
8	Montana	0.91
9	Virginia	0.80
10	Maine	0.77
11	Pennsylvania	0.76
12	Ohio	0.72
13	South Dakota	0.71
14	Wyoming	0.70
15	Iowa	0.63
16	Connecticut	0.61
17	Wisconsin	0.51
18	Colorado	0.50
19	Washington	0.49
20	Maryland	0.48
21	Indiana	0.46
22	Delaware	0.43
23	Idaho	0.37
24	Nebraska	0.34
25	New York	0.27
26	Texas	0.20
27	Missouri	0.07
28	Utah	0.06
29	Florida	0.02
30	North Carolina	-0.01
31	Oregon	-0.06
32	Illinois	-0.07
33	Kentucky	-0.12
34	Michigan	-0.25
35	Alaska	-0.33
36	South Carolina	-0.45
37	Rhode Island	-0.47
38	Oklahoma	-0.49
39	Georgia	-0.50
40	Arkansas	-0.54
41	Tennessee	-0.70
42	West Virginia	-0.89
43	Arizona	-1.06
44	Hawaii	-1.19
45	Nevada	-1.27
46	Alabama	-1.34
47	Louisiana	-1.36
48	California	-1.46
49	New Mexico	-1.52
50	Mississippi	-1.79
N.R.	District of Columbia	-3.52

*Average of standard scores for indicators in this domain. A higher index score is better.

Table C5. Community Engagement: 2007

Rank	State	Index Value *
1	Massachusetts	1.11
2	Connecticut	1.10
3	New Hampshire	1.04
4	Iowa	0.91
5	Minnesota	0.88
6	New Jersey	0.86
7	Vermont	0.85
8	North Dakota	0.81
9	Rhode Island	0.64
10	Pennsylvania	0.56
11	Wisconsin	0.56
12	Virginia	0.55
13	New York	0.52
14	Maine	0.50
15	Illinois	0.42
16	Maryland	0.40
17	Nebraska	0.36
18	Ohio	0.35
19	Kansas	0.19
20	Michigan	0.17
21	Colorado	0.13
22	Delaware	0.12
23	Missouri	0.08
24	Wyoming	0.04
25	California	-0.17
26	North Carolina	-0.21
27	Hawaii	-0.22
28	South Carolina	-0.25
29	Oregon	-0.25
30	Utah	-0.29
31	Washington	-0.32
32	Florida	-0.34
33	South Dakota	-0.37
34	Indiana	-0.43
35	Idaho	-0.43
36	Kentucky	-0.48
37	West Virginia	-0.50
38	Montana	-0.51
39	Mississippi	-0.52
40	Georgia	-0.59
41	Louisiana	-0.61
42	Alabama	-0.65
43	Tennessee	-0.65
44	Oklahoma	-0.71
45	Alaska	-0.71
46	New Mexico	-0.84
47	Texas	-0.93
48	Arkansas	-0.99
49	Arizona	-1.16
50	Nevada	-1.73
N.R.	District of Columbia	1.69

*Average of standard scores for indicators in this domain. A higher index score is better.

Table C6. Social Relationships: 2007

Rank	State	Index Value *
1	New Jersey	1.38
2	Connecticut	1.23
3	North Dakota	1.14
4	Utah	1.08
5	New Hampshire	1.00
6	Minnesota	1.00
7	Massachusetts	0.97
8	New York	0.82
9	Pennsylvania	0.70
10	Iowa	0.61
11	Rhode Island	0.59
12	Maine	0.58
13	Montana	0.54
14	Illinois	0.50
15	West Virginia	0.50
16	Maryland	0.47
17	Vermont	0.45
18	Wisconsin	0.44
19	California	0.35
20	Hawaii	0.34
21	Nebraska	0.31
22	Idaho	0.30
23	Virginia	0.18
24	Michigan	0.18
25	South Dakota	0.10
26	Kansas	0.10
27	Washington	0.08
28	Delaware	-0.03
29	Indiana	-0.07
30	Oregon	-0.09
31	Colorado	-0.12
32	Ohio	-0.12
33	Missouri	-0.22
34	Kentucky	-0.41
35	New Mexico	-0.44
36	Alaska	-0.45
37	North Carolina	-0.47
38	Texas	-0.54
39	South Carolina	-0.57
40	Tennessee	-0.61
41	Florida	-0.63
42	Georgia	-0.73
43	Alabama	-0.81
44	Louisiana	-0.83
45	Arizona	-0.85
46	Nevada	-0.96
47	Arkansas	-1.08
48	Wyoming	-1.13
49	Oklahoma	-1.16
50	Mississippi	-1.19
N.R.	District of Columbia	-2.43

*Average of standard scores for indicators in this domain. A higher index score is better.

Table C7. Emotional/Spiritual Well-Being: 2007

Rank	State	Index Value *
1	South Carolina	1.25
2	Alabama	1.11
3	Georgia	0.95
4	Arkansas	0.91
5	Utah	0.90
6	Mississippi	0.87
7	Tennessee	0.87
8	North Carolina	0.67
9	Louisiana	0.65
10	Texas	0.54
11	Oklahoma	0.50
12	West Virginia	0.43
13	Florida	0.37
14	Rhode Island	0.34
15	New York	0.31
16	New Jersey	0.30
17	Illinois	0.27
18	Indiana	0.24
19	Missouri	0.21
20	Maryland	0.19
21	Kentucky	0.16
22	California	0.15
23	Pennsylvania	0.13
24	Virginia	0.13
25	Michigan	0.11
26	Iowa	0.07
27	Minnesota	-0.01
28	Ohio	-0.01
29	Wisconsin	-0.08
30	Kansas	-0.08
31	Arizona	-0.11
32	Nebraska	-0.12
33	Delaware	-0.13
34	Connecticut	-0.16
35	Hawaii	-0.17
36	Massachusetts	-0.26
37	Colorado	-0.34
38	Washington	-0.38
39	Nevada	-0.41
40	Oregon	-0.51
41	North Dakota	-0.53
42	Idaho	-0.54
43	Wyoming	-0.58
44	Montana	-0.61
45	New Hampshire	-0.75
46	South Dakota	-1.00
47	New Mexico	-1.25
48	Vermont	-1.41
49	Maine	-1.44
50	Alaska	-2.10
N.R.	District of Columbia	0.33

*Average of standard scores for indicators in this domain. A higher index score is better.

Appendix D: States Ranked in Terms of Change from 2003 to 2007 on Each of Seven Domains*

Table D1. Change in Family Economic Well-Being, 2003 to 2007

Rank	State	Percent Change in Index
U.S. average		100.6
1	Hawaii	114.2
2	West Virginia	112.0
3	Connecticut	111.4
4	Wyoming	108.6
5	Idaho	107.8
6	Massachusetts	107.2
7	Oklahoma	107.0
8	California	106.3
9	Alabama	106.3
10	Pennsylvania	106.0
11	Illinois	105.8
12	Alaska	105.7
13	Washington	105.2
14	Arizona	104.9
15	Kentucky	104.2
16	Montana	103.5
17	Iowa	103.0
18	Oregon	102.8
19	Maryland	102.5
20	North Carolina	102.5
21	New York	102.3
22	Utah	101.5
23	Nevada	101.3
24	Wisconsin	101.1
25	North Dakota	100.3
26	Texas	100.3
27	Ohio	100.1
28	New Hampshire	99.8
29	Georgia	99.7
30	Indiana	99.2
31	Louisiana	99.1
32	Virginia	98.7
33	Maine	98.5
34	Florida	98.1
35	New Mexico	97.1
36	Colorado	96.5
37	Michigan	96.3
38	Tennessee	95.6
39	Arkansas	95.5
40	New Jersey	95.4
41	Kansas	93.3
42	Mississippi	92.8
43	Rhode Island	92.6
44	Minnesota	86.6
45	Missouri	86.4
46	South Carolina	86.3
47	Delaware	86.2
48	South Dakota	85.9
49	Vermont	82.6
50	Nebraska	79.7
Not Ranked	District of Columbia	120.5

*For all Tables in Appendix D: Percent change from base of 100. Values over 100 reflect improvement from 2003 to 2007

Table D2. Change in Health, 2003 to 2007

Rank	State	Percent Change in Index
U.S. average		98.2
1	West Virginia	107.9
2	Florida	106.1
3	Michigan	105.8
4	Alaska	105.6
5	South Dakota	103.8
6	Illinois	103.7
7	North Dakota	103.4
8	Hawaii	103.2
9	New Jersey	103.0
10	Maryland	102.2
11	Kentucky	102.2
12	Texas	101.8
13	Rhode Island	100.7
14	Delaware	100.6
15	Utah	100.1
16	Minnesota	100.0
17	Oregon	99.2
18	New York	98.4
19	Arizona	97.5
20	Washington	97.4
21	South Carolina	97.1
22	Massachusetts	97.0
23	Pennsylvania	96.7
24	Missouri	96.6
25	California	96.3
26	Maine	95.9
27	Oklahoma	95.4
28	North Carolina	95.1
29	Georgia	95.0
30	Vermont	94.7
31	Iowa	94.7
32	Louisiana	94.7
33	Connecticut	94.0
34	New Mexico	93.9
35	Kansas	93.7
36	Tennessee	93.3
37	Wisconsin	93.2
38	Mississippi	93.1
39	Colorado	92.5
40	Indiana	92.4
41	Nevada	92.3
42	Nebraska	91.3
43	Idaho	89.8
44	Arkansas	89.8
45	Montana	89.6
46	Wyoming	89.1
47	Alabama	88.9
48	Ohio	88.7
49	New Hampshire	87.6
50	Virginia	82.7
Not Ranked	District of Columbia	94.2

Table D3. Change in Safe/Risky Behavior, 2003 to 2007

Rank	State	Percent Change in Index
U.S. average		109.9
1	Nebraska	122.3
2	Delaware	120.8
3	South Dakota	120.4
4	North Dakota	120.1
5	North Carolina	119.5
6	Massachusetts	117.5
7	Hawaii	117.4
8	West Virginia	117.2
9	Montana	116.9
10	Michigan	116.8
11	Idaho	115.4
12	New Hampshire	115.2
13	New York	114.5
14	Mississippi	114.5
15	Pennsylvania	114.1
16	Virginia	113.1
17	Illinois	112.8
18	Iowa	112.5
19	Vermont	112.4
20	Missouri	112.4
21	Arizona	111.7
22	Louisiana	111.5
23	Georgia	111.0
24	Alaska	110.8
25	Minnesota	110.5
26	New Mexico	110.4
27	Connecticut	110.2
28	Texas	109.5
29	Colorado	109.2
30	Kentucky	108.6
31	Wisconsin	108.6
32	Utah	108.5
33	New Jersey	107.6
34	Maryland	107.1
35	South Carolina	106.8
36	Oklahoma	106.7
37	Indiana	106.4
38	Nevada	106.4
39	Ohio	105.4
40	California	105.1
41	Rhode Island	105.0
42	Arkansas	104.0
43	Washington	103.8
44	Maine	103.2
45	Oregon	103.1
46	Florida	101.3
47	Alabama	101.1
48	Tennessee	100.1
49	Kansas	97.9
50	Wyoming	90.7
Not Ranked	District of Columbia	95.6

Table D4. Change in Education Attainment, 2003 to 2007

Rank	State	Percent Change in Index
U.S. average		100.9
1	Massachusetts	103.0
2	Pennsylvania	102.7
3	Maryland	102.5
4	New Jersey	102.4
5	Florida	102.3
6	Texas	102.1
7	Arkansas	102.1
8	New Mexico	101.8
9	Alabama	101.8
10	Kansas	101.8
11	Georgia	101.7
12	Hawaii	101.6
13	Tennessee	101.6
14	Idaho	101.5
15	Ohio	101.5
16	North Dakota	101.5
17	Vermont	101.4
18	Montana	101.4
19	Alaska	101.3
20	Louisiana	101.3
21	Delaware	101.3
22	Virginia	101.3
23	Maine	101.2
24	Oklahoma	101.2
25	Nevada	101.1
26	Washington	101.1
27	Indiana	101.1
28	Kentucky	101.0
29	California	100.9
30	Wisconsin	100.9
31	Minnesota	100.9
32	Rhode Island	100.9
33	Wyoming	100.8
34	South Dakota	100.8
35	Arizona	100.8
36	Illinois	100.7
37	Iowa	100.7
38	New Hampshire	100.7
39	New York	100.7
40	Colorado	100.6
41	Nebraska	100.6
42	Mississippi	100.6
43	Utah	100.5
44	South Carolina	100.4
45	Oregon	100.2
46	Missouri	100.1
47	Connecticut	100.0
48	Michigan	99.9
49	North Carolina	99.6
50	West Virginia	99.6
Not Ranked	District of Columbia	102.8

Table D5. Change in Community Engagement, 2003 to 2007

Rank	State	Percent Change in Index
U.S. average		106.7
1	North Dakota	115.0
2	Connecticut	114.8
3	Nebraska	114.0
4	New York	112.8
5	North Carolina	112.3
6	New Hampshire	112.2
7	Rhode Island	111.9
8	Illinois	111.6
9	Colorado	111.5
10	Massachusetts	111.3
11	Iowa	109.6
12	Mississippi	109.6
13	Pennsylvania	109.0
14	New Mexico	108.9
15	Hawaii	108.7
16	California	108.6
17	West Virginia	108.2
18	Virginia	108.1
19	Tennessee	107.6
20	Oklahoma	107.4
21	Louisiana	107.0
22	Arizona	106.8
23	Alabama	106.5
24	Indiana	106.3
25	Texas	106.1
26	Ohio	106.0
27	Kansas	105.8
28	Wyoming	104.2
29	Vermont	104.2
30	Washington	103.6
31	Georgia	103.4
32	Montana	103.0
33	South Carolina	102.8
34	Maryland	102.7
35	Florida	102.7
36	Idaho	102.5
37	Missouri	102.3
38	Maine	101.8
39	Alaska	101.1
40	Michigan	101.0
41	Utah	101.0
42	Oregon	101.0
43	Nevada	100.2
44	New Jersey	100.1
45	Delaware	99.3
46	Minnesota	99.1
47	Kentucky	99.1
48	South Dakota	99.0
49	Arkansas	98.1
50	Wisconsin	95.4
Not Ranked	District of Columbia	116.2

Table D6. Change in Social Relationships, 2003 to 2007

Rank	State	Percent Change in Index
U.S. average		97.9
1	New Jersey	112.2
2	Rhode Island	110.9
3	New Mexico	109.6
4	Connecticut	108.3
5	Washington	106.9
6	Maryland	106.8
7	Louisiana	106.8
8	Oregon	106.4
9	Arizona	106.3
10	California	106.0
11	Florida	105.6
12	South Carolina	104.6
13	Illinois	104.1
14	New York	103.7
15	Pennsylvania	103.3
16	Virginia	103.2
17	Massachusetts	102.7
18	Montana	102.6
19	Kansas	102.3
20	Utah	102.2
21	Colorado	102.1
22	Mississippi	101.9
23	Hawaii	100.6
24	Ohio	100.1
25	Missouri	100.1
26	Nevada	100.1
27	Wisconsin	99.8
28	Texas	99.7
29	New Hampshire	99.2
30	Arkansas	98.8
31	Alabama	98.7
32	Minnesota	98.6
33	Tennessee	98.1
34	North Dakota	97.8
35	Indiana	97.5
36	Georgia	97.4
37	West Virginia	97.3
38	Idaho	96.5
39	Kentucky	95.7
40	Iowa	94.9
41	Alaska	94.4
42	North Carolina	94.2
43	Michigan	93.9
44	Nebraska	89.2
45	Maine	87.1
46	Delaware	84.9
47	Vermont	84.2
48	Oklahoma	81.5
49	Wyoming	79.6
50	South Dakota	75.4
Not Ranked	District of Columbia	98.6

Table D7. Change in Emotional/Spiritual Well-Being, 2003 to 2007

Rank	State	Percent Change in Index
U.S. average		99.8
1	Wyoming	123.6
2	Georgia	122.3
3	Utah	118.8
4	Oklahoma	117.0
5	Nevada	115.4
6	Montana	113.8
7	New Hampshire	113.1
8	Pennsylvania	112.9
9	South Carolina	112.2
10	West Virginia	111.8
11	Wisconsin	111.8
12	Alaska	111.3
13	Delaware	110.1
14	Arizona	109.1
15	Texas	108.8
16	Hawaii	108.8
17	Massachusetts	107.4
18	Virginia	107.1
19	Washington	106.8
20	North Carolina	104.2
21	Alabama	103.3
22	Minnesota	102.4
23	New York	102.1
24	Michigan	100.0
25	Iowa	99.3
26	Maryland	99.3
27	Tennessee	98.6
28	California	96.7
29	Rhode Island	95.0
30	Vermont	94.5
31	Idaho	92.5
32	Florida	89.4
33	Louisiana	89.0
34	Arkansas	88.1
35	Missouri	87.0
36	Nebraska	86.6
37	Colorado	85.3
38	New Jersey	84.2
39	New Mexico	83.2
40	Maine	81.1
41	Indiana	78.8
42	South Dakota	77.9
43	Illinois	77.5
44	Ohio	75.7
45	Oregon	75.0
46	Kentucky	74.9
47	Kansas	71.1
48	Mississippi	64.6
49	North Dakota	64.2
50	Connecticut	22.9
Not Ranked	District of Columbia	127.8

Appendix E: Sources and Definitions of Demographic, Economic, and Policy Measures

Measure	Source	Definition/Importance for Children and Families
Non-Hispanic Black Population Under Age 18	U.S. Census Bureau, Population Estimates, 2007	Percent of the under 18 population that is non-Hispanic and Black.
Hispanic Population Under Age 18	U.S. Census Bureau, Population Estimates, 2007	Percent of the under 18 population that is Hispanic.
Minority Population Under Age 18	U.S. Census Bureau, Population Estimates, 2007	Percent of the under 18 population that is not non-Hispanic white.
Population Ages 0 to 4	U.S. Census Bureau, Population Estimates, 2007	Percent of the under 18 population that is age 0 to 4.
Population Ages 10 to 17	U.S. Census Bureau, Population Estimates, 2007	Percent of the under 18 population that is age 10 to 17.
Children with a Foreign-Born Parent	U.S. Census Bureau, American Community Survey, 2007	Percent of the under 18 population with at least one foreign-born parent.
Urban population	U.S. Census Bureau, American Community Survey, 2007	Percent of total population that live in urban areas.
State Per Capita Income	U.S. Bureau of Economic Analysis, 2007	Sum of all personal income received by all persons from all sources divided by state population from U.S. Census Bureau's Population Estimates.
Gini Coefficient	U.S. Census Bureau, 2007	A measure of the inequality of the income distribution. A value of 0 implies total equality, and a value of 1 is considered the maximum inequality.

Measure	Source	Definition/Importance for Children and Families
Household Net Worth	U.S. Census Bureau, 2007	Household net worth is the sum of assets of any person age 15 years and older in the household, less any liabilities. Assets included in this measure are interest-earning assets, stocks, and mutual fund shares, real estate (own home, rental property, vacation homes, and land holdings), own business or profession, mortgages held by sellers, and motor vehicles. Liabilities covered include debts secured by any asset, credit card or store bills, bank loans, and other unsecured debts.
Employment Ratio	U.S. Census Bureau, American Community Survey, 2007	Percentage of all working-age persons, 18 to 64, who are employed.
Adults 25+ with a HS diploma	U.S. Census Bureau, American Community Survey, 2007	Percentage of persons 25 and older who have a high school diploma or equivalent.
Adults 18 to 64 without Health Insurance	U.S. Census Bureau, Current Population Survey, 2007	Percentage of adults 18 to 64 who were not covered by any health insurance in the previous year.
Adults with a Disability	U.S. Census Bureau, American Community Survey, 2007	Percentage of adults, 18 and older, who reported at least one type of disability.

Measure	Source	Definition/Importance for Children and Families
Income Tax Threshold for a Two-Parent Family of Four	Center for the Study of Social Policy, *Policy Matters: 2008 Data Update*	The higher the threshold at which a family becomes subject to state income taxes, the less their tax burden. This ensures that the state's tax structure encourages and rewards work.
States with Personal Income Tax	Center for the Study of Social Policy, *Policy Matters: 2008 Data Update*	Does the state have a personal income tax?
State and local tax rate	Tax Foundation, 2007 calculations.	Combined state and local income tax rate.
States Where Minimum Wage Exceeds Federal Requirements	Center for the Study of Social Policy, *Policy Matters: 2008 Data Update*	States where minimum wage exceeds the federal requirements can promote economic stability and encourage and reward work.
States with Refundable EITC	Center for the Study of Social Policy, *Policy Matters: 2008 Data Update*	The Earned Income Tax Credit (EITC) is considered effective in helping move working families out of poverty. States can supplement the federal EITC by making the state tax credit refundable and increasing tax refunds.
States Where Part-Time Workers are Eligible for UI	United States Department of Labor, comparison of state unemployment laws, 2007	Many states exclude workers who seek part-time employment, who are most often parents or women with children. Possible benefits to workers seeking part-time work include full eligibility for unemployment insurance or limited eligibility — possibly covering workers with health conditions or a history of part-time work.
TANF benefits per child	*State Funding for Children Database*, Rockefeller Institute of Government, 2007	Temporary Assistance to Needy Families (TANF) benefits per child.
Food Stamp Participation Rate	U.S. Department of Agriculture, State Supplemental Nutrition Assistance Program participation rates in 2008.	The participation rate is calculated by dividing the number of people participating in food stamp programs by the number of eligible people. The estimates of eligible individuals are derived from a model that uses data from the U.S. Census Bureau's Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC), which provides income and program participation information for the previous calendar year, as well as detailed information on program rules from the fiscal year to simulate eligibility for SNAP.
Medicaid child eligibility as a percent of poverty	Center for the Study of Social Policy, *Policy Matters: 2008 Data Update*	The availability of government health insurance is determined by the income eligibility level and is considered an important part of child development and helping children to stay healthy.

Measure	Source	Definition/Importance for Children and Families
Medicaid working parent eligibility cutoff as a percent of poverty	Center for the Study of Social Policy, *Policy Matters: 2008 Data Update*	Parental health eligibility is determined by the income level of the family and is an indicator of a child's use of health services. The eligibility for government-funded health insurance is determined separately from the child's eligibility.
States charging a premium for child health coverage programs	Center for the Study of Social Policy, *Policy Matters: 2008 Data Update*	States that charge a premium or copay for access to children's health care can ultimately limit access to health care. Copayments apply to non-preventative physician visits, emergency visits, and inpatient hospitalizations.
Education spending per four-year-old in preK	Center for the Study of Social Policy, *Policy Matters: 2008 Data Update*	Education spending is an indicator of access to preschool and is a comparative measure across states. This is not the same measure as funding per four-year-old enrolled, which can be considered a measure of quality.
Spending per pupil in public elementary and secondary schools	National Center for Education Statistics, *Digest of Education Statistics*, 2007	This is the total current expenditures for public elementary and secondary education divided by the fall membership as reported in the state finance file. The expenditures for equipment, non-public education, school construction, debt financing, and community services are excluded. These data are from the Common Core of Data National Public Education Financial Survey.
Access to preschool	National Institute for Early Education Research, *State of Preschool Yearbook*, 2007	The measures of access for three- and four-year-olds were calculated using state data on enrollment and Census population estimates. Criteria considered were total state program enrollment, school districts that offer state program, income requirement, hours of operation, hours of operation, special education enrollment, federally funded Head Start enrollment, and state-funded Head Start enrollment.
Resources for preschool	National Institute for Early Education Research, *State of Preschool Yearbook*, 2007	All reported spending per child was calculated by dividing the sum of reported local, state, and federal spending by enrollment. Types of spending include: total state preK spending, whether local providers match state funding, state Head Start spending, state spending per child enrolled, and all reported spending per child enrolled.
Quality standards for preschool	National Institute for Early Education Research, *State of Preschool Yearbook*, 2007	Quality standards for preschools were determined from the following indicators: early learning standards set by the state, teachers with at least BA degrees, teacher-specialized training, assistant teacher degree, teacher in-service, maximum class size, staff-child ratio, screening/referral, and support services for vision, hearing, and health, meals, and monitoring of classes.

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