Child Health and Well-Being Conference

What do we know – and not know – about the impact of policies to improve child health and well-being?

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Let’s start with what policy-makers want to know:

- Whether a given policy leads to a sizable and sustained improvement in child health and well-being
- Whether the policy’s benefits exceed its costs

To answer these questions, we need (among other things):
- Credible estimates of causal impacts
- Evidence on a range of outcomes, assessed over time

But, usually what we have is much more limited:
- In many instances, we lack causal estimates
- And, we rarely have data on the full array of outcomes, over time

Example 1. Nurse-Family Partnership, other home-visiting programs

- NFP is a success story.
- Random assignment studies show conclusively that children assigned to the treatment have better outcomes than those not assigned (less likely to be seen in ER or maltreated, and lower rates of arrest, running away, sexual activity, smoking, drinking).
- We have good data on the costs and benefits and know that the benefits exceed the costs, at least for high-risk families.

BUT

- Only a limited set of outcomes have been assessed (no data on mental health, obesity, earnings) and only through adolescence
- Other home visiting programs do not have as positive effects, and we do not fully understand why

The best evidence on child care programs comes from experimental studies of a handful of model programs. We have much less evidence about large-scale programs, including HS. But, after years of bemoaning the lack of rigorous causal evidence on HS, we now have good evidence of positive effects:
- cognitive & language development, dental care, spanking (HSIS)
- educational attainment, crime, poor health, mortality, obesity, behavior problems, depression, smoking (other rigorous studies)

But we know more about some outcomes than others, and evidence on long-term effects, in contemporary cohorts, is rare.
- Relatively few studies have looked at health outcomes
- HSIS followed children only until 1st grade

See review in Almond & Currie, in press; Waldfogel, 2006.
While the benefits of WIC continue to be debated, the weight of the evidence indicates:
- Participation in WIC during pregnancy is associated with longer gestations, higher maternal weight gain, higher birth weights, and generally healthier infants
- But there is still a lot we don’t know
  - We don’t know why WIC produces these benefits
  - We don’t know if WIC during childhood is beneficial (recent studies find it reduces anemia, failure-to-thrive, maltreatment, being short, underweight, or in poor health)
  - We don’t know if WIC affects other or longer-term outcomes

See review in Currie, 2003; Almond & Currie, in press.
Food stamps during pregnancy have been shown to increase birth weight as well as weight gain during pregnancy. But we know less about the effects of food stamps, and other nutrition programs, on child health and development, whether in the short-term or long-term.

- One recent study finds the child care food assistance program is associated with healthier nutrition and weight for young children (Gordon, Kaestner, Korenman, & Abner, 2010).
- Another recent study finds long-run effects of the school lunch program on educational attainment, but not health (Hinrichs, 2010)

See review in Almond & Currie, in press.
We know very little about the effects of housing subsidy programs on child health and development.
- There is some evidence that access to public housing reduces over-crowding and grade retention, and in the long-term increases employment and earnings.
- But few studies have examined child or maternal health (with mixed results), and only one study has examined young children.

We also have more to learn about mobility programs
- Evidence from MTO shows positive effects on mental health, school, and arrest outcomes for girls, but adverse effects on arrests, substance use, and injuries for boys.

See review in Almond & Currie, in press.
Although low-income children have poorer health and development, there is relatively little evidence to date that income transfers improve child health and well-being. But recent studies have shown

- positive effects of EITC on maternal health, mental health, biomarkers (Evans & Garthwaite, 2010), birthweight (Strully et al., 2010), child test scores (Dahl & Lochner, 2005, 2008)
- Positive effects of Canadian child benefits on test scores, aggression, maternal depression (Milligan & Stabile, 2008).

But we lack evidence as to a broader array of child health and developmental outcomes, and long-term outcomes.

See review in Almond & Currie, in press.
Cross-national studies find that extensions in parental leave are associated with reductions in infant mortality. But within-country studies find mixed effects of leave extensions on child health and development.

Related literature on early maternal employment tends to find negative effects on child health and development and maternal depression, but results are mixed and may vary by sub-group, and relatively few studies have focused on health outcomes and long-term outcomes.

So what do we need to better address policy-makers’ questions?*

- We need to collect data on a much larger array of child outcomes
  - When David Olds designed NFP, his goal was to reduce child maltreatment, and associated risks, and that’s what he measured
  - But today we are interested in other benefits – effects on child obesity, children’s emotional regulation, maternal depression.
- We need studies that follow children over time
  - Some outcomes can only be measured at a later point in time (school dropout, teen pregnancy, substance use)
  - Some benefits may only emerge over time; others may attenuate
- And we need to include information on policy/program participation and information (i.e. geocodes) that allows analysts to tie children/families to policies/programs

* Besides more randomized trials
In sum, we need large-scale, very detailed, geo-coded birth cohort studies that follow children over time

- Such studies must:
  - include information on policy/program participation and information (i.e. geocodes) that allows analysts to tie children/families to policies/programs
  - collect data on an extensive array of child and family outcomes
  - follow the same children over time

- And, ideally such studies would be repeated at regular intervals, so we can study:
  - contemporary cohorts
  - change across cohorts
References