

THE CLASS OF 1964 POLICY RESEARCH SHOP IMPROVING CHILDHOOD WELL-BEING



**PRESENTED TO NH HOUSE COMMITTEE ON CHILDREN
AND FAMILY LAW**

Representative Kimberly Rice, Committee Chair

This report was written by undergraduate students at Dartmouth College under the direction of professors in the Nelson A. Rockefeller Center. Policy Research Shop (PRS) students produce non-partisan policy analyses and present their findings in a non-advocacy manner. The PRS is fully endowed by the Dartmouth Class of 1964 through a class gift given to the Center in celebration of its 50th Anniversary. This endowment ensures that the Policy Research Shop will continue to produce high-quality, non-partisan policy research for policymakers in New Hampshire and Vermont. The PRS was previously funded by major grants from the U.S. Department of Education, Fund for the Improvement of Post-Secondary Education (FIPSE) and from the Ford Foundation and by initial seed grants from the Surdna Foundation, the Lintilbac Foundation, and the Ford Motor Company Fund. Since its inception in 2005, PRS students have invested more than 70,000 hours to produce more than 200 policy briefs for policymakers in New Hampshire and Vermont.

PRS POLICY BRIEF 2021-11
MAY 16, 2021



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EXECUTIVE SUMMARY

Drawing on previous childhood well-being accountability reports, this report examines the safety, health, and education of New Hampshire children. To accurately determine the well-being of children in each of these three domains requires a two-step analysis. First, the report assesses the extent to which funding impacts well-being outcomes for New Hampshire children. Second, the report documents comparisons between New Hampshire spending and the spending of a comparable state and county. Specifically, spending on children in New Hampshire is compared to Maine, a state with similar geographic and demographic characteristics, and Santa Clara County in California, a county with established accountability tools. Through this analysis of New Hampshire and its relative spending as well as how the state compares to other jurisdictions, this report aims to provide a framework for state legislators to consider current and future investments in children.

1 INTRODUCTION: CHILDHOOD WELL-BEING

Nelson Mandela, South Africa’s first black head of state and champion of global children’s rights, famously stated in 1997 that “[t]he true character of society is revealed in how it treats its children.”¹ This truth remains potent across the United States today—children, lacking representation in government, rely upon policymakers and advocates to consider and protect their well-being. Today, the United States makes efforts to support children on a national and statewide scale with initiatives like No Child Left Behind and organizations like Save the Children. Without a doubt, policymakers and advocates continue to prioritize the protection of childhood well-being.

But—as this paper seeks to answer—to what extent?

Due to methodological and data availability constraints, childhood well-being is a challenging policy issue to accurately measure and address. Local, state, and national governments use different tools to assess the effectiveness of policy actions in protecting childhood well-being. The Kids Impact Initiative, a national child advocacy organization, outlines a few of these tools in use across the United States today.²

Maryland, for example, uses two primary tools: dedicated budget allocations, which regularly provide funding for local children and family programs, and childhood well-being scorecards, which consolidate data from multiple agencies to evaluate state programs.³ California uses a similar assessment tool, known as the “child report card,” to assess statewide program effectiveness. The California “child report card” also breaks down effectiveness by county, providing an even closer look at childhood well-being.⁴ In Santa Clara County, local officials collect child impact statements to evaluate the impact of proposed policies on children.⁵ Tools like these undoubtedly help determine policy priorities and offer greater insight into overall childhood well-being. Despite these tools across the nation, there is no current assessment of spending efficacy on children in New Hampshire.

To most effectively and adequately provide for children in New Hampshire, policymakers need a detailed and thorough assessment of past and current practices. This report aims to document the impact that recent spending on children has had on the overall well-being of children across the state.

2 PURPOSE STATEMENT

New Hampshire children are consistently outperforming children in most of the United States, according to the Annie E. Casey Foundation and its state partner, New Futures.⁶ According to these annual independent analyses, New Hampshire children rank particularly high in key metrics of well-being such as health, safety, and education. Despite this success, there is limited analysis of how, why, and to what extent New Hampshire children are better off than other children in the United States.

This report aims to clarify remaining questions about child well-being in the state of New Hampshire. For example, which outcomes demonstrate positive or negative child well-being? How does New Hampshire track these well-being outcomes? How do the efforts and strategies of New Hampshire to protect childhood well-being compare to the efforts and strategies employed by other states and counties? To answer these questions, the report offers a detailed analysis of child well-being outcomes in New Hampshire, the state of current spending, the effectiveness of current spending, and targeted case-study comparisons. To ensure that New Hampshire continues to support, provide for, and

protect the well-being of its children, this analysis provides insight into current New Hampshire practices and potential avenues for future policymaking.

3 RESEARCH METHODOLOGY

This report is divided into two parts. The report begins with an evaluation of spending on childhood well-being in New Hampshire. The report then conducts a targeted comparison of spending strategies in New Hampshire to spending strategies in relevant states and counties. This two-fold analysis demonstrates the efficacy of efforts in New Hampshire to promote current childhood well-being and suggests potential considerations for ongoing policymaking. This section outlines the steps taken to identify currently practiced and potential future policies that can improve childhood well-being in New Hampshire.

3.1 EVALUATION OF NEW HAMPSHIRE SPENDING ON CHILDHOOD WELL-BEING

The research team first evaluated the efficacy of current New Hampshire spending policy dedicated to promoting and sustaining childhood well-being. First, the research team collected data from disparate sources to identify trends in childhood well-being. Next, the research team analyzed financial and budgetary data to identify trends in spending on children. The research team then compared trends in childhood well-being to trends in spending. The results of this comparison demonstrate where spending appears to have improved, worsened, or had no apparent effect on childhood well-being in New Hampshire.

3.1.1 TRENDS IN NEW HAMPSHIRE CHILDHOOD WELL-BEING

Childhood well-being is an important yet broad policy focus. For this reason, measuring the present state of childhood well-being proves a challenge. According to the Federal Interagency Forum on Child and Family Statistics, there are over 41 relevant indicators of childhood well-being.⁷ For the purpose of this analysis, we have focused on three primary indicators: childhood safety, health, and education. Local and county governments, such as Santa Clara County, as well as national policy researchers, such as the Annie E. Casey Foundation, commonly use these three indicators to assess childhood well-being. By limiting our review to these trusted core indicators, this report can accurately assess New Hampshire childhood well-being, evaluate existing spending strategies, and compare results to findings from assessments conducted by other governments and organizations. Additionally, because these indicators are broad and multifaceted, we further narrow our analysis by selecting proxies for each indicator. These proxies are selected based on two factors: data availability and reasonableness. That is, this section quantifies safety, health, and education through proxies that have readily available data and that reasonably estimate the broad indicator they were selected to represent.

3.1.2 TRENDS IN NEW HAMPSHIRE SPENDING

The New Hampshire agencies that primarily handle children's issues are the Department of Health and Human Services (DHHS) and the Department of Education (DOE). Assessing the level of funding received by these agencies is crucial to understanding the resources currently directed towards children's issues in the state. Department budget allocations were assessed over a ten-year period.

3.1.2.1 Department of Health and Human Services Spending Assessment

To assess the level of funding currently allocated by the New Hampshire DHHS to children's programs, grants, and bureaus, the research team took the following steps:

1. We tracked changes in state budget allocations to the department as a whole, as well as in the bureaus within the Families and Children Division of DHHS.⁴³ Specifically, the research team focused on changes in allocations to the Child Health, Abuse and Neglect, Obesity Prevention, Juvenile Justice, Lead Poisoning, Behavioral Health, Child Care, Developmental Services, Foster Care, Food Stamps, Women Infants and Children, and the Ombudsman bureaus.
2. We assessed the alternative sources of funding offered by these agencies specific to childhood well-being such as federal funding, grants, loans, and tax credits.

3.1.2.2 Department of Education Spending Assessment

To assess the level of funding currently allocated by the New Hampshire DOE to children's programs and grants, the research team took the following steps:

1. We tracked changes in state budget allocations to the department as a whole, as well as changes in specific expenditures. Specifically, the research team focused on changes in per pupil dollars spent at the district level throughout the state and public-school funding and grants for property poor districts.
2. We assessed funding opportunities for early childcare education, including the Early Head Start, Head Start, and Maternal and Infant Early Childhood Home Visiting programs.

3.1.3 RELATIONSHIP BETWEEN WELL-BEING AND SPENDING TRENDS

To conclude this evaluation of the efficacy of New Hampshire spending efforts on children, this section compares trends in childhood well-being to trends in spending. Using childhood well-being and spending data collected from the Department of Health and Human Services, the Department of Education, and other sources, the research team compared trends to identify the efficacy of ongoing New Hampshire spending.

The research team first determined the indicators and corresponding proxies of well-being that each source of funding most significantly affected. The indicators and proxies used are as follows:

Table 3.1.3.1: Indicators and proxies used to assess trends in childhood well-being.

Indicator of Well-Being	Proxy for Indicator of Well-Being
Childhood Safety	Childhood Abuse and Neglect
	Child and Teen Deaths
	Adverse Effects of Parental Substance Abuse on Children
Childhood Health	Food Insecurity
	Birth-weight
	Obesity
	Health Insurance Coverage
Childhood Safety	Access to Early Childhood Education
	Math and Reading Proficiency
	High School Graduation Rates

After broadly determining which indicators and proxies of well-being were affected by the different funding sources, the research team analyzed the relationships between funding sources, indicators, and proxies. To accomplish this, the analysis contains two primary focuses: direction and degree. First, this analysis compares the direction in which well-being and spending trends have moved over time. Second, this analysis discusses the degree to which well-being and spending trends have moved over the same time interval.

3.2 CROSS-STATE AND CROSS-COUNTY COMPARISONS

In order to assess New Hampshire's policy practices, we must compare them to the practices of similar states and counties. These comparisons address the following policy questions:

1. Do geographic and demographic similarities between New Hampshire and comparable states and counties suggest areas of policy improvement regarding childhood well-being?
2. How accessible and effective are funds in New Hampshire compared to similar states and counties?
3. To what degree do New Hampshire funding priorities differ from those of comparable states and counties?

4. How do accountability measures in New Hampshire compare to accountability measures of similar states and counties?

To address these questions, we compare New Hampshire with Maine as well as with Santa Clara County in California. The state-level comparison provides insight into broad regional similarities and differences, while the county-level comparison focuses on funding-specific and accountability-specific policy similarities and differences.

3.2.1 STATE-LEVEL COMPARISON: MAINE

New Hampshire spending on childhood well-being can be effectively compared to its neighboring state, Maine. To understand more comprehensively the similarities and differences between childhood well-being in New Hampshire and similar states in the New England region, the research team selected Maine as a comparison tool. Broadly, Maine and New Hampshire share demographic and geographic characteristics; both states contain approximately 1.3 million residents, a roughly identical age distribution, a similar level of racial diversity, and a mix of rural, suburban, and urban neighborhoods.⁸

3.2.2 COUNTY-LEVEL COMPARISON: SANTA CLARA COUNTY, CALIFORNIA

New Hampshire spending on childhood well-being can also be compared to Santa Clara County, California. Although California does not fall within the same demographic and geographic categories as New Hampshire, the population size of Santa Clara County is only slightly larger than that of the Granite State.⁹ Notably, Santa Clara County collects extensive data and employs unique funding and accountability tools that may provide insight into current New Hampshire practices. And, because of its substantially more diverse population, Santa Clara County faces a challenging task: implementing policies and leveraging funding to meet the needs of all its children. Santa Clara County's efforts to address this task and to protect childhood well-being on a slightly larger, more diverse scale may inform future New Hampshire policy efforts.

4 FINDINGS: NEW HAMPSHIRE

After conducting an extensive review of primary and secondary sources detailing New Hampshire childhood well-being and New Hampshire spending, the research team synthesizes its findings in this section. Overall, available evidence suggests that New Hampshire is successfully providing for the well-being of its children, although a few indicators continue to trend sub-optimally. Evidence also suggests, however, that provisions for childhood well-being are not evenly dispersed geographically or demographically.

Importantly, this section does not purport to explain causality. This research was not completed in a controlled environment and does not account for all potentially confounding factors. To inform future policymaking, this research aims only to broadly describe childhood well-being and spending effectiveness in New Hampshire.

4.1 TRENDS IN CHILDHOOD WELL-BEING

Based on the research team's selected indicators and proxies, trends in childhood well-being are variable but primarily positive. According to the Annie E. Casey Foundation 2020 KIDS COUNT Profile, New Hampshire ranks second nationally in childhood well-being.¹⁰ This section details broad trends in childhood safety, health, and education across New Hampshire.

4.1.1 CHILDHOOD SAFETY

Childhood safety is foundational to child well-being and serves as a necessary condition for strong performance in other indicators of well-being, including childhood health and education. To effectively measure efforts promoting childhood safety in New Hampshire, this section uses three proxies: childhood abuse and neglect, child and teen deaths, and the adverse effects of parental substance abuse on children. Overall, long-run trends for New Hampshire childhood safety are positive, but short-run trends are mixed.

4.1.1.1 *Childhood Abuse and Neglect*

The Child Abuse Prevention and Treatment Reauthorization Act of 2010 defines child abuse and neglect as the “failure to act on the part of a parent or caregiver that presents an imminent risk of serious harm.”¹¹ This definition directly pertains to childhood well-being—New Futures, a Concord-based nonprofit organization, argues that when “children are safe and well-supported, they are more likely to grow up into strong, thriving Granite Staters.”¹²

Based on data provided by the Division of Children, Youth, and Families (DCYF) in the New Hampshire Department of Health and Human Services, childhood abuse and neglect remain prominent issues. Between 2016 and 2020, two measures of childhood abuse and neglect increased substantially. The total number of family service cases increased by 40.5 percent, from 1,142 to 1,605.¹³ Similarly, the total number of children receiving treatment and rehabilitative services for abuse and neglect—either at home or in out-of-home placements—increased by 38.5 percent, from 2,031 to 2,813.¹⁴ These statistics are powerful, but they do not perfectly reflect an overall increase in childhood abuse and neglect. Increases in family service cases and treatment provisions may reflect this trend as well and indicate heightened efforts to reach and support New Hampshire youth.

Importantly, underreporting child maltreatment is common in over half of state and local governments, according to a 2011 report published by the Government Accountability Office.¹⁵ Therefore, despite these statistics, it is likely that additional New Hampshire children may suffer from unreported and untreated abuse and neglect.

4.1.1.2 *Child and Teen Deaths*

Childhood safety in New Hampshire directly contributes to the number of child and teen deaths. The Annie E. Casey Foundation reports, for example, on “use of safety practices,” “level of adult supervision,” and “community issues.”¹⁶ Between 1990 and 2010, the United States has significantly reduced child mortality, from 46 to 26 deaths per 100,000 youth.¹⁷ New Hampshire experienced even more success, reporting only 20 deaths per 100,000 youth in 2010.¹⁸ Recent years, however, have not resulted in similar progress; between 2010 and 2018, the New Hampshire mortality rate increased from 20 to 23 deaths per 100,000 youth.¹⁹ The most recent available data, therefore, suggests rising child and teen death rates in New Hampshire.

4.1.1.3 *Adverse Effects of Parental Substance Abuse on Children*

Childhood safety is determined largely by home environment and parental support. In New Hampshire, household issues and childhood stressors are exacerbated by, among other things, the opioid epidemic. As previously stated, DCYF caseloads have increased substantially. The percentage of DCYF accepted home assessments with a “Substance Abuse Risk Factor” has increased from 40.6 percent in 2013 to 51.0 percent in 2016.²⁰

Notably, the opioid epidemic also jeopardizes the safety of newborn children through Neonatal Abstinence Syndrome (NAS). NAS causes newborn children to experience withdrawal symptoms due to maternal substance use during pregnancy. From 2005 to 2015, the number of New Hampshire infants diagnosed with NAS increased by 417 percent, from 52 to 269.²¹

Prenatal and early childhood visitation programs can lower the incidence of NAS and other childhood safety concerns by connecting caregivers with rehabilitative resources. But, despite efforts, the rate of substance abuse remains high among New Hampshire residents. In its annual analysis of substance abuse, the New Hampshire Drug Monitoring Initiative (DMI) reports this rate. According to the DMI report published in February 2021, substance abuse rates are highest among age groups likely to have children. Specifically, adults ages 30 to 39 experienced more drug overdose deaths, Narcan administrations, and drug-related emergency room visits than any other age group.²²

While substance abuse remains an important issue in New Hampshire, it is important to note that substance abuse among all New Hampshire residents has been steadily decreasing between 2018 and 2020. A 4.26 percent decrease in drug overdose deaths, for instance, is predicted between 2019 and 2020.²³ Current numbers for 2020 are not yet finalized, so the research team cannot definitively describe the impact of the COVID-19 pandemic on drug abuse trends.

4.1.2 CHILDHOOD HEALTH

A second major component of childhood well-being is health. Childhood health, like childhood safety, must be quantified by relying on narrower, more tangible metrics. In order to measure efforts in New Hampshire to promote children's health, this section uses five proxies: food insecurity, birthweight, obesity, and health insurance coverage. Trends in New Hampshire childhood health are mixed, with optimal trends in birthweight and health insurance coverage but sub-optimal trends in food insecurity and obesity.

4.1.2.1 *Food Insecurity*

The United States Department of Agriculture (USDA) defines food security as “access by all people at all times to enough food for an active, healthy life.”²⁴ New Hampshire children, relative to most other states, have access to enough food. According to Feeding America, New Hampshire has the third-lowest percentage of children living with food insecurity, trailing only North Dakota and Massachusetts. Of New Hampshire children, 12.3 percent, or 31,640 youth, are living in food-insecure environments, based on 2018 data.²⁵ More recently, reports from October 2020 estimate that childhood food insecurity increased nationally from 2019 levels, due largely to the economic effects of the pandemic. According to Feeding America, national childhood food insecurity increased 4.9 percentage points from 2018 levels.²⁶ Although actual New Hampshire data may not align perfectly with the national projection, estimates suggest that all states experienced a noteworthy increase in childhood food insecurity.

4.1.2.2 *Birth Weight*

Annually, the Annie E. Casey Foundation uses birth weight as a factor to assess childhood health across the United States. Low birth weight is associated with other health conditions — in early childhood, it can lead to respiratory distress or brain bleeding, while in late childhood it can lead to vision and hearing loss, breathing problems, cerebral palsy, learning disabilities, and behavioral problems.²⁷ In 2018, 6.8 percent of newborns in New Hampshire had a low birth weight, defined as weighing less than 2,500 grams at birth.²⁸ This is a slight improvement from 2010, when 6.9 percent

of newborns had a low birth weight.²⁹ Notably, this improvement is not representative of national averages, which have increased from 8.1 to 8.3 percent between 2010 and 2018.³⁰

4.1.2.3 Obesity

Obesity can compromise overall childhood health and well-being, as it is strongly correlated with a range of cardiovascular diseases, musculoskeletal disorders, and cancers.³¹ In its 2020 annual review of statewide obesity, DHHS reported that 26 percent of children ages 10 to 17 were obese.³² According to the Annie E. Casey Foundation assessment, this marks a two percentage point annual increase in New Hampshire childhood obesity.³³

Obesity among New Hampshire youth remains a pressing issue. Services intended to target childhood obesity risk factors, such as poor nutrition, only reach a small proportion of youth in need. For instance, New Hampshire children benefit substantially from two federal programs: Early Head Start and Maternal and Infant Early Childhood Home Visiting (MIECHV). According to a 2017 analysis of evidence-based childhood programs in New Hampshire conducted by the RAND Corporation, these initiatives only reach seven and five percent, respectively, of families in need.³⁴

4.1.2.4 Health Insurance Coverage

Children with either Medicaid or private health insurance coverage are more likely to receive treatment for acute and chronic conditions, seek preventive care, complete developmental screenings, and address injuries when they occur.³⁵ In 2018, three percent of New Hampshire children lacked health insurance.³⁶ This marks a significant improvement from 2010, when five percent of New Hampshire children lacked health insurance.³⁷ In addition, New Hampshire and other states recently adopted Medicaid expansion, broadening insurance coverage to low-income families in the state.³⁸ This, along with the most recent data on childhood health insurance coverage, suggests that coverage will continue to trend upward.

4.1.3 CHILDHOOD EDUCATION

The third indicator of childhood well-being used in this report is education. To measure efforts in New Hampshire that promote childhood education, this section relies on three proxies: access to early childhood education, math and reading proficiency, and high school graduation rates. Similar to childhood health, trends in New Hampshire childhood education are mixed, with high graduation rates but sub-optimal access to early childhood education and subject proficiency.

4.1.3.1 Access to Early Childhood Education

Access to early childhood education can reduce long-term disparities between children of different socioeconomic backgrounds, especially for children younger than five. In New Hampshire, 50 percent of young children between the ages of three and four are not enrolled in school.³⁹ While New Hampshire enrollment remains ahead of the national average, enrollment of young children in New Hampshire decreased by three percentage points from 2011 to 2013 and has remained roughly constant since then.⁴⁰

4.1.3.2 Math and Reading Proficiency

Proficiency in math and reading serves as an indicator of the rate at which children are learning below, at, or above the grade level average. Due to standardized testing requirements, quantification of

proficiency and, subsequently, the quality of statewide childhood education is feasible. Reputable sources offer differing levels of proficiency in New Hampshire.

According to the DOE, only 55 and 54 percent of New Hampshire third grade students were proficient in math and reading, respectively.⁴¹ By grade eleven, student proficiency in math dropped to 44 percent but reading proficiency increased to 66 percent.³⁸ These numbers indicate that, across grade-level, math proficiency trends downward and reading proficiency trends upward. They do not, however, illustrate overall trends in math and reading proficiency. The Annie E. Casey Foundation reports that proficiency in New Hampshire is trending downward in both primary and secondary school between 2017 and 2019. New Hampshire fourth grade students' proficiency in reading decreased from 43 percent in 2017⁴² to 38 percent in 2019.⁴³ Similarly, eighth-grade students' proficiency in math decreased from 45 percent in 2017⁴⁴ to 38 percent in 2019.⁴⁵

4.1.3.3 High School Graduation Rates

High school graduation is an important proxy for childhood education. Graduation serves as a prerequisite to higher education and many high-paying jobs. In a cost-benefit analysis, economists concluded that earning a high school diploma raises annual wages by an estimated \$8,040.⁴⁶ Between 2016 and 2020, the New Hampshire DOE has found that the high school dropout rate has remained constant at one percent, a significant reduction from the 2001 dropout rate of five percent.⁴¹ The Annie E. Casey Foundation corroborates this downward trend, reporting a three-point decrease in the percentage of students who graduate late from 2011 to 2018.⁴⁷

Graduation metrics, however, are not uniform across New Hampshire. In the 2014-2015 academic year, 33 percent of economically disadvantaged students failed to graduate from high school within four years, compared to only seven percent of non-economically disadvantaged peers.⁴⁸ So, while the state as a whole maintains graduation rates well above the national average, graduation disparities exist across regions and demographics, particularly for low-income children.

4.2 TRENDS IN NEW HAMPSHIRE SPENDING

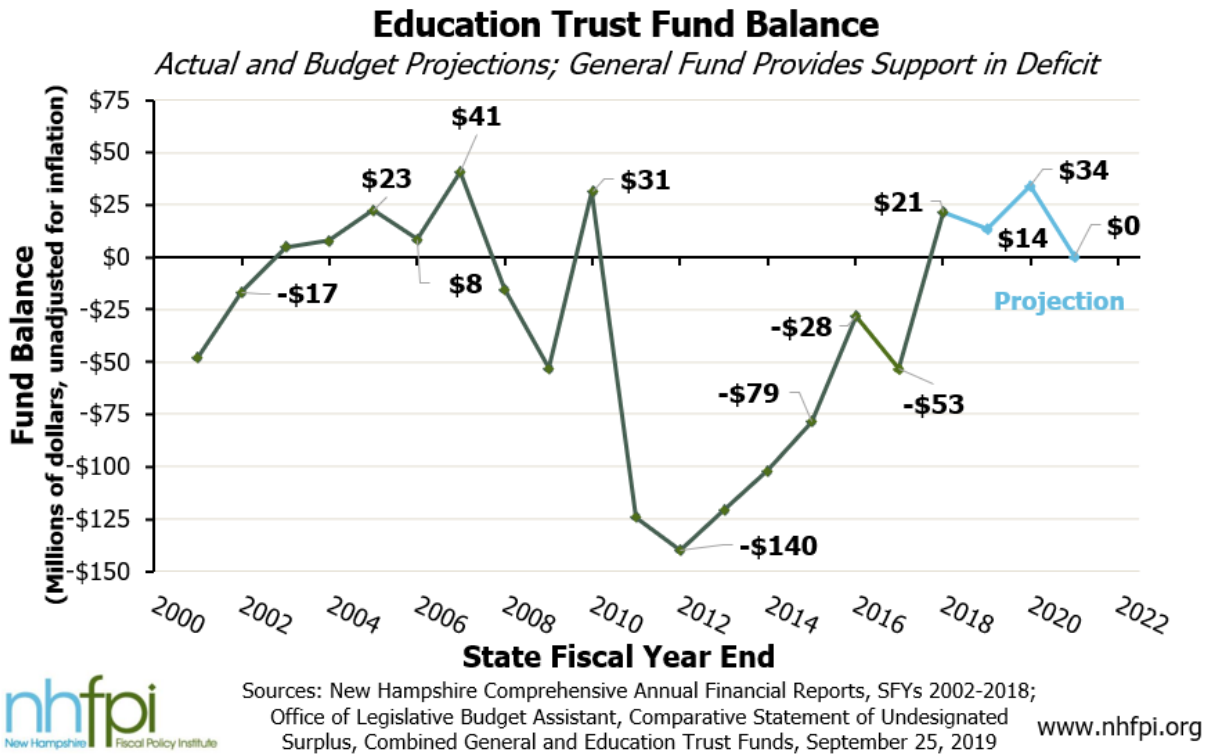
The New Hampshire state budget for Fiscal Years 2020 and 2021 follows a consistent pattern with state spending directly investing in safety and health for Granite State children.

4.2.1 SPENDING ON CHILDHOOD EDUCATION

The 2020-21 budget supported childhood well-being through investments in education that particularly target communities with high concentrations of students from low-income households. The average state spending per pupil in 2019 and 2020 was \$16,893, which ranks eighth nationally.⁴⁹ New Hampshire spends about \$4,000 per pupil above the national average but \$3,000 per pupil less than the average among Northeast states.⁵⁰

The New Hampshire Fiscal Policy Institute notes that this budget included the most significant investment in local public education in two decades.⁵¹ These short-term investments will particularly provide support to schools that are financially struggling during the COVID-19 pandemic—schools were closed for a number of months, and as of February, 60 percent of schools in the state were using a hybrid model of in-person and remote instruction.⁵²

Figure 1: Education Trust Fund Balance, 2000-2022



Source: New Hampshire Fiscal Policy Institute ⁵³

The most recent budget also continues the recent success of the education trust fund balance. After struggling for about a decade beginning around 2010 following the national economic decline, Figure 1 shows that the balance is now above zero once again. The balance could fall below zero due to COVID-19 struggles, but data is not yet available to fully measure the economic impact of the pandemic on education in New Hampshire.

A major issue in the state education funding is the inequities between wealthier and poorer school districts. A report released in August of 2020 from the American Institutes for Research concluded that “New Hampshire’s current system of funding is not working for large segments of New Hampshire’s students and taxpayers. Specifically, communities with higher poverty rates and lower property wealth are doubly penalized under New Hampshire’s current system. Students in these communities, on average, receive fewer resources in the form of funding than students in wealthier communities.”⁵⁴ New Hampshire makes a significant financial investment in education statewide, but the state has yet to find a more equitable education system for students as well as taxpayers.

4.2.2 SPENDING ON CHILDHOOD HEALTH AND SAFETY

The 2020-2021 state budget also makes a financial commitment to childhood health and safety in New Hampshire. The budget includes funds and services for children, including a new Assistant Child Advocate position, \$900,000 for supervised visitation centers, \$600,000 for juvenile diversion programs, and \$500,000 to study pediatric cancer.⁵⁵ The budget also specifically addressed children’s mental health by expanding places to recover as well as adding mobile units for rapid responses.⁵⁶ In

addition, the budget provides direct funding for 57 new protective services workers as well as 20 additional child protective service supervisors.

Child welfare is the primary way in which New Hampshire protects and promotes the well-being of children across the state, and the state budget increased the amount of child welfare spending for the next fiscal year. Child welfare spending decreased significantly from 2006 to 2016, but it has been increasing consistently since the 2014 fiscal year.⁵⁷

New Hampshire's spending of federal funds differs from the national trend. The state does not focus money on older children, with most spending instead devoted to child protective services. New Hampshire also spends its state and local funds differently than most states, spending very little on preventive services and much more on protective services.⁵⁸

4.3 RELATIONSHIP BETWEEN WELL-BEING AND SPENDING TRENDS

The relationship between trends in childhood well-being and spending on children broadly signals the potential impact of spending policies on children in New Hampshire. To analyze this relationship, the research team focused on the direction and degree of trends — that is, whether metrics are trending positively or negatively and the rate at which change is occurring.

Trends in childhood safety, the first indicator of overall childhood well-being, have been mostly positive, specifically regarding the accessibility of services. This corresponds with consistent increases in safety-related spending in the New Hampshire budget between Fiscal Year 2014 and Fiscal Year 2021. Along with establishing a new Assistant Child Advocate position, New Hampshire has allocated over 1.5 million dollars to new juvenile justice initiatives and child welfare services this year alone. Over this period, the number of children victims of abuse and neglect receiving treatment and childhood rehabilitative programming have increased by 52 and 64 percent, respectively. This may signal that funding efforts have been successful; a greater percentage of children are receiving services. Other proxies for childhood safety, however, show less improvement. First, child deaths have fluctuated since 2008, but have steadily increased since 2014. Second, NAS continues to affect a substantial percentage of New Hampshire newborns, and drug abuse rates remain highest in age brackets most likely to birth and raise children.

Trends in childhood health, the second indicator of overall childhood well-being, are mixed. Childhood food insecurity, low birth weight, and health insurance coverage have all exhibited promising trends. While limited data was available detailing trends in childhood health spending, the most recent budget does substantially support health initiatives, such as pediatric cancer. Regarding future policy efforts, available data suggests that the most volatile childhood health proxies in the coming years will be childhood obesity and food insecurity. Both of these proxies have, or are predicted to, increase from their 2019-levels.

Trends in childhood education, the third and final indicator of childhood well-being, are also mixed. While the percentage of high school students graduating on time has increased, math and reading proficiency levels and young child enrollment rates have declined. Notably, these mixed results have occurred alongside a steadily increasing availability of education funds since 2012, as depicted in Figure 1. Such a disparity between funding and outcomes may indicate that the allocation, rather than the quantity, of education funds could be a point of future focus at the New Hampshire legislative level. Additional data collection and analysis is required in order to verify this indication.

These comparisons, overall, aim to guide future legislative focus. The research team does not purport to conclude causality between well-being trends and changes in New Hampshire spending on children. Rather, this research compares the direction and degree of change in both childhood well-being to emphasize areas in which policy efforts might yield the most substantial benefits to New Hampshire youth.

5 FINDINGS: COMPARISONS

This section compares New Hampshire policy practices to those of other states and counties. This section will detail the comparisons conducted by the research team to identify potential policies and considerations that might inform future legislative decision-making on behalf of New Hampshire youth. To further inform future legislative efforts in New Hampshire, the research team's analyses into childhood well-being policy in Maine and Santa Clara County, California found that New Hampshire performs well compared to regional counterparts and may benefit from exploring additional analytical and accountability tools.

5.1 MAINE

Maine offers insight into potentially effective policy strategies employed in a demographically and geographically similar state. While New Hampshire ranks eighth nationally in education spending per pupil, Maine ranks 16th and spends almost \$3,000 less per student than New Hampshire.⁵⁹ Maine does spend more on education when expressed as a percentage of in-state taxpayer income — Maine spends 4.08 percent of taxpayer income on education, whereas New Hampshire spends 3.67 percent.⁶⁰

Trends related to education funding are similar in New Hampshire and Maine — education funding has increased in Maine's recent state budgets, with specific emphasis on increased funding for Pre-K and special education students.⁶¹ Per-student spending varies widely in both New Hampshire and Maine among different school districts, in large part due to formulas for local education funding that are based heavily on property taxes.⁶²

New Hampshire has a long history of local districts requesting more funding — in 1997, the New Hampshire school funding system was ruled to be unconstitutional in the case *Claremont School District v. Governor of New Hampshire*. The legislature and governor were ordered to restructure education funding with taxes equal across the state.⁶³ This case has impacted education funding over the past 24 years, but a report by the New Hampshire Center for Public Policy Studies found that significant disparities among communities still exist today.⁶⁴ The report found that stabilization grants are not enough to overcome wide discrepancies in local property tax rates. Even with the money from stabilization grants, poorer communities are still struggling to fund public education.⁶⁵ Although Maine does not have a similar legal history, the state has similar education funding imbalances among richer and poorer jurisdictions.

New Hampshire and Maine have a similar number of schools and students in each state, but New Hampshire students tend to score higher than Maine students on National Assessment of Educational Progress (NAEP) as well as SAT and ACT scores. New Hampshire has 40% of students proficient in math and 44 percent proficient in reading by eighth grade, compared to 40% and 38% of students in Maine.⁶⁶ New Hampshire's average composite SAT score in 2013 was 1,567, almost 200 points higher than Maine's 1,380 average.⁶⁷ It is worth noting that both New Hampshire and Maine are the top quintile of states nationally for high school graduation rates, with both states seeing over 85% of

students earning high school diplomas.⁶⁸ *Education Week*, a publication that reports on education issues throughout the United States, grades each state on various elements of education performance — in 2010, New Hampshire was graded higher than Maine in many metrics, including the chance for success and K-12 achievement.⁶⁹

Like New Hampshire, Maine relies on an independent agency to oversee state government childhood well-being initiatives. This agency, however, is composed of a dispersed network of smaller, local advocacy centers. The similarities and differences between childhood well-being in New Hampshire and Maine may suggest areas of future improvement, as well as the merits and drawbacks of more decentralized governmental oversight.

5.2 SANTA CLARA COUNTY

Santa Clara County, California, despite its demographic and geographic differences, offers insight into alternative forms of policy accountability measures. Santa Clara County has access to three unique tools to ensure efforts to maintain childhood well-being. First, it uses an annual Children’s Report Card, containing a detailed analysis of childhood well-being and policy progress across California. The Children’s Report Card segments its analysis into health, education, family supports, child welfare, and adolescents and transition-age youth — which broadly mirrors this report’s focus on childhood safety, health, and education. Additionally, the Children’s Report Card offers an informed and comprehensive legislative perspective, describing the existing and lacking legal and policy protections for youth under the age of 26.⁷⁰ Second, it uses a Scorecard of Children’s Well-being, which offers data at a county-specific level. This tool offers updated data on 39 well-being indicators—many of which resemble this report’s proxies—that can be viewed across race, ethnicity, and time.⁷¹ Third, Santa Clara County publishes an annual Children’s Budget, which explicates specific funding allocations for children-related initiatives and reaffirms the county’s use of child impact statements. Since 2011, the Santa Clara County Board of Supervisors has accepted “Child Impact Statements,” which officially recognize the impact that any proposed legislative action would have on children.⁷² These statements identify the impact across 13 fixed indicators, which are provided in Appendix 7.1.

If New Hampshire aims to develop tools to ensure updated and specific New Hampshire data on child policy, these accountability measures used by Santa Clara County may serve as useful models. Due to data and time constraints, the research team could not identify specific costs associated with such accountability metrics nor their overall efficacy. Broadly, these tools likely require labor, time, and access to child well-being data. While the California state government may be best equipped to aggregate data on childhood outcomes, the burden of developing such accountability tools does not rest entirely on the state. Children Now, a non-profit advocacy organization, leads research efforts on the California statewide Children’s Report Card, the county-specific Scorecard of Children’s Well-being, and additional frequent California child policy briefs.⁷³ That being said, the burden of collecting data used in these analyses is carried by the state of California or local county governments.

New Hampshire can also turn to external support for child policy accountability. Most current analyses on child policy initiatives and outcomes in New Hampshire stem from the Annie E. Casey Foundation, which informed much of this report. New Hampshire policymakers can, however, adopt a similar approach to Santa Clara County by seeking additional support from local nonprofit and research organizations, such as the nonpartisan child advocacy group New Futures and the New Hampshire Children’s Trust.⁷⁴

6 CONCLUSION

This report analyzed childhood well-being as well as state government funding in New Hampshire and provided a framework for state legislators to consider current and future investments in children. Trends show that New Hampshire is committed to childhood well-being, despite struggling in a few specific well-being indicators, such as rising child and teen death rates, increasing childhood food insecurity, and sub-optimal access to early childhood education. The analysis of spending finds that, although New Hampshire spends as much or more on childhood education and health than most states, provisions for childhood well-being are not evenly dispersed geographically or demographically. Comparisons to Maine and Santa Clara County demonstrate that New Hampshire's spending is effective but there may be alternative forms of policy accountability measures to be considered. This report does not offer specific policy prescriptions; rather, it broadly describes the state of childhood well-being. With this information, the research team aims to provide legislators with the context necessary to better understand, assess, and address childhood well-being in New Hampshire.

7 APPENDIX

7.1 CHILD IMPACT STATEMENT INDICATORS

The Board of Supervisors in Santa Clara County, California accepts “Child Impact Statements” on all proposed legislation. These statements detail the likely effect of the legislative action on children across the following 13 indicators, according to the FY 2019-2020 Children’s Budget:

Every Child Safe:

1. Food Insecurity and Hunger
2. Children Living in Safe and Stable Families
3. Juvenile Arrests
4. Routine Access to Health Care
5. Healthy Lifestyle
6. Early Social Emotional Development
7. Developmental Assets

Every Child Successful in Learning:

8. School Readiness
9. Third Grade Reading Proficiency
10. Middle School Math Proficiency

Every Child Successful in Life:

11. High School Graduation Rates
12. Children Fluent in at Least Two Languages
13. Youth Feel Valued by the Community

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