Leveraging CAHMI's Data Resource Center State Systems Development Initiative Workshop

Title V Maternal & Child Health Federal-State Partnership Meeting
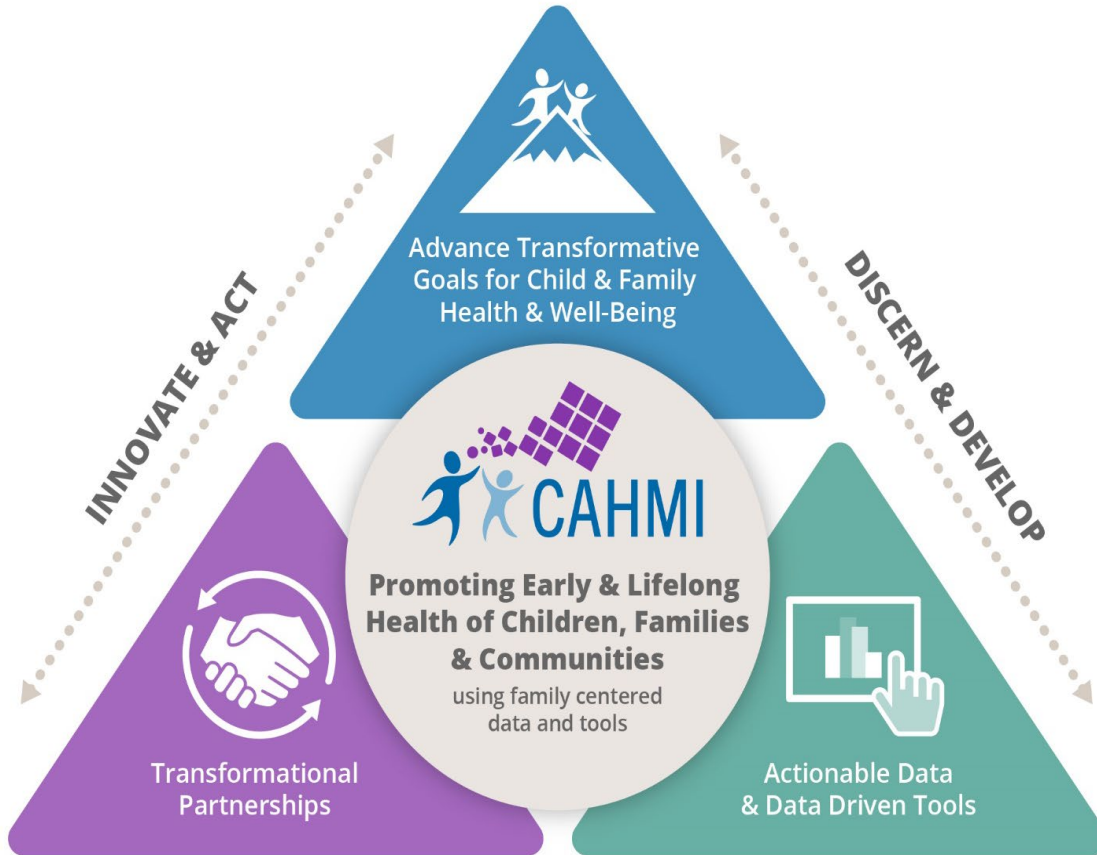
November 7, 2023

Christina Bethell, PhD, MBA, MPH
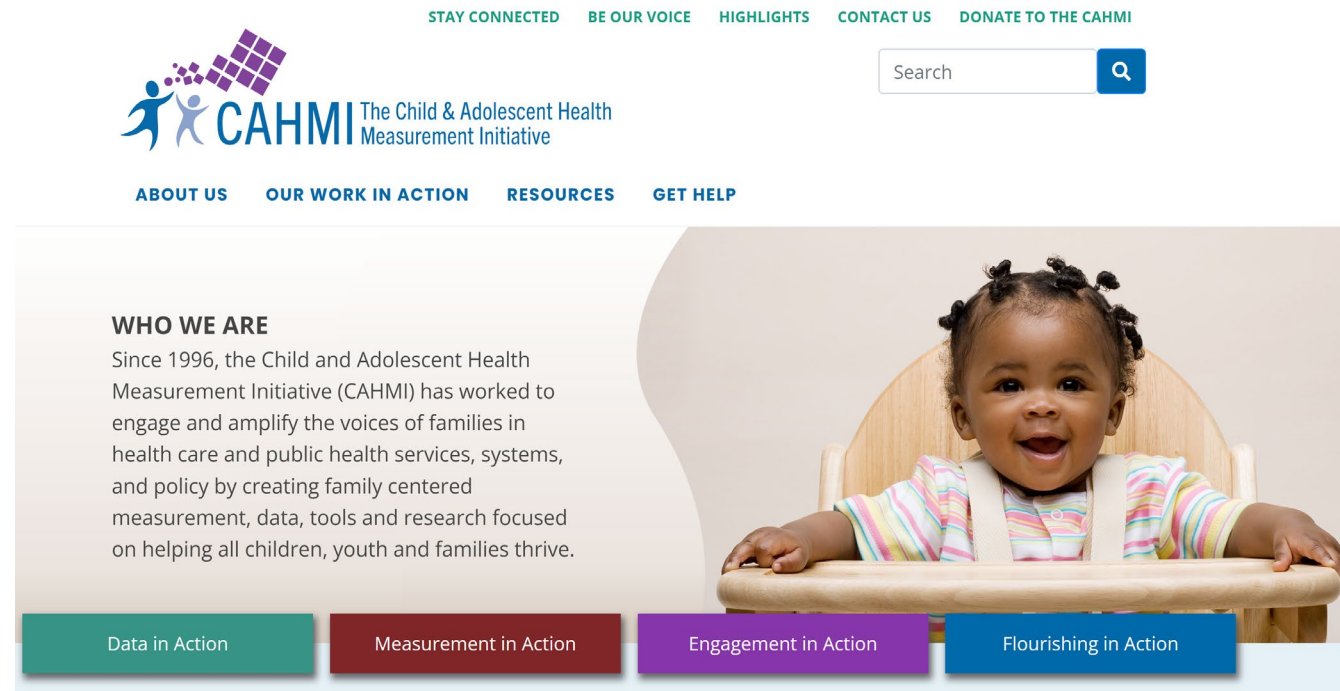
Professor, Johns Hopkins University

Director, Child and Adolescent Health Measurement Initiative

What is the CAHMI?

Theory of Change

Our 26 years to promote early and lifelong health using family centered research, data and tools

State Systems Development Initiative

The goals of the SSDI program are directly aligned with those of the CAHMI

1) **Strengthen capacity** to collect, analyze, and use reliable data for the Title V MCH Block Grant to assure **data-driven programming**;

2) **Strengthen access** to, and linkage of, key MCH datasets to inform MCH Block Grant programming and policy development, and assure and strengthen information exchange and data interoperability;

3) Enhance the development, integration, and tracking of **health equity and social determinants of health (SDoH) metrics** to inform Title V programming;

4) Develop and enhance **capacity for timely MCH data collection**, analysis, reporting, and visualization to inform rapid state program and policy action related to emergencies and emerging issues/threats

QUICK LINKS TO RESOURCES FOR TITLE V NEEDS ASSESSMENT

The resource links included in this document provide a high-level summary of resources to help you leverage the Data Resource Center (www.childhealthdata.org) and Related Child and Adolescent Health Measurement Initiative (CAHMI) resources to support each step of the needs assessment process.

SCAN ME

TA Priority
Topics are organized by steps along the Title V Needs Assessment process and MCH resource category.

RESOURCES
Resources include videos, documents, research and reports, related models and tools and data and measurement resources

QUICK LINKS
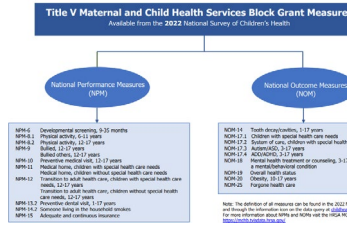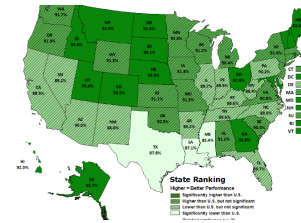Links are provided throughout. Look out for hyperlinked text to access resources. Simple language is used

November 2023

SCAN ME

Quick Glance Overview of CAHMI Resources for SSDI Consideration

Data Resource Center

- Interactive Data Query
- Hot Spotting Tables
- U.S. Maps
- Crosswalk of NSCH Survey Items
- Content Maps

Measurement in Action: Steps 2,3,4,5,6,9

- Information on wide array of validated measures
- MCH Measures Compendium-cross system indicators
- Measurement Research Network
- National Strategic Measurement Agenda
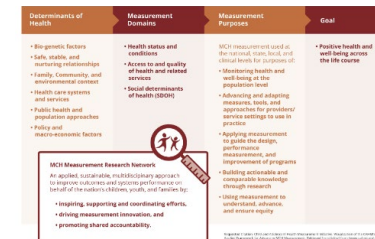
Engagement in Action: Steps 1,6,7

- Engagement in Action (EnAct!) Framework
- Cycle of Engagement Well Visit Planner Approach
- Shared Care Planning for CSHCN

Social Health Risks:
Poverty, food insecurity, exposure to community violence, racism, etc.
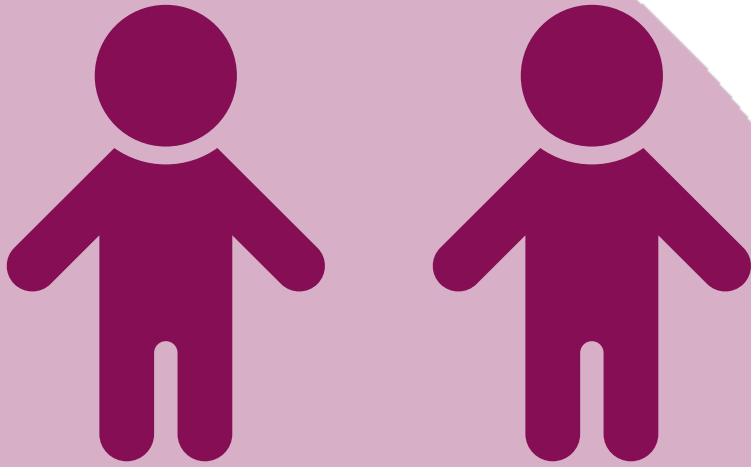
Over **half** of all US children experience complex social and relational health risks –this is 2/3 of those with a mental health condition

Relational Health Risks:

Adverse childhood experiences (ACEs), low parental mental health, low parent emotional support, etc.

60% of children with relational health risks DID NOT have social health risks

Source: Child and Adolescent Health Measurement Initiative Analysis of National Survey of Children's Health

Bethell, C. 2023

WHOLE CHILD AND FAILY INTEGRATED SYSTEMs TRANSFORMATION REQUIRED!
EXAMPLE: Prevalence of Mental, Emotional and/or Behavioral Health Problems By Children's Exposure to Social and Relational Health Risks

Legend:
- ■ 0 Relational Health Risks
- ■ 1 Relational Health Risk
- ■ 2-4 Relational Health Risks

0 Social Health Risks
- 0 Relational Health Risks: 15.3%
- 1 Relational Health Risk: 18.5%
- 2-4 Relational Health Risks: 44.4%

1 Social Health Risk
- 0 Relational Health Risks: 21.2%
- 1 Relational Health Risk: 30.3%
- 2-4 Relational Health Risks: 50.5%

2-4 Social Health Risks
- 0 Relational Health Risks: 31%
- 1 Relational Health Risk: 34%
- 2-4 Relational Health Risks: 61%

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

ACADEMICS   RESEARCH   PRACTICE

Study Reveals Fourfold Range in Rates of Mental Health Problems Among U.S. Children Based on Relational and Social Risks

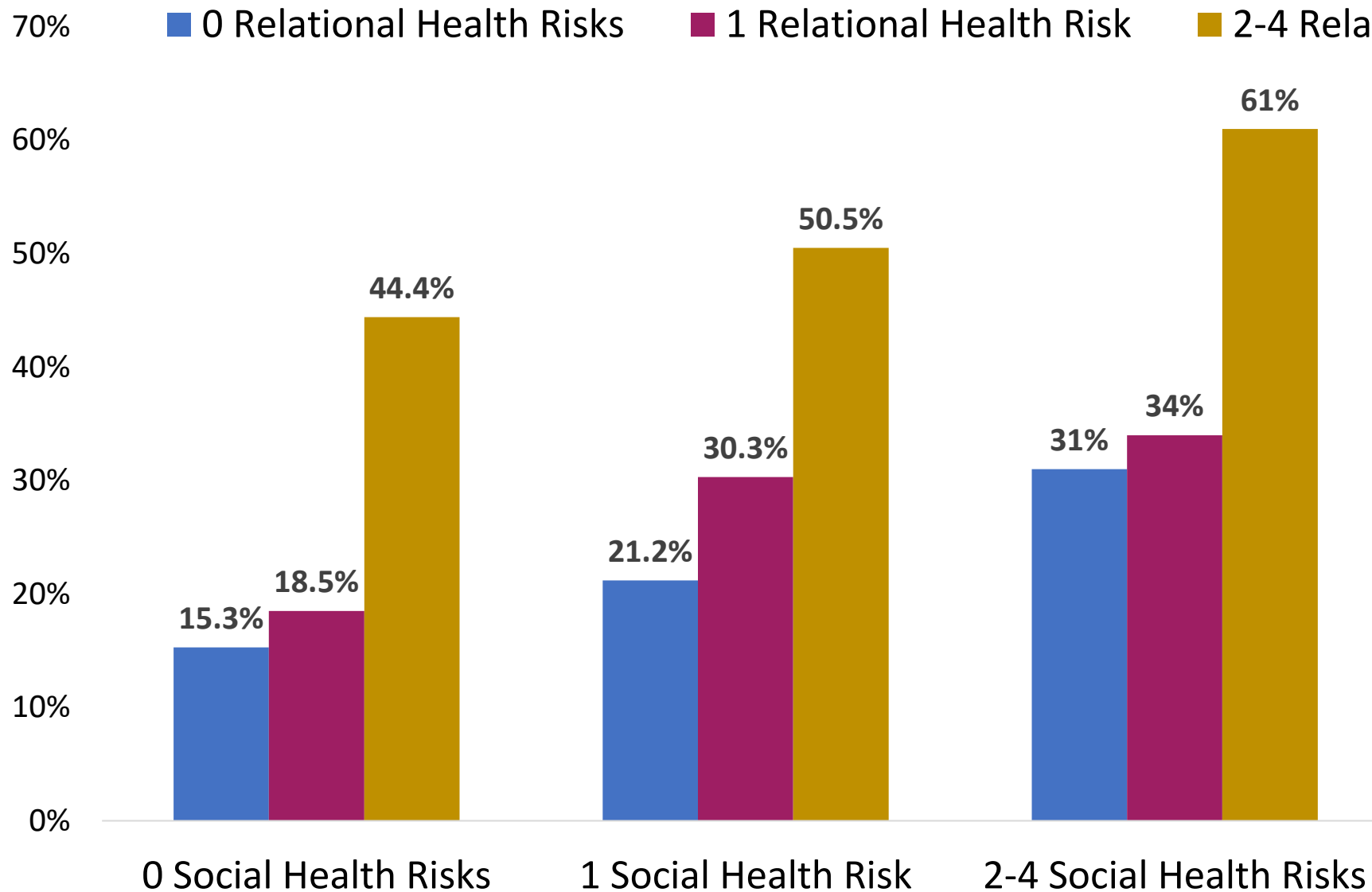Most recent national data, from 2016–2019, also highlight relationship-focused protective factors linked to resilience and school outcomes

Citation: Bethell CD, Garner AS, Gombojav N, Blackwell C, Heller L, Mendelson T. Social and Relational Health Risks and Common Mental Health Problems Among US Children: The Mitigating Role of Family Resilience and Connection to Promote Positive Socioemotional and School-Related Outcomes. Child Adolesc Psychiatr Clin N Am. 2022 Jan;31(1):45-70. doi: 10.1016/j.chc.2021.08.001. PMID: 34801155.

Bethell, C. 2023

Intentional collaboration across system partners to support families and children based on their agenda is possible with the Well Visit Planner interoperable tool

RESOURCE & REFERRAL CENTER

PEDIATRIC PRIMARY CARE

HOME VISITING

EARLY CARE AND EDUCATION

PEDIATRIC PRIMARY CARE

EARLY INTERVENTION

FAITH BASED HEALTH PROGRAM

PEDIATRIC PRIMARY CARE

INFANT TODDLER COURT

COMMUNITY-BASED RESOURCES

PEDIATRIC PRIMARY CARE

COMMUNITY-BASED SUPPORTS
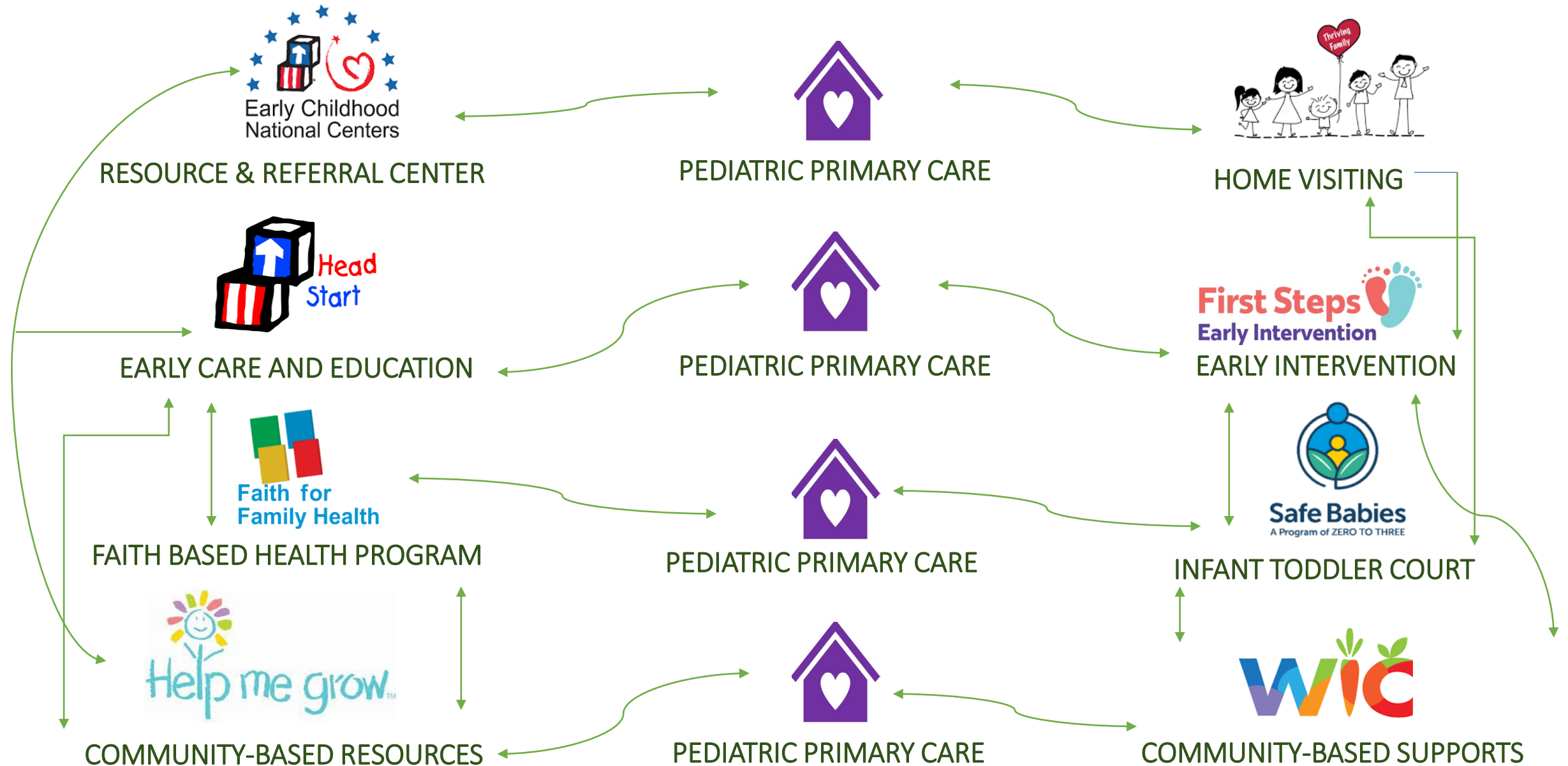
71 Topical Areas Across 9 MCH Programs By Measurement Domain

A: Access and Utilization
N=12
16.9%

B: Quality of Care: Screening, Referral, and Follow Up
N= 17
23.6%

C: Quality of Care: Care Processes, Education, and Counseling
N= 11
15.5%

D: Health and Intermediate Outcomes
N=31
43.6%

Bethell, C. 4.13.2023
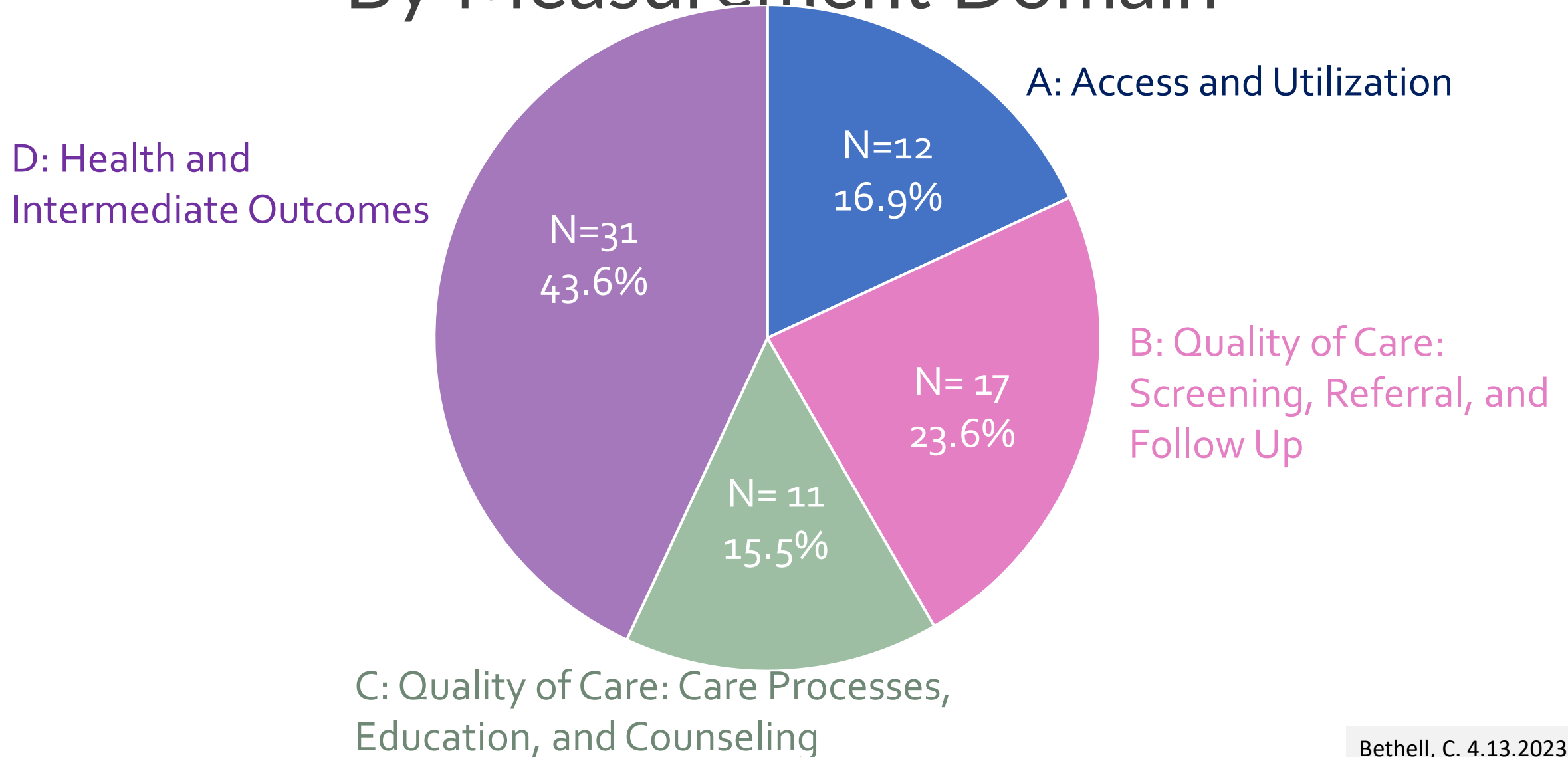
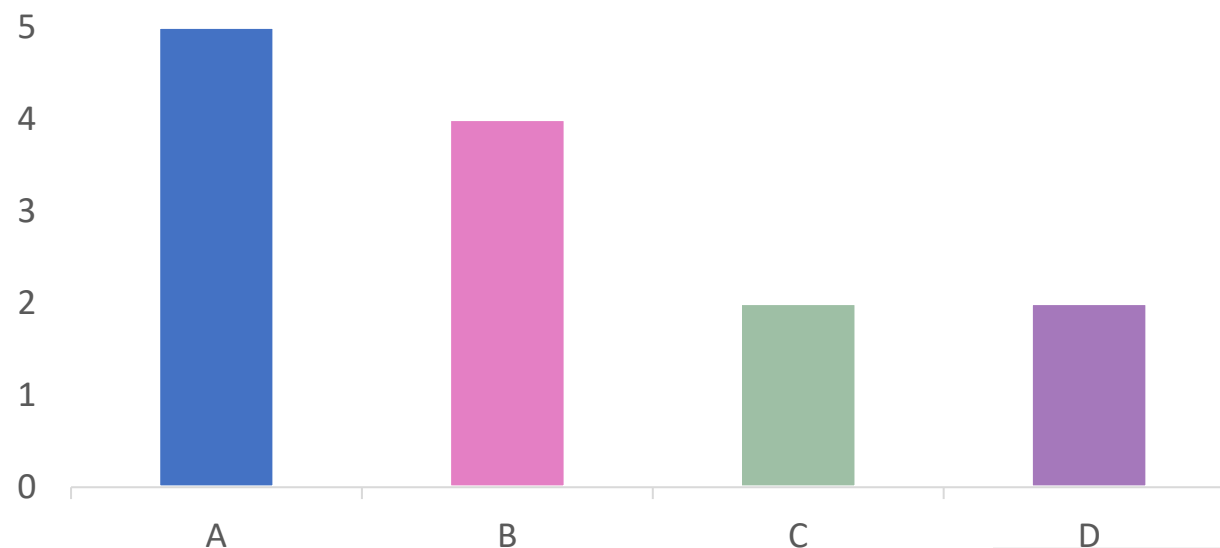|	
A	Prenatal and Postpartum care
A	Receipt of Dental Care Services
A	Well Child Visits
A	Adolescent Well Visits
A	Well Woman Visit
B	Completed Depression Referrals
B	Depression Screening
B	Early Childhood Developmental Screening
B	Tobacco, Alcohol or Other Drug Cessation Referrals/Treatments for Adults and/or Caregivers
C	Weight Assessment, Counseling for Nutrition, Physical Activity
C	Child and Adolescent Immunization status
D	Emergency Department Visits and Injury Hospitalizations
D	Low Birth Weight

13 Topical Areas Shared Across 3+ MCH Programs
(out of 71 topical areas and 309 measures)

5 agencies involved:
1. CHCs
2. MIECHV
3. HEDIS
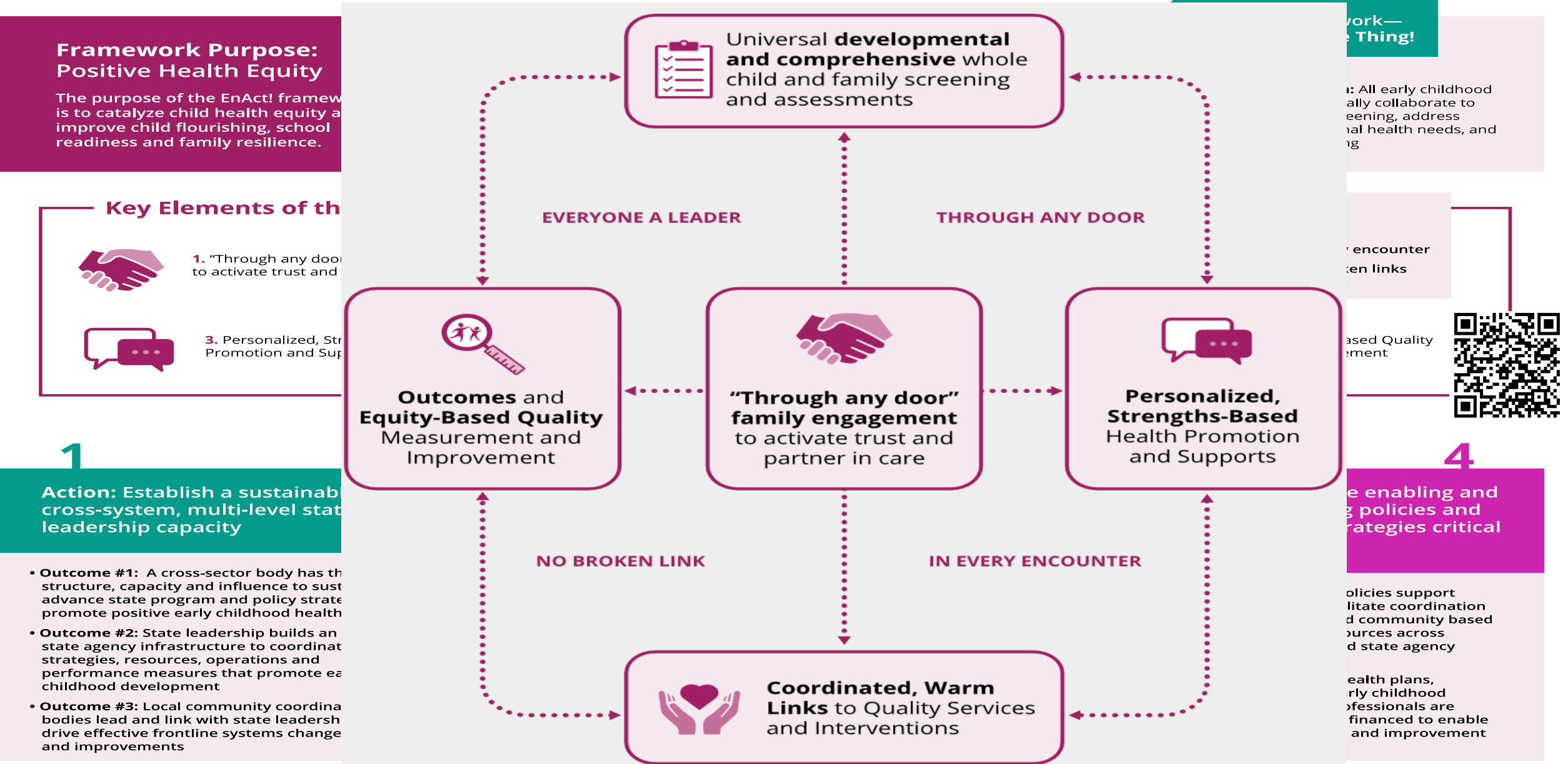4. Medicaid/CHIP
5. Title V

Note: In 2024 Medicaid/CHIP, MIIECHV, Title V and CHCs/FQHCs will be required to report on Development Screening rates

Depression Screening and Prenatal/Postpartum Care are aligned across all five
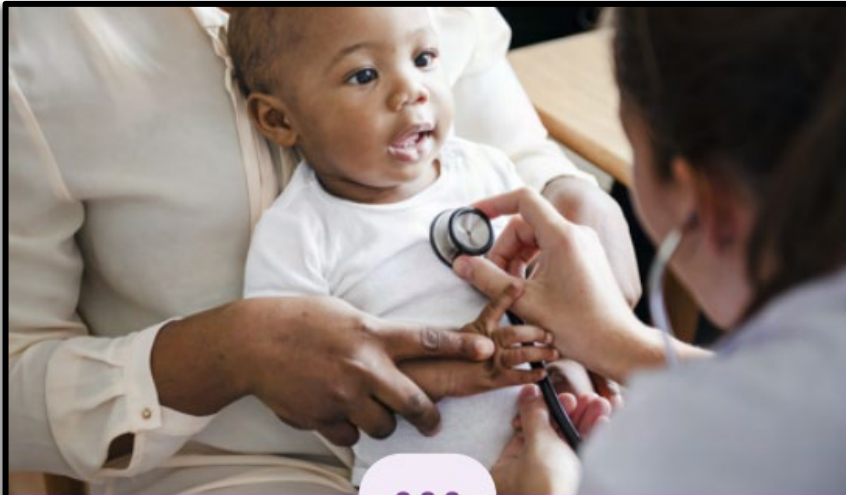

Bethell, C. 4.13.2023

The Engagement in Action (EnAct!) Framework for a Statewide Integrated Early Childhood Health System

Collaboratively designed with Mississippi Thrive! by the Child and Adolescent Health Measurement Initiative
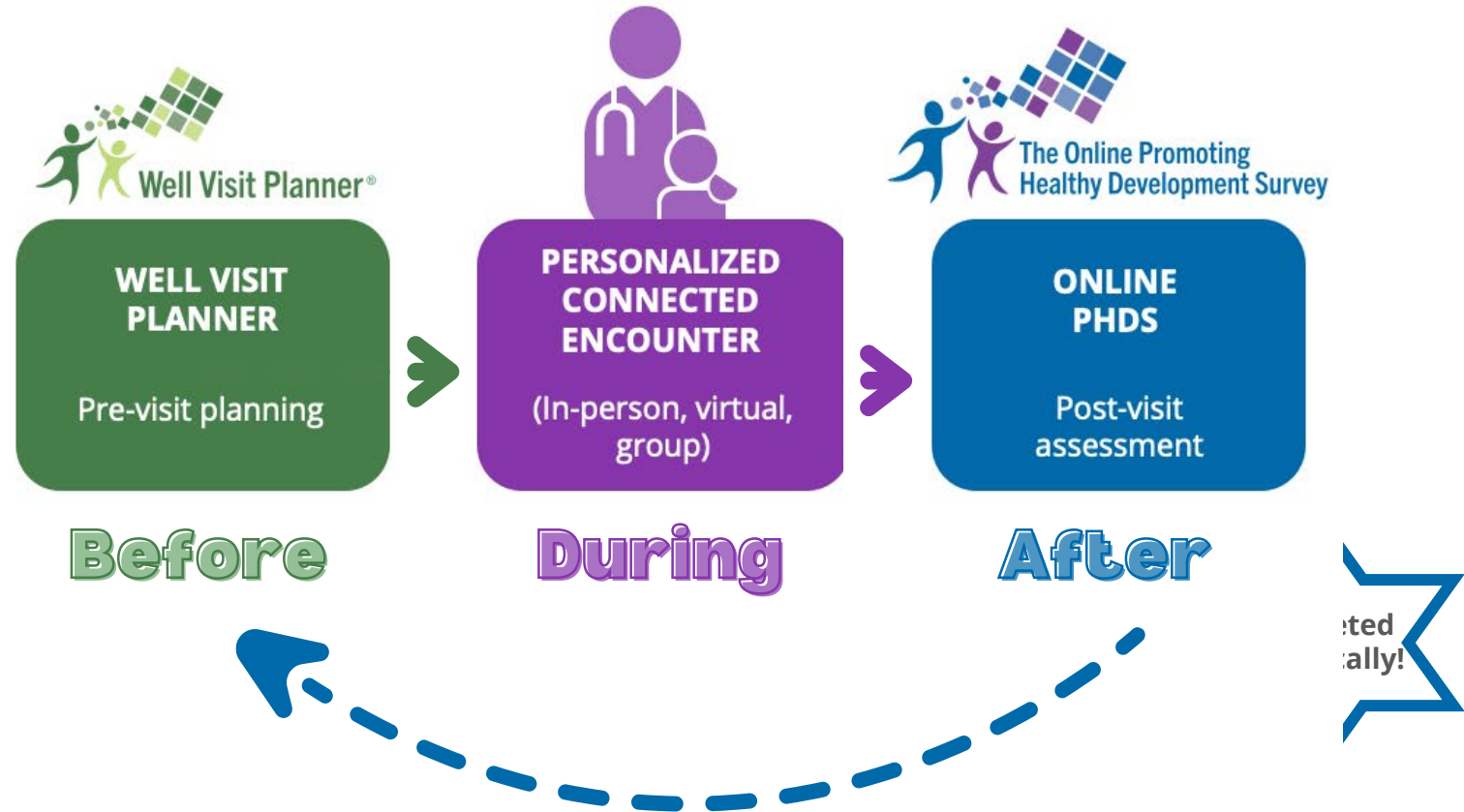
Framework Purpose: Positive Health Equity

The purpose of the EnAct! framework is to catalyze child health equity and improve child flourishing, school readiness and family resilience.

Key Elements of th...

1. "Through any doo... to activate trust and...

3. Personalized, Str... Promotion and Sup...

EVERYONE A LEADER

THROUGH ANY DOOR

Universal **developmental and comprehensive** whole child and family screening and assessments

Outcomes and **Equity-Based Quality** Measurement and Improvement

"Through any door" family engagement to activate trust and partner in care

Personalized, Strengths-Based Health Promotion and Supports

NO BROKEN LINK

IN EVERY ENCOUNTER

Coordinated, Warm Links to Quality Services and Interventions

Source: Child and Adolescent Health Measurement Initiative, Feb. 2023

1

Action: Establish a sustainabl... cross-system, multi-level stat... leadership capacity

- **Outcome #1:** A cross-sector body has th... structure, capacity and influence to sust... advance state program and policy strate... promote positive early childhood health...
- **Outcome #2:** State leadership builds an... state agency infrastructure to coordinat... strategies, resources, operations and performance measures that promote ea... childhood development
- **Outcome #3:** Local community coordina... bodies lead and link with state leadersh... drive effective frontline systems change... and improvements

Source: Child and Adolescent Health Measuremen...

work— e Thing!

n: All early childhood ally collaborate to eening, address al health needs, and g

encounter ken links

ased Quality ement

4

e enabling and g policies and rategies critical

olicies support litate coordination d community based ources across d state agency

ealth plans, rly childhood ofessionals are financed to enable and improvement

ethell, C. 2023

The Cycle of Engagement Family Engaged IT Tool for Local Data: Real Time, Valid, Interoperable

"If you want to effectively engage families, efficiently provide comprehensive care, and meet standards you need the Well Visit Planner."

- Pediatric Provider

Well Visit Planner®

WELL VISIT PLANNER

Pre-visit planning

Before

PERSONALIZED CONNECTED ENCOUNTER

(In-person, virtual, group)

During

The Online Promoting Healthy Development Survey

ONLINE PHDS

Post-visit assessment

After

...ted ...ally!

CAHMI

Welcome to the Well Visit Planner®

Your Child, Your Well Visit

A quick and free pre-visit planning tool to focus care on your unique needs and goals.

Get started now:
Covers all 15 age-specific well visits from your child's first week of life to age 6

Enter provider ID code   Continue without code

Select Language [English ▼]

Login to your family account
Have a provider ID code? **Use it here**

Share with others!

Home/WVP | About | Family Resources | FAQ | Provider Info | Contact Us

Take about 10 minutes to get a personalized Well Visit Guide. Get the best care focused on your child and family's unique goals and needs.

What families like about using the Well Visit Planner (WVP):

- ✓ **Saves time** filling out forms during visits
- ✓ **Gives you a personalized Well Visit Guide** with results specific to your child and family
- ✓ **Provides easy to read resources** on your needs and priorities
- ✓ **Helps you and your child's providers** focus care on your goals and needs
- ✓ **Builds confidence** that your child's care meets expert guidelines
- ✓ **You choose** what sections to complete and share.

Do you want to use the WVP with the children and families you serve?

Learn more here!

What is a Well Visit: Well visits are regular check-ups with your child's personal doctor, nurse, or other child health professional. At least 15 visits are recommended in the first six years of life when children are

Three Easy Steps for Using the Well Visit Planner

1
REFLECT & ASSESS

Reflect on what's going well and identify your goals and concerns. Assess your child's healthy development and family's unique needs.

2
PRIORITIZE

Prioritize what you want to discuss during visits. Pick from recommended topics specific to your child's age and add your own topics.

3
PARTNER

Partner with your child's provider(s). Your Well Visit Guide helps you and your provider focus care on your goals, concerns, needs and priorities.

The Well Visit Planner was created to be used in partnership with your provider.
If you have a unique code from your provider, enter it here now:

Enter provider ID code

"The WVP *empowers families* so we can support their goals and needs. It gives us the *reassurance all screens are done and we meet family priorities*. Saves time to connect, build trust and link to supports." (Pediatrician)
www.cycleofengagement.org

Date of Well Visit: No response • Date WVP Completed: 9/7/2022 • Birth Month & Year: 4/2021

Key: ☐ family response indicated no or low risk ☑ family response indicated some risk or concern ☒ family did not respond; nonresponse could indicate risk

Well Visit Planner®

Screening and Assessments Summary and Topics to Address: *Assess & Address*

Child Development
Developmental Surveillance and Screening

☑ ⓘ **Developmental Screening SWYC milestones score**[1]: 10 (Results from 15 Month SWYC: did not meet age expectations); score may or may not indicate a delay. Clinical review with family needed.

Very Much
- Calls you "mama" or "dada" or similar name
- Looks around when you say things like "Where's your bottle?" or "Where's your blanket?"
- Names at least 5 body parts - like nose, hand, or tummy
- Names at least 5 familiar objects - like ball or milk

Somewhat
- Copies sounds that you make
- Walks across a room without help

Not Yet
- Kicks a ball
- Runs
- Walks up stairs with help

Missing
- Follows directions - like "Come here" or "Give me the ball"

☑ ⓘ **Caregiver reports completing standardized developmental, behavioral screening:** No
☑ **Caregiver's overall level of concern about child's development, learning, behavior:** A little
☑ **Hearing concerns:** Yes
☐ **Speaking concerns:** No
☐ **Lazy or crossed eyes:** No
☐ **Bowel movements/urination concerns:** No

Health Behaviors
☑ **Smoking:** Child exposed to smoking
☐ **Flag for potential alcohol misuse**
☐ **Recreational/non-prescription drug use**

Relational Health Risks
☐ ⓘ **Intimate partner violence risk**[2]
- Caregiver and partner work out arguments with some difficulty
- Some tension in relationship with partner

Social Factors/Determinants
☐ **Lives with both parents:** Yes
☑ **Economic Hardship:** Somewhat/very often hard to cover costs of basic needs, like food or housing
☐ **Negative impact of COVID-19:** Not a lot
☑ **Impact of Covid-19 on family's well-being:** Somewhat

Caregiver Emotional Health
☑ ⓘ **Depression risk: PHQ-2**[4] **Score: 3:**
- Down, depressed, or hopeless several days over the past 2 weeks
- Little interest or pleasure in doing things more than half the days over past 2 weeks

☐ **Caregiver social support**
☐ **Caregiver self care/hobbies:** Has spent time in last 2 weeks doing things they enjoy
☑ **Caregiver coping:** Not Very Well

Other assessments added by provider:

Autism spectrum disorder screen (M-CHAT R/F): Score unknown (incomplete)
PEARLS ACEs score[3]: 3
PEARLS Toxic Stress Risk Factor score[3]: 1
Child flourishing: At Risk
Family resilience: At risk
Parent-child connection: At Risk

See details on 2nd page

Additional caregiver/parent goals and/or concerns to address during the visit: Would like to discuss about my child's development and expectations.

About This Child

Name: Sara **Initials** (F M L): SM
Special Keyword: dog
WVP completed by: Mother
Gender: No response
Insurance coverage/type: No response
Interested in telemedicine visits: No
Concerns about telemedicine to address: Family's privacy

General Health and Updates

Child's Health and Health History
☒ ⓘ **Child has ongoing health problem requiring above routine services (CSHCN screener**[5]**)**
☐ **New medications**
☑ **Currently taking vitamins/herbal supplements:**
☑ **Dentist:** Currently no dentist
☑ **Fluoride:** No fluoride in water source

Family History and Updates
☑ **Recent family changes (e.g. move, job change, separation, divorce, death in the family):** Move
☑ **New medical problem in family**
☐ **Parent/grandparent had stroke or heart problem before age 55**
☑ **Parent has elevated blood cholesterol**

Strengths to Celebrate!
Connect & Celebrate

Caregiver social support:
Caregiver has at least one person they trust and can go to with personal difficulties
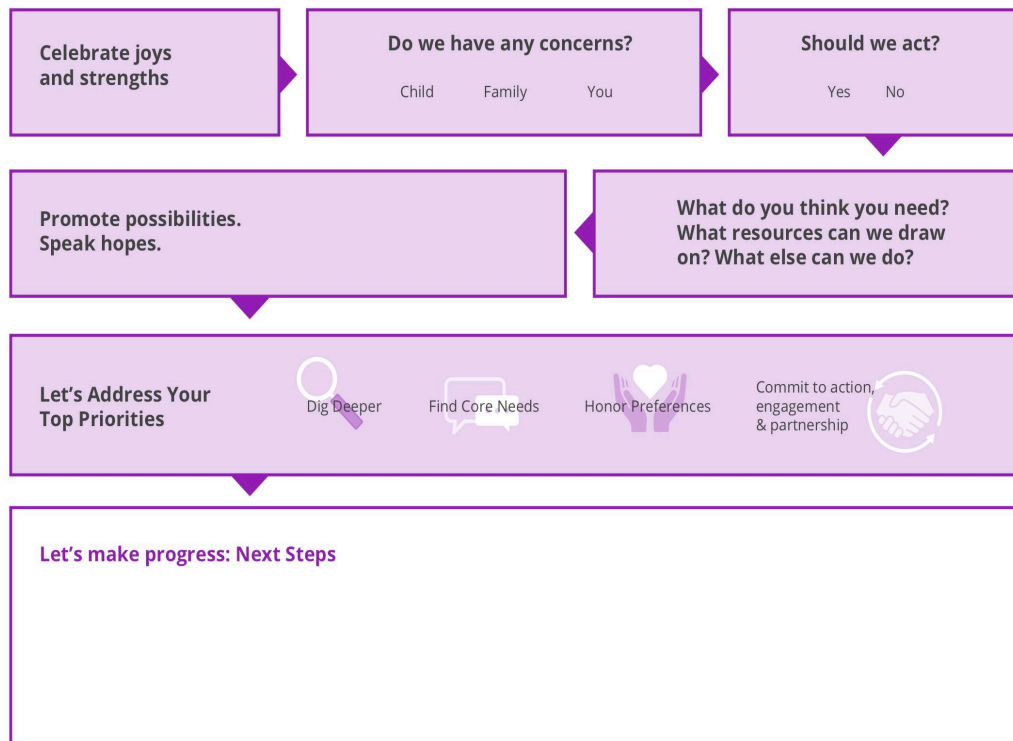
Caregiver self care/hobbies:
Caregiver has spent time in the last 2 weeks doing hobbies, self care, or spare-time activities they enjoy

One thing that is going well for the caregiver as a caregiver:
My parents are very supportive and they love my child.

AT-A-GLANCE CLINICAL SUMMARY
Powers the Personalized Connected Encounter

Your Child, Your Well Visit

Celebrate joys and strengths

Do we have any concerns?
Child   Family   You

Should we act?
Yes   No

Promote possibilities. Speak hopes.

What do you think you need? What resources can we draw on? What else can we do?

Let's Address Your Top Priorities
Dig Deeper   Find Core Needs   Honor Preferences   Commit to action, engagement & partnership

Let's make progress: Next Steps

Well Being Themes — Nurture Positive Experiences — Build Family Strengths & Resilience — Practice Positive Communication — Prioritize attachment & Social & Emotional Skills

National Data Resource Center for Child and Adolescent Health (DRC)

The DRC is a national center assisting in the design, development, documentation and public dissemination of user friendly information about, data findings on and datasets and codebooks for the National Survey of Children's Health (NSCH).

childhealthdata.org

www.childhealthdata.org

Child and Family Health Data for Title V Needs Assessment

Data Resource Center for Child & Adolescent Health
Your Data ... Your Story
A project of the Child and Adolescent Health Measurement Initiative
www.childhealthdata.org

Background

Title V Maternal and Child Health legislation requires states to prepare a statewide needs assessment every five years consistent with national health objectives and health status goals. The next five-year Needs Assessment will be submitted by July 15th 2025. Each state's assessment will identify need for the following services and priority populations:

❖ Preventive and primary care services for pregnant women, mothers and infants up to age one;
❖ Preventive and primary care services for children; and
❖ Services for children with special health care needs (CSHCN).

Online resource for child health care quality data

The Data Resource Center for Child and Adolescent health (DRC) website offers standardized national- and state-level child health data from the National Survey of Children's Health (NSCH). The site's interactive data query feature allows users to search and compare state, national and regional results for an array of child health indicators including National Performance and Outcome Measures. In addition, users can stratify and compare findings for children by age, household income, race/ethnicity, family structure, special health care needs status, adverse childhood experiences and more. DRC staff are also available to provide expert technical assistance.

Access at MCHneeds.net

Title V Needs Assessment Process[1]	How the Data Resource Center Can Help
Assess Needs and Identify Priorities	Immediate access to over 350 state-specific indicators of child health and well-being for children overall and children with special health care needs (CSHCN) provides information to help frame and choose critical questions.
Examine Strengths and Capacity	"Point and click" menus allow users to explore disparities and gaps in access to care and services for various subgroups of children and CSHCN.
Select Priorities	User-generated tables and bar charts supply prevalence and count estimates to help guide selection of priority needs.
Set Performance Objectives	"All States" ranking maps and tables provide benchmark data to assist in identifying state-negotiated performance measure targets.
Develop an Action Plan	Information on national, within and across state variation using standardized indicators encourages dialogue and helps stimulate collaborative efforts within the MCHB, Department of Health, and other state organizations.
Monitor Progress	Centralized resource for population-based survey questions to use in collecting standardized child health data, helping to inform local and program-level evaluation efforts.

Priority Need	Priority Topic	Frequency		Population Groups with State Level Information Available on the Data Resource Center (DRC) Website			
		2020 State Count	2020 State %	Early Childhood (0-5 years)	School Age (6-17 years)	All Children (0-17 years)	Children with Special Health Care Needs (CSHCN)
Transition Care	Access to Quality Care	27	45.0%		x (12-17y)		x
Reducing Disparities	Health Equity	25	41.7%			x	x
Developmental Screening	Access to Quality Care	24	40.0%	x (9-35m)			x
Access to Preventive Care	Access to Quality Care	23	38.3%			x	x
Systems of Care for CYSHCN	Access to Quality Care	23	38.3%			x	x
Medical Home	Access to Quality Care	20	33.3%			x	x
Behavioral Health	Access to Quality Care	20	33.3%			x (3-17y)	x
Breastfeeding	Healthy Behaviors	19	31.7%	x			x
Oral Health Services	Access to Quality Care	17	28.3%			x (1-17y)	x
Reducing Disparities	Social Determinants of Health	16	26.7%			x	x
Protective Factors	Access to Quality Care	15	25.0%			x	x
Reducing Disparities	Access to Quality Care	15	25.0%			x	x
Tobacco	Healthy Behaviors	14	23.3%			x	x
Social Emotional Health	Access to Quality Care	13	21.7%			x	x
Obesity	Health Status	13	21.7%		x (10-17y)		x
Low Birth Weight/Very Low Birth Weight/Prematurity	Health Status	13	21.7%			x	x
Economic Stability	Social Determinants of Health	12	20.0%			x	x
Specialized Care	Access to Quality Care	11	18.3%			x	x
Protective Factors	Healthy Behaviors	11	18.3%			x	x
Care Coordination	Access to Quality Care	9	15.0%			x	x
Health Insurance Coverage	Access to Quality Care	9	15.0%			x	x
Bullying/Harassment	Healthy Behaviors	9	15.0%		x		x
Physical Activity	Healthy Behaviors	8	13.3%		x		x

[2] Altarum (2021), State Priorities and Performance Measures Trends Between 2015 and 2020. "Priority needs identified in the FY2021-FY2025 needs assessment cycle are referred to as "2020 priority needs".

Go to www.childhealthdata.org to interactively Explore and Access Information and Resources on the Majority of State Priorities for Improving MCH Outcomes and System Performance

Go to www.childhealthdata.org to interactively Explore and Access Information and Resources on 18 NOMs and NPMs based on NSCH data.

Updated NOMs and NPMs coming soon!

Measure Number	Measure Short Name	Population Domain	Frequency		Population Groups with State Level Data and Resources Available on the Data Resource Center (DRC) Website				NSCH Data Found on DRC						
			Number of States	Percent of States	Early Childhood (0-5 years)	School Age (6-17 years)	All Children (0-17 years)	CSHCN	2016	2017	2018	2019	2020	2021	2022
NPM 6	Developmental Screening	Child Health	38	64.4%	x			x	x	x	x	x	x	x	x
NPM 8	Physical Activity	Child Health, Adolescent Health	20	33.9%		x		x	x	x	x	x	x	x	x
NPM 9	Bullying	Adolescent Health	18	30.5%		x (12-17y)		x	*	*	x	x	x	x	x
NPM 10	Adolescent Well-Visit	Adolescent Health	32	54.2%		x (12-17y)		x	x	x	*	x	x	x	x
NPM 11	Medical Home	Child Health, Adolescent Health, CSHCN	39	66.1%			x	x	x	x	x	x	x	x	x
NPM 12	Transition	Adolescent Health, CSHCN	36	61.0%		x (12-17y)		x	x	x	x	x	x	x	x
NPM 13.2	Preventive Dental Visit	Child Health, Adolescent Health	15	25.4%			x (1-17y)	x	x	x	x	x	x	x	x
NPM 14.2	Smoking - Household	Child Health, Adolescent Health	3	5.1%			x	x	x	x	x	x	x	x	x
NPM 15	Adequate Insurance	Child Health, Adolescent Health	6	10.2%			x	x	x	x	x	x	x	x	x
NOM 14	Tooth Decay or Cavities	-	-	-			x (1-17y)	x	x	x	x	x	x	x	x
NOM 17.1	CSHCN	-	-	-			x		x	x	x	x	x	x	x
NOM 17.2	CSHCN Systems of Care	-	-	-			x		x	x	x	x	x	x	x
NOM 17.3	Autism	-	-	-			x (3-17y)	x	x	x	x	x	x	x	x
NOM 17.4	ADD or ADHD	-	-	-			x (3-17y)	x	x	x	x	x	x	x	x
NOM 18	Mental Health Treatment or Counseling	-	-	-			x (3-17y)	x	x	x	x	x	x	x	x
NOM 19	Overall Health Status	-	-	-			x	x	x	x	x	x	x	x	x
NOM 20	Obesity	-	-	-		x (10-17y)		x	x	x	x	x	x	x	x
NOM 25	Forgone Health Care	-	-	-			x	x	x	x	x	x	x	x	x

Four Key DRC Online Website Features

https://www.childhealthdata.org/

Data Resource Center for Child & Adolescent Health
Your Data ... Your Story
A project of the Child and Adolescent Health Measurement Initiative

childhealthdata.org

Child and Family Health Measures
2020-2021 National Survey of Children's Health (two years combined)

Physical, Oral Health and Functional Status

1.1 **Health status (NOM-19)**
1.2 Condition of teeth, 1-17 years
1.2a Oral health problems, 1-17 years
   Tooth decay/cavities, 1-17 years (NOM-14)
1.3 Breastfed ever, 0-5 years
1.3a Exclusively breastfed, 6 mos-5 years
1.4 **Weight status (BMI), 10-17 years (NOM-20)**
1.4b Ever told that child is overweight
1.5 **Physical activity, 6-17 years (NPM-8.1: 6-11 years, NPM-8.2: 12-17 years)**
1.6 Concern about current weight
1.7 Low birth weight
1.7a Low or very low birth weight
1.8 Premature birth
1.9 One or more health conditions
   Prevalence of current or lifelong conditions
   Severity of current or lifelong conditions
1.10 One or more functional difficulties
1.11 **Children with special health care needs (NOM-17.1)**
1.12 Effect of conditions on daily activities

Emotional and Mental Health

2.1 Bullied others, 6-17 years
   Among children age 12-17 years (NPM-9)
2.2 Bullied, 6-17 years
   Among children age 12-17 years (NPM-9)
2.3 Flourishing for young children, 6 months-5 years
2.4 Flourishing for children and adolescents, 6-17 years
2.5 Argues too much, 6-17 years
2.6 Making and keeping friends, 6-17 years
2.7 **Prevalence of ADD/ADHD, 3-17 years (NOM-17.4)**
2.7a Severity of ADD/ADHD, 3-17 years
2.7b Medication for ADD/ADHD, 3-17 years
2.7c Received behavioral treatment for ADD/ADHD, 3-17 years
2.8 **Prevalence of autism/ASD, 3-17 years (NOM-17.3)**
2.8a Severity of autism/ASD, 3-17 years
2.8b Medication for autism/ASD, 3-17 years
2.8c Received behavioral treatment for autism/ASD, 3-17 years
2.8d Age of diagnosis for autism/ASD
2.8e Type of doctor or health care provider first to tell that child had autism/ASD, 3-17 years
2.9 Medication for ADD/ADHD, autism/ASD or other emotional, behavioral difficulties, 3-17 years
2.10 Mental, emotional, developmental or behavioral problems, 3-17 years

Health Insurance Coverage

3.1 Current health insurance status
3.2 Consistency of insurance coverage
3.3 Type of health insurance
3.4 Adequacy of current insurance
3.4a **Adequate and continuous insurance (NPM-15)**
3.5 Adequacy of insurance coverage for mental health care, 3-17 years
3.6 Out-of-pocket cost for medical and health care

Health Care Access and Quality

4.1 Medical care visit
4.1a Preventive care visit/check-up
   Among children 12-17 years (NPM-10)
4.1b Time with doctor during preventive care visit/check-up
4.1c Doctor spoke with child privately, 12-17 years
4.2 Dentist visit, 1-17 years
4.2a **Preventive dental visit, 1-17 years (NPM-13.2)**
4.3 Received both preventive medical and dental care
4.4 Received mental health care, 3-17 years
   Mental health treatment or counseling, 3-17 years with a mental/behavioral condition (NOM-18)
4.4a Difficulties obtaining mental health care, 3-17 years
4.5 Received care from a specialist doctor
4.5a Difficulties obtaining specialist care
4.7 Hospital emergency room visit
4.7a Hospital admission
4.6 Alternative health care or treatment
4.7 Doctor asked about parental concerns, 0-5 years
4.8 **Developmental screening, 9-35 months (NPM-6)**
4.9 Special services for developmental needs
4.11a Age started receiving special services for developmental needs
4.10 **Medical home Among CSHCN and Non-CSHCN (NPM-11)**
4.12a Personal doctor or nurse
4.12b Usual source for sick care
4.12c Family-centered care
4.12d Difficulties getting referrals
4.12e Effective care coordination
4.14 Shared decision making
4.15 **Transition to adult health care, 12-17 years Among CSHCN and Non-CSHCN (NPM-12)**
4.17 System of care
   Among CSHCN (NOM-17.2)
4.18 **Forgone health care (NOM-25)**
4.19 Problems paying medical bills
4.20 Frustrated in efforts to get services

Community and School Activities

5.1 Special education or early intervention plan (EIP), 1-17 years
5.1a Age started special education or EIP
5.2 School engagement, 6-17 years
5.3 Repeated grade(s) in school, 6-17 years
5.4 Missed school days, 6-17 years
5.5 Participation in organized activities, 6-17 years
5.6 Parent participation in child's event/activities, 6-17 years
5.7 Participation in community service or volunteer work, 6-17 years
5.8 Work for pay, 12 -17 years
5.9 Has an adult mentor, 6-17 years
This child's learning, individual items, 1-5 years
This child's learning, individual items, 3-5 years

Notes:
- **MCHB Title V National Performance Measures (NOM) and National Outcome Measures (NOM) are in bold types.**
- The definition of all measures can be found in the 2020-2021 NSCH codebook and through the information icon on the data query at childhealthdata.org.
- Estimates are not comparable with estimates from surveys conducted prior to 2016.

Full survey instruments are available at the HRSA's MCHB website.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Humans Services (HHS) under grant number U59MC27866, National Maternal and Child Health Data Resource Initiative, $4.5M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

Family Health and Activities

6.1 Physical health status of mother
6.1a Physical health status of father
6.2 Mental health status of mother
6.2a Mental health status of father
6.3 Overall health status of mother
6.3a Overall health status of father
6.4 **Someone living in the household smokes (NPM-14.2)**
6.4a Someone smokes inside the home
6.5 Caregiver(s) employment status
6.5a Children living in "working poor" families
6.6 Family shares ideas, 6-17 years
6.7 Family reads to children, 0-5 years
6.8 Family sings and tells stories to children, 0-5 years
6.9 Family eats meals together
6.10 Time spent in front of a TV, computer, cellphone or other electronic device
6.12 Family resilience
6.13 Adverse childhood experiences
6.14 Parental aggravation
6.15 Emotional help with parenthood
6.16 Coping with daily demands of raising children
6.17 Job change due to problems with child care, 0-5 years
6.18 Left a job, took a leave of absence, or cut back hours due to child's health
6.19 Avoided changing job to maintain insurance
6.20a Time spent providing at home health care
6.20b Time spent coordinating health care
6.21 Received child care from others at least 10 hours/week, 0-5 years
6.22 Sleep position, 0-12 months
6.24 Child goes to bed same time on weeknights
6.25 Adequate amount of sleep, 4 months-17 years
6.26 Food insufficiency
6.27 Received food or cash assistance

Neighborhood Safety and Support

7.1 Supportive neighborhood
7.2 Safe neighborhood
7.3 Safe school, 6-17 years
7.4 Neighborhood amenities
7.5 Presence of detracting neighborhood elements

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Currently Available NOMs and NPMs Derived from NSCH

Title V Maternal and Child Health Services Block Grant Measures
Available from the **2020-2021** National Survey of Children's Health (two years combined)

National Performance Measures (NPM)

NPM-6	Developmental screening, 9-35 months
NPM-8.1	Physical activity, 6-11 years
NPM-8.2	Physical activity, 12-17 years
NPM-9	Bullied, 12-17 years
	Bullied others, 12-17 years
NPM-10	Preventive medical visit, 12-17 years
NPM-11	Medical home, children with special health care needs
	Medical home, children without special health care needs
NPM-12	Transition to adult health care, children with special health care needs, 12-17 years
	Transition to adult health care, children without special health care needs, 12-17 years
NPM-13.2	Preventive dental visit, 1-17 years
NPM-14.2	Someone living in the household smokes
NPM-15	Adequate and continuous insurance

National Outcome Measures (NOM)

NOM-14	Tooth decay/cavities, 1-17 years
NOM-17.1	Children with special health care needs
NOM-17.2	Systems of care, children with special health care needs
NOM-17.3	Autism/ASD, 3-17 years
NOM-17.4	ADD/ADHD, 3-17 years
NOM-18	Mental health treatment or counseling, 3-17 years with a mental/behavioral condition
NOM-19	Overall health status
NOM-20	Obesity, 10-17 years
NOM-25	Forgone health care

Note: The definition of all measures can be found in the 2020-2021 NSCH codebook and through the information icon on the data query at childhealthdata.org.
For more information about NPMs and NOMs visit the HRSA MCHB website: https://mchb.tvisdata.hrsa.gov/

Citation: Child and Adolescent Health Measurement Initiative (2022). "Title V Maternal and Child Health Services Block Grant Measures Content Map, 2020-2021 National Survey of Children's Health (two years combined)". Data Resource Center for Child and Adolescent Health, supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [mm/dd/yy] from [www.childhealthdata.org].

+ Over 300 Child and Family Health Measures

View Findings by Subgroups

Subgroups
Age in 3 groups
Sex of child
Race/ethnicity of child
Race/ethnicity of child – 7 categories
Parental nativity
Primary language in household
Primary household language for Hispanic children
Family structure – 4 categories
Household income level
Household income level (SCHIP)
Highest education of adult in household
Military status of adult(s) in household
Family resilience
Adverse Childhood Experiences – 8 items
Adverse Childhood Experiences – 9 items
Special health care needs status
Complexity of health care needs
Emotional, behavioral, or developmental issues for which treatment or counseling is needed
Family resilience
Medical home
Current insurance status
Adequate and consistency of health insurance
Consistency of health insurance coverage
Type of health insurance
Well-functioning system of care

Changes to NSCH Derived NOMs and NPMs Across Years

Title V National Performance Measure (NPM) and National Outcome Measure (NOM) Changes in the National Survey of Children's Health (NSCH)

This document summarizes changes in the Title V National Performance and Outcome measures across survey years. The **2016 NSCH data serves as a baseline**. Data collected prior to 2016 **cannot be compared** due to significant changes in the survey design and operation, including the shift from telephone interviews to a self-administered address-based survey completed by web or paper and pencil. View a crosswalk of survey items from 2016 through 2022 for additional information on item-level changes.

Keys:
↔ Measure is comparable across survey years
⊘ Measure is not comparable across survey years

Measure	Comparable across survey years?							Summary of key changes in measure since 2016
	2016	2017	2018	2019	2020	2021	2022	
National Performance Measures (NPMs)								
NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year								**No changes**
NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day **NPM 8.2:** Percent of adolescents, ages 12 through 17, who are physically active at least 60 minutes per day								**No changes**
NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others								**Major content change in 2018; data from 2018 and beyond cannot be compared to 2016 or 2017.** • **In 2018,** the survey questions and timeframe changed to ask about frequency of occurrence during the past 12 months of how often did the child "bully others, pick on them, or exclude them" and the child "was bullied, picked on, or excluded by other children". Response options were revised

https://www.childhealthdata.org/docs/default-source/drc/npm-and-nom-changes_2016-2022.pdf

Accessing on the spot details on measurement specifications

Current Search Criteria

Survey: 2020-2021 National Survey of Children's Health

Starting Point: Title V Maternal and Child Health Services Block Grant Measures

State/Region: Nationwide (quick edit)

Topic: National Performance Measures

Question: NPM 11: Medical home, children with special health care needs (CSHCN) ⓘ

Edit Search Criteria

Select a State or Region to Compare ⌄

Select a Subgroup ⌄

Change Question, Topic or Survey

National Performance Measure 11: Percent of children with special health care needs, ages 0 through 17, who have a medical home ⓘ

	Care meets medical home criteria	Care does not meet medical home criteria	Total %
%	42.0	58.0	100.0
C.I.	40.5 - 43.4	56.6 - 59.5	
Sample Count	9,852	11,349	
Pop. Est.	5,940,544	8,218,253	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

NPM 11: Percent of children with special health care needs who have a medical home
Children with special health care needs ages 0-17 years
Nationwide

National Performance Measure 11: Percent of children with special health care needs, ages 0 through 17, who have a medical home ✕

Survey Items: Survey instrument item number for children 0-5 years: C1, C8, C9, D1-D4, D7-D12; for children 6-11 years: C1, C8, C9, D1-D4, D7-D12; for children 12-17 years: C1, C9, C10, D1-D4, D7-D12

Variables in public use data file: S4Q01(2020); S4Q01(2021); K4Q01; K4Q02_R; K4Q04_R; K5Q10; K5Q11; K5Q40; K5Q41; K5Q42; K5Q43; K5Q44; K5Q20_R; K5Q21; K5Q22; K5Q30; K5Q31_R; K5Q32

Denominator: Children with special health care needs ages 0-17 years

Numerator: Care meets medical home criteria; Care does not meet medical home criteria

Revisions and Changes: Though there were changes to a few items which are used to score this measure since 2016, the overall concept of medical home and how it is measured in the survey did not change. For more information about the changes, click here.

Additional Notes: The American Academy of Pediatrics specifies seven qualities essential to medical home care: accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective care. Ideally, medical home care is delivered within the context of a trusting and collaborative relationship between the child's family and a competent health professional who is familiar with the child and family and the child's health history. The presence of a medical home was measured by a composite measure based on five components constructed from a total of 16 survey items. These components are:
1. Personal doctor or nurse (Indicator 4.12a: PerDrNs_2021)
2. Usual source for sick care (Indicator 4.12b: UsualSck_2021)
3. Family-centered care (Indicator 4.12c: FamCent_2021)
4. Problems getting needed referrals (Indicator 4.12d: NoRefPrb_2021)
5. Effective Care Coordination when needed (Indicator 4.12e: CareCoor_2021)

To qualify as having a Medical Home, children must meet the criteria for adequate care on the first three components: personal doctor or nurse, usual source for care, and family-centered care. Additionally, any children who needed referrals or care coordination must also meet criteria for those components in order to qualify as having a medical home. Children with a valid, positive response to at least one component and the remainder of the components were missing or legitimately skipped are categorized as having a medical home. Further information about the Medical Home concept and measurement is available in the medical home manual developed by the CAHMI.
In 2021, the item S4Q01 asked respondents to include health care visits done by video or phone.

Treatment of Unknown Values: Missing values may be due to non-response (i.e. a skipped item) or a "don't know" response. The way these items are handled can vary by measure. For NPMs and NOMs, having missing values for all items in an indicator will lead to the case being given a missing value on the overall measure. For some other measures, if there is a missing value on any of the items, the case will be set to missing. How missing values are handled is documented in the "Additional notes" field above when required.
Missing values are not included in the denominator when calculating prevalence estimates and weighted population counts displayed in the Interactive Data Query results table. In the majority of cases, the proportion of missing values is less than 2%. Exceptions are noted in the form of a Data Alert at the bottom of a results table. The exclusion of these values does not change the prevalence estimates (%) and only marginally affects the weighted population counts (Pop. Est.). To learn about the impact of the missing values on the population count estimates, click here.

History and Development:
Overview of the Title V Block Grant
The Title V Maternal and Child Health (MCH) Services Block Grant Program is a federal-state partnership to improve the health and well-being of mothers, children (including children with special health care needs) and their families in all 59 states and jurisdictions. The Title V MCH Block Grant Performance Measure Framework enables states to demonstrate the impacts of Title V within a state. The performance measurement system utilizes national data sources, including the NSCH, to track the ultimate outcomes of the program -- National Outcome Measures (NOMs) -- and the key metrics of health behavior or health care access and quality -- National Performance Measures (NPMs) -- that influence NOMs. For more information on NPM and NOM content changes, click here. More information about the Title V MCH Block Grant and performance measurement system can be obtained at the MCHB website.
About NSCH
The National Survey of Children's Health (NSCH), funded and directed by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), is designed to provide annual national and state-level information on the health and well-being of children ages 0-17 years in the United States. The U.S. Census Bureau administers the survey, oversees the sampling, and produces a final data set of survey results. HRSA's Maternal and Child Health Bureau (MCHB) develops survey content in collaboration with the U.S. Census Bureau and a Technical Expert Panel. The Technical Expert Panel consists of experts in survey methodology and children's health, federal and state stakeholders, clinicians and researchers. In 2016, the NSCH underwent a significant redesign which combined content from both the NSCH and the National Survey of Children with Special Health Care Needs (NS-CSHCN). Further information on that redesign can be found in "The Design and Implementation of the 2016 National Survey of Children's Health".

Guidelines to Optimize Data for Local Areas Using Synthetic Estimate

Your Data … Your Story
Data Resource Center for Child & Adolescent Health
A project of the Child and Adolescent Health Measurement Initiative

### Your State Data… Your Local Story

Local Uses of National and State Data
And how to construct a synthetic estimate

Do you always need local data?

No! In fact, national and state data can often be applied locally and have many local uses:

- **Reforms needed at the state level are likely also needed at the local level** – this isn't likely to change with slight prevalence differences
- Combined with what is already known about your local area, **state level data can be very powerful** in informing change and measuring benchmarks
- **Data collection is expensive** – consider what you can do with the data and information already available
- Local data make up state estimates. If demographic distributions between a local area and the state are similar, state and local estimates likely are too. However, large within-state demographic variation may mean that local areas actually differ markedly from the state as a whole. In these cases, a **synthetic estimate** can help provide a more accurate local picture.
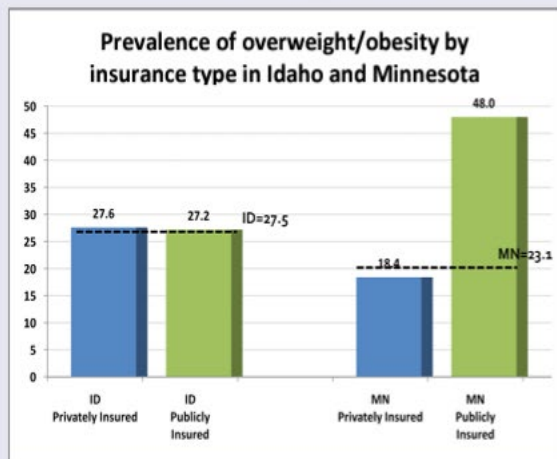
The graph to the left is an example of when summary measures do not tell the whole story. In Idaho, the state overweight/obesity prevalence is quite similar to that for both privately and publicly insured children within the state. However, in Minnesota that is not the case. While Minnesota has a lower overall prevalence, it has much greater disparities in overweight/obesity by insurance type. We would not have known this had we not stratified by an important subgroup.

Similarly, local areas within a state can vary on factors known or suspected to affect health, health care and the other topics in the NSCH and the NS-CSHCN. Synthetic estimates can

Prevalence of overweight/obesity by insurance type in Idaho and Minnesota

	Value
ID Privately Insured	27.6
ID Publicly Insured	27.2
ID= 27.5	
MN Privately Insured	18.4
MN Publicly Insured	48.0
MN= 23.1	

So, let's calculate a synthetic estimate!
We'll estimate the percentage of children in Marin County with a medical home.

STEP 1: Determine the prevalence of your variable by selected demographic category at the state level. You can choose any variable for which you have state-level data.

www.childhealthdata.org provides data on numerous measures of child health and well-being and allows stratification by various subgroups. We used data from the 2007 NSCH to find the prevalence of having a medical home in California stratified by race/ethnicity.

STEP 2: Determine the number of children in your county who fall into each category of the demographic characteristic you are using. You can use any demographic variable for which you have county and state-level information.

Race/Ethnicity Category	Distribution in Marin County
Latino/Hispanic	16,241
White	31,583
Black	1,269
Multiracial	2,570
Other	1,968
Total	53,631

We got the 2007 race distribution in Marin County directly from KidsData.org (California only).

Note that we combined the Native American and Asian/Pacific Islander groups from the KidsData website into an "other" category to match categories in the 2007 NSCH. *It is important to make sure the groupings in your two data sources match!* You can also access county-level information from places such as: www.KidsCount.org, www.census.gov and your state department of finance.

STEP 3: Calculate the estimate. First, determine the estimated number of children who meet the indicator of interest within each demographic group for your selected county. In this example, it is the number of children with a medical home by race in Marin County (3rd column in the table below).

Then, determine the prevalence of your variable of interest in your county by dividing the total number of children in the county who meet that variable by the total number of children in the county. Here, we divide the total number of children

Race/Ethnicity Category	Distribution in Marin County	% with medical home by race in CA	# with medical home by race in Marin County
Latino/Hispanic	16,241	37.6%	16,241*0.376= 6,107
White	31,583	65.7%	20,750
Black	1,269	42.2%	536
Multiracial	2,570	71.0%	1,825
Other	1,968	50.6%	996
Total	53,631		30,214

estimated to have a medical home in Marin County by the total number of children living in Marin County in

How do I access data on the DRC?
Interactive Data Query

National Survey of Children's Health (2016 – present)

The DRC's Interactive Data Query

To begin your interactive data search:

1) Select a **survey year** and **geographic level**.
2) Select your desired **topic/starting point** (at-a-glance content maps are available to view/download at this step).
3) Select your **measure**.

These steps will direct you to a results page where you can compare across states, regions and by numerous subgroups.

Note: For the most reliable estimates, use the two-year combined data (e.g. 2020-2021).

Watch a Video Tour of the Interactive Data Query 🎥

Data Source:

National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. https://mchb.hrsa.gov/data/national-surveys

Citation:

Child and Adolescent Health Measurement Initiative. [Title of the document] [Insert name and year of survey]. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [mm/dd/yy] from [www.childhealthdata.org].

1. Select a Survey Year and Geographic Area

Select a Year

| 2020-2021 (two years combined) ▾ |

Select a State/Region

| Nationwide ▾ |

2. Select a Starting Point/Topic

- **Child and Family Health Measures** (Content Map 📄)
  Over 300 indicators and survey items for child and family health and well-being

  - ○ Physical, Oral Health and Functional Status
  - ○ Emotional and Mental Health
  - ○ Health Insurance Coverage
  - ○ Health Care Access and Quality
  - ○ Community and School Activities
  - ○ Family Health and Activities
  - ○ Neighborhood Safety and Support
  - ○ Child and Family Demographics

- **Title V Maternal and Child Health Services Block Grant Measures** (Content Map 📄)
  Title V Maternal and Child Health Services Block Grant National Performance and Outcome Measures

  - ○ National Performance Measures
  - ○ National Outcome Measures

3. Select a Survey Question (click the ⓘ for more information on the question)

NPM 6: Developmental screening, age 9-35 months ⓘ

NPM 8.1: Physical activity, age 6-11 years ⓘ

NPM 8.2: Physical activity, age 12-17 years ⓘ

NPM 9: Bullied others, age 12-17 years ⓘ

NPM 9: Bullied, age 12-17 years ⓘ

NPM 10: Preventive medical visit, age 12-17 years ⓘ

NPM 11: Medical home, children with special health care needs (CSHCN) ⓘ

NPM 11: Medical home, children without special health care needs (Non-CSHCN) ⓘ

NPM 12: Transition to adult health care, CSHCN age 12-17 years ⓘ

NPM 12: Transition to adult health care, Non-CSHCN age 12-17 years ⓘ

NPM 13.2: Preventive dental visit, age 1-17 years ⓘ

NPM 14.2: Someone living in the household smokes ⓘ

NPM 15: Adequate and continuous insurance ⓘ

CAHMI

View Findings by Subgroups

Current Search Criteria

Survey: 2020-2021 National Survey of Children's Health
Starting Point: Title V Maternal and Child Health Services
Block Grant Measures
State/Region: Nationwide (quick edit)
Topic: National Performance Measures
Question: NPM 11: Medical home, children with special
health care needs (CSHCN) ⓘ
Sub Group: Race/ethnicity of child -- 7 categories

Edit Search Criteria

Select a State or Region to Compare ▾

Race/ethnicity of child -- 7 categories ▾

Change Question, Topic or Survey

National Performance Measure 11: Percent of children with special health care needs, ages 0 through 17, who have a medical home ⓘ

		Care meets medical home criteria	Care does not meet medical home criteria	Total %
Hispanic	%	**35.6**	**64.4**	100.0
	C.I.	31.6 - 39.8	60.2 - 68.4	
	Sample Count	1,014	1,670	
	Pop. Est.	1,159,900	2,095,605	
White, non-Hispanic	%	**46.3**	**53.7**	100.0
	C.I.	44.8 - 47.8	52.2 - 55.2	
	Sample Count	7,055	7,278	
	Pop. Est.	3,397,210	3,946,187	
Black, non-Hispanic	%	**36.8**	**63.2**	100.0
	C.I.	33.1 - 40.6	59.4 - 66.9	
	Sample Count	639	977	
	Pop. Est.	829,053	1,424,009	
Asian, non-Hispanic	%	**43.2**	**56.8**	100.0
	C.I.	34.9 - 51.9	48.1 - 65.1	
	Sample Count	275	270	

Subgroups
Age in 3 groups
Sex of child
Race/ethnicity of child
Race/ethnicity of child – 7 categories
Parental nativity
Primary language in household
Primary household language for Hispanic children
Family structure
Household income level
Household income level (SCHIP)
Highest education of adult in household
Military status of adult(s) in household
Family resilience
Adverse Childhood Experiences
Special health care needs status
Complexity of health care needs
Emotional, behavioral, or developmental issues for which treatment or counseling is needed
Family resilience
Medical home
Current insurance status
Adequate and consistency of health insurance
Consistency of health insurance coverage
Type of health insurance
Well-functioning system of care

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Compare Data Across States

Data Resource Center for Child & Adolescent Health
A project of the Child and Adolescent Health Measurement Initiative

CAHMI — The Child & Adolescent Health Measurement Initiative

Learn About the NSCH	Explore the Data	Spread the Word	About Us

Explore this Topic:

NSCH Interactive Data Query (2016 – Present)

Ways to Compare Data Across States on the DRC

Comparison Tables: Compare NPM/NOMs Across States

US Maps: Compare NPM/NOMs Across States

Archived Data Query - NSCH and NS-CSHCN Prior to 2016

Archived Data Resources and Snapshots - NSCH and NS-CSHCN Prior to 2016

Dropdown menu:

NSCH Interactive Data Query (2016 – Present)
Ways to Compare Data Across States on the DRC
Comparison Tables: Compare NPM/NOMs Across States
US Maps: Compare NPM/NOMs Across States
Archived Data Query - NSCH and NS-CSHCN Prior to 2016
Archived Data Resources and Snapshots - NSCH and NS-CSHCN Prior to 2016

1) Select a **survey year** and **geographic level**.
2) Select your desired **topic/starting point** (**at-a-glance content maps** are available to view/download at this step).
3) Select your **measure**.

These steps will direct you to a results page where you can compare across states, regions and by numerous subgroups.

Note: For the most reliable estimates, use the two-year combined data (e.g. 2018-2019).

Watch a Video Tour of the Interactive Data Query

Data Source:

National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau.
https://mchb.hrsa.gov/data/national-surveys

Citation:

Child and Adolescent Health Measurement Initiative. [Title of the document] [Insert name and year of survey]. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [mm/dd/yy] from [www.childhealthdata.org].

1. Select a Survey Year and Geographic Area

Select a Year

2018-2019 (two years combined)

Ways to Compare Data Across States on the DRC

There are three primary ways to compare data across states using the DRC website. Your options include:

- View findings on single indicators (and by subgroups) for all states using our Across-States Interactive Data Query (see below for steps)
- Compare states on all NSCH derived Title V National Outcome and Performance Measures using our Across-State Comparison Tables
- View US maps shaded to indicate how each state's finding differs from the nation on Title V National Outcome and Performance Measures using our Across-State Comparison US Maps

Steps for Using the DRC Across-State Interactive Data Query:
1. Go to the NSCH interactive data query
2. Select **"All States"** in the drop-down menu where you select the state or region you wish to see results for
3. Select your indicator of interest
4. Select any subgroups you wish to view the indicator by
5. View findings for all states and sort by the response option you are interested in by clicking on the response option at the top of the data table
6. If you selected a subgroup, select the specific indicator response option you wish to view across-state findings for by your subgroup
7. If you want to return to the interactive query just for your state (or with one other geographic area), just click on the state and it will return you to the state by state (and two areas at a time) data query option

Steps for Using the Across-State Comparison Tables
1. Go to the Across-State Comparison Tables
2. Select to view National Outcome or Performance Measures
3. The color-coding in the table represents a state's comparison with national estimates
4. To sort a measure by state prevalence, click the arrows at the top of the column
5. To see the full measure description, hover over the measure title
6. To compare national and state level data and to access subgroup level data in the data query, click on any prevalence estimate in the table

Steps for Using the Across-State Comparison US Maps
1. Go to the Across-State Comparison US Maps
2. Select the National Outcome or Performance Measure you wish to view
3. The color-coding in the map represents a state's comparison with national estimates
4. To compare national and state level data, click on any state

CAHMI

View Findings By States or Regions or Across All States or Regions At the Same Time

Current Search Criteria

Survey: 2020-2021 National Survey of Children's Health
Starting Point: Title V Maternal and Child Health Services Block Grant Measures
State/Region: Nationwide vs. Maryland (quick edit)
Topic: National Performance Measures
Question: NPM 11: Medical home, children with special health care needs (CSHCN) ⓘ

Edit Search Criteria

| Maryland | ⌄ |

| Select a Subgroup | ⌄ |

Change Question, Topic or Survey

National Performance Measure 11: Percent of children with special health care needs, ages 0 through 17, who have a medical home ⓘ

		Care meets medical home criteria	Care does not meet medical home criteria	Total %
Nationwide	%	42.0	58.0	100.0
	C.I.	40.5 - 43.4	56.6 - 59.5	
	Sample Count	9,852	11,349	
	Pop. Est.	5,940,544	8,218,253	
Maryland	%	49.5	50.5	100.0
	C.I.	42.6 - 56.5	43.5 - 57.4	
	Sample Count	177	184	
	Pop. Est.	131,816	134,279	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

Current Search Criteria

Survey: 2020-2021 National Survey of Children's Health
Starting Point: Title V Maternal and Child Health Services Block Grant Measures
State/Region: All States (quick edit)
Topic: National Performance Measures
Question: NPM 11: Medical home, children with special health care needs (CSHCN) ⓘ

Edit Search Criteria

Select a State:

| Select a State or Region | ⌄ |

| Select a Subgroup | ⌄ |

Change Question, Topic or Survey

National Performance Measure 11: Percent of children with special health care needs, ages 0 through 17, who have a medical home ⓘ

Notes: Click on the Column Header to sort the results by ascending or descending order. To get a detailed explanation of the data HOVER over the text in the table.

	State	Care meets medical home criteria %	Care does not meet medical home criteria %	Total %
1	Alabama	47.3	52.7	100.0
2	Alaska	41.3	58.7	100.0
3	Arizona	36.2	63.8	100.0
4	Arkansas	46.8	53.2	100.0
5	California	40.6	59.4	100.0
6	Colorado	44.0	56.0	100.0
7	Connecticut	44.9	55.1	100.0
8	Delaware	38.3	61.7	100.0
9	District of Columbia	44.8	55.2	100.0
10	Florida	32.6	67.4	100.0
11	Georgia	48.5	51.5	100.0
12	Hawaii	43.7	56.3	100.0
13	Idaho	45.4	54.6	100.0
14	Illinois	42.4	57.6	100.0
15	Indiana	41.0	59.0	100.0
16	Iowa	52.5	47.5	100.0
17	Kansas	49.1	50.9	100.0
18	Kentucky	42.1	57.9	100.0
19	Louisiana	39.7	60.3	100.0
20	Maine	47.4	52.6	100.0

Across-State Comparison Tables

C Compare states on NSCH derived NOMs and NPMs

Title V National Performance Measures (NPMs)
Across State Comparison Table, 2020-2021 NSCH

- To sort a measure by state prevalence, click the arrows at the top of the column.
- Hover over each measure title to see the full measure description, learn whether high or lower prevalence means better performance and see the data source.
- Click on any prevalence estimate to compare national and state level data and to access subgroup level data (i.e. age, race, income, insurance type) for individual measures.

Color Key of State Level Data When Compared to National Level Data

	State had Significantly **Lower Performance**
	State had **Lower Performance**, but not statistically significant
	State had **Higher Performance**, but not statistically significant
	State had Significantly **Higher Performance**

	NPM10	NPM11
	Preventive Medical Visit (%)	Medical home (CSHCN) (%)
	69.6	42.0

State	NPM1	NPM6	NPM8.1	NPM8.2	NPM9	NPM9	NPM10	NPM11	NPM11	NPM12	NPM12	NPM13.2	NPM14.2	NPM15
	Well-woman visit^ (%)	Develop-mental screening (%)	Physical activity (ages 6-11) (%)	Physical activity (ages 12-17) (%)	Bullied others (%)	Bullied (%)	Preventive Medical Visit (%)	Medical home (CSHCN) (%)	Medical home (non-CSHCN) (%)	Transition to adult health care (CSHCN) (%)	Transition to adult health care (Non-CSHCN) (%)	Preventive dental visit (%)	Someone living in the household smokes (%)	Adequate and continuous insurance (%)
Nationwide	69.7	34.8	26.3	14.8	10.7	28.8	69.6	42.0	47.7	20.5	16.0	75.1	13.8	68.2
Alabama	72.0	32.2	31.1	16.6	11.5	30.6	65.6	47.3	48.8	22.5	11.9	74.3	18.7	75.4
Alaska	61.9	42.0	31.9	20.9	14.2	30.3	67.4	41.3	48.1	30.4*	19.1	75.2	15.8	67.0
Arizona	64.3	18.9	20.9	13.0	11.3	27.8	63.3	36.2	41.9	14.0	10.8	75.0	11.3	63.3
Arkansas	75.5	28.4	28.8	19.5	11.0	30.0	65.3	46.8	45.7	20.5	13.7	73.8	19.5	68.8
California	61.6	34.4	24.0	11.0	6.9	18.9	59.8	40.6	41.9	11.6	13.5	74.3	9.2	71.1
Colorado	67.7	39.6	30.5	14.7	13.9	38.2	73.9	44.0	54.1	23.2	24.4	82.0	12.1	64.8
Connecticut	75.0	36.8*	27.6	16.8	8.0	28.5	76.0	44.9	51.7	25.4	10.4	81.2	10.9	66.9
Delaware	75.9	32.1	29.7	16.0	9.8	23.8	71.8	38.3	48.4	14.4	13.9	77.3	12.5	68.8
District of Columbia	71.6	33.8	18.6	13.3	8.6	19.5	70.5	44.8	44.5	17.6	18.2	80.3	9.2	74.1
Florida	N/A**	20.1	20.8	15.2	9.9	31.8	75.1	32.6	41.9	16.3	13.9	69.5	13.1	66.0
Georgia	72.5	33.1	27.0	16.8	8.9	26.5	67.0	48.5	49.2	14.9	14.2	74.4	13.0	64.4

States	NPM1	NPM6	NPM8.1	NPM8.2	NPM9	NPM9	NPM10	NPM11	NPM11
	Well-woman visit^ (%)	Develop-mental screening (%)	Physical activity (ages 6-11) (%)	Physical activity (ages 12-17) (%)	Bullied others (%)	Bullied (%)	Preventive Medical Visit (%)	Medical home (CSHCN) (%)	Medical home (non-CSHCN) (%)
Nationwide	69.7	34.8	26.3	14.8	10.7	28.8	69.6	42.0	47.7
Nevada	66.8	21.6	18.0	10.0	8.1	25.4	58.5	37.9	34.1
California	61.6	34.4	24.0	11.0	6.9	18.9	59.8	40.6	41.9
Mississippi	74.7	34.1	30.1	20.5	12.7	27.8	60.5	43.2	45.2
Arizona	64.3	18.9	20.9	13.0	11.3	27.8	63.3	36.2	41.9
New Mexico	59.4	36.8*	24.5	16.9	11.7	30.8	63.7	32.5	41.0
South Dakota	77.4	32.9	32.3	16.3	19.7	43.2	63.8	49.4	51.7
Texas	62.3	42.1	18.8	12.5	8.0	26.9	64.6	28.8	42.6
Oklahoma	69.1	35.1	27.1	16.2	13.2	32.6	64.7	47.3	49.3
Wyoming	67.6	34.6	40.3	18.2	24.5	52.2	65.0	47.7	48.7
Arkansas	75.5	28.4	28.8	19.5	11.0	30.0	65.3	46.8	45.7
Alabama	72.0	32.2	31.1	16.6	11.5	30.6	65.6	47.3	48.8
Hawaii	69.5	41.0	21.4	13.3	9.2	22.5	66.3	43.7	48.5
Virginia	72.4	34.4	26.2	13.9	9.9	27.1	66.4	43.9	51.4
Oregon	65.6	50.6	27.8	14.1	12.7	33.0	66.9	45.7	53.2
Georgia	72.5	33.1	27.0	16.8	8.9	26.5	67.0	48.5	49.2
Alaska	61.9	42.0	31.9	20.9	14.2	30.3	67.4	41.3	48.1
Montana	70.1	48.7	37.0	18.4	20.3	45.8	67.5	46.9	54.6
North Dakota	69.4	41.2	38.2	20.8	15.8	42.5	67.6	37.5	56.2
Illinois	76.1	36.9	31.1	15.4	8.5	23.5	68.3	42.4	50.4
Nebraska	69.5	32.0	35.4	17.3	13.3	32.4	68.5	50.1	52.9
Washington	63.4	46.4	31.5	13.7	15.6	34.8	68.9	45.0	51.0
Idaho	71.7	23.6	32.9	13.5	13.3	35.3	69.6	45.4	50.3
Wisconsin	71.8	43.9	29.9	17.1	16.5	37.0	69.6	46.6	55.0
Louisiana	74.5	24.2	22.4	12.8	12.2	37.0	69.8	39.7	47.3
Utah	65.3	40.3	22.8	12.6	13.7	36.2	69.9	55.7	54.4
District of Columbia	71.6	33.8	18.6	13.3	8.6	19.5	70.5	44.8	44.5
Minnesota	68.2	48.7	35.6	14.1	11.1	32.9	70.7	47.6	55.3
Rhode Island	75.2	45.7*	24.7	13.7	9.0	27.4	71.5	50.1	53.3
Missouri	72.4	21.6	34.3	18.2	12.8	32.0	71.7	48.5	50.4
Delaware	75.9	32.1	29.7	16.0	9.8	23.8	71.8	38.3	48.4
Indiana	73.4	19.2	32.5	18.0	16.9	35.5	72.2	41.0	47.4
North Carolina	75.9	39.5*	25.7	13.0	13.2	29.5	72.4	36.3	51.8
South Carolina	72.5	40.8	28.5	12.5	10.7	28.1	72.5	49.7	49.9
New York	75.9	28.7	24.1	15.5	8.0	26.9	72.8	39.6	48.5
Kansas	72.4	40.2	29.6	19.3	16.7	34.2	73.4	49.1	53.8
Tennessee	72.6	44.1*	27.7	13.8	10.4	29.1	73.7	49.3	51.2
Colorado	67.7	39.6	30.5	14.7	13.9	38.2	73.9	44.0	54.1
West Virginia	73.9	44.6*	33.9	21.5	13.7	34.2	74.7	43.3	50.0
Michigan	73.3	44.3*	28.1	17.1	11.9	32.8		43.4	51.1
Pennsylvania	71.3	31.4	31.1	19.5	14.0	29.0		45.6	48.8

Click on measure and state to access the interactive query and continue exploring!

State ▲	NPM1	NPM6	NPM8.1	NPM8.2	NPM9	NPM9	NPM10	NPM11	NPM11	NPM12	NPM12	NPM13.2	NPM14.2	NPM15
	Well-woman visit^ (%)	Develop-mental screening (%)	Physical activity (ages 6-11) (%)	Physical activity (ages 12-17) (%)	Bullied others (%)	Bullied (%)	Preventive Medical Visit (%)	Medical home (CSHCN) (%)	Medical home (non-CSHCN) (%)	Transition to adult health care (CSHCN) (%)	Transition to adult health care (Non-CSHCN) (%)	Preventive dental visit (%)	Someone living in the household smokes (%)	Adequate and continuous insurance (%)
Nationwide	69.7	34.8	26.3	14.8	10.7	28.8	69.6	42.0	47.7	20.5	16.0	75.1	13.8	68.2
Alabama	72.0	32.2	31.1	16.6	11.5	30.6	65.6	47.3	48.8	22.5	11.9	74.3	18.7	75.4
Alaska	61.9	42.0	31.9	20.9	14.2	30.3	67.4	41.3	48.1	30.4*	19.1	75.2	15.8	57.0
Arizona	64.3	18.9	20.9	13.0	11.3	27.8	63.3	36.2	41.9	14.0	10.8	75.0	14.3	63.3
Arkansas	75.5	28.4	28.8	19.5	11.0	30.0	65.3	46.8	45.7	20.5	13.7	75.8	19.5	68.8
California	61.6	34.4	24.0	11.0	6.9	18.9	59.8	40.6	41.9	11.6	13.5	74.3	9.2	71.1
Colorado	67.7	39.6	30.5	14.7	13.9	38.2	73.9	44.0	54.1	22.2	24.4	82.0	12.1	64.8
Connecticut	75.0	36.8*	27.6	16.8	8.0	28.5	76.0	44.9	47.7	25.4	10.4	81.2	10.9	66.9
Delaware	75.9	32.1	29.7	16.0	9.8	23.8	71.8	58.3	48.4	14.4	13.9	77.3	12.5	68.8
District of Columbia	71.6	33.8	18.6	13.3	8.6	19.5	70.5	44.8	44.5	17.6	18.2	80.3	9.2	74.1
Florida	N/A**	20.1	20.8	15.2	9.9	31.8	75.1	32.6	41.9	16.3	13.9	69.5	13.1	66.0
Georgia	72.5	33.1	27.0	16.8	8.9	26.5	67.0	48.5	49.2	14.9	14.2	74.4	13.0	64.4
Hawaii	69.5	41.0	21.4	13.3	9.2	22.7	66.3	43.7	48.5	21.9	15.3	84.9	14.7	81.0
Idaho	71.7	23.6	32.9	13.5	13.3	35.4	69.6	45.4	50.3	23.2	23.4	81.9	11.5	66.0
Illinois	76.1	36.5	31.1	15.4	8.5	23.0	68.3	42.4	50.4	31.0	19.1	73.8	11.7	65.8
Indiana	73.4	19.2	32.5	18.0	16.9	35.5	72.2	41.0	47.4	20.8	19.8	74.8	19.7	64.5
Iowa	76.5	35.0	31.6	18.0	16.7	42.8	77.7	52.5	55.6	32.3	25.8	79.5	15.3	71.8
Kansas	72.4	40.2	29.6	19.3	16.7	34.2	73.4	49.1	53.8	26.3	18.4	77.5	12.6	66.4
Kentucky	73.0	25.9	32.7	14.8	17.2	37.3	75.5	42.1	52.8	26.4	21.7	73.7	22.6	71.8

NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
2020-2021 National Survey of Children's Health (NSCH) (two years combined)

	District of Columbia	Nationwide
%	70.5	69.6
C.I.	(62.4 - 77.5)	(68.3 - 70.8)

Current Search Criteria
Survey: 2020-2021 National Survey of Children's Health
Starting Point: Title V Maternal and Child Health Services Block Grant Measures
State/Region: Nationwide vs. District of Columbia (quick edit)
Topic: National Performance Measures
Question: NPM 10: Preventive medical visit, age 12-17 years ⓘ

Edit Search Criteria
District of Columbia ▾

Select a Subgroup ▾

Change Question, Topic or Survey

National Performance Measure 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year ⓘ

		1 or more preventive medical visits	No preventive medical visit	Total %
Nationwide	%	69.6	30.4	100.0
	C.I.	68.3 - 70.8	29.2 - 31.7	
	Sample Count	24,757	8,780	
	Pop. Est.	17,375,117	7,596,792	
District of Columbia	%	70.5	29.5	100.0
	C.I.	62.4 - 77.5	22.5 - 37.6	
	Sample Count	326	74	
	Pop. Est.	22,780	9,550	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

Compare States Using Single-Measure Maps

DRC "Ready to Use" Datasets

DRC data set includes:

- All variables released in the Census public use file
- All DRC indicators and items shown on the DRC website: coded/constructed Child and Family Health Indicators and demographics
- All constructed NPMs and NOMs

Available Formats:

SAS, SPSS, Stata (some years) and CSV

Labels and Formats:

Variable, value labels and missing values
are clearly labeled

A codebook, other survey documents, online resources will also
accompany the datasets.

http://childhealthdata.org/help/dataset

CAHMI

Transformational Change and the Creative and Effective Use of Data

Data to Action= Opportunity into Results

Spin the Wheel...

POLITICAL WILL

KNOWLEDGE BASE

SOCIAL STRATEGY
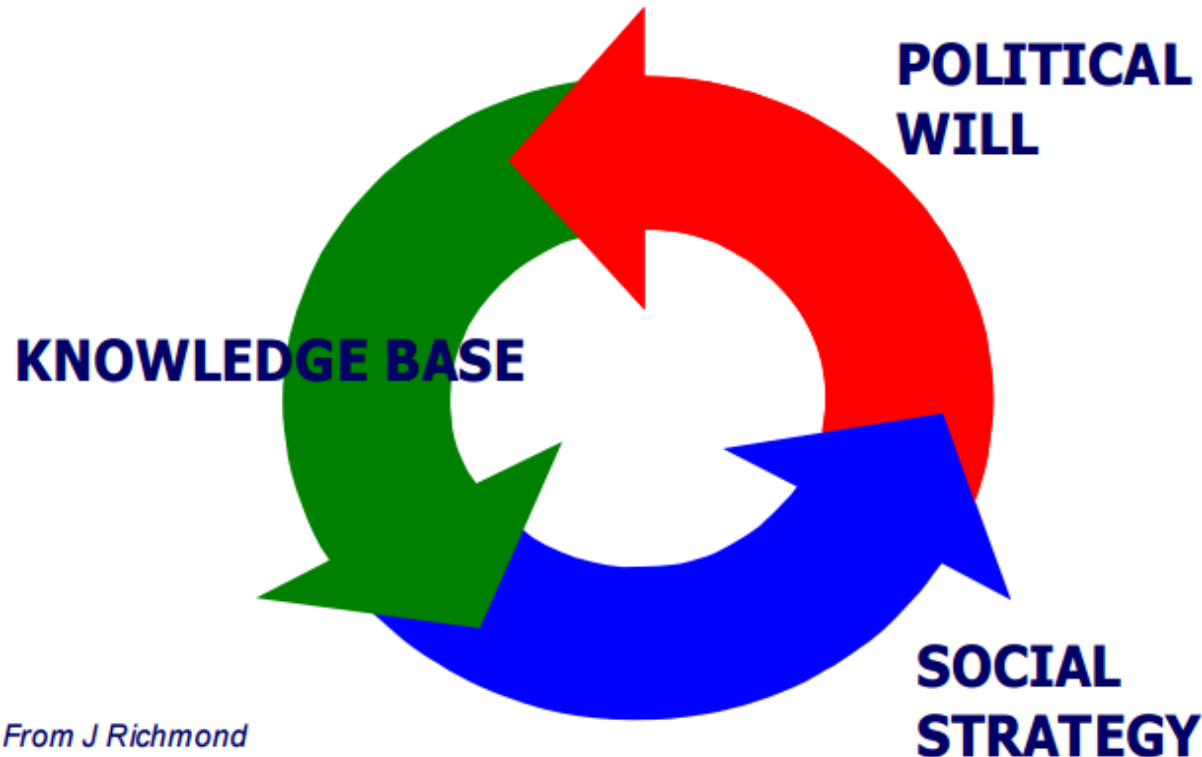
From J Richmond

-Shared Vision

-Build Trust

-Committed Leadership

-Incremental Success

-Joint Ownership - Establish Credibility

Avoid the 3C's: Control, Credit, Competition,

Spotlight on Using the DRC to Drive Health Equity

Example 1 - Subgroup Comparison: Prevalence of children who experienced two or more adverse childhood experiences by their race/ethnicity

Health Disparities and Health Equity: Maximizing the Power of the National Survey of Children's Health to Promote Social Justice Among the Nation's Children

Health equity and health disparities are two important, intertwined terms in health care delivery in the United States. Health equity refers to social justice in health—equal access to care for all persons, disadvantaged or not, and the right to be healthy. Health disparities are one metric by which we can measure progress toward achieving health equity.[1]

The National Survey of Children's Health (NSCH) is an excellent source of information on health-related disparities among the nation's children. The survey annually includes information on children's race and ethnicity along with other variables related to disadvantage in the United States: education level, income level, neighborhood safety and amenities, and experiences of trauma.

The Child and Adolescent Health Measurement Initiative's Data Resource Center for Child and Adolescent Health has partnered with Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB) since 2003 to provide the public with quick access to NSCH data findings, including the ability to assess health disparities. These data provide an excellent jumping-off point for addressing health equity in your state.

Visit www.childhealthdata.org to get data on children in your state.

Resources:
Introduction to the Data Resource Center for Child & Adolescent Health
How to use the interactive data query
Ask a question
Request a dataset

Current Search Criteria
Survey: 2020-2021 National Survey of Children's Health
Starting Point: Child and Family Health Measures
State/Region: Nationwide (quick edit)
Topic: Family Health and Activities
Question: Indicator 6.13: Adverse childhood experiences

Edit Search Criteria
Select a State or Region to Compare
Select a Subgroup

Change Question, Topic or Survey

Select State or Region

Select Subgroup: Race/ethnicity of child

Indicator 6.13: Has this child experienced one or more adverse childhood experiences?

	No adverse childhood experiences	One adverse childhood experience	Two or more adverse childhood experiences	Total %
%	61.2	21.6	17.2	100.0
C.I.	60.5 - 61.9	21.0 - 22.2	16.6 - 17.8	
Sample Count	59,075	17,809	15,018	
Pop. Est.	43,414,079	15,329,643	12,206,239	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

Click to learn more

https://www.childhealthdata.org/docs/default-source/nsch-docs/health-disparities-and-health-equity_11-5-21.pdf

How to Use DRC to Address Health Equity (cont.)

Subgroup Comparison On A Topical Indicator

Current Search Criteria

Survey: 2020-2021 National Survey of Children's Health
Starting Point: Child and Family Health Measures
State/Region: Nationwide (quick edit)
Topic: Family Health and Activities
Question: Indicator 6.13: Adverse childhood experiences ⓘ
Sub Group: Race/ethnicity of child

Edit Search Criteria

Select a State or Region to Compare ⌄

Race/ethnicity of child ⌄

Change Question, Topic or Survey

> Race/Ethnicity is the Subgroup

> The main measure

Indicator 6.13: Has this child experienced one or more adverse childhood experiences?

		No adverse childhood experiences	One adverse childhood experience	Two or more adverse childhood experiences	Total %
Hispanic	%	56.8	24.4	18.8	100.0
	C.I.	54.8 - 58.8	22.7 - 26.2	17.3 - 20.4	
	Sample Count	7,130	2,832	2,449	
	Pop. Est.	10,343,445	4,446,176	3,423,137	
White, non-Hispanic	%	66.1	19.0	14.9	100.0
	C.I.	65.3 - 66.8	18.4 - 19.6	14.4 - 15.5	
	Sample Count	40,921	10,883	9,061	
	Pop. Est.	23,601,153	6,782,004	5,327,364	
Black, non-Hispanic	%	47.3	28.4	24.3	100.0
	C.I.	45.2 - 49.5	26.5 - 30.4	22.5 - 26.1	
	Sample Count	2,812	1,716	1,452	
	Pop. Est.	4,388,653	2,634,989	2,252,812	
	%	65.6	18.9	15.5	100.0

This Reports:
Differences in prevalence of children who experienced two or more adverse childhood experiences by their race/ethnicity

Example Question: Are non-white children more likely to experience this outcome?

Example 2 - Distribution of children with a specific issue/topic, by race: Proportion of all children who experience Adverse Childhood Experiences that are Hispanic, White-NH, Black-NH, or other race/ethnicities.

Distribution of a Topical Measure Across Demographic Groups

Current Search Criteria

Survey: 2020-2021 National Survey of Children's Health
Starting Point: Child and Family Health Measures
State/Region: Nationwide (quick edit)
Topic: Child and Family Demographics
Question: Race and ethnicity distribution of the child population ⓘ
Sub Group: Adverse childhood experiences

Edit Search Criteria

Select a State or Region to Compare ▾

Adverse childhood experiences ▾

Change Question, Topic or Survey

The main measure

What is this child's race/ethnicity? ⓘ

		Hispanic	White, non-Hispanic	Black, non-Hispanic	Other, non-Hispanic	Total %
No adverse childhood experiences	%	23.8	54.4	10.1	11.7	100.0
	C.I.	22.8 - 24.8	53.4 - 55.3	9.5 - 10.7	11.2 - 12.2	
	Sample Count	7,130	40,921	2,812	8,212	
	Pop. Est.	10,343,445	23,601,153	4,388,653	5,080,828	
One adverse childhood experience	%	29.0	44.2	17.2	9.6	100.0
	C.I.	27.2 - 30.9	42.7 - 45.8	16.0 - 18.5	8.8 - 10.4	
	Sample Count	2,832	10,883	1,716	2,378	
	Pop. Est.	4,446,176	6,782,004	2,634,989	1,466,475	
Two or more adverse childhood experiences	%	28.0	43.6	18.5	9.9	100.0
	C.I.	26.1 - 30.1	41.9 - 45.4	17.1 - 19.9	9.0 - 10.8	
	Sample Count	2,449	9,061	1,452	2,056	
	Pop. Est.	3,423,137	5,327,364	2,252,812	1,202,927	

C.I. = 95% Confidence Interval.
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

DATA ALERT: The ACEs subgroup is a composite of 10 survey items addressing the presence of adverse childhood experiences. These items include: difficulty covering the basics on the family's income; parent/guardian divorced or separated; parent/guardian died; parent/guardian served time in jail; saw or heard parents/adults slap, hit, kick, punch one another in the home; was a victim of or witnessed violence in the neighborhood; lived with anyone who was mentally ill, suicidal, or severely depressed; lived with anyone who had a problem with alcohol/drugs; treated or judged unfairly due to race/ethnicity; or treated or judged unfairly due to sexual orientation or gender identity (6-17 years only).

Examples:
The distribution of children with ACEs across different race/ethnicity groups.

Question Answered Is there a disproportionate number of non-white children experiencing this health risk?

Thank you!

Contact Us

Email us at: info@cahmi.org

Visit "Ask a Question" page on the DRC

How to Use DRC to Address Health Equity

Current Search Criteria

Survey: 2020-2021 National Survey of Children's Health
Starting Point: Child and Family Health Measures
State/Region: Nationwide vs. Maryland (quick edit)
Topic: Family Health and Activities
Question: Indicator 6.13: Adverse childhood experiences ⓘ
Sub Group: Two or more adverse childhood experiences x Race/ethnicity of child

Edit Search Criteria

Maryland ⌄

Race/ethnicity of child ⌄

Change Question, Topic or Survey

Indicator 6.13: Has this child experienced one or more adverse childhood experiences? ⓘ

Select a Response Category: Two or more adverse childhood experiences ⌄

		Hispanic	White, non-Hispanic	Black, non-Hispanic	Other, non-Hispanic
Nationwide	%	18.8	14.9	24.3	15.5
	C.I.	17.3 - 20.4	14.4 - 15.5	22.5 - 26.1	14.3 - 16.9
	Sample Count	2,449	9,061	1,452	2,056
	Pop. Est.	3,423,137	5,327,364	2,252,812	1,202,927
Maryland	%	13.4	12.0	18.2	14.5
	C.I.	7.7 - 22.3	9.2 - 15.5	13.3 - 24.4	9.3 - 22.0
	Sample Count	24	79	55	38
	Pop. Est.	29,263	62,221	71,508	24,308

Subgroup Comparison in Your State

Compare your state with the national average

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Survey: 2020-2021 National Survey of Children's Health
Starting Point: Child and Family Health Measures
State/region: All States (quick edit)
Topic: Family Health and Activities
Question: Indicator 6.13: Adverse childhood experiences ⓘ
Sub Group: Two or more adverse childhood experiences x
Race/ethnicity of child

Select a State:
Select a State or Region
Race/ethnicity of child
Change Question, Topic or Survey

Indicator 6.13: Has this child experienced one or more adverse childhood experiences? ⓘ

Notes: Click on the Column Header to sort the results by ascending or descending order. To get a detailed explanation of the data HOVER over the text in the table.

Select a Response Category: Two or more adverse childhood experiences

	State	Hispanic %	White, non-Hispanic %	Black, non-Hispanic %	Other, non-Hispanic %
1	Alabama	13.7	20.8	23.7	38.4
2	Alaska	29.7	15.4	--	21.8
3	Arizona	20.1	21.0	15.3	19.9
4	Arkansas	17.6	20.4	27.2	33.5
5	California	18.3	11.1	33.6	6.9
6	Colorado	24.1	15.5	23.0	15.8
7	Connecticut	24.3	9.7	21.0	21.9
8	Delaware	16.3	13.3	23.2	21.1
9	District of Columbia	12.7	3.1	25.0	8.1
10	Florida	16.6	15.0	19.6	20.0
11	Georgia	17.9	15.1	22.0	13.7
12	Hawaii	22.1	14.0	--	12.9
13	Idaho	19.9	18.1	--	24.8
14	Illinois	18.4	11.4	23.7	18.0
15	Indiana	22.8	17.6	37.9	22.0
16	Iowa	20.8	16.7	20.4	23.7
17	Kansas	28.5	16.0	32.9	31.2
18	Kentucky	15.7	20.8	34.3	25.2
19	Louisiana	19.9	18.2	26.5	21.2

**Subgroup Comparison
with Other States (Across States)**

This Reports:

Does the prevalence of 2+ ACEs across race/ethnicity groups vary across states?

Example Question: Are there states with lower inequities in ACEs than others?

CAHMI

Example 2 - Distribution of children with a specific issue/topic, by race: Proportion of all children who experience Adverse Childhood Experiences that are Hispanic, White-NH, Black-NH, or other race/ethnicities.

Note: This is different from variations in prevalence as shown in Example 1. To view distribution by race for a specific health issue or topic, select "Race and ethnicity distribution of the child population" as the main measure, and select the health issue/topic of interest as the subgroup.

Current Search Criteria

Survey: 2020-2021 National Survey of Children's Health
Starting Point: Child and Family Health Measures
State/Region: Nationwide (quick edit)
Topic: Child and Family Demographics
Question: Race and ethnicity distribution of the child population ⓘ
Sub Group: Adverse childhood experiences

What is this child's race/ethnicity? ⓘ

Edit Search Criteria

Select a State or Region to Compare ⌄

Adverse childhood experiences ⌄

Change Question, Topic or Survey

Subgroup

The main measure

Ask Us A Question (info@cahmi.org)

The DRC anticipates and provides quick links to resources for common questions from:

- State and national partners (Title V, CDC, HRSA)
- Community and local partners (non-profit, local community organizations)
- Participants and public (students, researchers, media, families, etc.)
- MCH systems professionals (health care, education, social services, wide range)

- Visit our **Ask a Question page with FAQs and links to address common TA questions and responses**. If you're question cannot be answered, feel free to email us at **info@cahmi.org.** We try to respond within 48 hours.

Examples of technical assistance area:
Data Research and Evaluation
CSHCN/Medical Home
CSHCN/Developmental Disabilities
Adequate Health Insurance Coverage
CSHCN Family Engagement

Examples of assistance provided:
General NSCH and DRC website
Understanding NSCH Data
NSCH Data Analysis
Specific Measures or Variables in the NSCH
DRC and NSCH Citation Information

QUICK LINKS TO RESOURCES FOR TITLE V NEEDS ASSESSMENT

The resource links included in this document provide a high-level summary of resources to help you leverage the Data Resource Center (www.childhealthdata.org) and Related Child and Adolescent Health Measurement Initiative (CAHMI) resources to support each step of the needs assessment process.

TA Priority
Topics are organized by steps along the Title V Needs Assessment process and MCH resource category.

RESOURCES
Resources include videos, documents, research and reports, related models and tools and data and measurement resources

QUICK LINKS
Links are provided throughout. Look out for hyperlinked text to access resources. Simple language is used

SCAN ME

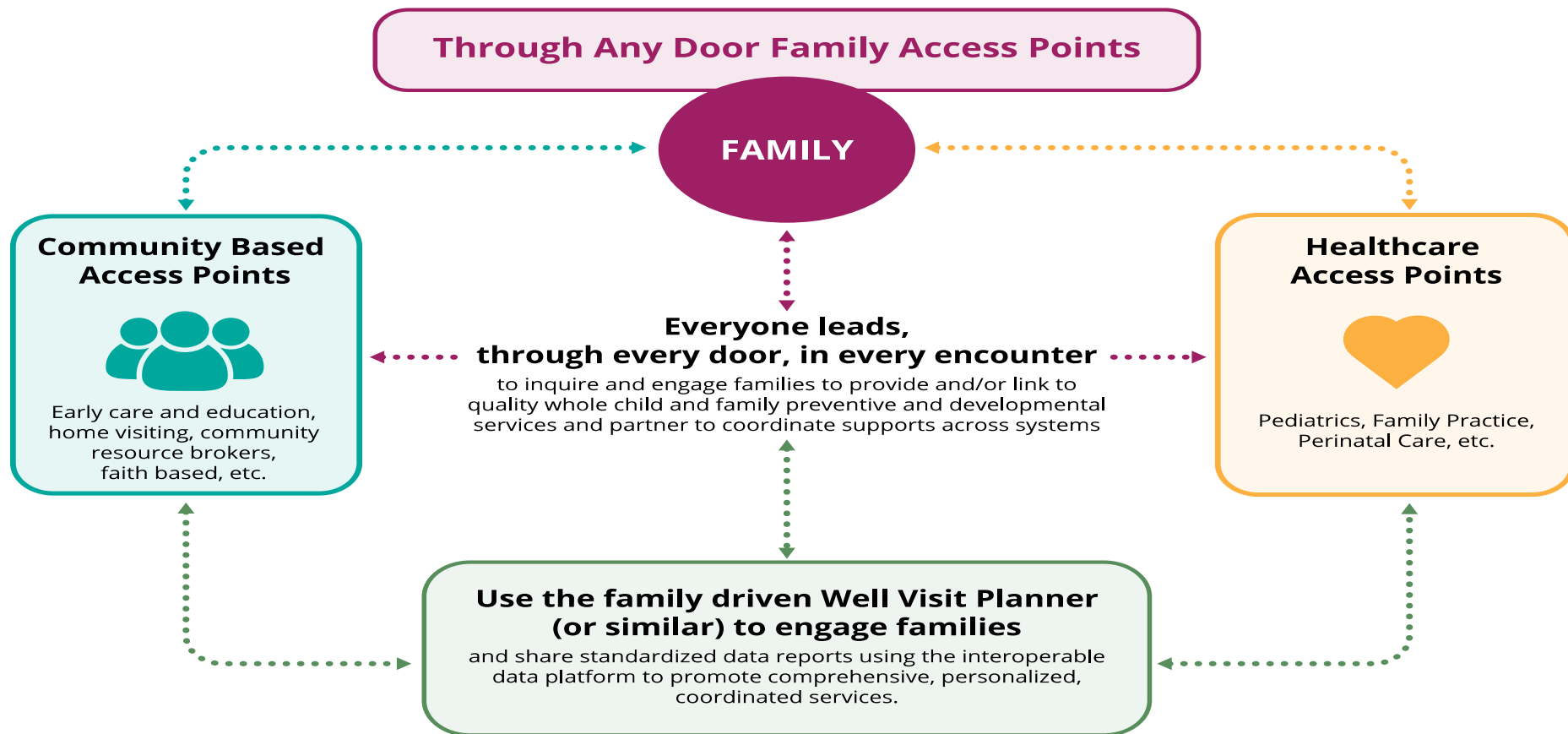# Family Engaged, Whole Child, Integrated Early Childhood Health Systems

The Engagement in Action (EnAct!) Framework for a Statewide Integrated Early Childhood Health System
Collaboratively designed with Mississippi Thrive! by the Child and Adolescent Health Measurement Initiative
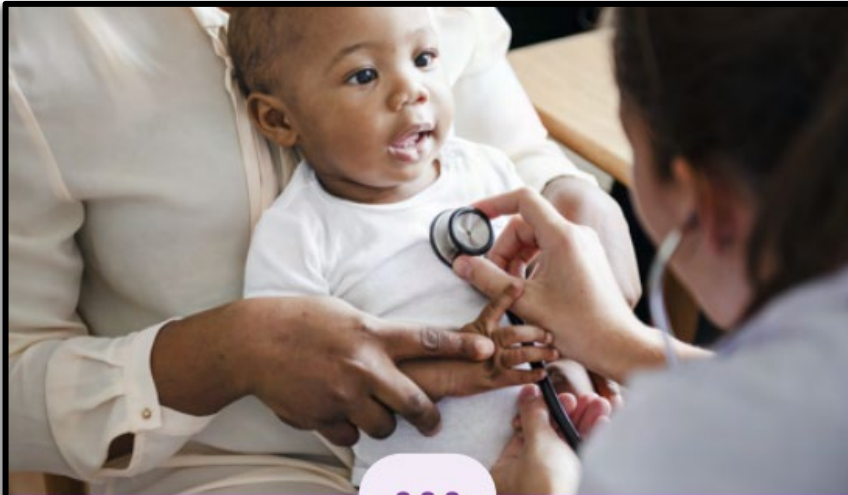
Framework Purpose: Positive Health Equity

The purpose of the EnAct! framew... is to catalyze child health equity a... improve child flourishing, school ... readiness and family resilience.

Key Elements of th...

1. "Through any doo... to activate trust and ...

3. Personalized, Str... Promotion and Sup...

1

Action: Establish a sustainabl... cross-system, multi-level stat... leadership capacity

- **Outcome #1:** A cross-sector body has th... structure, capacity and influence to sust... advance state program and policy strate... promote positive early childhood health...
- **Outcome #2:** State leadership builds an ... state agency infrastructure to coordinat... strategies, resources, operations and ... performance measures that promote ea... childhood development
- **Outcome #3:** Local community coordina... bodies lead and link with state leadersh... drive effective frontline systems change ... and improvements

Source: Child and Adolescent Health Measuremen...

Universal **developmental and comprehensive** whole child and family screening and assessments

EVERYONE A LEADER

THROUGH ANY DOOR

Outcomes and **Equity-Based Quality** Measurement and Improvement

"Through any door" family engagement to activate trust and partner in care

Personalized, Strengths-Based Health Promotion and Supports

NO BROKEN LINK

IN EVERY ENCOUNTER

Coordinated, Warm Links to Quality Services and Interventions

Source: Child and Adolescent Health Measurement Initiative, Feb. 2023

...vork— ... e Thing!

...n: All early childhood ...ally collaborate to ...eening, address ...al health needs, and ...ng

...y encounter ...en links

...ased Quality ...ement

4

...e enabling and ...g policies and ...rategies critical

...olicies support ...litate coordination ...d community based ...ources across ...d state agency

...ealth plans, ...rly childhood ...ofessionals are ...financed to enable ... and improvement

...ethell, C. 2023

Through Any Door Family and Engagement And Supports

Illustration of the Engagement In Action Framework's Through Any Door Approach
Towards a Family Engaged, Community Based, Integrated Early Childhood Health System

Through Any Door Family Access Points

FAMILY

Community Based Access Points

Early care and education, home visiting, community resource brokers, faith based, etc.

Everyone leads, through every door, in every encounter
to inquire and engage families to provide and/or link to quality whole child and family preventive and developmental services and partner to coordinate supports across systems

Healthcare Access Points

Pediatrics, Family Practice, Perinatal Care, etc.

Use the family driven Well Visit Planner (or similar) to engage families
and share standardized data reports using the interoperable data platform to promote comprehensive, personalized, coordinated services.

Source: Child and Adolescent Health Measurement Initiative, Feb. 2023

Bethell, C. 4.13.2023

The Cycle of Engagement Tools

"If you want to effectively engage families, efficiently provide comprehensive care, and meet standards you need the Well Visit Planner."

- Pediatric Provider

Well Visit Planner®

WELL VISIT PLANNER

Pre-visit planning

Before

PERSONALIZED CONNECTED ENCOUNTER

(In-person, virtual, group)

During

The Online Promoting Healthy Development Survey

ONLINE PHDS

Post-visit assessment

After

CAHMI
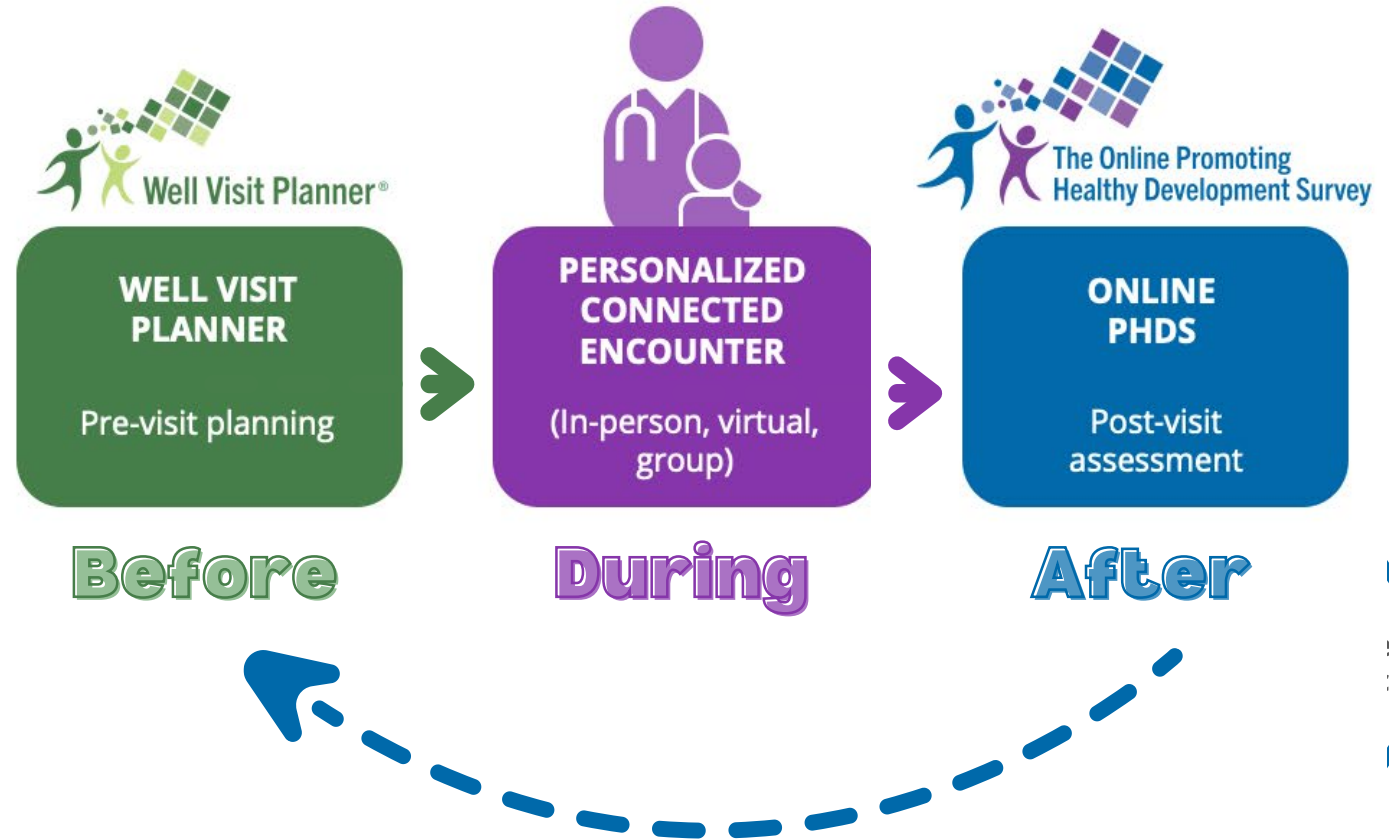
Mathematica Independent Evaluation Across End User Groups

Equity-focused benefits
- Brings screening to 100%. Equalizes family knowledge. Aligns health literacy. In Spanish. Families given ways to express concerns about racism. Addresses challenges driven by structural racism
- Provides families with information about what to expect from a provider and gives tools to communicate during the visit

Equity-focused strategics
- Use aggregate data reports for advocacy, to celebrate strengths, identify priorities, needs, quality
- Partner with family-serving organizations
- Let family specialist support families to use WVP
- Identify and share resources to address family needs that are uncovered through the WVP

Amplify community voices

Advance health equity

Address structural racism
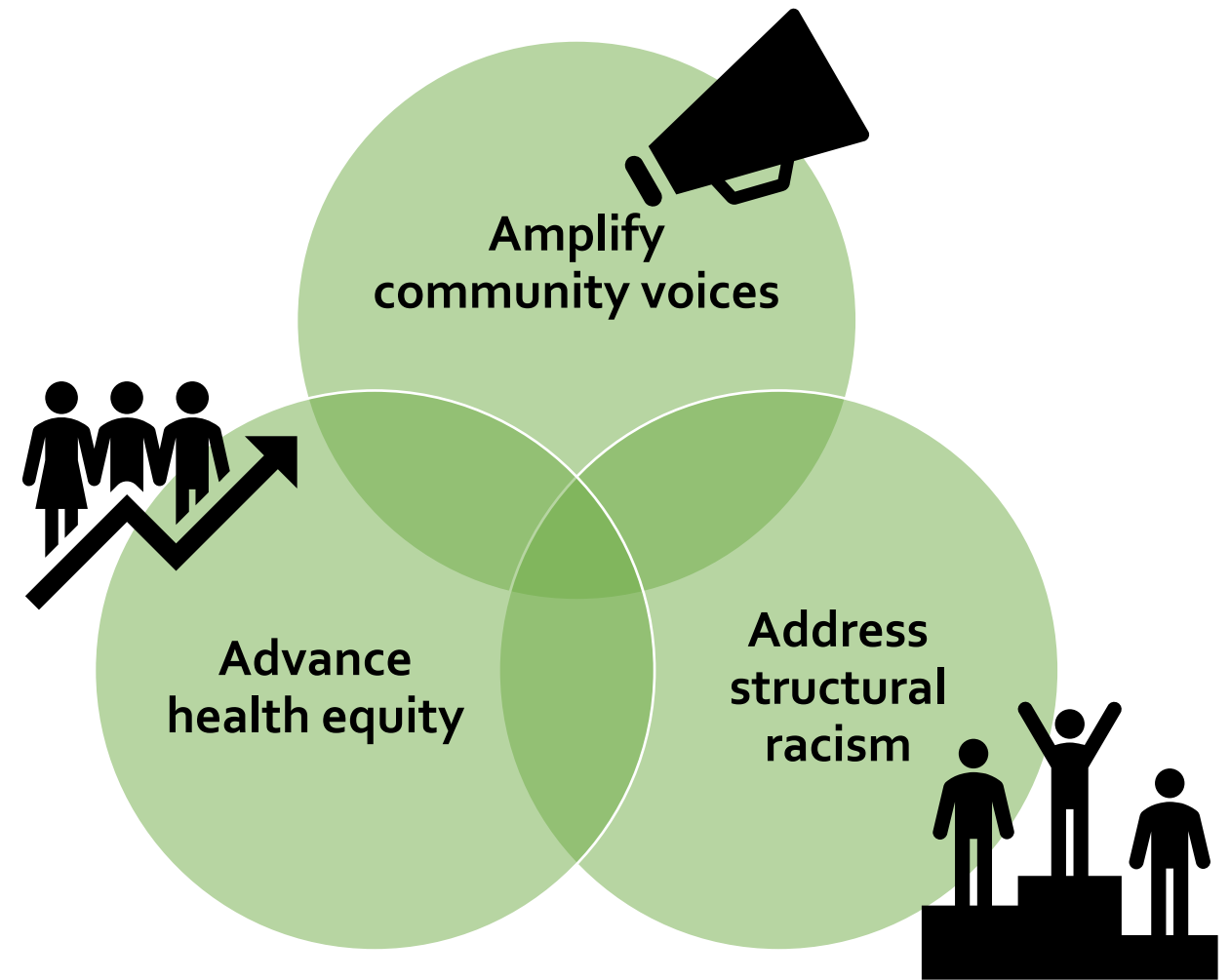
A QUICK OVERVIEW OF THE WELL VISIT PLANNER

Longstanding work on CYSHCN, Medical Home and Family Voices and Engagement
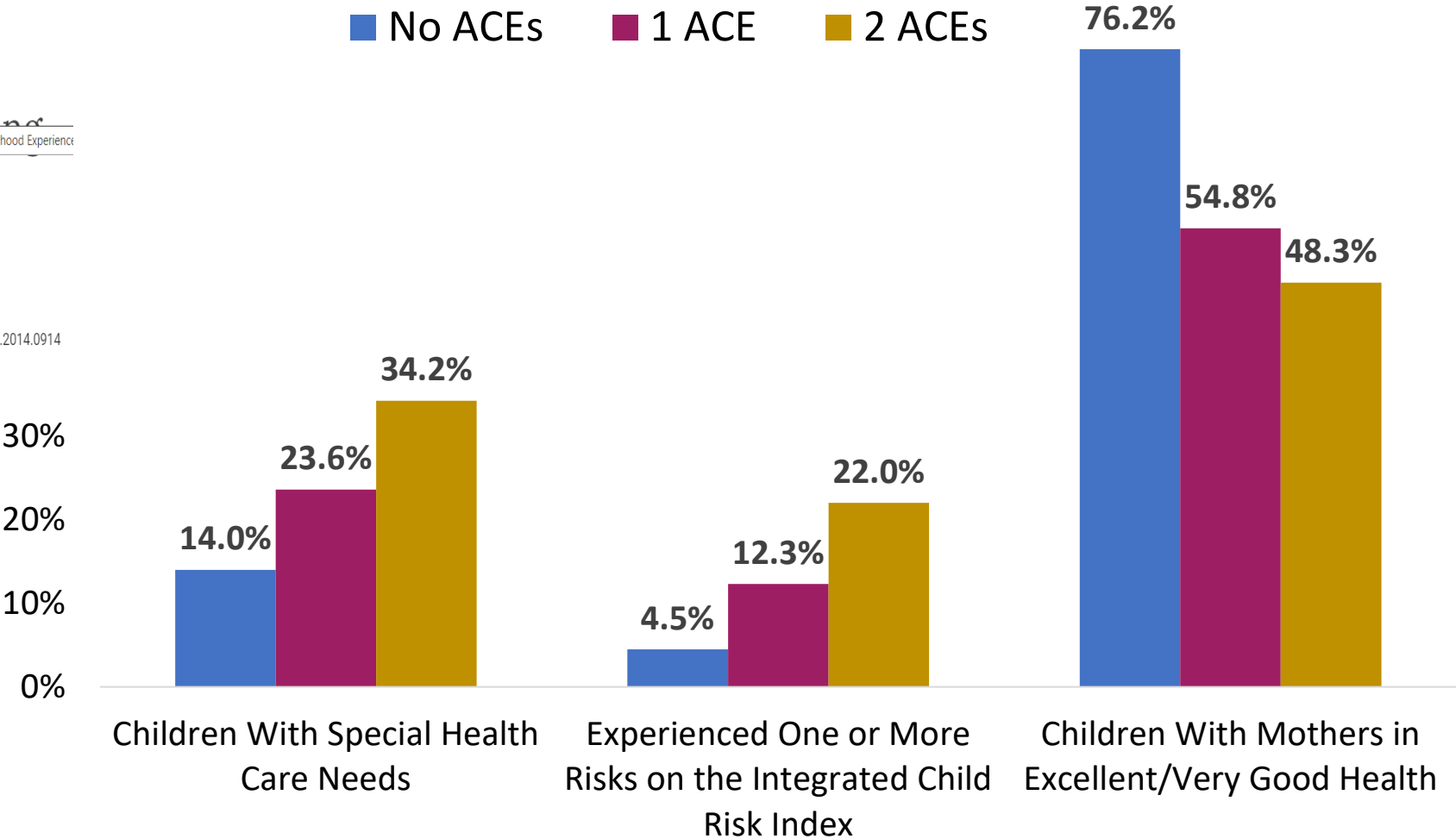
Adverse Childhood Experiences:
Assessing The Impact On Health And
School Engagement And The Mitigating
Role Of Resilience

Adverse Childhood Experience

Christina D. Bethell, Paul Newacheck, Eva Hawes, and Neal Halfon
AFFILIATIONS ∨

Prevalence of Children With Special Health Care Needs, Mental Health Problems and Mothers in Very Good/Excellent Health by Adverse Childhood Experiences Levels

Results:
Prevalence of **school engagement** among US children age 6-17 years, by Child Flourishing Index (CFI) individual items

Stays calm and in control when faced with a challenge
- 51.4% Reference
- 82.8% AOR: 3.98ˢ

Works to finish the tasks he/she starts
- 34.9% Reference
- 84.9% AOR: 9.02ˢ

Shows interest and curiosity in learning new things
- 28.7% Reference
- 75.0% AOR: 5.98ˢ

■ Somewhat true or not true   ■ Definitely True

Adjusted odds ratios (AOR) are adjusted for age, sex, race/ethnicity, income, CSHCN status and ACEs.
ˢAOR is statistically significant.

CAHMI

"Through Any Door" moment by moment positive childhood experiences are highly protective, even amid high adversity.

Original Investigation   ONLINE ONLY

September 9, 2019

Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample
Associations Across Adverse Childhood Experiences Levels

Christina Bethell, PhD, MBA, MPH[1]; Jennifer Jones, MSW[2]; Narangerel Gombojav, MD, PhD[1]; et al

7 Positive Childhood Experiences (PCEs)

- feeling able to talk to your family about feelings
- feeling your family stood by you during difficult times
- enjoying participation in community traditions
- feeling a sense of belonging in high school
- feeling safe and protected by an adult in your home
- have at least two non-parent adults who took genuine interest in you
- feeling supported by friends

mezzosolutions.com

https://www.pacesconnection.com/resource/7-positive-childhood-experiences-pces

We Are the Medicine—Building Our Caring Capacity is Imperative ….everyone is a leader!
(1) "Through Any Door" (2) "In Every Encounter" (3) "No Broken Link"
Simple rules for a complex system!

American Academy
of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Preventing Childhood Toxic Stress:
Partnering With Families and
Communities to Promote Relational
Health

Andrew Garner, MD, PhD, FAAP,[a,b] Michael Yogman, MD, FAAP[c,d]
COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, SECTION ON DEVELOPMENTAL AND BEHAVIORAL
PEDIATRICS, COUNCIL ON EARLY CHILDHOOD

Relational health refers to the **experience of and capacity to develop and sustain safe, stable, nurturing relationships (SSNRs),** which in turn prevent the extreme or prolonged activation of the body's stress response systems.

Moving Beyond Toxic Stress ... Towards Relational Health

Summary (2013):	Summary (2020):
Toxic stress defines the problem.	**Relational health defines the solution.**
Toxic stress explains how many of our society's most intractable problems (disparities in health, education and economic stability) are rooted in our shared biology but divergent experiences and opportunities.	Relational health explains how the individual, family and community capacities that support the development and maintenance of safe, stable and nurturing relationships also buffer adversity and build resilience across the life-course.