Thank you for your interest in today’s program, Findings from the 2016 National Survey of Children's Health.

The program will begin at approximately 2:00pm ET.

Audio will be available through your computer speakers, or you may dial in to listen to the event:

Dial: 1-877-407-9036

(Note: Your line will be muted upon entry and you will hear hold music until the program starts.)
Today’s Presenters

• Christina Bethell, PhD, MBA, MPH, Dr. Bethell is a Professor in the Bloomberg School of Public Health University, where she serves as the founding director of the Child and Adolescent Health Measurement Initiative (CAHMI) within the Department of Population, Family and Reproductive Health.

• Reem M. Ghandour, DrPH, MPA, Dr. Reem M. Ghandour directs the Division of Epidemiology in HRSA MCHB’s Office of Epidemiology and Research. Dr. Ghandour oversees a range of programmatic investments designed to extend and enhance data and analytic capacity at both the state and national levels.

• Jason M. Fields, PhD, MPH, Dr. Jason Fields is the Survey Director for the Survey of Income and Program Participation (SIPP), the National Survey of Children’s Health (NSCH), and the National Sample Survey of Registered Nurses (NSSRN) at the U.S. Census Bureau.
Previous Events

Click here to access archives:

2016 Series:
- Utilizing the Title V Information System Data and the Federally Available Data Resource Document
- Disparities in the Health and Well-Being of Children and Youth in Rural Areas of the United States
How To Ask A Question

• To ask a question on the Web:
  – Enter your question in the field at the bottom of the “QUESTIONS” box at the bottom of your screen and hit enter. Your question will be sent directly to the moderator.
Results from the 2016 National Survey of Children’s Health

Office of Epidemiology and Research
U.S. Department of Health and Human Services
Health Resources and Services Administration | Maternal and Child Health Bureau

October 30, 2017
Outline

1. Survey Background and Redesign  Reem Ghandour, MCHB
2. Implementation of the 2016 NSCH  Jason Fields, Census
3. Content and Key Findings  Reem Ghandour, MCHB
4. Accessing Data and Resources  Christina Bethell, JHU
5. Wrap Up and Questions  Reem Ghandour, MCHB
Overview

National Survey of Children’s Health (NSCH)

National Survey of Children with Special Health Care Needs (NS-CSHCN)
National Survey of Children’s Health

- Produce national and state-based estimates of the health and well-being of children, their families, and their communities.

National Survey of Children with Special Health Care Needs

- Assess the prevalence and impact of special health care needs at both national and state levels and evaluate change over time.
- 2001, 2005-06, 2009-10

Common Elements:

- Historically directed and funded by HRSA MCHB and fielded by the CDC/NCHS as a module of SLAITS as a RDD telephone survey (landline + cell-phone samples);
- Produced both national and state-level estimates;
- Representative of children ages 0-17 years;
- All data are parent/caregiver reported.
NSCH/NS-CSHCN
History and Uses

• Title V Maternal and Child Health Services Block Grant needs assessments and funding applications
  • 18 National Performance and Outcome Measures

• State-level planning and program development

• Federal policy and program development

• Healthy People 2010/2020/2030 Objectives
  • 15+ measures

• Scientific Research
  • Conditions; Systems; State & Regional Analyses; Special Populations
History and Uses: Scientific Research

Physical and Emotional Health:

Systems Indicators:

State-level Analyses:

County and Regional Analyses:

Population-Specific Analyses:
Redesign of the National Survey of Children’s Health
2016 NSCH Redesign:
Rationale and Goals

The purpose of the redesign was fourfold:

1. To shift the survey’s sampling frame from landline and cell phone numbers to household addresses.

2. To shift mode of administration from an interviewer-administered survey via telephone to a self-administered survey via web and paper.

3. To combine the NSCH and NS-CSHCN into a single instrument.

4. To provide more timely data.
2016 NSCH Redesign: Key Decisions

Summary: Retained as much content and functionality as possible, while dramatically changing sampling strategy and mode of administration.

- **Retained a two-phase process**: A “Screener” to determine child demographics and SHCN status followed by an age-specific “Topical” survey.

- **Retained core content** on all CSHCN Core Outcomes and Title V NOMs/NPMs.

- **Added content** on a variety of topics, including aspects of being “Healthy and Ready to Learn”, food sufficiency, behavioral treatment for ADHD, etc.

- Shifted administration from National Center for Health Statistics to **US Census Bureau**.

- **Fielded a single, combined survey annually**: new state-level estimates available bi-annually (in most cases).

- Utilized an **Addressed-Based Sampling (ABS) frame** to improve efficiency and effectiveness of survey administration.

- Utilized a **self-directed response mode** (web-push + mail) for majority of surveys.
Implementation of the 2016 National Survey of Children’s Health
### 2016 NSCH Data Collection

**Overview**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Collection Period:</td>
<td>June 2016 - February 2017</td>
</tr>
<tr>
<td>Sample:</td>
<td>364,150 HH yielding 50,212 completed surveys</td>
</tr>
<tr>
<td>State Sample:</td>
<td>995 (average); 638 (Mississippi) – 1351 (Minnesota)</td>
</tr>
<tr>
<td>Weighted Response Rate:</td>
<td>40.7% (v. 23.0% in 2011/12)</td>
</tr>
<tr>
<td>Topical Conversion Rate:</td>
<td>69.7% (v. 54.1% landline and 41.2% cell phone in 2011/12)</td>
</tr>
<tr>
<td>Web v. Paper:</td>
<td>80.6% of surveys completed via web (19.4% via paper)</td>
</tr>
<tr>
<td>Public Presentation:</td>
<td>End of October (Webinar)/Early November (APHA)</td>
</tr>
</tbody>
</table>
Design: Retained as much content and functionality as possible, while dramatically changing sampling strategy and mode of administration → An address-based, self-administered survey completed via web or paper by a parent/caregiver knowledgeable about the health and health care of one randomly selected child in the household.

Innovations:

→ Adaptive use of a new administrative flag to identify HH with children
  • INNOVATION: A prototype linkage between children & parents based on administrative records
  • GOAL: Improve efficiency by targeting households most likely to have children.
  • IMPACT: Reduced the number of households contacted by approximately half.

→ Adaptive design to differentially target “High” and “Low” Web HH
  • INNOVATION: Customized survey recruitment based on likelihood of web response.
  • GOAL: Reduce survey costs by customizing contact/recruitment to respondents.
  • IMPACT: 80% of 2016 responses were obtained online; important lessons learned for 2017.
Oversampling of households likely to have children based on linkages of children’s Social Security Numbers to families and addresses

Motivation:
• Improved sampling efficiency and reduction of survey costs

Primary Information Sources:
• Numident: a list of Social Security Number applicants
• CARRA Kidlink file: a prototype linkage between children and parents based on Census and administrative records
• Master Address File Auxiliary Reference File (MAF-ARF): a file that links person identifiers with the latest location updates from a variety of administrative data

Method:
• Utilize the Title 13 Census Master Address File (MAF) as a sampling foundation and leverage administrative records to indicate the presence of children at a MAF-ID
• Define separate strata based on the child-present:
  • Stratum 1 where the child-present flag = yes, and
  • Stratum 2 where the child-present flag = no
NSCH 2016
Estimated Necessary Sample Size, Stratified Sample versus Simple Random Sample

- Stratified
- Simple Random Sample

- 100,000 200,000 300,000 400,000 500,000 600,000 700,000 800,000

- HHs with Children
- HHs w/o Children
- Invalid Addresses
Customized survey recruitment based on Census tract-level information on likelihood of web response

Motivation:
• Tailor contact and recruitment strategies based on likelihood of internet response and reduce survey cost and burden

Primary Information Sources: (Two data sources)
• ACS paradata on whether respondents used Internet submission (tract-level, 2013-2014 survey years)
• IRS 1040 data on whether households file electronically but without a paid preparer (block-level, 2014 tax year)

Method:
• Create a low-Internet-accessibility flag
• Use principal components analysis
• Find the (standardized) scalar variable that maximizes the variation of linear combinations of the two data sources
• Census blocks with access index below 30th percentile of the access index distribution
2016 NSCH Production Survey
Mail and Internet Returns Compared with ACS (Through December 2017)

Comparing NSCH and ACS Returns

<table>
<thead>
<tr>
<th>NSCH Returns</th>
<th>ACS Returns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen</td>
<td>Internet</td>
</tr>
<tr>
<td>Total</td>
<td>Mail</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screen Returns</td>
<td>12.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Returns</td>
<td>25.6%</td>
<td>23.6%</td>
<td>27.6%</td>
<td>28.3%</td>
<td>28.1%</td>
<td>27.5%</td>
<td>26.4%</td>
</tr>
<tr>
<td>Screen Returns</td>
<td></td>
<td>9.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Returns</td>
<td></td>
<td>27.6%</td>
<td>28.3%</td>
<td>28.3%</td>
<td>28.1%</td>
<td>27.5%</td>
<td>24.5%</td>
</tr>
</tbody>
</table>

ACS Returns:
- Internet
- Mail
NSCH 2016 Production Survey

Incentive Effect

<table>
<thead>
<tr>
<th></th>
<th>$0</th>
<th>$2</th>
<th>$5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Size</td>
<td>121,346</td>
<td>121,420</td>
<td>121,384</td>
</tr>
<tr>
<td>Screener Returns</td>
<td>42,621</td>
<td>46,465</td>
<td>48,923</td>
</tr>
<tr>
<td>Screener Completion Rate</td>
<td>45.1%</td>
<td>48.7%</td>
<td>50.9%</td>
</tr>
</tbody>
</table>

These are SCRs are unweighted. Weighted SCRs are 50.3%, 53.2%, 55.3%
**NSCH 2016**

**Reflections**

- **Sample**
  - Increase efficiency to allow more households with children for the budget

- **Response Rate**
  - Lower than expected
  - Need to adjust for state differentials in likelihood of response

- **Contact Strategy**
  - Paper sooner for areas where its needed
  - More frequent contacts
  - More rapid transition to topicals for screened households
  - Implement reminder

- **Incentives**
  - Both $2 and $5 offer improved response and timeliness over no incentive
  - Program budget suggested $2
  - Consider topical incentive test
• Launch August 7, 2017 – Scheduled Conclusion January 26, 2018
• Goal Sample = 156,690 HH $\rightarrow$ 23,460 completed topicals

• Operations:
  • Improvement to identification of “High Paper” areas along with “High Web”
    $\rightarrow$ 30% of households most likely to respond by paper will receive paper questionnaire with initial web invitation.
  • Contact strategy: mail-out timing and pressure-sealed reminder use
    $\rightarrow$ Decrease time between contacts and transition to topical questionnaire;
    $\rightarrow$ Utilize new capability to send pressure-sealed reminders.
  • Revision to stratum for households without child flag to improve efficiency
    $\rightarrow$ Increase resources targeted to households most likely to have a child.

• Experiments:
  • Infographic: 50% and 50% control
  • Incentives: $2 for 90% of sample, $0 for 10%

Public data available Spring 2018
We identified households most likely to respond by mail and provided them that option in the first mailing. Response from this group is 50% greater than expected.

A reminder postcard one week after the first mailing boosted response by 25%.

The net result is 60% higher response to date, and we will send out about 80,000 fewer follow-up mailings than expected.
1. 2016 was a “building” year to ensure the timely and accurate release of data for the nation and Title V partners.

2. The 2016 response rate was not as expected, but we have identified a number of ways to improve and tighten the sampling and contact strategies that should drive response rates and representativeness in the right direction.

Content & Key Estimates
2016 NSCH Content: Core Content Areas

General Health
- General health status
- General oral health
- Flourishing
- Activity limitations
- Condition list
- ASD & ADD/ADHD content
- Height & Weight

Infant Health
- PTB
- LBW

Health Care Services
- Preventive care
- Usual place for sick/well care
- Receipt of specialist care
- Unmet needs
- Developmental screening

Experience with Health Care Providers
- Medical home
- Shared decision-making

Providing for Your Child’s Health
- Expenses & problems paying
- Employment & caregiving burden

About Your Family and Household
- Screen time, physical activity, & sleep
- Extracurricular & family activities
- Child care
- Parenting stress
- Family resilience
- ACEs

About Your Neighborhood & Community
- Amenities
- Social support

Screener
- Status
- Type
- Adequacy

0-5 Years
- 6-11 Years
- 12-17 Years

Maternal & Child Health
Sociodemographic & Health Stratifiers

• Child
  • Age
  • Sex
  • Race
  • Ethnicity
  • Nativity
  • Special Health Care Need Status
  • Disability Status (ACS-6)

• Household
  • Poverty
  • Educational attainment
  • Primary language
  • Family structure (marital status + relationship of adults to subject child)
  • Federal program participation (cash assistance, food stamps, free/reduced cost meals, WIC)
  • Food sufficiency
  • Urban/Rural location

• Parents/Caregivers (Adult 1 and Adult 2)
  • Age
  • Sex
  • Nativity
  • Employment status
  • Physical and mental health status
Health Conditions: General Health Status

**PROPORTION OF CHILDREN, 0-17 YEARS, BY GENERAL PHYSICAL HEALTH STATUS**

- Excellent: 64.7%
- Very Good: 25.0%
- Good: 8.5%
- Fair/Poor: 1.8%

**PROPORTION OF CHILDREN, 1-17 YEARS, BY GENERAL ORAL HEALTH STATUS**

- Excellent: 47.7%
- Very Good: 30.7%
- Good: 16.3%
- Fair/Poor: 5.3%
Health Conditions: Selected Conditions

**PROPORTION OF CHILDREN* WITH SELECTED HEALTH CONDITIONS (CURRENT)†**

- **Blood Disorders**: 0.6%
- **Other Genetic Conditions**: 2.9%
- **Developmental Delay**: 4.9%
- **Learning Disability**: 6.7%
- **Asthma**: 8.4%
- **Allergies**: 19.8%

* Ages 0-17 for Blood Disorders, Genetic Conditions, Asthma, and Allergies.
* Ages 3-17 for Developmental Delay and Learning Disability.
† Out of 25 conditions included in survey.
Special Health Care Needs:

- 19.4% of US children had 1 or more special health care needs in 2016.
- Represents 14,196,961 children ages 0-17 years.
- 28.2% of HH in the US had 1 or more CSHCN.

Qualifying Criteria:

- Prescription medication: 14.20%
- Specialized service need/use: 4.99%
- Elevated service need/use: 9.92%
- Functional limitations: 4.96%
- Ongoing emotional, behavioral, or developmental condition: 8.21%
Health Conditions: Overweight/Obesity

BODY-MASS INDEX (BMI) CLASSIFICATION, CHILDREN 10-17 YEARS*

* Based on parent-reported child height, weight, and age.

Underweight: < 5\textsuperscript{th} percentile
Healthy Weight: 5\textsuperscript{th} to less than 85\textsuperscript{th} percentile
Overweight/Obese: ≥ 85\textsuperscript{th} percentile
Child Health Behaviors: Physical Activity

**PROPORTION OF CHILDREN, 6-11 YEARS, WHO ARE PHYSICALLY ACTIVE 60 MIN/DAY (DAYS PER WEEK)**

<table>
<thead>
<tr>
<th>Days</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
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</thead>
<tbody>
<tr>
<td>0 Days</td>
<td>5.2%</td>
<td></td>
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<tr>
<td>1-3 Days</td>
<td>35.8%</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>4-6 Days</td>
<td>29.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every Day</td>
<td>29.8%</td>
<td></td>
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</tr>
</tbody>
</table>

**PROPORTION OF ADOLESCENTS, 12-17 YEARS, WHO ARE PHYSICALLY ACTIVE 60 MIN/DAY (DAYS PER WEEK)**

<table>
<thead>
<tr>
<th>Days</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Days</td>
<td>13.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-3 Days</td>
<td>40.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-6 Days</td>
<td>27.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every Day</td>
<td>18.5%</td>
<td></td>
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</tr>
</tbody>
</table>
Family Health Behaviors: Breastfeeding and Safe Sleep

**Proportion of Children, 0-5 Years, Who Were Ever Breastfed**
- Yes: 78.7%
- No: 21.3%

**Proportion of Infants, < 1 Year, Who Were Put Back-to-Sleep**
- Back: 75.6%
- Side: 13.0%
- Stomach: 11.4%
Family Health Behaviors: Reading, Singing, and Story Telling

PROPORTION OF CHILDREN, 0-5 YEARS, WHOSE CAREGIVERS READ TO THEM (PAST WEEK)

- 37.7%
- 34.7%
- 20.4%
- 7.2%

PROPORTION OF CHILDREN, 0-5 YEARS, WHOSE CAREGIVERS SING OR TELL THEM STORIES (PAST WEEK)

- 47.4%
- 28.3%
- 19.6%
- 4.7%
Health Insurance Coverage

PROPORTION OF CHILDREN, 0-17 YEARS, WITH CURRENT HEALTH INSURANCE, BY TYPE OF COVERAGE

- Current Coverage: 94.0%
- Private: 56.4%
- Public: 31.7%
- Both: 4.2%
- Uninsured: 6.0%
Health Insurance Adequacy

PROPORTION OF CHILDREN, 0-17 YEARS, WITH CONSISTENT AND ADEQUATE HEALTH INSURANCE COVERAGE

- Consistent Coverage for Past 12 Months: 91.9%
- Adequate Coverage of Needed Providers: 96.4%
- Adequate Coverage of Needed Services: 94.0%
- Reasonable Costs: 77.8%
- Consistent and Adequate Coverage: 69.4%
Health Care Utilization: Preventive Medical and Dental Visits

PROPORTION OF CHILDREN, 0-17 YEARS, WITH A PREVENTIVE MEDICAL VISIT IN THE PAST 12 MONTHS, BY AGE

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Medical Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Children</td>
<td>82.3%</td>
</tr>
<tr>
<td>0-5</td>
<td>88.7%</td>
</tr>
<tr>
<td>6-11</td>
<td>79.5%</td>
</tr>
<tr>
<td>12-17</td>
<td>79.0%</td>
</tr>
</tbody>
</table>

PROPORTION OF CHILDREN, 1-17 YEARS, WITH A PREVENTIVE DENTAL VISIT IN THE PAST 12 MONTHS, BY AGE

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Dental Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Children</td>
<td>78.7%</td>
</tr>
<tr>
<td>1-5</td>
<td>88.1%</td>
</tr>
<tr>
<td>6-11</td>
<td>56.4%</td>
</tr>
<tr>
<td>12-17</td>
<td>87.2%</td>
</tr>
</tbody>
</table>
Health Care Utilization: Emergency Room Visits

PROPORTION OF CHILDREN 0-17 YEARS WITH AN EMERGENCY ROOM VISIT IN THE PAST 12 MONTHS, BY CSHCN STATUS

- **All Children**: 20.0%
- **CSHCN**: 31.1%
- **Non-CSHCN**: 17.3%

Emergency Room Visit in Past 12 Months

[Chart showing the proportion of children with emergency room visits by CSHCN status.]
Medical Home

MEDICAL HOME ACCESS AMONG CHILDREN, 0-17 YEARS, BY COMPONENT AND OVERALL ACCESS

<table>
<thead>
<tr>
<th>Component</th>
<th>CYSHCN (%)</th>
<th>non-CYSHCN (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had Usual Source of Sick Care</td>
<td>82.1%</td>
<td>79.1%</td>
</tr>
<tr>
<td>Had Personal Doctor or Nurse</td>
<td>79.3%</td>
<td>70.9%</td>
</tr>
<tr>
<td>Did Not Receive Needed Care Coordination</td>
<td>28.8%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Had Problems Getting Needed Referrals</td>
<td>28.8%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Received Family Centered Care</td>
<td>82.6%</td>
<td>87.3%</td>
</tr>
<tr>
<td>Medical Home Access</td>
<td>50.0%</td>
<td>43.2%</td>
</tr>
</tbody>
</table>
Transition to Adult Health Care

TRANSITION TO ADULT HEALTH CARE AMONG CHILDREN, 12-17 YEARS, BY COMPONENT AND OVERALL

- **Transition Part A** (Time alone with provider at last preventive visit):
  - CYSHCN: 44.4%
  - non-CYSHCN: 36.7%

- **Transition Part B** (Active work to gain skills or understand changes in health care):
  - CYSHCN: 68.6%
  - non-CYSHCN: 55.3%

- **Transition Part C** (Discuss shift to adult provider):
  - CYSHCN: 16.9%
  - non-CYSHCN: 16.8%

- **Overall**:
  - CYSHCN: 16.5%
  - non-CYSHCN: 14.2%

[Source: HRSA Maternal & Child Health]
Healthy and Ready to Learn

• Major area of new content (22 items added to 0-5 instrument).

• Added at the suggestion of state stakeholders and designed to serve as a National Outcome Measure for Title V.

• Also supported by Healthy People:
  - Early and Middle Childhood (EMC) 1. (Developmental) Increase the proportion of children who are ready for school in all five domains of healthy development: physical development, social-emotional development, approaches to learning, language, and cognitive development.

• Has never been assessed among US population using a multidimensional approach.
Accessing Data and Resources
About the DRC: Accessing Data and Resources

Christina Bethell, PhD, MBA, MPH
Professor, Johns Hopkins Bloomberg School of Public Health; Director, Child and Adolescent Measurement Initiative
What is the Data Resource Center (DRC)?

URL to the NSCH: www.nschdata.org
(or search for NSCH on www.childhealthdata.org)

1. Provides **centralized, easy, and interactive** access to national, regional, state-level findings from all years of the National Survey on Children’s Health and prior years of the National Survey on Children With Special Health Care Needs. Going forward, focus on NSCH only.

2. Collaborates in the design, development, documentation and dissemination of the NSCH with the federal Maternal and Child Health and the US Bureau and Bureau of the Census.

3. Seeks to build **knowledge and the capacity** to use data to inform and inspire innovation and transformative partnerships that improve child, youth and family outcomes and well being and systems performance at the national, state and local levels. The DRC provides resources such as:

- Interactive data query
- Cleaned datasets and codebooks
- Survey overviews & supporting documents
- Data visualizations (charts, maps, snapshots)
- Examples of data in action
- Special topics portals
- Training and Technical assistance
How do I access data on the DRC?

Making data accessible to all. It’s your data...your story!
The DRC’s Interactive Data Query

Browse by Survey & Topic

To begin your interactive data search:
1) Select a survey, 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.

1. Select a Survey, Year, and Geographic Area

Select a Survey
National Survey of Children's Health

Select a Year
2016

Select a State/Region
Nationwide

2. Select a Starting Point/Topic

Child and Family Health Measures
Over 100 indicators for child and family health and well-being

Title V Block Grant Measures
Title V Maternal and Child Health Block Grant National Performance and Outcome Measures
Select a Topic Area & Measure

2. Select a Starting Point/Topic

Child and Family Health Measures
Over 100 indicators 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

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

- Indicator 6.1: Physical health status of mother
- Indicator 6.1a: Physical health status of father
- Indicator 6.2: Mental health status of mother
- Indicator 6.2a: Mental health status of father
- Indicator 6.3: Overall health status of mother
- Indicator 6.3a: Overall health status of father
- Indicator 6.4: Someone living in the household smokes
- Indicator 6.4a: Someone smokes inside the home
- Indicator 6.5: Children living in “working poor” families
- Indicator 6.6: Family shares ideas, 0-17 years
- Indicator 6.7: Family reads to children, 0-5 years
- Indicator 6.8: Family sings and tells stories to children, 0-5 years
- Indicator 6.9: Family eats meal together
- Indicator 6.10: Time spent watching TV or playing video games
- Indicator 6.11: Time spent with a computer, cell phone, electronic device
- Indicator 6.12: Family resilience
- Indicator 6.13: Adverse childhood experiences
- Indicator 6.14: Parental aggravation
- Indicator 6.15: Parent receives emotional help with parenting
- Indicator 6.16: Coping with daily demands of raising children
- Indicator 6.17: Job change due to problems with child care, age 0-5 years
- Indicator 6.18: Stopped working and cut back hours due to child’s health
- Indicator 6.19: Avoided changing jobs to maintain insurance
### Indicator 6.13: Adverse childhood experiences

Children experienced one or more adverse childhood experiences from the list of 9 ACEs.

<table>
<thead>
<tr>
<th></th>
<th>No adverse childhood experiences</th>
<th>One adverse childhood experience</th>
<th>Two or more adverse childhood experiences</th>
<th>Total %</th>
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<tr>
<td><strong>%</strong></td>
<td>53.7</td>
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<tr>
<td><strong>C.I.</strong></td>
<td>(52.7 - 54.7)</td>
<td>(23.7 - 25.5)</td>
<td>(20.9 - 22.5)</td>
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<tr>
<td><strong>Sample Count</strong></td>
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<td>10,926</td>
<td>9,017</td>
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<tr>
<td><strong>Pop. Est.</strong></td>
<td>38,647,370</td>
<td>17,687,522</td>
<td>15,610,547</td>
<td></td>
</tr>
</tbody>
</table>

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

---

**Adverse childhood experiences**

Children age 6-17 years

*Nationwide*
View Measure Data by Subgroup

Subgroups
- Age in 3 groups
- Sex of child
- Race/ethnicity of child
- Race/ethnicity – with Asian (National only)
- 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
- Special health care needs status
- Complexity of health care needs
- Emotional, behavioral, or developmental issues
- Family resilience
- Medical home
- Current insurance status
- Adequacy of health insurance
- Consistency of health insurance coverage
- Type of health insurance
- Well-functioning system of care
## View Measure Data by State or Region

### Current Search Criteria
- **Survey:** 2016 National Survey of Children's Health
- **Starting Point:** Child and Family Health Measures
- **State/Region:** Nationwide vs. Maryland
- **Topic:** Family Health and Activities
- **Question:** Indicator 6.13: Adverse childhood experiences (details)

### Indicator 6.13: Children experienced one or more adverse childhood experiences from the list of 9 ACEs (details)

<table>
<thead>
<tr>
<th>State</th>
<th>No adverse childhood experiences %</th>
<th>One adverse childhood experience %</th>
<th>Two or more adverse childhood experiences %</th>
<th>Total %</th>
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<td>20.6</td>
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</tbody>
</table>

**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.

**C.I. = 95% Confidence Interval.**

**Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.**
Compare Data Across States

Making data accessible to all. It's your data...your story!
Hot-Spotting Tables & US Maps

Compare Data Across States

And Compare States to National Averages

Compare States Across Multiple Measures

These interactive tables allow users to select multiple indicators and compare performance across states to the national average.

Compare States Using Single-Measure Maps: Latest Data

US state maps compare each state's performance to the national average on single child health indicators from the 2011/12 National Survey of Children’s Health (NSCH) and the 2009/10 National Survey of Children with Special Health Care Needs (NS-CSHCN).

Compare States Using Single-Measure Maps: Previous Years

US state maps compare each state's performance to the national average on single child health indicators from the 2007 National Survey of Children’s Health (NSCH), and the 2005/06 National Survey of Children with Special Healthcare Needs (NS-CSHCN).
Compare Data Across State Maps

The US state maps below compare each state's performance to the national average on key child health indicators from the National Survey of Children's Health (NSCH) and National Survey of Children with Special Health Care Needs (NS-CSHCN).

To start, click on any topic of interest below. Additionally, there are several other ways to view state-specific data on the DRC:

- View the DRC's data snapshots to view topics in one state profile.
- Use the DRC's interactive data query to access state data for hundreds of health indicators, and then sub-populate these results by a variety of demographic indicators such as race/ethnicity, income, sex, etc.

Title V National Performance and Outcome Measure State Maps

National Performance Measures (NPMs)

NFM #1: Well-Woman Visit (ages 18-44)*
NFM #6: Developmental Screening (ages 10 months - 5 years)
NFM #6.1: Physical Activity (ages 6-11)
NFM #6.2: Physical Activity (ages 12-17)
NFM #9: Bullying (ages 12-17)
NFM #10: Adolescent Well-Visit (ages 12-17)
NFM #11.1: Medical Home: CSHCN (ages 0-17)
NFM #11.2: Medical Home: Non-CSCHN (ages 0-17)
NFM #12: Transition: CSHCN (ages 12-17)*
NFM #13B: Preventive Dental Visit (ages 1-17)

*Note: NFM #12 and NFM #13B are only available in select states.
Compare States Across Multiple Measures

Title V National Performance Measures (NPMs)
This table represents the prevalence of selected child and family health measures across states. Learn More

Title V National Outcome Measures (NOMs)
This table represents the prevalence of selected health status outcomes across states. Learn More

TABLE 5. Across State Multiple Indicator Table: Percent of Children Who Experienced Adverse Childhood Experiences (ACEs) and Prevalence of Selected Child and Family Health Measures among Children Who Experienced One or More ACEs

<table>
<thead>
<tr>
<th>State</th>
<th>2+ ACEs, 0-17 years**</th>
<th>1+ ACEs, 0-17 years**</th>
<th>1+ ACEs, 0-5 years**</th>
<th>Chronic Health Condition*</th>
<th>Children with EBD conditions*</th>
<th>Corticosteroid or Antipsychotic Medications Used or Halted**</th>
<th>Family Routine and Role**</th>
<th>Mother’s Health**</th>
<th>Parent’s Coping**</th>
<th>School Engagement, 6th-12th year**</th>
<th>Resilience, 6th-12th year**</th>
<th>Supportive Neighborhood**</th>
</tr>
</thead>
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<tr>
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<td>217</td>
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<td>8.6 - 20.2</td>
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</table>

CAHMI
Learn About the NSCH
Resources for Using NSCH Data

Documents to assist with data analysis:
- NSCH FAQs
- Guide to Topics & Questions
- Sampling & Administration Process
- SPSS & SAS Codebooks
- Guide to Changes Across Survey Years
- Full-length Survey Questionnaires
Wrap Up & Questions
Additional Resources

• Data Collection Instruments:
  • http://mchb.hrsa.gov/data/national-surveys

• Data Release:
  • Public release September 5, 2017 – National and State Levels

• Data Availability:
  • Data Resource Center: www.childhealthdata.org
  • US Census Bureau: www.census.gov/programs-surveys/nsch.html/

• Reference Materials:
  • FAQs
  • Guide to Topics and Questions
  • Changes to Title V NPMs and NOMs
  • Visual description of sampling plan
  • Design and Operations Report
  • Variable lists
  • Frequency counts
  • Codebook of variables
  • Geography variables 1-pager
  • Insurance variables 1-pager
  • Programming code for SPSS, SAS, and STATA
  • MCHJ manuscript
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<tr>
<th>Name</th>
<th>Title and Affiliation</th>
<th>Contact Information</th>
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<tr>
<td>Michael D. Kogan, PhD</td>
<td>Director, Office of Epidemiology and Research, Maternal and Child Health Bureau, Health Resources and Services Administration</td>
<td>301-443-3145 • <a href="mailto:mkogan@hrsa.gov">mkogan@hrsa.gov</a></td>
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<tr>
<td>Jason Fields, PhD, MPH</td>
<td>Survey Director, US Census Bureau, Survey of Income and Program Participation, National Survey of Children's Health</td>
<td><a href="mailto:jason.m.fields@census.gov">jason.m.fields@census.gov</a></td>
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<tr>
<td>Reem M. Ghandour, DrPH, MPA</td>
<td>Director, Division of Epidemiology, Office of Epidemiology and Research, Maternal and Child Health Bureau, Health Resources and Services Administration</td>
<td>301-443-3786 • <a href="mailto:rghanour@hrsa.gov">rghanour@hrsa.gov</a></td>
</tr>
<tr>
<td>Christina Bethell, PhD, MBA, MPH</td>
<td>Director, Child and Adolescent Health Measurement Initiative, Professor, Population, Family and Reproductive Health, Johns Hopkins Bloomberg School of Public Health</td>
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Questions?
Question & Answer Period

• To ask a question on the Web:
  – Enter your question in the field at the bottom of the “QUESTIONS” box at the bottom of your screen and hit enter. Your question will be sent directly to the moderator.
Additional Questions

• If you have any additional questions, you can email them to:

  dataspeak@altarum.org
Thank You

Thank you for participating. **Please click on this link to complete feedback on today’s program.**

*(the link will open in a new window)*