

Bringing ADHD Epidemiology to States: What Could State-based Estimates Mean for Your State?

September 7, 2011

2:00 –3:00 p.m. ET

Questions and Answers

- Q: In your presentation you talk about mild, moderate, and severe Attention Deficit Hyperactivity Disorder (ADHD). How is mild, moderate or severe ADHD defined?
- A: (Susanna Visser) ADHD severity was reported by those parents who reported that their child had a current ADHD diagnosis. Those parents were asked, “Would you describe (his/her) ADD or ADHD as mild, moderate, or severe?” In this way, the severity question was somewhat subjective.
- Q: When will the 2011 results be available? Is early release possible?
- A: (Susanna Visser) The 2011-2012 National Survey of Children’s Health (NSCH) is expected to remain in the field until March 2012. Data are then cleaned and prepared for public release. I would expect the data to be released close to the start of 2013. The data are released as soon as the data are cleaned and prepared for analysis, so I do not believe early release would be possible. However, you may choose to ask this question directly to National Center for Health Statistics at slaits@cdc.gov.
- Q: Is ADHD a disability qualification for Supplemental Security Income (SSI)?
- A: (Susanna Visser) Yes, ADHD is listed as one of the “possible medical disability conditions” that may qualify a child for Social Security benefits. However, there are specific eligibility requirements that must be met. This website may be a good place to start for additional information: <http://www.social-security-disability-claims.org/>
- Q: What is smallest cell size you can use in state data?
- A: (Susanna Visser) Minimum cell size that you will need to conduct analyses will vary, depending on your purpose. At the Centers for Disease Control and Prevention (CDC), we use relative standard errors (ratio of standard error to the estimate multiplied by 100) as an indicator of estimate stability; we strive for relative standard errors that are less than 30%. From my experience, outcomes that are reported in less than 1-5% of the population may have issues with statistical stability, but I encourage you to run some descriptive statistics to investigate your state’s relative standard errors (RSEs) for your outcomes of interest.

- Q: There has been good evidence to show that a combination of both medication and cognitive behavioral interventions are most useful in the management of ADHD in children. Does this survey at the CDC quantify other interventions besides medication in the management of ADHD?
- A: (Susanna Visser) The NSCH survey does not ask about ADHD treatments other than medication. However, there are additional questions about behavioral interventions and dietary interventions that were asked on the 2009-2010 National Survey of Children with Special Health Care Needs. These data are expected for public release later this year.
- Q: Are you looking at tools used to arrive at ADHD other than parent response?
- A: (Susanna Visser) Parent report is relied upon for the NSCH as well as several other CDC-delivered child health surveys. In an effort to directly ascertain the prevalence of ADHD in communities, regardless of a previous diagnosis, CDC funds population-based studies of ADHD in communities. These studies rely on both teacher and parent report of symptoms to arrive upon a study diagnosis of ADHD. More about this study, the Project to Learn about ADHD in Youth (PLAY) can be found at: <http://www.cdc.gov/ncbddd/adhd/research.html>
- Q: Do you think environmental factors or the mind set in the West have an impact on the low prevalence of ADHD?
- A: (Susanna Visser) Both environmental factors as well as cultural differences may play a strong role in the lower prevalence of ADHD that is documented in the West. Demographic differences and state-based policy and practice differences may also account for some of the regional differences in prevalence. Working with states on a collaborative study may help to answer this very important question.
- Q: Can you give a couple specific examples of your hopes for how partners in your state will use this epidemiological data? (To inform, motivate, plan, etc.)
- A: (Patsy Carter) I would hope that by being able to track trends in the prevalence of mental disorders or the impact of different levels of interventions (environmental, familial, individual and then prevention, early identification and treatment) our state will utilize the limited resources we have more strategically. Currently mental health dollars can only serve a proportion of those youth who have severe mental disorders and this is a growing population so our dollars are stretched even thinner. By ideally identifying some of the risk factors and targeting interventions to those risk factors we can reverse the trend of increased prevalence. One specific example related to the ADHD study is if we can identify what is causing the increase in prevalence then we can:
- a) Address the risk factors identified and target interventions at a variety of different levels. When I say interventions it may not be a mental health intervention but perhaps a prenatal care intervention, or a environmental carcinogen intervention; and
 - b) If it is say a growth in symptoms displayed by children/adolescents but we find it may have been inappropriately diagnosed as ADHD, say for example with the growth and lack of recognition of trauma, we may need to do extensive outreach to education providers on differentiating trauma reactions from ADHD, hopefully ensuring the children are receiving the correct interventions.

Q: Do states have any federal funding for ADHD programs?

A: (Patsy Carter) I am not aware of any federal funding that state mental health agencies receive specific to ADHD, nor other state departments.

Q: Could you please discuss more about the state developmental screening programs e.g., North Carolina.

A: (Susanna Visser) Numerous agencies have prioritized developmental screening as an initiative to help identify children with potential developmental delays as early as possible. North Carolina has a long history of advancing state-wide developmental screening efforts. The National developmental screening efforts are summarized in the following report, as well as a specific focus on the efforts of North Carolina and Rhode Island:

<http://www.healthychildcare.org/pdf/DSECSreport.pdf>

About the MCHIRC

The Maternal and Child Health Information Resource Center (MCHIRC) is dedicated to the goal of helping MCH practitioners on the Federal, State, and local levels to improve their capacity to gather, analyze, and use data for planning and policymaking.

The MCHIRC is funded by the Maternal and Child Health Bureau's Office of Data and Program Development under the supervision of Gopal Singh, Ph.D. The Project Director is Renee Schwalberg, MPH.

This question and answer sheet was created by moderator Sarah Lifsey.

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