



Health Resources and Services Administration
Maternal and Child Health

DataSpeak

Progress on the Redesign of the NSCH and the Data Resource Center

September 10, 2015

Today's Presenters

- **Reem Ghandour, DrPH, MPA**, Director of the Division of Epidemiology in the Office of Epidemiology and Research, MCHB. Dr. Ghandour will focus on the rationale, design and programmatic implications of redesigning the National Survey of Children's Health. The latest information from a recent qualitative assessment and the ongoing national pretest will be shared.
- **Christina Bethell, PhD, MBA, MPH**, Director of the Child and Adolescent Health Measurement Initiative (CAHMI). Dr. Bethell will introduce DRC resources that can help optimize the use of existing 2011-12 NSCH as well as other data, resources, assistance and materials available through the DRC to assist in advancing understanding and improvement of the new Title V Block Grant National Outcomes and Performance Measures.

DataSpeak Archives

2015

- Vitally Important: Improving the Timeliness of Vital Statistics to Advance MCH

2014

- Effects of the Built Environment on Maternal and Child Health

2013

- Measuring the Return on Investment in Maternal and Child Health Programs
- Findings from the 2011-2012 National Survey of Children's Health

Technical Instructions

Download

today's PowerPoint presentations



Redesign of the National Survey of Children's Health

DataSpeak
September 10, 2015

Reem M. Ghandour, DrPH, MPA
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U.S. Department of Health and Human Services
Health Resources and Services Administration
Maternal and Child Health Bureau
Office of Epidemiology and Research



1. Brief overview of the National Surveys:
 - History
 - Uses
2. The NSCH redesign:
 - Rationale & Purpose
 - Process & Timeline
 - Content
3. Refining the redesigned NSCH:
 - Cognitive Testing
 - Mode Effects Experimentation
 - Pretest



Overview

National Survey of Children's Health (NSCH)

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



History and Purpose of the NSCH/NS-CSHCN



NSCH: Purpose: to produce national and State-based estimates on the health and well-being of children, their families, and their communities.

Fielded: 2003, 2007, 2011-12

NS-CSHCN: Purpose: to assess the prevalence and impact of special health care needs among children in the U.S., and to evaluate change over time.

Fielded: 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);
- Produces both national and state-level estimates;
- All data are parent/care-giver reported.



Uses of the NSCH/NS-CSHCN



- Title V Maternal and Child Health Services Block Grant needs assessments and funding applications;
- State-level planning and program development;
- Federal policy and program development;
- Healthy People 2010/2020 Objectives;
- Scientific research.



Title V Funding Applications



Currently:

National Performance Measures (NPM) for CSHCN

NPM 2: Family provider partnerships

NPM 3: Medical home access

NPM 4: Adequate insurance

NPM 5: Community-based service systems

NPM6: Transition planning

MCH 3.0:

National Performance Measures:

- Medical home, adequate insurance, and transition planning
- Oral health, developmental screening, well-visits
- Household tobacco exposure, physical activity, and bullying.

National Outcome Measures

- Health status
- Overweight / obesity
- Cavities
- CSHCN (overall, ASD, ADHD, MH)
- Systems of care (CSHCN)
- Healthy and ready to learn



Selected publications:

- Bitsko RH, Holbrook JR, Visser SN, Mink JW, Zinner SH, Ghandour RM, Blumberg SJ. **A national profile of tourette syndrome, 2011-2012.** *J Dev Behav Pediatr.* 2014 Jun;35(5):317-22.
- Bramlett MD, Radel LF. **Adverse family experiences among children in nonparental care, 2011-2012.** *Natl Health Stat Report.* 2014 May;(74):1-9.
- Visser SN, Danielson ML, Bitsko RH, Holbrook JR, Kogan MD, Ghandour RM, Perou R, Blumberg SJ. **Trends in the parent-report of health care provider-diagnosed and medicated attention-deficit/hyperactivity disorder: United States, 2003-2011.** *J Am Acad Child Adolesc Psychiatry.* 2014 Jan;53(1):34-46.e2.
- Singh GK, Kenney MK, Ghandour RM, Kogan MD, Lu MC. **Mental health outcomes in US children and adolescents born prematurely or with low birthweight.** *Depress Res Treat.* 2013;2013:570743.
- Perou R, Bitsko RH, Blumberg SJ, Pastor P, Ghandour RM, Gfroerer JC, Hedden SL, Crosby AE, Visser SN, Schieve LA, Parks SE, Hall JE, Brody D, Simile CM, Thompson WW, Baio J, Avenevoli S, Kogan MD, Huang LN; Centers for Disease Control and Prevention (CDC). **Mental health surveillance among children--United States, 2005-2011.** *MMWR Surveill Summ.* 2013 May 17;62 Suppl 2:1-35



Accessing the Data



Ask us a question | Request a dataset
Sign In to Access Your Briefcase

- About the Data Resource Center
- Learn About the Surveys
- Browse the Data
- Put Data into Action
- Get Help

Keyword Search

Only 36%
of children living in poverty receive care within a medical home

- Survey Fast Facts
- Quick Data Search
- Get State Snapshots
- How to Use This Site

Data at a Glance
At your fingertips—easy-to-read data snapshots for each state

State/Region

Welcome to the Data Resource Center for Child & Adolescent Health!
Trying to find your way? Take a tour of our website and give us your feedback.

The mission of the Data Resource Center (DRC) is to take the voices of parents, gathered through the National Survey of Children's Health (NSCH) and the National Survey of Children with Special Health Care Needs (NS-CSHCN), and share the results through this free online resource. Easy access to children's health data allows researchers, policymakers, family advocates and consumers to work together to promote a higher quality health care system for children, youth and families. **Learn more about the DRC**

Browse State Snapshots

Connect with the DRC
Sign up for email updates

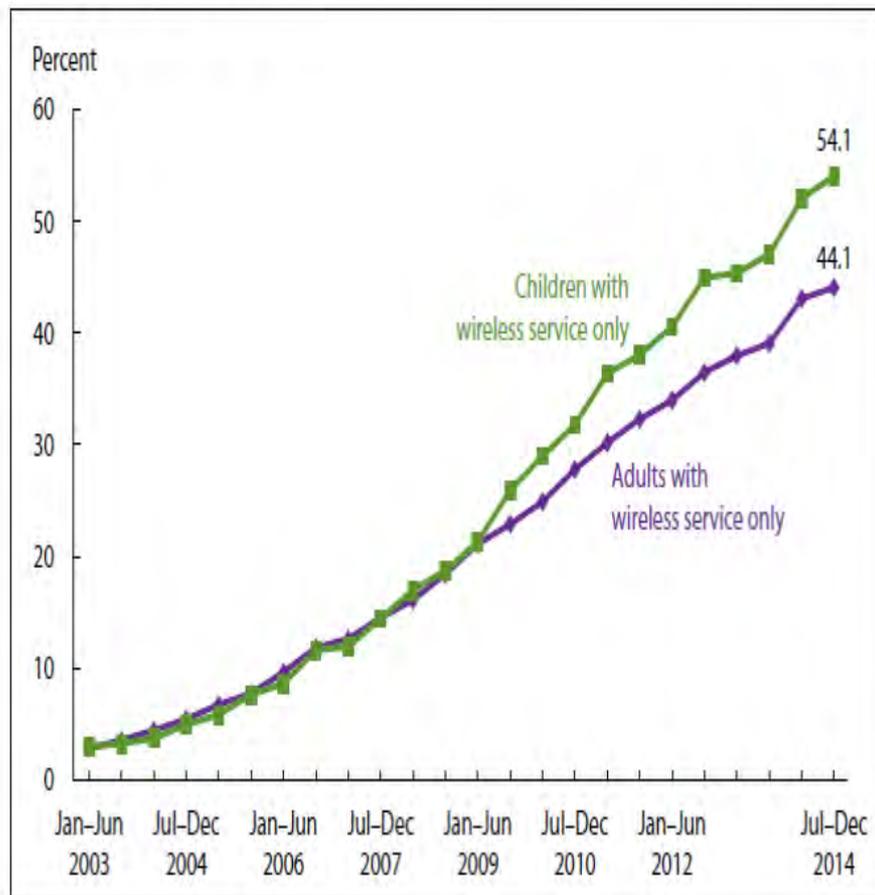
email address

Join our conversation!



Redesign of the National Survey of Children's Health

Figure. Percentages of adults and children living in households with only wireless telephone service: United States, 2003–2014



NOTE: Adults are aged 18 and over; children are under age 18.
DATA SOURCE: CDC/NCHS, National Health Interview Survey.

The purpose of the redesign is **threefold**:

1. To shift the survey's sampling frame from landline and cell phone numbers to household addresses.
2. To combine the NSCH and NS-CSHCN into a single instrument.
3. To provide more timely data.



Process Highlights



- Met with federal partners at NCES to discuss the redesign of the National Household Education Survey (2012)
- Met with industry leaders to discuss changes in sample frame and mode of data collection (2012-2013)
- Engaged experts in mailed, web-based, and mixed-mode surveys to review methodological concerns (2013-2014)
- Held virtual and in-person meetings of the survey's technical expert panel to discuss content revisions (2012-2014)
- Contracted with NORC to conduct cognitive interviews and mode effects experimentation (2013-2014)
- Awarded IAA to Census to carry out a large scale pretest (2014-2016)



Key Decisions



- A single, combined survey will be fielded annually.
- New state-level estimates will be available bi-annually.
- An Addressed-Based Sampling (ABS) frame will be utilized to improve response rates and support non-response bias analyses.
- The majority of interviews will be conducted via a self-directed response mode (mail or web) with telephone follow-up as necessary.



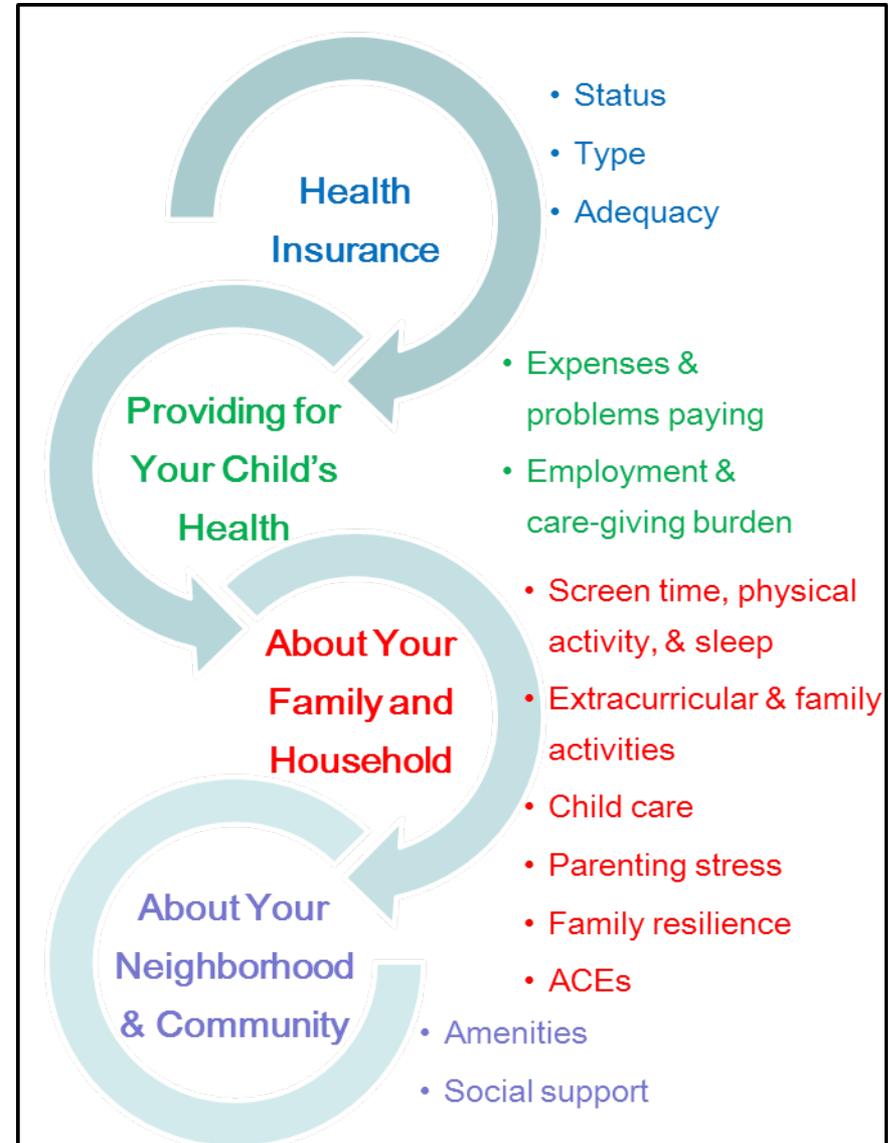
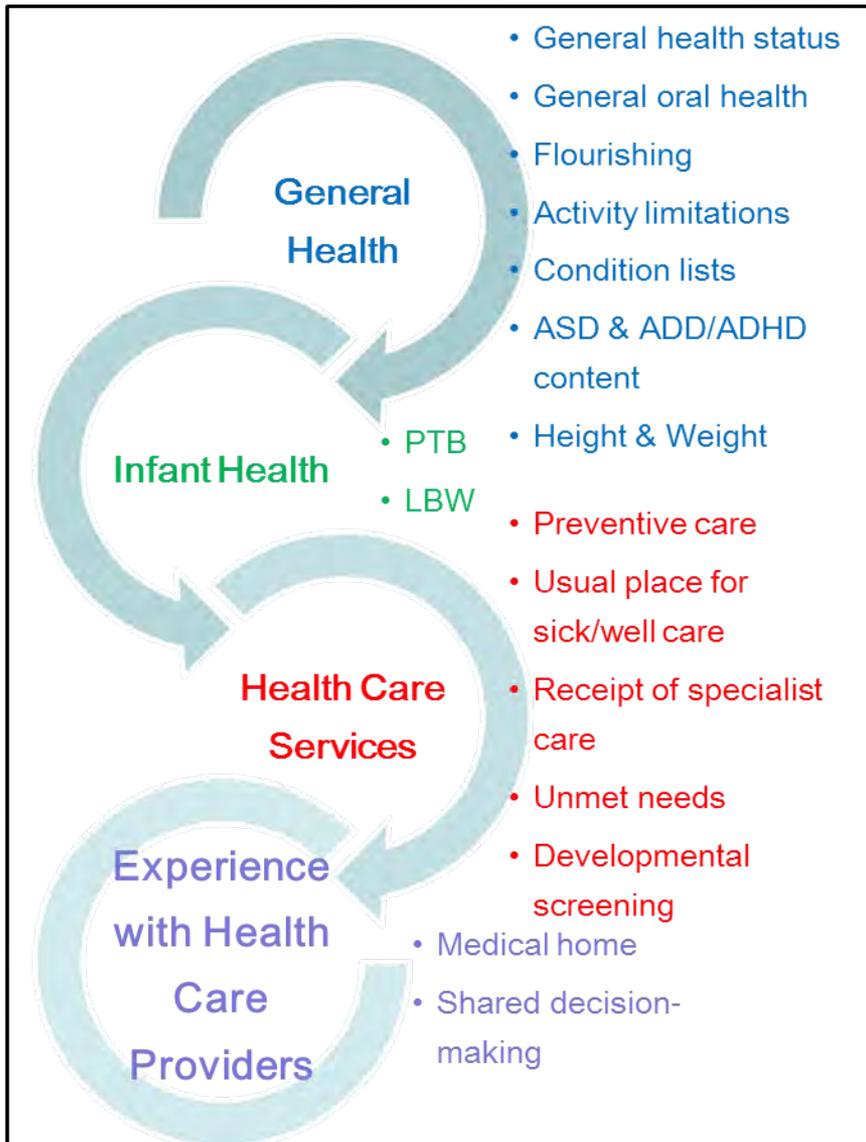
Timeline of Activities



- Content review and edit: 2013 - present
- Cognitive interviews: September - October 2014
- Instrument revisions: December 2014 - February 2015
- Mode effects experiments: December 2014 - March 2015
- Survey pretest: Summer 2015 - Spring 2016
- Full survey fielded: Summer - Fall 2016
- Public data release: (late) Spring 2017



Content Review





Rationale for Changes



Changes to content made for **6 reasons**:

1. Changes to be consistent with other Federal policy/programs (i.e., physical activity; ACS-6);
2. Changes in the field or our understanding of a topic/question (i.e., transition, ADHD treatment, delayed care);
3. Combining content from two surveys ► limited space;
4. Transition to paper/pencil from telephone interview ► limited ability to convey nuances and provide respondents with clarifying information;
5. Focus on Bureau priorities and tie to MCH 3.0;
6. Addition of content to reflect emerging priorities, i.e., school readiness.



Cognitive and Usability Testing & Mode Effects Experiments



Cognitive and Usability Testing



- Interviews incorporated usability and validity testing.
- 64 one-on-one interviews with adults ages 18+ who are parents of children aged 0-17 years.
- Participants:
 - English and Spanish
 - Recruited via flyers (Craigslist, schools, Facebook)
 - \$30 incentive given + additional \$30 for re-test interviews.
 - 1 in 4 interviews were conducted with parents or guardians of CSHCN
 - 1 in 4 respondents were Hispanic; nearly half were black.
- Screened via telephone before scheduling interview.
- **Retrospective probing:** primary cognitive approach allowed for observation of issues that may arise when questions are answered in “real life”.



Cognitive Testing Results



For the most part, no major content issues.

However, there were difficulties with:

- Applying uniform approach to wide range of conditions.
- Recall for infant health items, current height/weight, and residential mobility.
- Focus of interview in multigenerational households.
- Application of SHCN-content to all children (i.e., decision making and care provision).
- Discerning what is paid for under insurance.
- Concept of “neighborhood” for rural residents.
- Skip patterns.



Mode Effects Testing



- An equal-probability sample of 33,684 records was selected from Marketing Systems Group's (MSG) "listed database" and was limited to households that were: 1) associated with both an address and a phone number; and 2) likely to contain a child under the age 18.
- Participants were randomly assigned to one of three mode treatments (**mail, web, or telephone**) in order to determine whether item responses and/or response rates varied by mode of survey administration.
 - Included telephone to determine if estimates were comparable to previous editions of the surveys.



Mode Effects Testing Results 1/2



Production Measure	Web	Mail	Telephone
Assigned Cases	18,606	6,012	9,066
Completed Cases	1,033	466	440
Interview Completion Rate	67.7%	53.8%	53.1%
CASRO Response Rate	8.7%	14.7%	15.1%

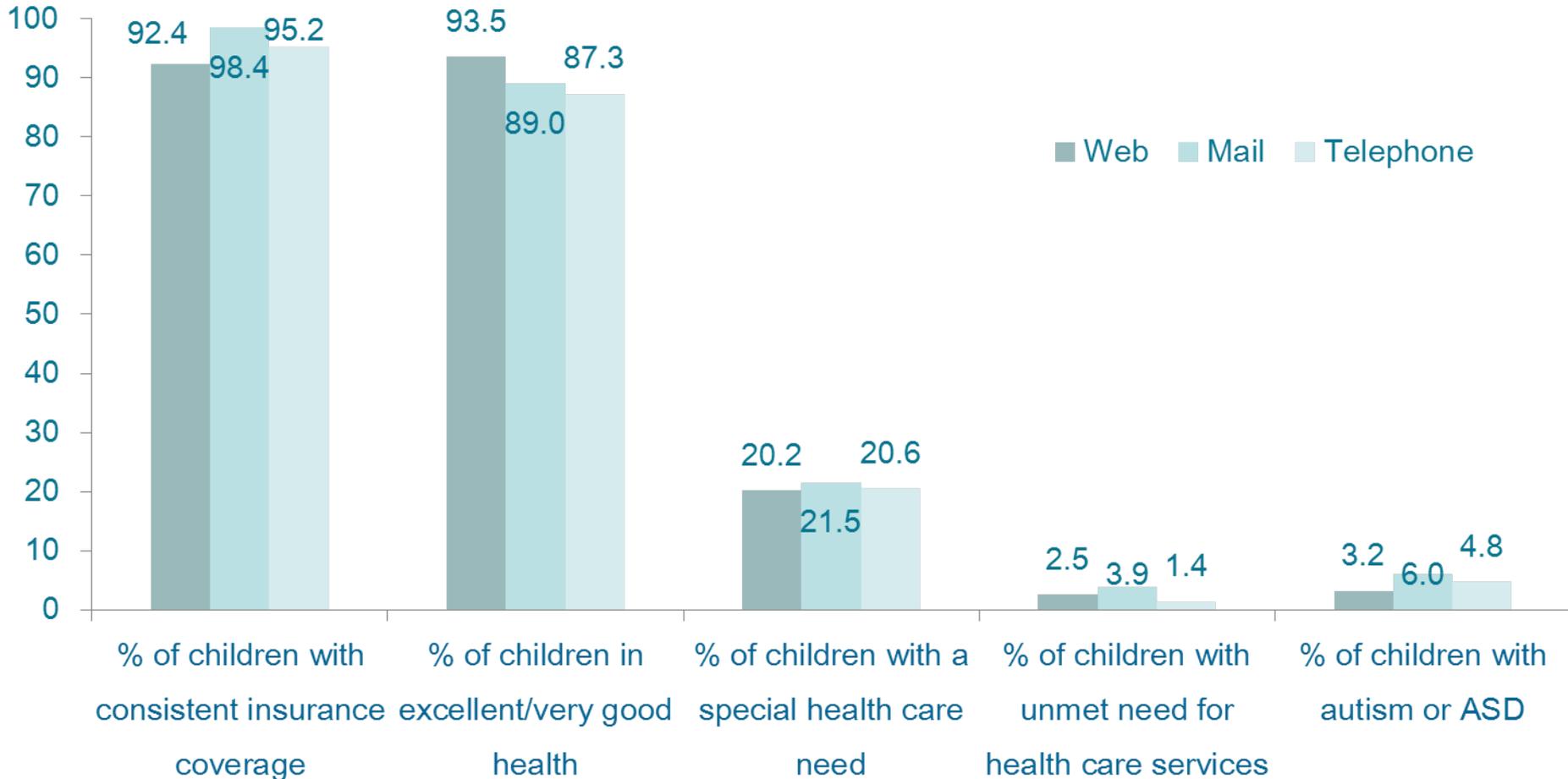
Production Measure	Web Short	Web Long	Mail Short	Mail Long	Phone Short	Phone Long
Interview Completion Rate Short v. Long Questionnaire	72.6%	71.5%	58.4%	55.2%	70.1%	63.6%
Completion Time	25 min	33 min	13-14 pages	16-20 pages	36 min	50 min



Mode Effects Testing Results 2/2



Key Outcome Measures by Interview Mode

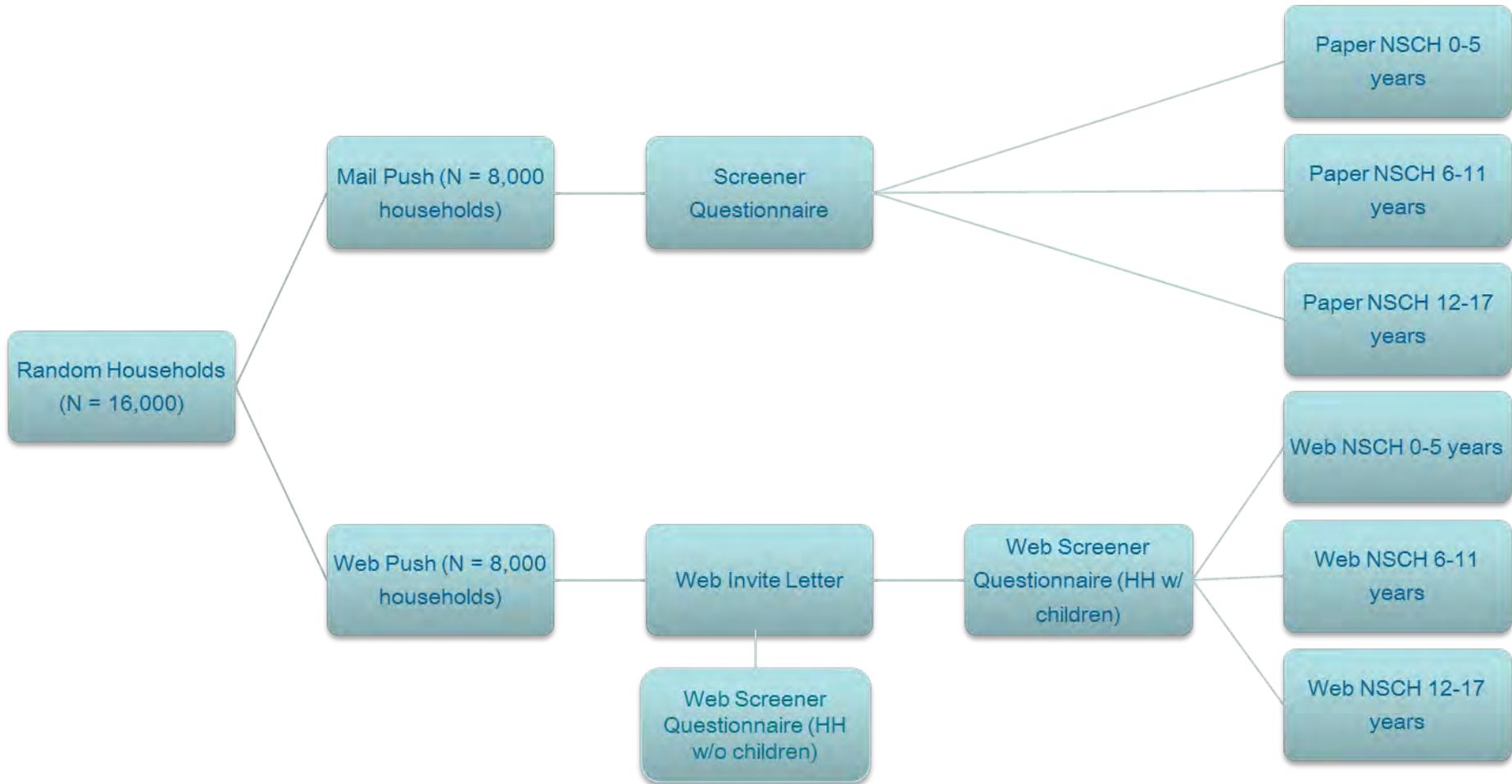




Pretest



Pretest Study Design





Goals for Pretest



Primary Goal: Large-scale test of operation.

Questions of interest:

1. Opportunities to maximize response rates;
2. Effectiveness of web-push approach;
3. Adjustments needed to achieve adequate response rates among key constituencies, i.e., CSHCN;
4. Adjustments needed to achieve needed geographical representation to meet MCHB performance measurement requirements;
5. Questionnaire content adjustments needed to facilitate completion and data accuracy;
6. Examination of mode differences.



Acknowledgements



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Leveraging the Data Resource Center for Child & Adolescent Health to Improve MCH Outcomes and Performance

September 10, 2015

Christina Bethell, PhD, MPH, MBA

Child & Adolescent Health Measurement Initiative

Johns Hopkins Bloomberg School of Public Health



The Data Resource Center is primarily supported by the federal Maternal and Child Health Bureau





Goals



1. **Inspire you** to access and integrate data and resources available through the DRC to advance MCH outcomes and performance
2. **Empower you** to access the “Child Health Data” interactive query to discover relevant data points, graphs, tables and comparisons
3. **Discover** at least one new idea for leveraging DRC resources in existing partnerships in your state and local areas
4. **Invite you** to share your needs and ideas so we can further optimize use of MCH data to address your priorities

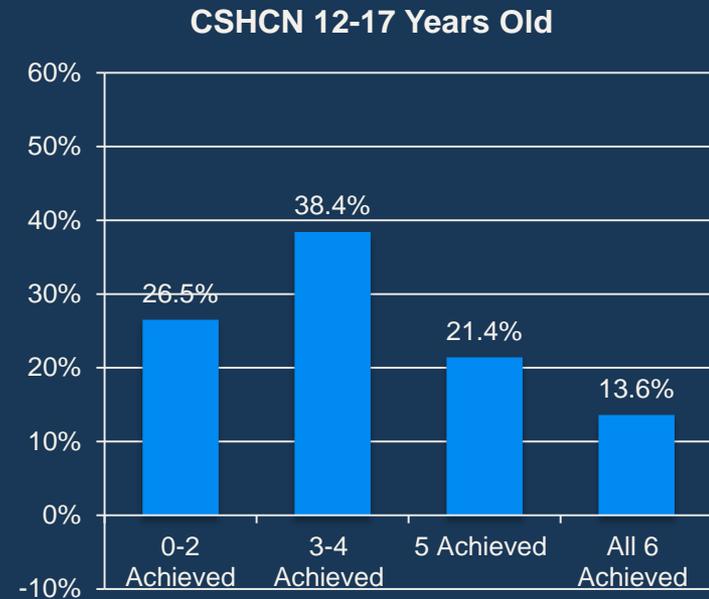
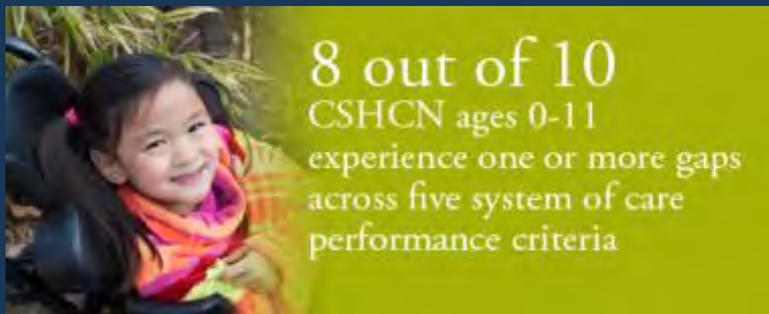


Data Resource Center (DRC) Goals

- 1) Provide **centralized, user-friendly, interactive** access to standardized national, regional and state-level findings from national surveys on child and adolescent health and well-being.
- 2) Build shared **knowledge, capacity, and inspiration** for using data to stimulate and inform system change locally and nationally—especially among state health agency leaders and staff, family advocates and policy leaders.

Persistent gaps in health care quality & system capacity for children = need to utilize & optimize data

Proportion of children with special needs meeting federal systems of care quality indicators, Nationwide (2009/10 NS-CSHCN)



Measurement Mantra!

Standardize



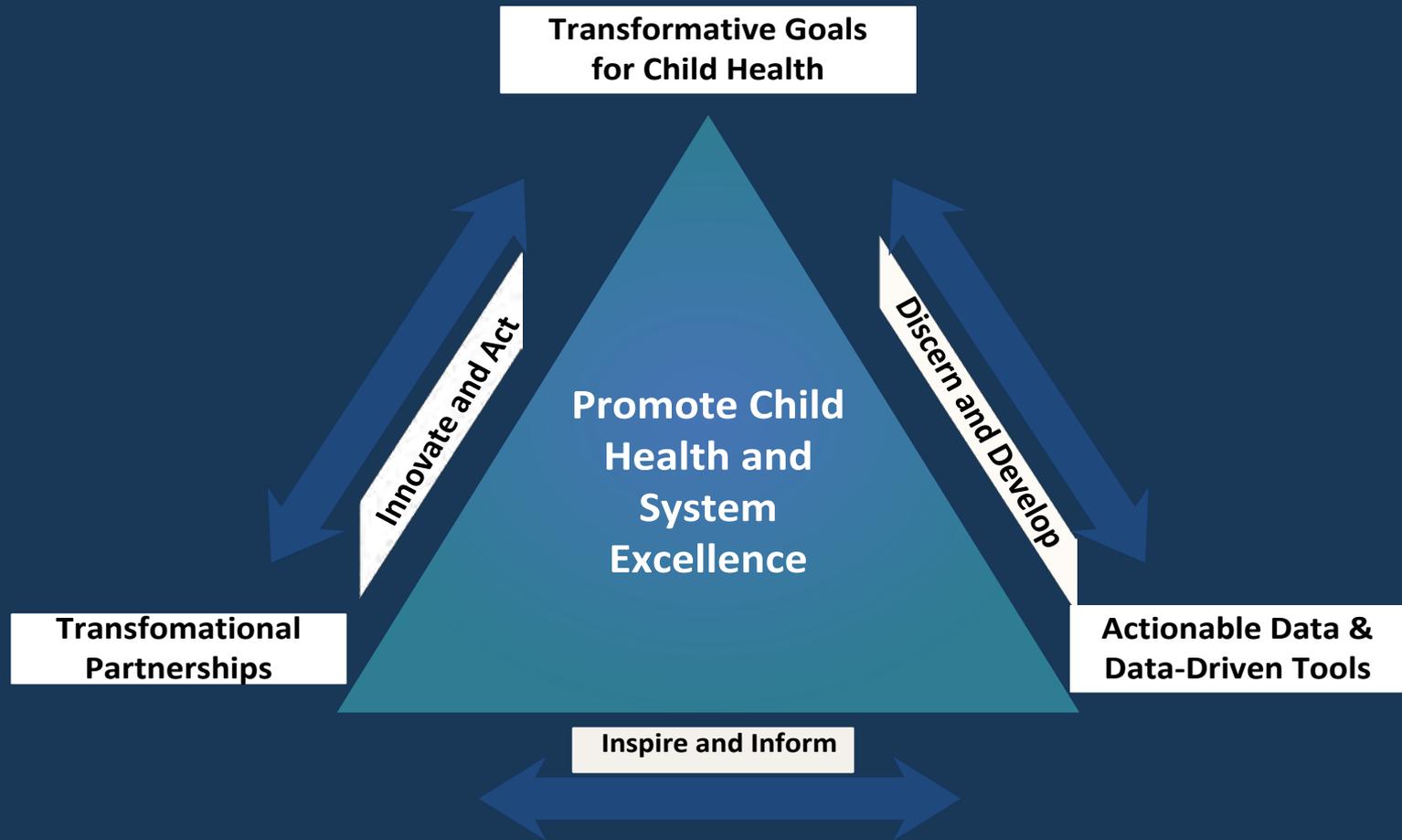
Compare



Learn



Scope of the Data Resource Center Activities





Your Data ... Your Story

Data Resource Center for Child & Adolescent Health

A project of the Child and Adolescent Health Measurement Initiative

Ask us a question | Request a dataset

Open your data briefcase

About the Data Resource Center

Learn About the Surveys

Browse the Data

Put Data into Action

Get Help

Keyword Search



Go



Publicly insured children are more likely to have insurance coverage which adequately meets their health needs than privately insured



Survey Fast Facts

Quick Data Search

Browse by State

How to Use This Site

Data at a Glance

At your fingertips—easy-to-read data snapshots for each state



State/Region Nationwide



Browse Data Snapshots

Connect with the DRC

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childhealthdata National study finds that providing insurance to the poor helps them maintain both health and financial stability: <http://t.co/y0X8Hlb>

4 days ago · reply · retweet · favorite



childhealthdata 1 in 5 high school students meets the medical criteria for addiction, according to a Columbia study. Read an article at <http://t.co/a3ox4H2>

6 days ago · reply · retweet · favorite

Welcome to the Data Resource Center for Child & Adolescent Health!

Welcome to the newly redesigned DRC website. Take a tour of the site and give us your feedback.

The mission of the Data Resource Center (DRC) is to take the voices of parents, gathered through the National Survey of Children's Health (NSCH) and the National Survey of Children with Special Health Care Needs (NS-CSHCN), and share the results through this online resource so they can be used by researchers, policymakers, family advocates and consumers to promote a higher quality health care system for children, youth and families. [Learn more about the DRC](#)

DRC Highlights

- Child Obesity State Report Cards
- New NS-CSHCN Data Trends
- New chartbook comparing CSHCN with children who do not have special health care needs

Most Popular Topics

What you can do on the DRC website?

- Learn about** the National Survey of Children's Health and the National Survey of Children with Special Health Care Needs
- Browse** national and state findings on hundreds of child health indicators
- Search** data based on numerous important topics and subgroups of children
- Download** and print snapshot profiles on key



Maternal and Child Health Leadership Competencies

12 key skills require data competencies

1. Understand **population data collection and analysis** and the strengths, limitations, and utility of such data.
2. Use data to **identify issues** related to the health status of a particular MCH population group.
3. Describe **health disparities** within MCH populations and offer strategies to address them.
4. Use population data to assist in **determining the needs** of a population for the purposes of designing programs, formulating policy, and conducting research or training.
5. **Formulate hypotheses** or research questions, retrieve information and pertinent data and evidence, complete a comparative analysis, and draw appropriate conclusions to solve a problem.
6. Compile pertinent data to develop an **evidence-based practice or policy**.
7. **Translate research findings** to meet the needs of different audiences
8. Synthesize and translate MCH knowledge into **understandable information**
9. **Craft a convincing MCH story** designed to motivate constituents and policymakers to take action.
10. **Solicit and use family input** in a meaningful way in the design or delivery of clinical services, program planning and evaluation. (all data is family reported)
11. **Frame problems based on key data**, including economic, political, and social trends that affect the MCH population.
12. Use data, levels of evidence, and evaluative criteria in proposing **policy change**.

State Priorities and Child Health Data on the Data Resource Center Web Site

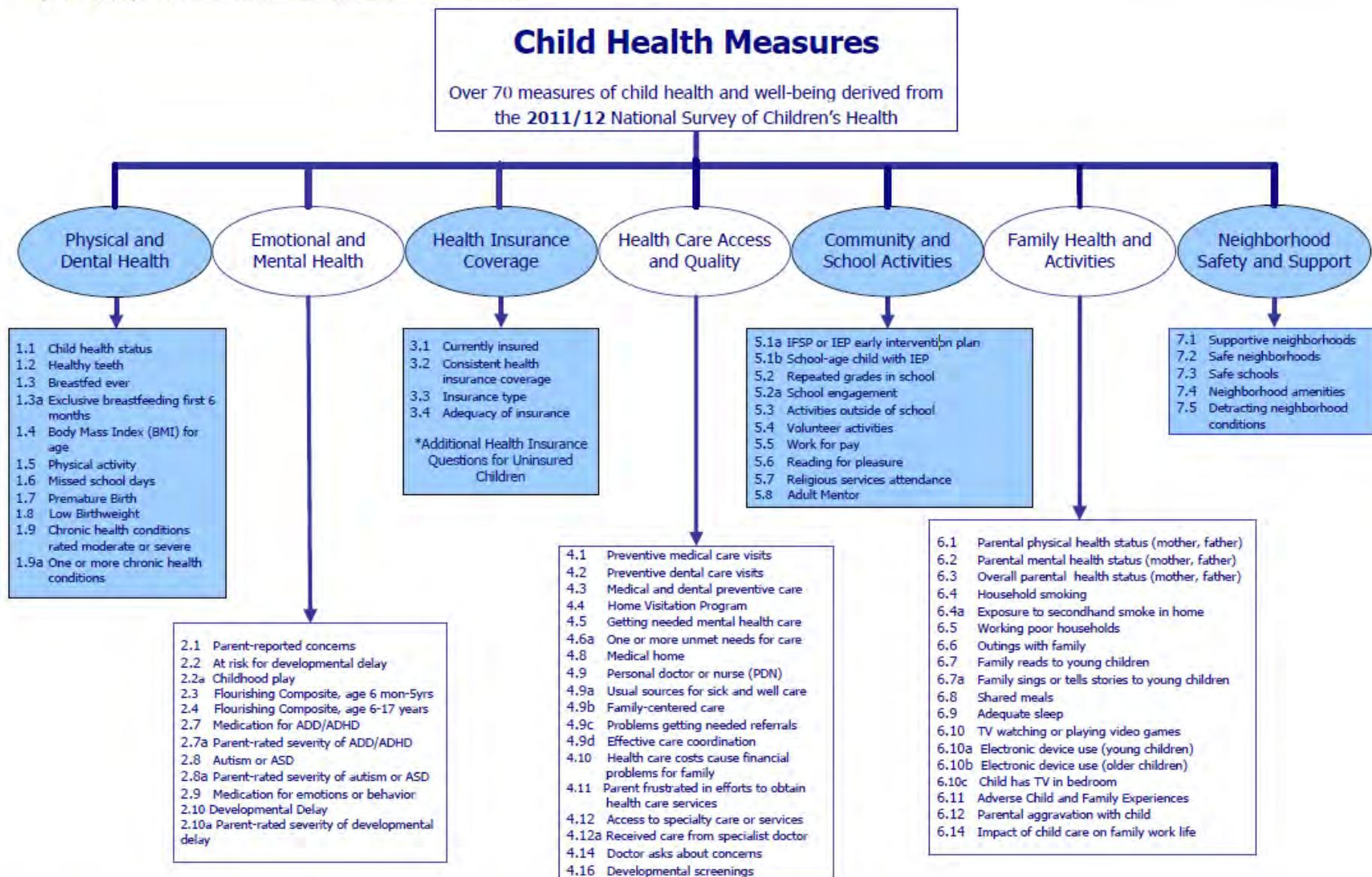
Topics Identified as State Priorities during 2010-2015 Title V Needs Assessment ¹	Frequency		Population Groups with State Level Information Available on the Data Resource Center (DRC) Web site, by Priority Topic				Data Source(s) for Priority Topic Information on the DRC Web site		
	# of States	% of States	Early Childhood (0-5 years)	School Age (5-17 years)	All Children (0-17 years)	CSHCN	2003/10 IIS-CSHCN	2007 NSCH	2011 NSCH Currently in Field
Access to Care	38	68.6			X	X	X	X	X
Obesity	35	64.7		X		X		X	X
Dental Care/Oral Health	26	51.0			X	X	X	X	X
Infant Mortality/Preterm/Low Birth Weight	25	49.0			X	X			X
Mental Health	22	43.1			X	X	X	X	X
EPSDT/Developmental Services	20	39.2	X			X	X	X	X
Disparities	16	31.4			X	X	X	X	X
Breastfeeding	15	29.4	X			X		X	X
Adverse Childhood Experiences (ACES)	15	29.4			X	X			X
Medical Home	13	25.4			X	X	X	X	X
CSHCN Screening	13	25.4			X	X	X	X	X
CSHCN Transition to Adulthood	12	23.5		X		X	X		
Physical Activity	12	23.5		X		X		X	X
Family Support Services & Child Care	10	19.6			X	X	X	X	X
Safe Communities/Environments	9	17.6			X	X		X	X
Integrated System of Care & Community-Based Services	6	11.8			X	X	X		
Child & Family Healthy Behaviors/Thriving	6	11.8			X	X			X
Health Insurance	5	9.8			X	X	X	X	X
Tobacco Use in the Home	5	9.8			X	X		X	X
Asthma	4	7.8			X	X	X	X	X
Bullying	4	7.8		X		X		X	X
Coordinated Care for CSHCN	4	7.8			X	X	X	X	X
Quality of Primary & Specialty Care	4	7.8			X	X	X	X	X
Specialty Services/Care	4	7.8			X	X	X	X	X
Cultural Competency	3	5.9			X	X	X	X	X
Autism	3	5.9			X	X	X	X	X
CSHCN Health Status & Inclusion	2	3.9			X	X	X	X	X
Happiness/Joy	1	2.0	X			X			X
Resilience	1	2.0			X	X			X

Most measures are also available in previous years of the surveys to allow for comparison over time.

¹Maternal and Child Health Bureau. *Maternal and Child Health Services Title V Block Grant Program: Guidance and Forms for the Title V Application/Annual Report*

Data Resource Center (DRC) is a project of the Child and Adolescent Health Measurement Initiative at Oregon Health & Science University.

DRC is sponsored by the Maternal and Child Health Bureau, Health Resources and Services Administration. Updated December 2011



Title V Maternal and Child Health Services Block Grant Measures

available from the 2011/12 National Survey of Children's Health

National Performance Measures (NPM)

- NPM-6 Percent of children ages 10 through 71 months receiving a developmental screening using a parent-completed screening tool
- NPM-8 Percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day*
- NPM-9 Percent of adolescents ages 12 through 17 who are bullied or who bully others**
- NPM-10 Percent of adolescents ages 12 through 17 with a preventive medical visit in the past year
- NPM-11 Percent of children with and without special health care needs who have a medical home
- NPM-13B Percent of children ages 1 through 17 who had a preventive dental visit in the past year
- NPM-14B Percent of children who live in households where someone smokes
- NPM-15 Percent of children who are adequately insured

National Outcome Measures (NOM)

- NOM-14 Percent of children ages 1 through 17 who had decayed teeth or cavities in the past 12 months
- NOM-17.1 Percent of children with special health care needs
- NOM-17.3 Percent of children ages 3-17 years diagnosed with an autism spectrum disorder***
- NOM-17.4 Percent of children ages 3-17 years diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)***
- NOM-18 Percent of children ages 3-17 years with a mental/behavioral condition who receive treatment or counseling
- NOM-19 Percent of children in excellent or very good health
- NOM-20 Percent of children and adolescents ages 10 through 17 who are overweight or obese (BMI at or above the 85th percentile)

*This measure intends to capture children who are physically active at least 60 minutes per day. However 2011/12 NSCH only captures how many days children were physically active at least 20 minutes per day. This is one of the newly modified measures in the 2016 NSCH.

**The survey item only has information of bullying. It does not measure the percent of children who have been bullied.

***The measures include children who currently have the conditions.



Measures by ACA/CHIPRA Domains

➤ **Prevention & Health Promotion**

- Well Visits
- Dental Visits
- Developmental Surveillance
- Developmental Screening

➤ **Availability**

- Adequacy of Health Insurance
- Consistency of Health Insurance
- Mental health Care Access
- Specialist Access

➤ **Management of Acute Conditions**

N/A

➤ **Management of Chronic Conditions**

- 6 CSHCN Core Outcomes (e.g. Medical Home...)

All measures stratified by CSHCN, SES and Race/Ethnicity

➤ **Family Experiences of Care**

- Family-Centered Care
- Shared Decision Making
- Ease of accessing special services

NSCH and NS-CSHCN Measures Endorsed by the National Quality Forum

Measure	Age
National Survey of Children's Health (2007)	
<u>Physical and Oral Health</u>	
Child Overweight or Obesity Status Based on Body-Mass-Index (BMI)	10-17 years
Children Who Are Exposed To Secondhand Smoke Inside Home	0-17 years
Children Who Have Dental Decay or Cavities	1-17 years
Children who Engage in Weekly Physical Activity	6-17 years
<u>Quality of Care</u>	
Children Who Receive Preventive Medical Visits	0-17 years
Children Who Receive Preventive Dental Care	1-17 years
Children Who Receive Family-Centered Care	0-17 years
Measure of Medical Home for Children and Adolescents	0-17 years
Children Who Receive Effective Care Coordination of Healthcare Services When Needed	0-17 years
Children Who Had Problems Obtaining Referrals When Needed	0-17 years
Children with a Usual Source for Care When Sick	0-17 years
Children Whose Parent(s) Completed a Standardized Developmental Screening Tool	10 mo – 5 yrs
<u>Insurance</u>	
Children Who Have Adequate Insurance for Optimal Health	0-17 years
Children with Consistent Health Insurance Coverage in the Past 12 Months	0-17 years
<u>School and Community</u>	
Children Who Attend Schools Perceived as Safe	6-17 years
Children Who Live in Communities Perceived as Safe	0-17 years
Number of School Days Children Miss Due to Illness in the Past 12 Months	6-17 years
National Survey of Children with Special Health Care Needs (2005/06)	

Improving MCH Outcomes and Performance involves transformative change: Data needed at every step!

Good enough data, communicated effectively is needed at every step!!!



(John Kotter, "Why Transformation Efforts Fail")

Child Health Data for Quality Improvement Partnerships

Background

Successful quality improvement partnerships require engaged partners who understand the need for improvement and who are committed to the often complex and highly interactive process required. Reliable data can help motivate and inform the design of your quality strategy. Identify areas where your state needs the most improvement in order to focus your quality strategy, then use parent-reported metrics that best support your goals. The Data Resource Center for Child and Adolescent Health website provides standardized state and national quality-related data highlighting:

- Child and Family [Health Status and Health Care Needs](#)
- Gaps in Recommended Early Periodic Screening, Diagnosis and Treatment ([EPSDT](#))
- Gaps in Recommended Care for [Children with Special Health Care Needs \(CSHCN\)](#)
- Comparative Data to [Other States](#) and Across Numerous Subgroups of Children For [Assessing Equity and Disparities](#)

Online resource for child health care quality data

The Data Resource Center (DRC) Website offers standardized national and state-level child health data from two population surveys: the National Survey of Children's Health and the National Survey of Children with Special Health Care Needs. The site's interactive query feature allows users to search and compare state, national and regional results for an array of child health indicators. In addition, users can stratify and compare findings for children by age, household income, race/ethnicity, family structure, special health care needs status and more. Expert help and assistance from the DRC staff is also available by phone or email.

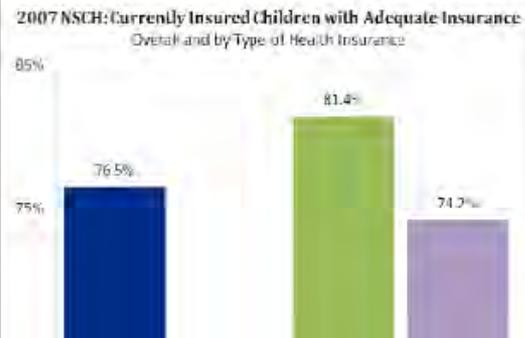
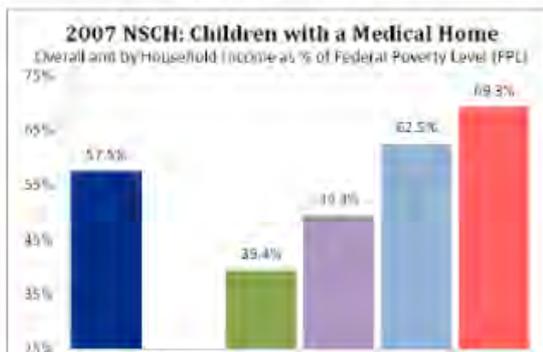
Processes for

Quality Improvement

How the Data Resource Center Can Help

<i>Understand your population</i>	User generated tables, bar and pie charts, and customizable reports supply prevalence and count estimates to help define your population of all children, or CSHCN and their health needs
<i>Assess system performance</i>	Immediate access to over 100 state-specific indicators of child health and well-being for children overall and children with special health care needs (CSHCN).
<i>Examine improvement opportunities</i>	"Point and click" menu allows users to explore disparities and gaps in health care access and services for different subgroups of children and CSHCN.
<i>Select priorities</i>	User-generated tables, bar and pie charts, and customizable reports supply prevalence estimates to help guide selection of priority needs.
<i>Set targets</i>	"All States" ranking maps and tables provide benchmark data to assist in identifying state-negotiated performance measure targets.
<i>Identify promising improvement models</i>	Information can be stratified to show not only between-state differences but also within state disparities. This helps states distinguish where they have high performance for all children versus where improvement may be needed for particular subgroups of children. This information provides a more complete picture for identifying optimal improvement models than between-state comparisons alone.
<i>Monitor progress</i>	Centralized resource for standardized, population-based survey questions to use in collecting child health and health care quality data locally.

Examples of Information Available from the Data Resource Center Website





How the DRC Supports Programs Improvement Partnerships 1/2

➤ ***Understand Your Population***

User generated tables, bar and pie charts, and customizable reports supply prevalence estimates and population counts to help define your population of CSCHN and their health needs

➤ ***Assess System Performance***

Immediate access to over 100 state-specific indicators of child health and well-being and system performance for children overall and children with special health care needs (CSHCN).

➤ ***Examine Improvement Opportunities***

“Point and click” menu allows users to explore disparities and gaps in access and services for different population subgroups of children and CSHCN.



How the DRC Supports Programs Improvement Partnerships 2/2

➤ ***Select Priorities***

User generated tables, bar and pie charts, and customizable reports supply prevalence estimates and population counts to help guide selection of priority needs.

➤ ***Set Targets***

“All States” ranking maps and tables provide benchmark data to assist in identifying state-negotiated performance measure targets.

➤ ***Identify Promising Improvement Models***

Information on national, within and across States variation using standardized indicators helps identify where quality is better and can help in cross-state learning for purposes of identifying promising models for improvement as well as identify key collaborators for improvement.

➤ ***Monitor Progress***

Centralized resource for standardized, population-based survey questions to use in collecting child health and health care quality data locally.



DRC Features Available

- ❖ **Learn** about the surveys
- ❖ **Search and compare** national, regional and state level survey results for child subgroups (e.g. age, race/ethnicity, sex, household income, health insurance, special health care needs status, etc.)
- ❖ **Access topically focused data snapshots and profiles**
- ❖ **Get expert help** by e-mailing us your questions or viewing our tutorials

Featured Data Sets and Access Points



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

[About the Data Resource Center](#)
[Learn About the Surveys](#)
[Browse the Data](#)
[Put Data into Action](#)
[Get Help](#)

- National Survey of Children's Health (NSCH)
- National Survey of Children with Special Health Care Needs (CSHCN)
- NS-CSHCN Autism Follow-up Survey (Pathways)
- National Health Interview Survey (NHIS) - Child
- NHIS - Complementary and Alternative Medicine Supplement
- Guide to Survey Topics and Questions
- Survey FAQs
- Fast Facts about the Surveys
- Survey Methods and Documentation

Welcome to the Data Resource Center (DRC) is to take the voices of parents trying to find your way? Take a tour of our website and give us your feedback.



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- Browse by Survey & Topic
- Get State Snapshots
- Browse Data Trends
- Get US Data Maps
- Browse Healthy People 2020 Topics
- Medical Home Data Portal
- Medicaid Perinatal Data Portal
- Quality Measurement Portal
- Browse Title V Topics

31% of children are overweight, ranging from 20% to 40% of children in different states.

Welcome to the Data Resource Center for Child & Adolescent Health!
 Trying to find your way? Take a tour of our website and give us your feedback.

Option 1: Take the DRC "360 Tour"

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Ask us a question | Request a dataset
Open your data briefcase

Search

About the Data Resource Center | Learn About the Surveys | Browse the Data | Put Data into Action | Get Help

Publicly insured children are more likely to have insurance coverage which adequately meets their health needs than privately insured

- Survey Fast Facts
- Quick Data Search
- Browse by State
- How to Use This

Data at a Glance
At your fingertips—easy-to-read data snapshots for each state

State/Region: Nationwide

Browse Data Snapshots

Connect with the DRC
email updates
email address: **Submit**

DRC Highlights

- Child Obesity State Report Cards
- New NS-CSHCN Data Trends
- New chartbook comparing CSHCN with children who do not have special health care needs

Most Popular Topics

- Medical Home
- Breastfeeding

What you can do on the DRC website?

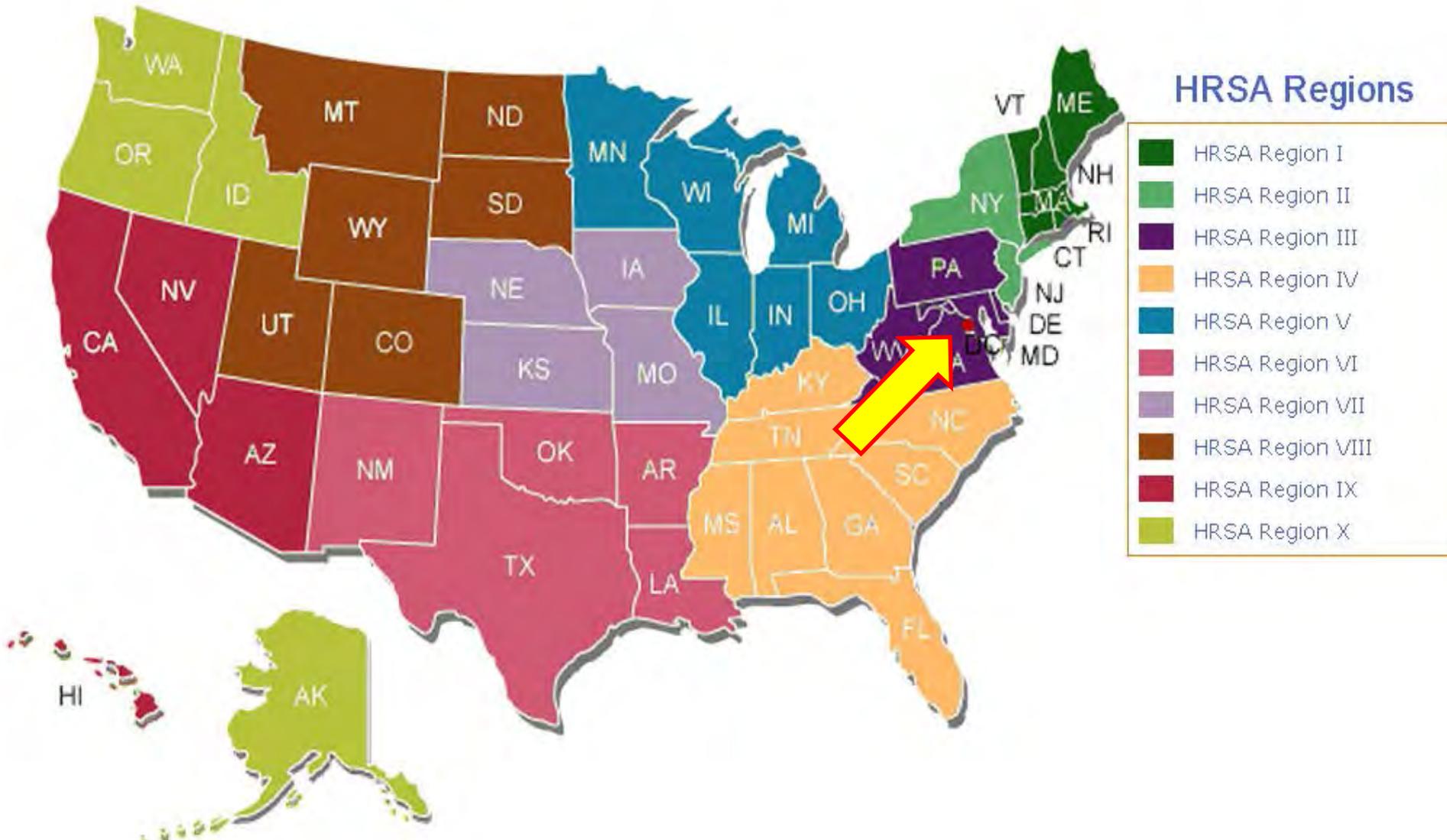
- Learn about** the National Survey of Children's Health and the National Survey of Children with Special Health Care Needs
- Browse** national and state findings on hundreds of child health indicators
- Search** data based on numerous important topics and subgroups of children
- Download** and print snapshot profiles on key topical areas for your state

childhealthdata National study finds that providing insurance to the poor helps them maintain both health and financial stability:
<http://t.co/y0X8Hlb>
4 days ago · reply · retweet · favorite

childhealthdata 1 in 5 high school students meets the medical criteria for addiction, according to a Columbia study. Read an article at <http://t.co/a30x4H2>
6 days ago · reply · retweet · favorite

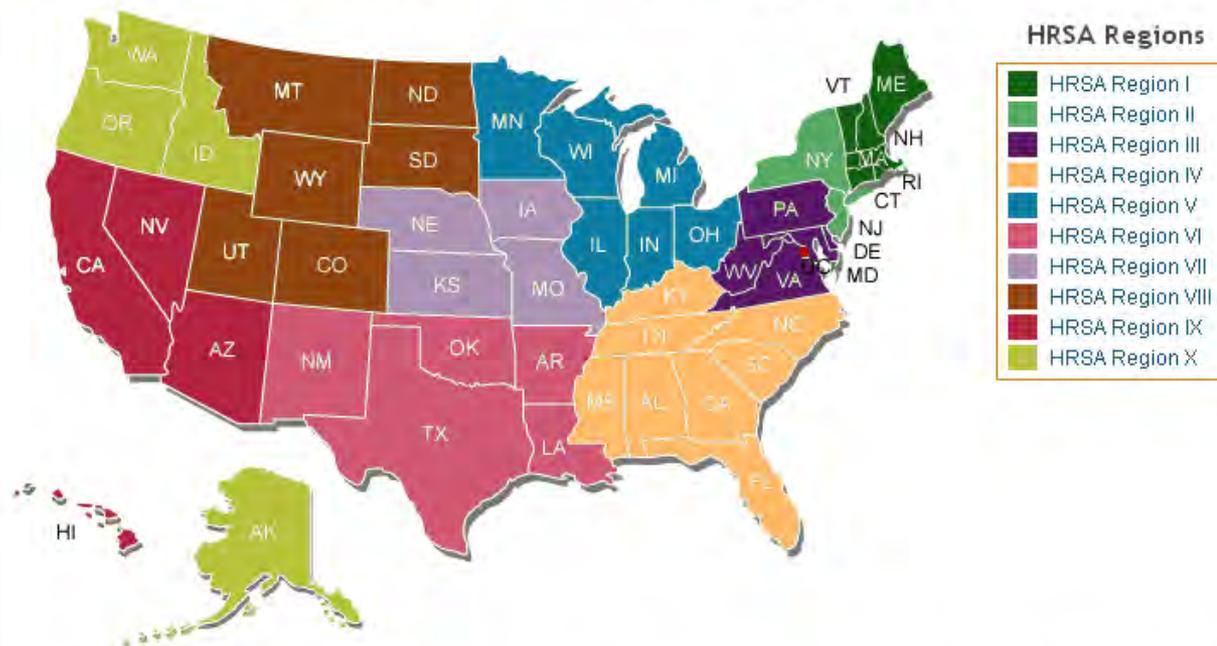
Join our conversation!

Step 1: Select your state.



Step 2: Choose a profile of interest.

1. Click on your state, HRSA Region, or Nationwide to view your snapshot.



2. Select a Snapshot from the Categories below. Customizable profiles, where you can choose your own indicators, are marked with an asterisk*.

District of Columbia

Overall Health and Health Care Topics

Key Indicators of child health status, insurance and health care access, and family/social content

- 2011/12 NSCH National and State Profile Pages
- 2009/10 NS-CSHCN National and State Profile Pages
- 2005/06-2009/10 NS-CSHCN Comparison National and State Profile Pages
- 2007 NSCH National and State Chartbook Pages
- 2007 NSCH Child Health Indicators Customizable Snapshot*



Step 3: Then view an array of measures and select any.

[Browse by Survey & Topic](#)

[Get State Snapshots](#)

[Browse Data Trends](#)

[Get US Data Maps](#)

[Browse Healthy People 2020 Topics](#)

[Medical Home Data Portal](#)

[Quality Measurement Portal](#)

[Browse Title V Topics](#)

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National Survey of Children's Health, 2011/2012

[Return to Snapshot Selection](#)

2011/2012 NSCH National Chartbook Profile for District of Columbia vs. Nationwide

[2003 Profile](#)

[2007 Profile](#)

Click on any row of data in the table below to view detailed results by age, race/ethnicity, household income and other subgroups.

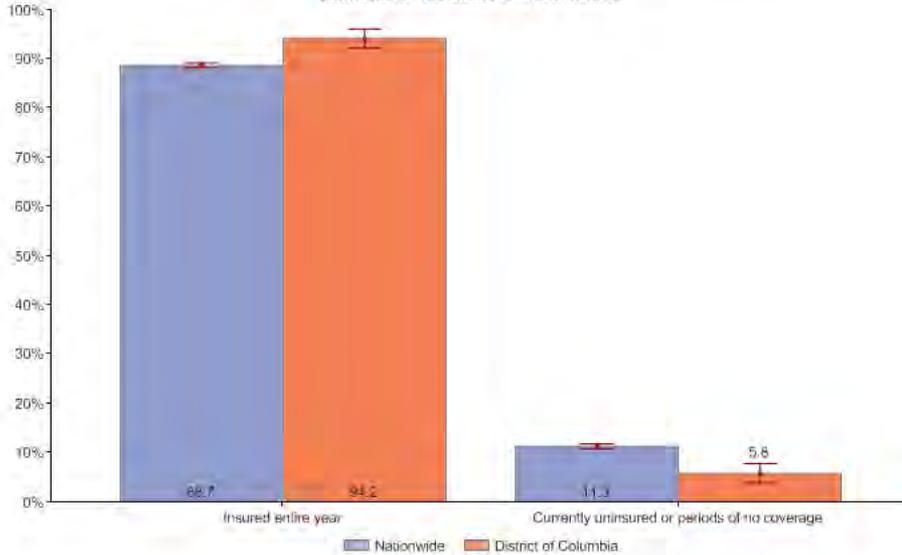
Indicator	Explanation	%	
		District of Colum	Nationwide
HEALTH STATUS			
Child Health Status	percent of children in excellent or very good health	81.4	84.2
Oral Health Status	percent of children with excellent or very good oral health	72.6	71.3
Premature Birth	percent of children who were born premature, that is three or more weeks early	10.4	11.6
Breastfeeding	percent of children age 0-5 who were ever breastfed	80.1	79.2
Risk of Developmental or Behavioral Problems	percent of children age 4 months to 5 years determined to be at moderate or high risk based on parents' specific concerns	29.4	26.2
Child Weight Status	percent of children age 10-17 years who are overweight or obese (BMI-for-age at or above 85th percentile)	35.0	31.3
Missed School Days	percent of children age 6-17 who missed 11 or more days of school in the past year	5.4	6.2
HEALTH CARE			
Current Health Insurance	percent of children currently insured	98.7	94.5
Insurance Coverage Consistency	percent of children lacking consistent insurance coverage in the past year	5.8	11.3
Preventive Health Care	percent of children with a preventive medical visit in the past year	89.8	84.4
Preventive Dental Care	percent of children with a preventive dental visit in the past year	82.3	77.2
Developmental Screening	percent of children age 10 months to 5 years who received a standardized screening for developmental or behavioral problems	21.4	30.8
Mental Health Care	percent of children age 2-17 with problems requiring counseling who received mental health care	58.9	61.0
Medical Home	percent of children who receive care within a medical home	50.3	54.4
SCHOOL AND ACTIVITIES			

This takes you to your state's findings for the measure.



Your Data ... Your Story

Consistency of health insurance coverage during past 12 months Children age 0-17 years Nationwide vs. District of Columbia



Edit Search Criteria

Compare States:

District of Columbia

Compare Subgroups:

Select a Subgroup

Chart Type:

Bar Chart

Change question, topic or survey

With funding and direction from the Maternal and Child Health Bureau, the National Survey of Children's Health was conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics. CAHMI is responsible for the analyses, interpretations, presentations and conclusions included on this site.

Suggested citation format: National Survey of Children's Health, NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [mm/dd/yy] from www.childhealthdata.org.

n = Cell size. Use caution in interpreting Cell sizes less than 50.

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Adolescent Health

data
ation

Get Help



Keyword Search

Go

Key Results

Edit Search Criteria

Compare States:

District of Columbia

Compare Subgroups:

Select a Subgroup

Change question, topic or survey

Consistent health insurance coverage (tails)

State	Currently uninsured or periods of no coverage during year	Total %
District of Columbia	5.8	100.0
Other States	11.3	100.0
(10.8 - 11.8)		
8,212		
8,252,803		
(3.9 - 7.8)		
95		
6,088		

Weighted to population characteristics.

Step 4: Select a child subgroup to view your state's findings by.

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Keyword Search

About the Data Resource Center | Learn About the Surveys | **Browse the Data** | Put Data into Action | Get Help

Home > Browse the Data > Browse by Survey > Survey Results

Current Search Criteria

Survey: 2011/12 National Survey of Children's Health
Starting Point: Child Health Measures
State/Region: District of Columbia vs. Nationwide
Topic: Health Insurance Coverage
Question: Indicator 3.2: Consistency of insurance coverage (details)

Edit Search Criteria

Compare States: Nationwide
Compare Subgroups: **Select a Subgroup**
Select a Subgroup
Age - 3 groups (0-17 yrs)
Sex of child
Race/ethnicity of child
Household income level
Special health care needs status
Type of insurance

Indicator 3.2: How many children had consistent health insurance coverage during the past 12 months? (details)

		Insured entire year	Currently uninsured or periods of no coverage during year	Total %
District of Columbia	%	94.2	5.8	100.0
	C.I.	(92.2 - 96.1)	(3.9 - 7.8)	
	n	1,755	95	
	Pop. Est.	97,988	6,088	
Nationwide	%	88.7	11.3	100.0
	C.I.	(88.2 - 89.2)	(10.8 - 11.8)	
	n	86,929	8,212	
	Pop. Est.	64,907,362	8,252,803	

C.I. = 95% Confidence Interval. Percentages are weighted to population characteristics.
n = Cell size. Use caution in interpreting Cell sizes less than 50.

This takes you to your state's health insurance consistency findings by insurance type.

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Keyword Search

Home > Browse the Data > Browse by Survey > Survey Results

Browse the Data

- Browse by Survey & Topic
- Get State Snapshots
- Browse Data Trends
- Get US Data Maps
- Browse Healthy People 2020 Topics
- Medical Home Data Portal
- Quality Measurement Portal
- Browse Title V Topics

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Current Search Criteria

Survey: 2011/12 National Survey of Children's Health
Starting Point: Child Health Measures
State/Region: District of Columbia vs. Nationwide
Topic: Health Insurance Coverage
Question: Indicator 3.2: Consistency of insurance coverage (details)
Sub Group: Insured entire year x Type of insurance

Edit Search Criteria

Compare States:

Compare Subgroups:

Change question, topic or survey

Indicator 3.2: How many children had consistent health insurance coverage during the past 12 months? (details)

Select a Response Category:

		Public insurance such as Medicaid or SCHIP	Private health insurance	Currently uninsured
District of Columbia	%	92.7	98.2	0.0
	C.I.	(89.6 - 95.8)	(96.7 - 99.8)	(0.0 - 0.0)
	n	578	1,160	0
Nationwide	Pop. Est.	49,640	47,236	0
	%	88.8	97.2	0.0
	C.I.	(87.9 - 89.7)	(96.9 - 97.5)	(0.0 - 0.0)
	n	24,642	61,491	0
	Pop. Est.	23,775,049	40,458,636	0

C.I. = 95% Confidence Interval. Percentages are weighted to population characteristics.
 n = Cell size. Use caution in interpreting Cell sizes less than 50.

Step 5: See where your state ranks across all states by selecting “all states” as the comparison group.

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Keyword Search

Home > Browse the Data > Browse by Survey > Survey Results

Browse the Data

- Browse by Survey & Topic
- Get State Snapshots
- Browse Data Trends
- Get US Data Maps
- Browse Healthy People 2020 Topics
- Medical Home Data Portal
- Quality Measurement Portal
- Browse Title V Topics

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Current Search Criteria

Survey: 2011/12 National Survey of Children's Health
Starting Point: Child Health Measures
State/Region: District of Columbia vs. Nationwide
Topic: Health Insurance Coverage
Question: Indicator 3.2: Consistency of insurance coverage (details)
Sub Group: Insured entire year x Type of insurance

Indicator 3.2: How many children had consistent health insurance coverage during the past 12 months? (details)

Select a Response Category:

Edit Search Criteria

Compare States:

- Nationwide
- Unselect State or Region
- All States
- All Regions
- Nationwide
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas

		Public insurance such as Medicaid or SCHIP	Private health insurance	
District of Columbia	%	92.7	98.2	
	C.I.	(89.6 - 95.8)	(96.7 - 99.8)	(0.0 - 0.0)
	n	578	1,160	0
	Pop. Est.	49,640	47,236	0
Nationwide	%	88.8	97.2	0.0
	C.I.	(87.9 - 89.7)	(96.9 - 97.5)	(0.0 - 0.0)
	n	24,642	61,491	0
	Pop. Est.	23,775,049	40,458,636	0

C.I. = 95% Confidence Interval. Percentages are weighted to population characteristics.
 n = Cell size. Use caution in interpreting Cell sizes less than 50.

Step 6: Click on your state to get back to querying the same measure by other subgroups.

Indicator 3.2: How many children had consistent health insurance coverage during the past 12 months? (details)

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	Insured entire year %	Currently uninsured or periods of no coverage during year %	Total %
1	Illinois	95.9	4.1	100.0
2	Wisconsin	95.4	4.6	100.0
3	Hawaii	95.2	4.8	100.0
4	Vermont	95.2	4.8	100.0
5	Louisiana	94.8	5.2	100.0
6	Massachusetts	94.5	5.5	100.0
7	District of Columbia	94.2	5.8	100.0
8	South Dakota	93.9	6.1	100.0
9	Connecticut	93.7	6.3	100.0
10	Iowa	93.6	6.4	100.0
11	Washington	93.2	6.8	100.0
12	Ohio	93.0	7.0	100.0
13	Maine	92.9	7.1	100.0
14	New Jersey	92.4	7.6	100.0
15	Maryland	92.3	7.7	100.0

Now you can continue searching subgroups on this measure or change question, topic, or survey.

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Keyword Search

Home > Browse the Data > Browse by Survey > Survey Results

Current Search Criteria
Survey: 2011/12 National Survey of Children's Health
Starting Point: Child Health Measures
State/Region: District of Columbia
Topic: Health Insurance Coverage
Question: Indicator 3.2: Consistency of insurance coverage (details)

Edit Search Criteria
Compare States:
Compare Subgroups:
[Change question, topic or survey](#)

Indicator 3.2: How many children had consistent health insurance coverage during the past 12 months? (details)

	Insured entire year	Currently uninsured or periods of no coverage during year	Total
%	94.2	5.8	100.0
C.I.	(92.2 - 96.1)	(3.9 - 7.8)	
n	1,755	95	
Pop. Est.	97,988	6,088	

C.I. = 95% Confidence Interval. Percentages are weighted to population characteristics.
n = Cell size. Use caution in interpreting Cell sizes less than 50.

Consistency of health insurance coverage during past 12 months
Children age 0-17 years
District of Columbia

OPTION 2: The DRC “Full Search”

Step 1: Click on “Browse by Survey & Topic”

The screenshot shows the Data Resource Center for Child & Adolescent Health website. The header includes the logo with the tagline "Your Data ... Your Story" and the text "Data Resource Center for Child & Adolescent Health" and "A project of the Child and Adolescent Health Measurement Initiative". Navigation buttons include "About the Data Resource Center", "Learn About the Surveys", "Browse the Data", "Put Data into Action", and "Get Help". A search bar is located on the right with a "Go" button. The main content area is titled "Browse by Survey & Topic" and includes instructions for using the interactive data search. A sidebar on the left contains various navigation options and data tools.

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About the Data Resource Center | Learn About the Surveys | Browse the Data | Put Data into Action | Get Help

Keyword Search

Home > Browse the Data > Browse by Survey

Browse by Survey & Topic

To begin your interactive data search: 1) Select a Survey, Survey Year, and State or Region. 2) Select your desired Topic/Starting Point. 3) Select your indicator or measure.

This 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 Select a Survey
Select a Year
Select a State/Region

Browse the Data

- Browse by Survey & Topic
- Get State Snapshots
- Browse Data Trends
- Get US Data Maps
- Browse Healthy People 2020 Topics
- Medical Home Data Portal
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- Browse Title V Topics

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Step 2: Select a survey, a survey year and geographic area.

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Keyword Search

About the Data Resource Center | Learn About the Surveys | Browse the Data | Put Data into Action | Get Help

Home > Browse the Data > Browse by Survey

Browse by Survey & Topic

To begin your interactive data search: 1) Select a Survey, Survey Year, and State or Region. 2) Select your desired Topic/Starting Point. 3) Select your indicator or measure.

This 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: 2011/12
 - Select a State/Region: Nationwide
2. Select a Starting Point/Topic
 - State Profile**
Compare State Profile results for different groups of children
 - Health Status
 - Health Care
 - School and Activities
 - The Child's Family
 - The Child and Family's Neighborhood

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The Data Resource Center for Child and Adolescent Health is a project of the Child and Adolescent Health Measurement Initiative (CAHMI) supported by Cooperative Agreement 1-U59-MC06980-01 from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). With funding and direction from MCHB, these surveys were conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics. CAHMI is responsible for the analyses, interpretations, presentations and conclusions included on this site.

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Step 3: Pick a topic and measure.

Home > Browse the Data > Browse by Survey

Browse by Survey & Topic

To begin your interactive data search: 1) Select a Survey, Survey Year, and State or Region. 2) Select your desired Topic/Starting Point. 3) Select your indicator or measure.

This 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: 2011/12
Select a State/Region: Nationwide

2. Select a Starting Point/Topic

State Profile
Compare State Profile results for different groups of children

- Health Status
- Health Care
- School and Activities
- The Child's Family
- The Child and Family's Neighborhood

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

- Overall Child Health Status **i**
- Overall Oral Health Status **i**
- Breastfed Ever **i**
- Premature Birth **i**
- Risk of Developmental or Behavioral Problems **i**
- Child Weight Status **i**
- Missed School Days **i**

Step 4: From here, you can once again select subgroups, look at your state or compare your state to others.

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Keyword Search

Home > Browse the Data > Browse by Survey > Survey Results

Current Search Criteria
Survey: 2011/12 National Survey of Children's Health
Starting Point: State Profile
State/Region: Nationwide
Topic: Health Status
Question: Missed School Days

Edit Search Criteria
Compare States:
Compare Subgroups:
[Change question, topic or survey](#)

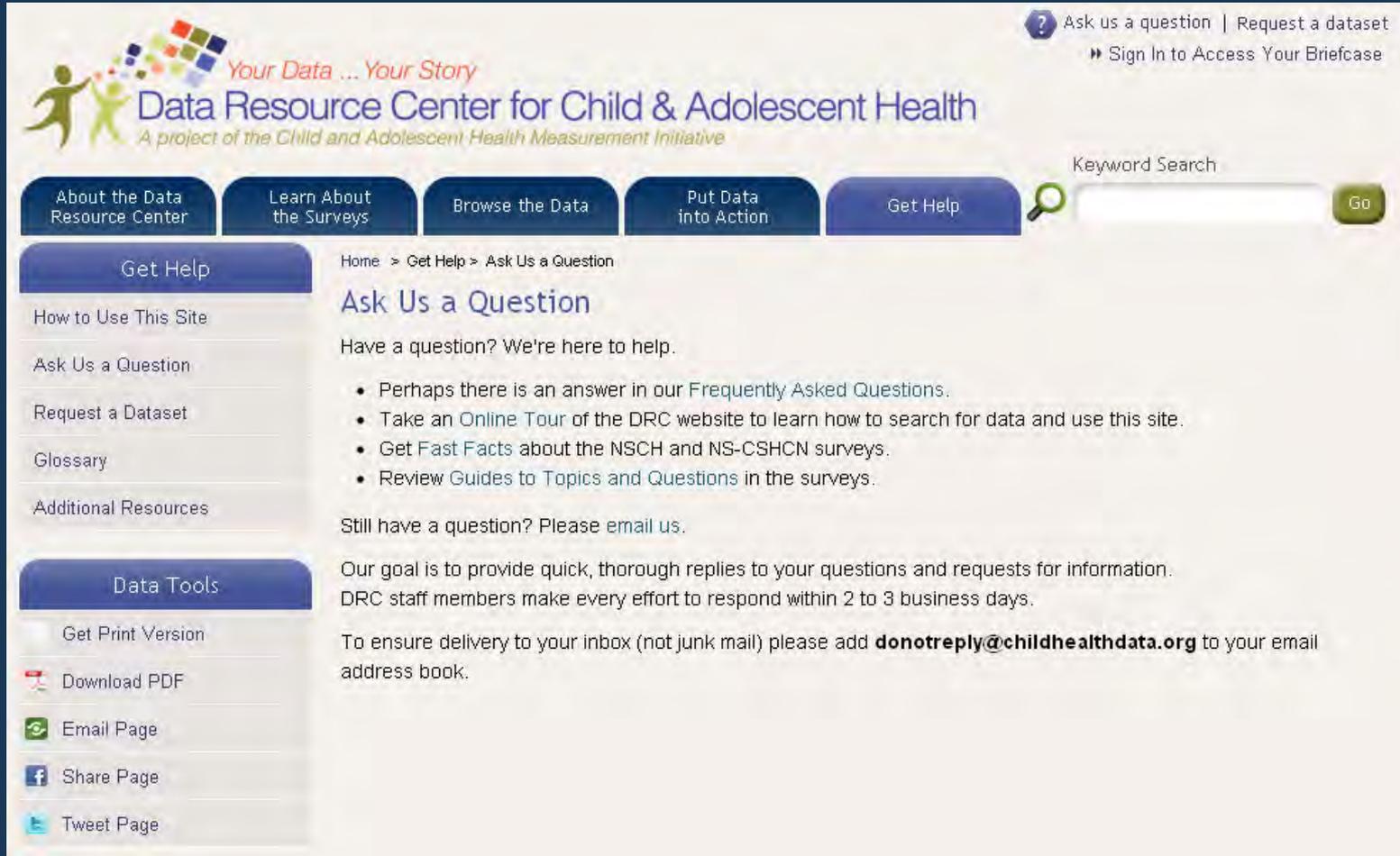
During the past 12 months, about how many days did [child name] miss school because of illness or injury? (details)

	0 days	1-5 days	6-10 days	11 or more days	Total %
%	22.9	58.7	12.2	6.2	100.0
C.I.	(22.2 - 23.7)	(57.8 - 59.5)	(11.7 - 12.8)	(5.7 - 6.6)	
n	12,947	39,516	8,612	4,004	
Pop. Est.	11,232,116	28,736,781	5,987,872	3,021,781	

C.I. = 95% Confidence Interval. Percentages are weighted to population characteristics.
n = Cell size. Use caution in interpreting Cell sizes less than 50.

Need Help?

DRC Technical Assistance (TA)



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Keyword Search

Home > Get Help > Ask Us a Question

Ask Us a Question

Have a question? We're here to help.

- Perhaps there is an answer in our [Frequently Asked Questions](#).
- Take an [Online Tour](#) of the DRC website to learn how to search for data and use this site.
- Get [Fast Facts](#) about the NSCH and NS-CSHCN surveys.
- Review [Guides to Topics and Questions](#) in the surveys.

Still have a question? Please [email us](#).

Our goal is to provide quick, thorough replies to your questions and requests for information. DRC staff members make every effort to respond within 2 to 3 business days.

To ensure delivery to your inbox (not junk mail) please add **donotreply@childhealthdata.org** to your email address book.

Get Help

- How to Use This Site
- Ask Us a Question
- Request a Dataset
- Glossary
- Additional Resources

Data Tools

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Other DRC Features Available

- ❖ **Download** cleaned, labeled survey data sets with pre-constructed indicators and additional variables (in SAS and/or SPSS)
- ❖ **Learn about effective ways you can use the data**
- ❖ **Discover how the data have been used**
- ❖ **Sign up** for e-updates



Additional DRC Resources to Maximize Data Use

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Keyword Search

Home > Put Data Into Action > How to Use Data Effectively

How to Use Data Effectively

When used effectively, data on children's health can be a powerful tool to educate stakeholders, inform decision makers, and motivate and track improvement of children's health care delivery. Accomplishing these goals requires strategic communication of data results. The information and examples below will help users identify successful strategies for sharing findings and using data effectively from the NSCH and NS-CSHCN. Please also see our Examples of Data Use.

Communication of Data Results

Making National Survey Data Come Alive. Communication of data is essential to engaging all audiences. For many stakeholders, data can be overwhelming and can lead to a lack of engagement or tuning out. To make data come alive, communicate data to your audience by grounding data in real life, easy to understand examples and scenarios.

Using Data to Increase the Impact of Communications. A communications expert shares five rules for selecting and using data facts to develop a powerful message for your targeted audience.

How to Translate Percentages into Numbers of Children. Reporting the estimated number of children with a specific characteristic is often an effective communication tool. This worksheet guides data users through the process of converting percentages into the numbers of children that are represented.

Putting Your Data Findings into Words. How does caring for a child with special health needs affect the work life of family members? A "Telling the Story" example from a family leadership conference in Washington State.

Understanding Research: Top Ten Tips for Advocates and Policymakers. How can you tell if a research study is one you can trust? This checklist helps family and state leaders to critically evaluate research – and use it effectively to inform policy decisions.

Tools for Effective Data Use

Using Child Health Data for Public Health Accreditation. This brief outlines how data from the DRC can be used to meet Public Health Accreditation Board standards.

Using Data to Build Partnerships for Improving Children's Health and Health Care. Three exercises to help walk users through the steps of using data to inform, motivate, and engage stakeholders in improving services, policies, or programs for children, youth and families.

Data Tools

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Recap: Why We Need Data!

- ❖ Educate ourselves, check assumptions and clarify the definitions and measurement of priority topics
- ❖ Document needs and system performance
- ❖ Inform and activate partnerships
- ❖ Educate program leaders and policymakers
- ❖ Use to write grants and conduct research



Emerging Resources and Updates

1/2

Website Redesign

Title V Portal



Title V Portal

A portal supporting Title V programs funded by the Maternal and Child Health Bureau (MCHB)

Explore this Topic:

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The Data Resource Center provides a variety of resources to support Title V programs funded by the Maternal and Child Health Bureau (MCHB). For over 75 years, the Title V program has provided a foundation for ensuring the health of the nation's mothers, women, children and youth, including children and youth with special health care needs and their families.

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- **Review** resources to support Title V measurement selection, reporting, quality improvement, and outcomes
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Emerging Resources and Updates

2/2

- ❖ **Website redesign**
 - ❖ **Title V Portal**
 - ❖ **State specific pages feature**
 - ❖ **MCH Measures Portal**
 - ❖ **ASD Portal**
 - ❖ **Continued Medical Home, CSHCN portals, etc.**
- ❖ **Title V Block Grant Measures Query and State Profiles and Reports**
- ❖ **Additional NHIS and other data**
- ❖ **Emerging 2016-17 NSCH focus**
 - ❖ (e.g. continued content and measure design; new “learn about” materials and methods summaries; revised data interface to support rolling estimation and updates in scoring, reporting and precision estimation)
- ❖ **Targeted education and social media (as possible!)**
- ❖ **Partnering with “Strengthening the Evidence” Center, AMCHP and others to support process measures and improvement**
- ❖ **Local area data production and dissemination**

Title V MCH Services National Performance Measures

NPM-8: Percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day

Survey:	NSCH-2011/12
SPSS Name:	TVIS_ind1_5_12to17
Chart Title:	Number of days during past week children engaged in vigorous physical activity
Chart Sub Title:	Children age 12-17 years
Name:	National Performance Measure #8: Percent of adolescents, age 12-17 years, who are physically active at least 20 minutes per day
Items Used:	K7Q41; AGEYR_CHILD
Denominator:	Children age 12-17 years
Numerator:	Number of adolescents, age 12-17 years, who are reported by their parents to be physically active at least 20 minutes every day in the past week
Additional Notes:	This measure intends to capture children who are physically active at least 60 minutes per day. However 2011/12 NSCH only captures how many days children were physically active at least 20 minutes per day. This measure is modified to capture 60 minutes of physical activity per day for the 2016/17 NSCH. Responses to K7Q41 (number of days during the past week) are combined into four categories.
Revisions and Changes:	This is a new Title V MCH Services Block Grant National Performance Measure. The survey item is the same as the 2007 NSCH; may compare across survey years with special attention to the addition of cell phones in the 2011/12 NSCH sample.
Hist & Dev:	<u>Overview of the Title V Block Grant:</u> The Title V Maternal and Child Health (MCH) Services Block Grant Program is a federal-state partnership in all states and territories to develop state and local public health systems that identify and address MCH challenges and promote the health of all the nation's mothers and children. To improve accountability and demonstrate the impact of the State MCH Block Grant Program, significant revisions were implemented with the 2015 application and annual report guidance, which included changes to National Performance Measures (NPM) and National Outcome Measures (NOM). More information about the block grant can be obtained at the MCHB website: http://mchb.hrsa.gov/programs/titlevgrants/index.html About the NSCH: The Maternal and Child Health Bureau leads the development of the NSCH survey and indicators, in collaboration with the National Center for Health Statistics (NCHS) and a national technical expert panel. The expert panel includes representatives from other federal agencies, state Title V leaders, family organizations, and child health researchers. Previously validated questions and scales are used when available. Respondents' cognitive understanding of the survey questions is assessed during the pretest phase



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Advancing access to data to improve the quality of children's health care 1

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Questions & Answers

Additional Questions

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

dataspeak@altarum.org

Thank You

Thank you for participating.

**Please complete feedback on today's
program**

(The link will open in a new window.)