# Partnering for Success: How Family Organizations and Title V Agencies Can Utilize the Data Resource Center for Child and Adolescent Health





Hosted by:















## **Presentation Overview**

Agenda

- ☐ About the CAHMI and DRC
- ☐ Using the Data Resource Center to advance data from National Survey of Children's Health
- ☐ Discussions and Q&A

Facilitators from the Child and Adolescent Health Measurement Initiative, Johns Hopkins Bloomberg School of Public Health (Department of Population, Family and Reproductive Health)

- Christina Bethell, PhD, MBA, MPH
- Narangerel Gombojav, PhD, MD
- Mary Wahl, MPH



# Child and Adolescent Health Measurement Initiative (CAHMI)

The CAHMI is a national collaboration committed to measuring and improving the quality of health care for children and adolescents.

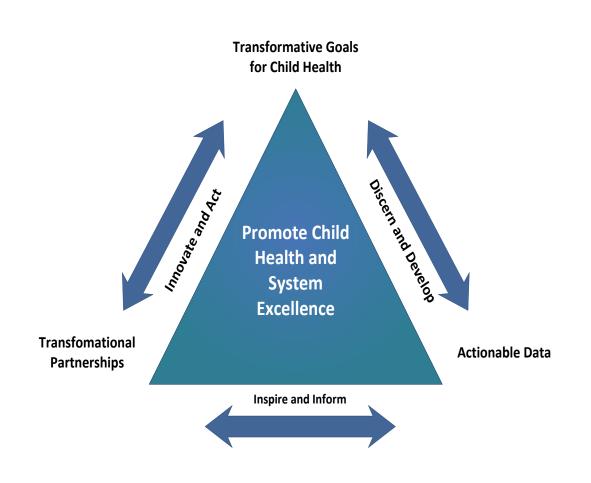


# **CAHMI Mission**

"The mission of the CAHMI is to promote the early and lifelong health of children, youth and families using family-centered data and tools that put children, youth and families at the center of quality measurement and improvement."



# Quick Snapshot of the CAHMI



#### **Key Strategic Areas**

- Measures: Family-centered MCH measurement & improvement at the national, state & local levels
- **Tools:** Tools to inform and activate families as quality measurement and improvement partners
- Translation & Policy: Stakeholder facilitation to inspire, inform and track transformation and best practices
- Inside-Out: Facilitation, Partnerships & Innovation

#### **Example Content Areas:**

- Populations: Early Childhood; Transition to Adulthood; CSHCN
- Quality and Outcomes: Medical Home, Screening, Obesity, School Readiness and Engagement Flourishing, Family Health
- Mediators and Other Topics: Adverse Childhood Experiences; Flourishing, Resilience; Socio-Emotional Well Being; Mindfulness

# How does the CAHMI achieve this mission? Top-Down; Bottom-Up; Inside-Out Strategies

- The CAHMI <u>keeps the focus</u> on family-centered health care.
  - Frameworks, education, advocacy, assistance
- The CAHMI <u>builds the supply</u> for family-centered measurement improvement strategies.
  - Develops, translates, adapts, fills gaps
- The CAHMI <u>builds the demand</u> for family-centered measurement and improvement.
  - Engage and empower families, facilitate family-system partnerships; demonstrates value and impact of family engagement (or cost of not doing so!); activate the "well-being" instinct/commitment among people, communities, organizations

# CAHMI Project: Data Resource Center for Child and Adolescent Health A project of CAHMI Project of CAHMI Plata Resource Center for Child and Adolescent Health Data Resource Center for Child and Adolescent Health (DRC)

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

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



### **Objectives**

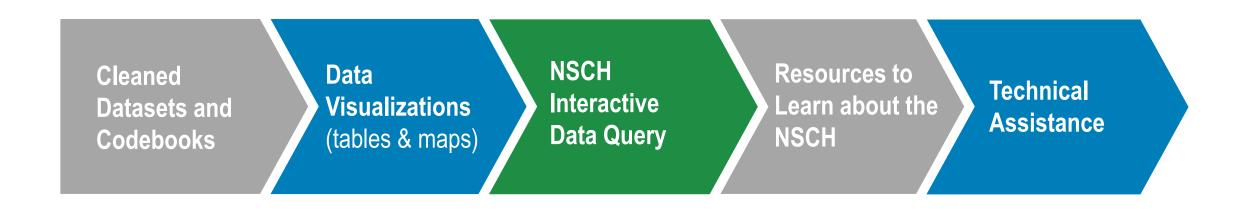
- Learn to access, interpret, and use data from the National Survey of Children's Health
- Learn to use the DRC website data query and related resources with a special focus on CSHCN
  - Learn about the National Survey of Children's Health
  - Use the Interactive Data Query
  - Access across-state U.S. maps and comparison tables
  - Get NSCH datasets, codebooks and assistance
  - Tips on data in action



## **DRC Goals**

1) To make available NSCH findings at the national, state, and regional level through an online, user friendly data query and website;

2) To support Title V Maternal and Child Health Services Block Grant programs and partners in accessing and effectively utilizing national, state, and regional level data from the NSCH.



# What is the National Survey of Children's Health (NSCH)?



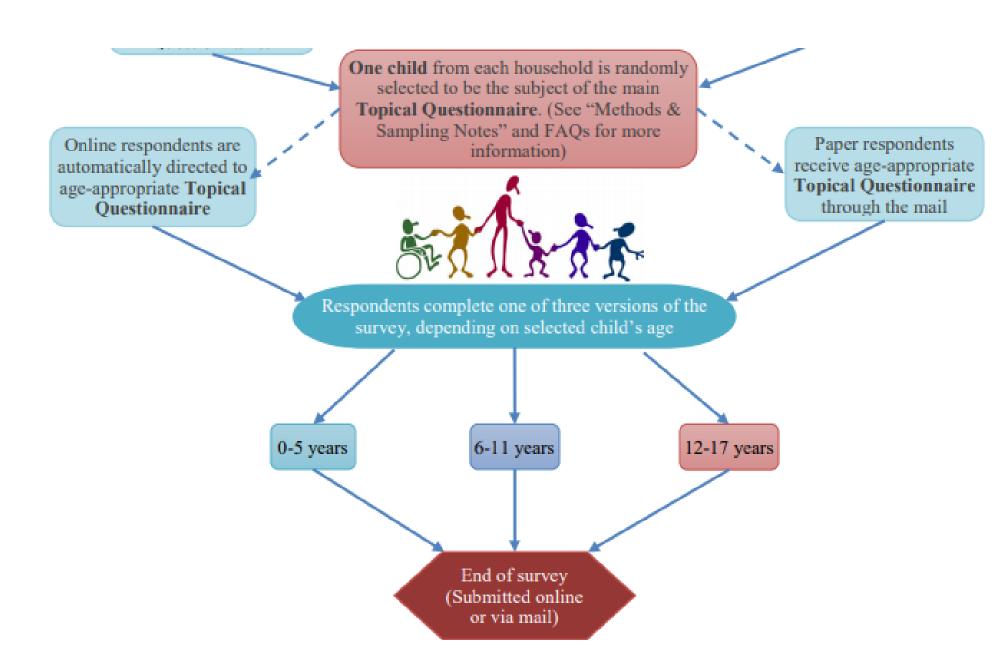
- Directed by the Maternal and Child Health Bureau in partnership with a Technical Expert Panel
- Administered by the Census Bureau
- CAHMI close partner since 1999
- Current years of the NSCH 2016, 2017, 2018 and 2016-2017, 2017-2018 combined
   Archived years 2003, 2007, 2011-12

Next data cycle will produce 2019 and 2018-2019 combined

- The 2016 version integrated content from the previous NSCH and the National Survey of Children with Special Health Care Needs (NS-CSHCN). The NS-CSHCN was discontinued.
  - Archived years of the NS-CSHCN: 2001, 2005-06, 2009-10
- Annual survey starting 2016
- National and State estimates for all Title V Performance measures (NPMs) and Nation Outcome Measures (NOMs) from the 2016, 2017, 2018 and 2016-2017, 2017-2018 NSCH are now available on the Interactive Data Query

# **Survey Administration**

Both paper and online Participants are sent a mailed End of survey if No respondents are initially asked invitation to fill out the online (Submitted online if one or more children ages survey. Some participants are also or via mail) 0-17 live in the household. mailed a paper screening questionnaire, either with the initial if Yes invitation or after reminder letters. Respondents fill out an initial Screener with age and sex of all children in household. Additional information collected on the 4 youngest children includes race/ethnicity, English proficiency, and the presence of special health care needs. Online respondents submit Screener and Paper respondents mail back Screener move directly to topical questionnaire.



#### User Friendly Resources to Learn About the NSCH





















What can we help you find?



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

About the National Survey of Children's Health NSCH Fast Facts and FAQs NSCH Guide to Topics & Questions NSCH Survey Methodology NSCH Survey Instruments NSCH Content Maps NSCH Guide to Survey Changes Across Years NSCH Codebooks Archived Data Documents - NSCH and NS-CSHCN Prior to 2016

The DRC advances the use of the National Survey of Children's Health, led by HRSA MCHB. Find more resources here:

- · About the DRC
- DRC Frequently Asked Questions
- Data available in the online data query
- · Request NSCH datasets
- Download NSCH codebooks



#### For Title V

The DRC focuses on data and resources for Title V programs and partners. For over 75 years, the HRSA Maternal and Child Health Bureau (MCHB) has funded the Title V program to ensure the health of the nation's mothers, women, children and youth.

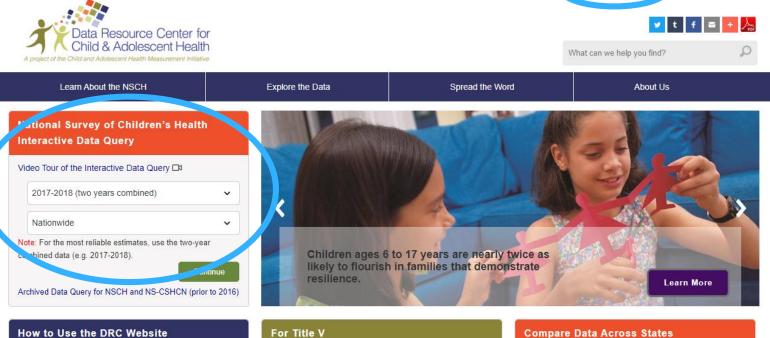
- . Link to Ways to Compare Data Across States on the DRC Website
- Link to HRSA MCHB Title V Information System
- · Link to Get Help





### How do I access data on the DRC?

## https://www.childhealthdata.org/



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- · About the DRC
- DRC Video Overview □
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#### Compare Data Across States

Request a Dataset

Stay Connected

Ask a Question





Explore the Data Learn About the NSCH NSCH Interactive Data Query (2016 - 2018) National Survey of Children's Halt **Interactive Data Query** Ways to Compare Data Across States on the DRC Video Tour of the Interactive Data Query [1] Comparison Tables: Compare NPM/NOMs Across States 2017-2018 (two years combined) IS Maps: Compare NPM/NOMs Across States Archived Data Que Nationwide Note: For the most reliable estimates, use the two-vea Archived Data Resources and Snapshots - NSCH and NS-CSHCN Prior to 2016 combined data (e.g. 2017-2018). needs (0 to 17 years) have care that m medical home criteria. Archived Data Query for NSCH and NS-CSHCN (prior to 2016)

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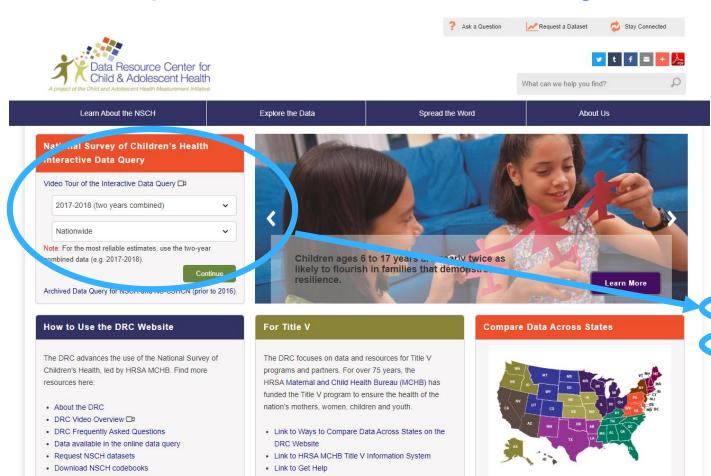
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### How do I access data on the DRC?

## https://www.childhealthdata.org/



# National Survey of Children's Health (2016 - present)

To begin your interactive data search:

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

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

Note: For the most reliable estimates, use the two-year combined data (e.g. 2017-2018).

Watch a Video Tour of the Interactive Data Query □1

#### Data Source:

National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau.

https://mchb.hrsa.gov/data/national-surveys

#### Citation:

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

1. Select a Survey, Year, and Geographic	Area
--	------

Select a Year	
2017-2018 (two years combined)	•
Select a State/Region	
Nationwide	•

#### 2. Select a Starting Point/Topic

- Child and Family Health Measure (Content Map (A))

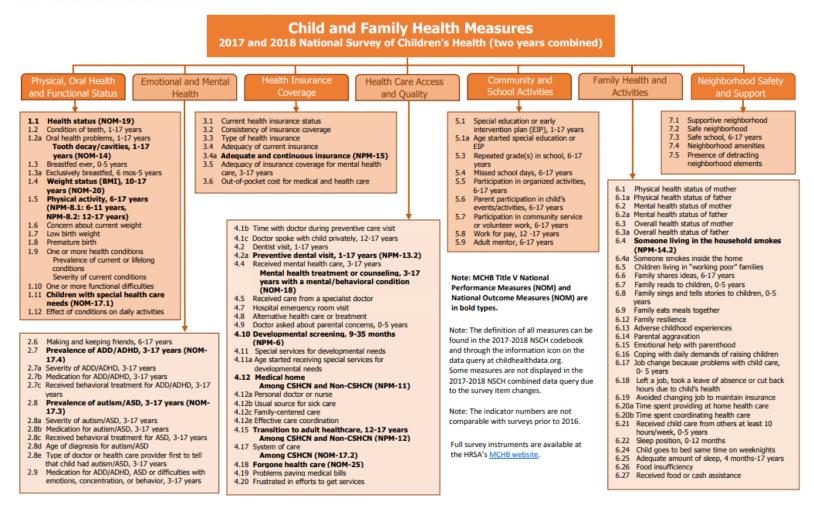
  Over 300 indicators and survey items in hild and for mealth and well-being
- Title V Maternal and Child Health Services Block Grant Measures (Content Map ►)
  Title V Maternal and Child Health Services Block Grant National Performance and Outcome Measures



# **NSCH Content Maps**



#### childhealthdata.org



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Humans Services (HHS) under grant number US9MC27866, National Maternal and Child Health Data Resource Initiative, \$4.5M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.



# The DRC's Interactive Data Query

# National Survey of Children's Health (2016 - present)

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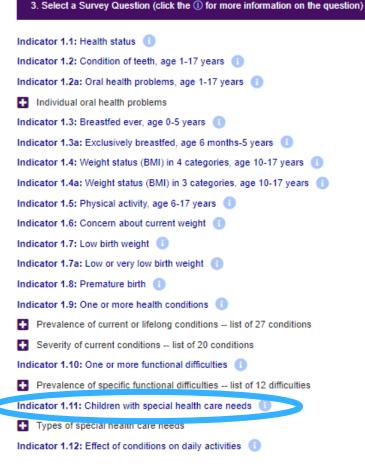
# Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. https://mchb.hrsa.gov/data/national-surveys Citation: Child and Adolescent Health Measurement Initiative. [Title of the document] [Insert name and

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

# Select a Year 2017-2018 (two years combined) Select a State/Region Nationwide Child and Family Health Measures (Content Map → Over 300 indicators and survey items for child and family health and well-being Physical, Oral Health and Functional Status Physical, Oral Health and Functional Status Health Insurance Coverage Health Care Access and Quality Community and School Activities Family Health and Activities Neighborhood Safety and Support Child and Family Demographics

Title V Maternal and Child Health Services Block Grant Measures (Content Map (A))

Title V Maternal and Child Health Services Block Grant National Performance and Outcome Measures





# View Findings in Tabular & Graphic Format

#### Current Search Criteria

Survey: 2017-2018 National Survey of Children's Health

Starting Point: Child and Family Health Measures

State/Region: Nationwide (quick edit)

Topic: Physical, Oral Health and Functional Status

Question: Indicator 1.11: Children with special health care

needs 🕕

Edit Search Criteria	
Select a State or Region to Compare	,
Select a Subgroup	,
Change Question, Topic or Survey	

#### Indicator 1.11: Does this child have special health care needs based on the CSHCN Screener? []

	Children with special health care needs (CSHCN)	Non-CSHCN	Total %
%	18.5	81.5	100.0
C.I.	17.8 - 19.2	80.8 - 82.2	
Sample Count	11,888	40,241	
Pop. Est.	13,573,268	59,855,492	

C.I. = 95% Confidence Interval.

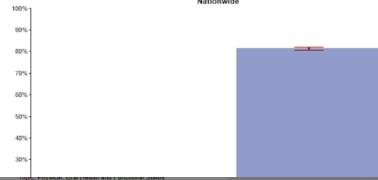
Percentages and population estimates (Pop.Est.) are weighted to represent child population in US











#### Indicator 1.11: Children with special health care needs

ter for Child and Adolescer

ld Health Bureau (MCHB).Retrieved

Survey Items: These items are asked among all children in the initial household screener questionnaire. The screener item numbers: 7.8,9.10,11 Variables in public use data file: SC\_12016; SC\_K2016; SC\_K2018; SC\_K2018; SC\_K2016; SC\_K2016; SC\_K2016; SC\_K2017; SC\_K2016; SC\_K2016

Denominator: Children age 0-17 years

Numerator: Children who do not have qualifying responses on any of the five CSHCN Screener criteria; Children with qualifying responses on one or more of the five CSHCN Screener criteria;

Revisions and Changes: In 2018 this measure did not change from the 2017 NSCH.

Additional Notes: The NSCH uses the CSHCN Screener to identify children with special health care needs. The Goreener is a five item, parent-reported tool designed to reflect the federal Maternal and Child Health Bureau or consequences-based definition of children with special health care needs. It identifies children across the range and diversity of childrend chronic conditions and special needs, allowing a more comprehensive and robust assessment of children's needs and health care switching performance than is statishable by focusing on a single disponsision trybe of special need.

To qualify as having special health care needs, the following criteria must be met: a) the child currently experiences a specific consequence; b) the consequence is due to a medical or other health condition; and o) the duration or expected duration of the condition is 12 months or longer. The first part of each screener question asks whether a child experiences one of five different health consequences:

- 1) Use or need of prescription medication.
- Above average use or need of medical, mental health or educational services.
- Functional limitations compared with others of same age.
   Use or need of specialized therapies (OT, PT, speech, etc.).
- Treatment or counseling for emotional or developmental problems.

The second and third parts of each screener question ask those responding yes" to the first part of the question whether the consequence is due to any kind of health condition and if so, whether that condition has lasted or is expected to last for at least 11 monomins. All three parts a least one screener question (or in the case of question 5, the two parts) must be answered "YES" in order for a child to meet CSHON Screener criteria for having a special health care need in the case of question 5, the two parts) must be answered "YES" in order for a child to meet CSHON Screener criteria for having a special health care need. The case of the control of the co

Treatment of Unknown Values: Missing values may be due to non-response (i.e. a skipped item) or a "don't know" response. The way these items are handled can vary by measure. For NPMs and NOMs, having missing values for all items in an indicator will lead to the case bring given an insign yalue on the overall measure. For some other measures, if there is a missing value on any of the items, the case will be set to missing. How missing values are handled is documented in the "Additional notes" field above when required.

Missing values are not included in the denominator when calculating prevalence estimates and weighted population counts displayed in the Interactive Data Query results table. In the majority of cases, the proportion of missing values is less than 2%. Exceptions are noted in the form of a Data Alvar at the bottom of a results table. The exclusion of these values does not change the prevalence estimates (%) and only marginally affects the weighted population counts (Pop. Est.). To learn about the impact of the missing values on the population count estimates, click here.

History and Development: The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) funds and directs the National Suvey of Children's Health (NSCH), and develops survey content in collaboration with the U.S. Census Bureau and a Technical Expert Panel. The Technical Expert Panel consists of experts in survey methodology and children's health, federal and state stakeholders, clinicians and researchers. The U.S. Census Bureau conducts the survey, oversees the sampling, and produces a final data set of survey results. Respondent's cognitive understanding of the survey questions was assessed during the pretest phase of the survey redesign (in 2015) and reassessed after the 2016 ourvey; subsequent revisions were made. Previously validated questions and scales are used when a valiable. The manuscript 'The Design and intelligent and previously of the survey of the survey redesign of the VEX of the survey of the survey of the VEX of t

Close

# View Findings by Subgroups

Current Search Criteria

Survey: 2017-2018 National Survey of Children's Health

Starting Point: Child and Family Health Measures

State/Region: Nationwide (quick edit)

Topic: Physical, Oral Health and Functional Status
Question: Indicator 1.11: Children with special health care

needs 🚹

Sub Group: Family resilience



#### Indicator 1.11: Does this child have special health care needs based on the CSHCN Screener? 1

		Children with special health care needs (CSHCN)	Non-CSHCN	Total %
	%	16.9	83.1	100.0
Family demonstrates resilience	C.I.	16.2 - 17.6	82.4 - 83.8	
r anny demonstrates resilience	Sample Count	9,044	33,878	
	Pop. Est.	10,039,344	49,275,114	
	%	25.9	74.1	100.0
Family does not demonstrate resilience	C.I.	24.0 - 27.9	72.1 - 76.0	
raining does not demonstrate resilience	Sample Count	2,721	5,782	
	Pop. Est.	3,319,581	9,492,573	

C.I. = 95% Confidence Interval.

Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

#### **Subgroups**

Age in 3 groups

Sex of child

Race/ethnicity of child

Race/ethnicity of child - with Asian

Parental nativity

Primary language in household

Primary household language for Hispanic children

Family structure – 4 categories

Household income level

Household income level (SCHIP)

Highest education of adult in household

Military status of adult(s) in household

Family resilience

Adverse Childhood Experiences – 8 items

Adverse Childhood Experiences - 9 items

Special health care needs status

Complexity of health care needs

Emotional, behavioral, or developmental issues for which treatment or counseling is needed

Farmy roollismoo

Medical home

Current insurance status

Adequate and consistency of health insurance

Consistency of health insurance coverage

Type of health insurance

Well-functioning system of care



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

#### Current Search Criteria

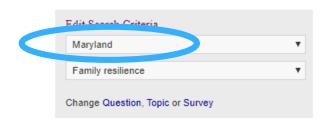
Survey: 2017-2018 National Survey of Children's Health Starting Point: Child and Family Health Measures State/Region: Nationwide vs. Maryland (quick edit) Topic: Physical, Oral Health and Functional Status

Question: Indicator 1.11: Children with special health care

needs

Sub Group: Children with special health care needs

(CSHCN) x Family resilience



Indicator 1.11: Does this child have special health care needs based on the CSHCN Screener? (1)

Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

Select a Response Category:	Children with special he	٧	
		Family demonstrates resilience	Family does not demonstrate resilience
	%	16.9	25.9
Nationwide	C.I.	16.2 - 17.6	24.0 - 27.9
Nationwide	Sample Count	9,044	2,721
	Pop. Est.	10,039,344	3,319,581
	%	18.0	25.8
Maryland	C.I.	14.8 - 21.7	18.5 - 34.6
maryianu	Sample Count	159	61
	Pop. Est.	194,901	60,688
C.I. = 95% Confidence Interval.			

#### Current Search Criteria

Survey: 2017-2018 National Survey of Children's Health Starting Point: Child and Family Health Measures

State/Region: All States (quick edit)

Topic: Physical, Oral Health and Functional Status

Question: Indicator 1.11: Children with special health care

needs

Sub Group: Children with special health care needs

(CSHCN) x Family resilience



#### Indicator 1.11: Does this child have special health care needs based on the CSHCN Screener? 1

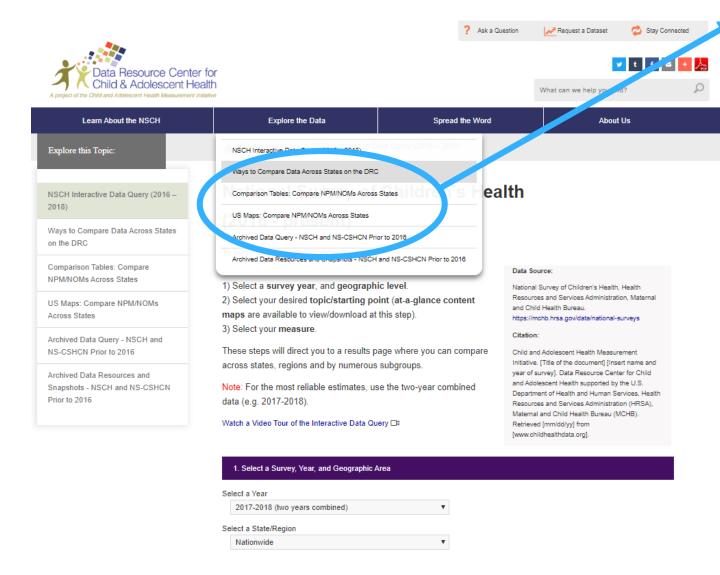


Notes: Click on the Column Header to sort the results by ascending or descending order. To get a detailed explanation of the data HOVER over the text in the

Select a Response Category: Children with special health care needs (CSHCN)

	State	Family demonstrates resilience %	Family does not demonstrate resilience %
1	Alabama	18.7	40.7
2	Alaska	16.0	25.2
3	Arizona	15.5	24.5
4	Arkansas	20.7	32.6
5	California	12.5	18.8
6	Colorado	17.2	25.1
7	Connecticut	17.9	32.3
8	Delaware	21.3	27.5
9	District of Columbia	17.5	23.8
10	Florida	17.2	27.0
11	Georgia	17.7	27.G
12	Hawaii	12.5	15.0
13	Idaho	15.9	25.5
14	Illinois	17.3	25.4
15	Indiana	18.3	25.9
16	lowa	17.4	32.1
17	Kansas	16.6	41.8

# Compare Data Across States



#### Ways to Compare Data Across States on the DRC

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

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

#### Steps for Using the DRC Across-State Interactive Data Query:

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

#### Steps for Using the Across-State Comparison Tables

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

#### Steps for Using the Across-State Comparison US Maps

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



# **Across State Comparison Tables**

# 2016-2017 National Survey of Children's Health (two years combined)



Title V National Outcome Measures (NOMs)

#### Title V National Performance Measures (NPMs)

This table represents the prevalence rates of National Performance Measures (NPM) across states. NPMs cover topics related to health behaviors, health care access, quality, and much more.

Learn More

#### Title V National Outcome Measures (NOMs)

This table represents the prevalence rates of National Outcome Measures (NOM) acros NOMs cover topics on health status, morbidity, mortality and other health outcomes.

Learn More

#### 2016 National Survey of Children's Health





#### Title V National Performance Measures (NPMs)

This table represents the prevalence rates of National Performance Measures (NPM) across states. NPMs cover topics related to health behaviors, health care access, quality, and much more.

Learn More

#### Title V National Outcome Measures (NOMs)

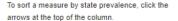
This table represents the prevalence rates of National Outcome Measures (NOM) across states. NOMs cover topics on health status, morbidity, mortality and other health outcomes.

Learn More

Please note that due to changes in the NSCH's mode of data collection and sampling frame, as well as adjustments to item wording where necessary, MCHB alerts data users that it is not possible to compare estimates from the 2016 redesigned survey to those from previous iterations of the NSCH or NS-CSHCN, or to conduct any type of trend analyses. The redesigned NSCH will support trend analyses beginning with data from 2016 and moving forward.



# Compare States Across Multiple



	'''	Ju	10			<i>A</i> L			10			וי	VIC				Woma Visit (%)	Screen	ning (ages	6- (ages 12-17)	Bullying (%)	Bullied (%)	Adolescent Well-Visit (%)	Home (CSHCN) (%)	(non- CSHCN)	Health Care (CSHCN)	Care (Non-	Preventive Dental Visit (%)	the household smokes	Adequate Insurance (%)
10			· ()													Natio				(70)	5.1	21.0	78.7	43.2	49.8	16.7	(%) 13.9	79.5	(%) 15.5	68.4
IC	as	ul	C													Florida	69.0	16.0			3.4	20.9	81.3	30.8	44.1	5.9*	6.3	73.6	14.9	64.5
																Nevada	63.9	24.1	* 29.8	19.6	4.8	14.9	71.7	29.5	36.5	8.1*	10.4	73.5	17.7	62.2
Tit	le V	Nati	onal	Per	fori	mar	nce I	Mea	sure	s (N	PMs	s) A	cross	S		Texas	60.8	35.2	19.3	17.7	5.1*	18.7	69.1	35.1	44.2	8.5*	14.5	79.0	12.5	59.7
Sta	te Co	amn	arisc	n T	able	20	016-	201	7 N	SCH	Г					Alabam	66.3	26.6	37.6	20.8	4.5*	20.4	76.3	40.1	53.7	12.9*	12.9	81.7	21.5	76.8
544		JIII P	41150	,11 1	aore	, _,	010	201	, 11				- 6	No. of Concession, Name of Street, or other	PER SECTION	J-166 J-100	No. of Lot	ET.O.	10000	1663	(25 T/S	.2	79.1	45.1		13.6	11.5	75.7	23.0	69.2
	a measure			e, click th	е	Co	olor Key o	of State I	Level Dat	a When (	:ompared	I to Nation	nal Leve				2500	2.54				7.6	81.3	44.8	51.7	13.7*	14.5	80.6	11.2	73.3
	at the top of over each r			the full			ata				,			NPM1	1 = NPM11	NPM12	NPM	12 4	The same	NA		1.9	88.5	35.2	51.7	13.8*	8.7	82.0	11.3	65.3
	e descripti	,		_				State	e had Sigi	nificantly I	ower Per	formance	,	INFINIT	I WEIVITI	INFIVITZ	INFIV	12 🔻				1.7	78.1	45.5	48.3	14.0	13.2	83.5	15.4	65.9
data so	nce means urce.	better pe	rformance	and see	the the				e had Lov ficant	ver Perfo	rmance, b	ut not stat	tistically		Madical	Transition	Transi to Ad		N	OM17.	1 ⊕	.7	85.8	49.8	57.	14.1*	18.4	86.9	13.9	70.2
	any preva							_		her Perfo	rmance, l	but not sta	ti .cally	Medica	Home	to Adult	Heal					.6	82.5	50.4	54.	14.4	13.6	76.4	21.1	73.1
	l and state ita (i.e. age				-			_	ficant had Sign	nificantly l	ligher Pe	mance	e	Home	(non-	Health Care	Car		CS	HCN (	96)	1.2	85.0	47.9	52.	14.5	18.5	81.7	22.2	68.6
individu	ial measure	es.						Chair	naa eigi		A STATE OF THE STA	· · · · · · · · · · · · · · · · · · ·		(%)	CSHCN)	(CSHCN)	(Nor		300			.6	79.7	44.2	58.	14.8	13.3	80.9	21.4	68.7
State	e A NPM1	♦ NPM8	♦ NPM8.1	NPM8.2	NPM9 \$	NPM9\$	NPM10 (	NPM11	NPM11	NPM12	NPM12	NPM13.2	♦ NPM14		(%)	(%)	CSHC (%)			18.8	_	1.0	82.6	39.2*	54.	15.0*	21.4	83.5	14.3	77.8
	Well-	Develop-	Physical	Physical Activity			Adolescent	Medical	Medical Home	Transition to Adult	Transition to Adult Health	Preventive	Someor living i	<b>10.0</b>		45.5		-	88	10.0	_	.0	88.7	41.6	51.	15.1	15.9	82.0	14.9	74.8
	Woman Visit (%)	n mental Screening (%)	Activity g (ages 6- 11) (%)	(ages 12-17)	Bullying (%)	Bullied (%)	Well-Visit (%)		(non- CSHCN)	Health Care (CSHCN)	Care (Non-	Dental Visit (%)	the househousehouse	43.2	49.8	16.7	13.9	9	No.	2 1250	Ballon I	9	85.7	45.9	49	15.8	6.3	80.5	19.2	72.2
North				(%)		24.0	70.7		(%)	(%)	CSHCN) (%)	70.5	(%)	40.4	50.7	40.04						13	81.3	49.9	49	16.0	5.2	77.9	19.7	70.2
Nation	vide 65.6 68.3	31.1 28.8	27.9 37.6	18.2	5.1 4.5*	21.0	78.7 76.3	43.2	49.8 53.7	18.7 12.9*	13.9	79.5 81.7	15.5 21.5	10.8		Kansas	64.8	27.0	28.7	10.2	8.2*	24.5	77.5	48.1	51	18.1	9.6	78.1	14.7	68.0
Alaska	49.0	42.3	30.4	20.6	4.9	18.7	67.9	47.3	47.9	22.8*	17.4	77.0	14.2	69.8		Marylar		36.6	22.9	15.0	4.2*	20.2	87.1	53.4	57	16.2	8.2	83.1	12.9	73.0
Arizona	60.5	29.2*	24.0	15.5	4.2	19.3	71.2	36.6	45.9	25.3*	10.0	83.2	13.8	64.0		Californ		-	_		4.4	15.0	76.2	42.2*	43	16.4*	12.6	76.8	11.1	73.6
Arkansas	58.2	35.2*	28.6	17.2	4.5	24.5	73.0	42.3	46.3	21.2*	10.9	77.1	26.1	71.2		Oklahoi			_	23.4	8.4	21.9	73.5	48.4	45.	16.4	12.0	_	22.9	67.5
California			29.6	22.6	4.4	15.8	76.2	42.2*	43.1	16.4*	12.6	76.8	11.1	73.6			56.5		30.9	_				38.6	40.	16.5	17.2	73.7	14.3	70.2
Colorado		_	35.2	13.7	5.9	24.0	80.7	46.2	51.0	20.5	16.1	83.1	14.2	63.1		Oregon		_	_	_	5.3	21.7	79.9		50.		19.7			
Delaware	72.0	38.9° 24.8	29.7	19.7	5.8* 5.9	21.7	85.8 88.9	49.8	47.8	14.1*	18.4 9.8	88.9 81.6	13.9	70.2		Wyomir		-			8.4	30.3	78.2	43.8	50.1	16.5	14.9	81.8	18.9	62.7
District of Columbia	74.7	31.6	28.1	14.6	5.5*	17.0	82.6	39.2*	54.5	15.0*	21.4	83.5	14.3	77.8		Delawa		24.8			5.9	22.8	86.9	51.7	47.8	16.9	9.8	81.6	16.6	70.2
Florida	69.0	16.0	29.4	15.7	3.4	20.9	81.3	30.8	44.1	5.9*	6.3	73.6	14.9	64.5		Louisia		22.3	_		4.7	23.7	77.3	43.6	49.3	16.9*	11.7	82.4	18.3	74.4
Georgia	70.4	40.8*	31.3	16.9	4.5	18.7	78.1	45.5	48.3	14.0	13.2	83.5	15.4	65.9		Massac		39.2	_		3.8	16.8	90.9	51.8	60.7	17.9	19.7	85.3	11.4	69.8
Hawaii	69.4	39.1*	21.0	12.0	6.1	16.5	74.6	44.8	51.5	21.9	13.9	84.9	16.0	80.9		South C	arolina 62.3	26.4	4 29.3	19.2	8.4	22.4	80.1	48.4	50.3	18.0	10.8	82.2	17.4	67.4
ldaho	49.7	24.4	31.9	14.8	7.9*	28.0	75.7	42.3	48.9	19.2	11.5	82.7	13.4	71.0		Kentuck	68.9	22.2	2 25.8	17.2	5.0	27.4	79.3	42.5	58.7	19.0	13.3	77.6	23.4	70.7
Illinois	63.5	_	29.8	21.6	4.5	21.6	81.1	43.3	52.8	21.0	15.4	77.9	15.5	65.4		Wiscon	in 68.2	37.0	)* 32.5	16.7	4.5	26.8	76.9	41.0	50.8	19.1	16.9	80.8	16.8	66.0
Indiana	63.5	_	32.7	17.3	6.0	21.6	79.7	44.2 51.9	56.8	14.8	13.3	80.9	21.4	68.7 71.3		Idaho	49.7	24.4	4 31.9	14.8	7.9*	28.0	75.7	42.3	48.9	19.2	11.5	82.7	13.4	71.0
Kansas	64.8	28.4	26.7	19.1	8.0	26.7	81.1 77.5	48.1	51.8	18.1	19.6	78.1	17.4	68.0		Utah	54.7	32.6	19.5	8.7	4.0	22.2	70.3	47.2	54.9	19.3	10.2	82.4	7.1	58.4
Kentucky	68.9	22.2	25.8	17.2	5.0	27.4	79.3	42.5	56.7	19.0	13.3	77.6	23.4	70.7		New Hampsl	ire 70.5	35.1	* 31.6	14.3	3.3	20.5	87.5	50.9	60.1	19.6	23.6	84.9	13.7	69.2
																Vermon	66.7	37.0	r 32.4	23.2	5.7*	18.5	87.4	47.5	63.9	20.4	24.5	85.7	17.2	77.5

# Compare States Across Multiple Measures

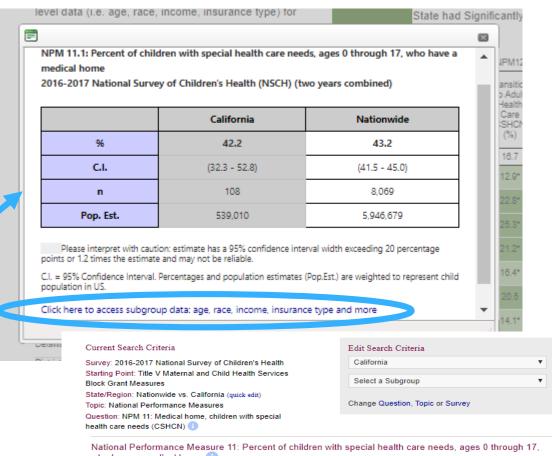
#### Title V National Performance Measures (NPMs) Across State Comparison Table, 2016-2017 NSCH

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

Color Key of State Level Data When Compared to National Level State had Significantly Lower Performance State had Lower Performance, but not statistically significant State had Higher Performance, but not statistically significant

State had Significantly Higher Performance

State	▲ NPM1 ∜	NPM8 ≑	NPM8.1	NPM8.2	NPM9 \$	NPM9\$	NPM10 \$	NPM11 \$	NPM11 ∜	NPM12	NPM12 \$	NPM13.2	NP¹ +.2∜	NPM15 \$
	Well- Woman Visit (%)	Develop- mental Screening (%)	Physical Activity (ages 8- 11) (%)	Physical Activity (ages 12-17) (%)	Bullying (%)	Bullied (%)	Adolescent Well-Visit (%)	Medical Home (CSHCN) (%)	Medical Home (non- CSHCN) (%)	Transition to Adult Health Care (CSHCN) (%)	Transition to Adult Health Care (Non- CSHCN)	Prever ve natal vsit (%)	Someone living in the household smokes (%)	Adequate Insurance (%)
Nationwide	65.6	31.1	27.9	18.2	5.1	21.0	78.7	43.2	49.8	16.7	(3.9	79.5	15.5	68.4
Alabama	66.3	28.6	37.6	20.8	4.5*	20.4	76.3	40.1	53.7	12.8	12.9	81.7	21.5	76.8
Alaska	49.0	42.3	30.4	20.6	4.9	18.7	67.9	47.3	47.9	22.8*	17.4	77.0	14.2	69.8
Arizona	60.5	29.2*	24.0	15.5	4.2	19.3	71.2	38.6	10	25.3*	10.0	83.2	13.8	64.0
Arkansas	58.2	35.2*	28.6	17.2	4.5	24.5	73.0	10.0	46.3	21.2*	10.9	77.1	26.1	71.2
California	63.0	22.2	29.6	22.6	4.4	15.8	76.7	42.2*	13.1	16.4*	12.6	76.8	11.1	73.6
Colorado	58.5	49.9*	35.2	13.7	5.9	24.0	80.7		51.0	20.5	16.1	83.1	14.2	63.1
Connecticut	69.4	36.9*	29.7	19.7	5.8*	21.7	85.8	49.8	57.1	14.1*	18.4	86.9	13.9	70.2
Delaware	73.0	24.8	23.8	13.9	5.9	22.8	86.9	51.7	47.8	16.9	9.8	81.6	16.6	70.2
District of Columbia	74.7	31.6	26.1	14.6	5.5*	17.0	82.6	39.2*	54.5	15.0*	21.4	83.5	14.3	77.6
Florida	69.0	16.0	29.4	15.7	3.4	20.9	81.3	30.8	44.1	5.9*	6.3	73.6	14.9	64.5
Georgia	70.4	40.8*	31.3	16.9	4.5	18.7	78.1	45.5	48.3	14.0	13.2	83.5	15.4	65.9
Hawaii	69.4	39.1*	21.0	12.0	6.1	18.5	74.6	44.8	51.5	21.9	13.9	84.9	16.0	80.9
Idaho	49.7	24.4	31.9	14.8	7.9*	28.0	75.7	42.3	48.9	19.2	11.5	82.7	13.4	71.0
Illinois	63.5	37.4*	29.8	21.6	4.5	21.6	81.1	43.3	52.8	21.0	15.4	77.9	15.5	65.4
Indiana	63.5	29.0	32.7	17.3	6.0	21.6	79.7	44.2	56.8	14.8	13.3	80.9	21.4	68.7
lowa	67.1	28.4	30.3	19.1	8.0	26.7	81.1	51.9	57.4	23.1	21.9	84.7	17.4	71.3
Kansas	64.8	37.8*	26.7	19.3	6.2*	24.5	77.5	48.1	51.8	16.1	19.6	78.1	14.7	68.0
Kentucky	68.9	22.2	25.8	17.2	5.0	27.4	79.3	42.5	56.7	19.0	13.3	77.6	23.4	70.7



who have a medical home

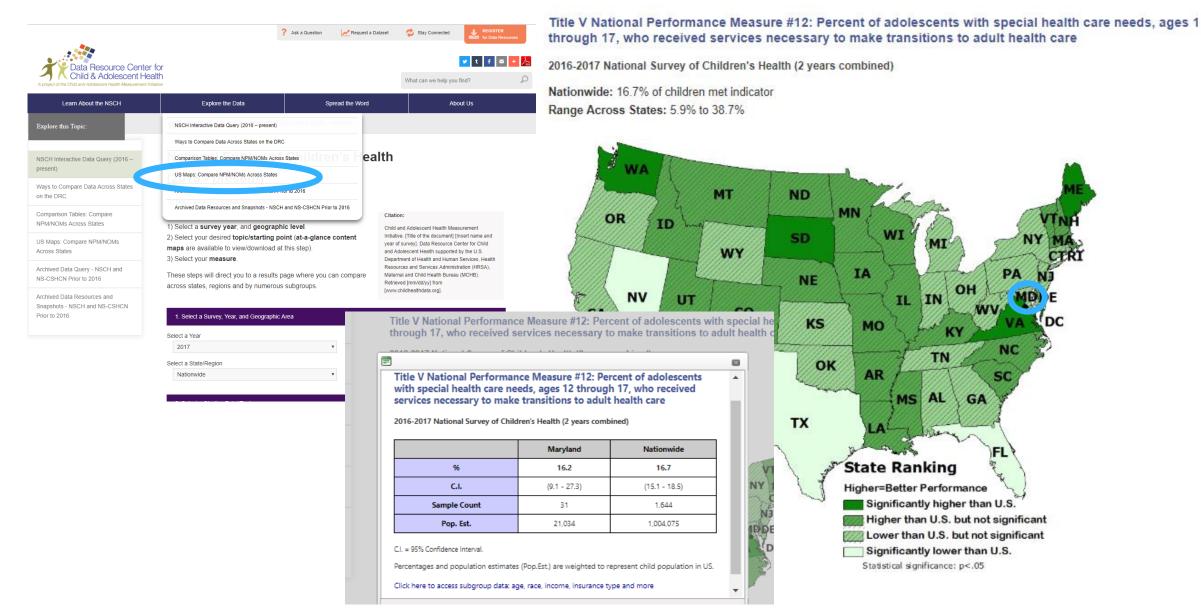
		Care MEETS medical home criteria	Care does NOT meet medical home criteria	Total %
	%	43.2	56.8	100.0
Madianuida	C.I.	(41.5 - 45.0)	(55.0 - 58.5)	
Nationwide	Sample Count	8,069	8,229	
	Pop. Est.	5,946,679	7,807,471	
	%	42.2	57.8	100.0
0-1/6	C.I.	(32.3 - 52.8)	(47.2 - 67.7)	
California	Sample Count	108	126	
	Pop. Est.	539,010	738,031	

C.I. = 95% Confidence Interval.

Percentages and population estimates (Pop.Est.) are weighted to represent child population in US.

Please interpret with caution: estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable. For more information about the data suppression and display criteria click here.

# Compare States Using Single-Measure Maps

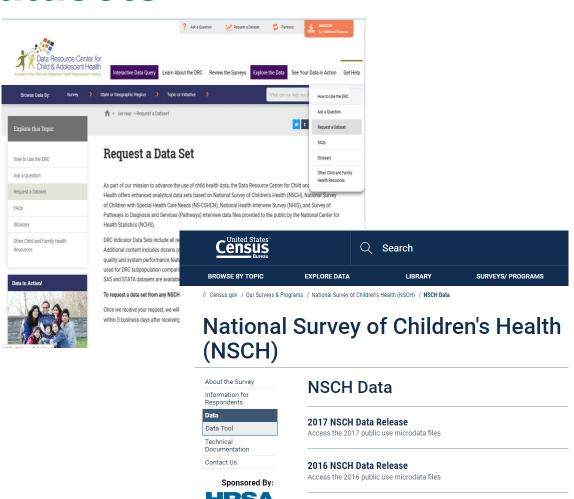


# **How Do I Access the NSCH Datasets**

The datasets are available to download at:

- DRC website:
  - http://childhealthdata.org/help/dataset
- US Census Bureau website:

https://census.gov/programssurveys/nsch/data/nsch2016.html



Browse NSCH Data

Access the Data Resource Center (DRC) to browse NSCH data

# **DRC** "Ready to Use" Datasets

#### **DRC** data set includes:

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

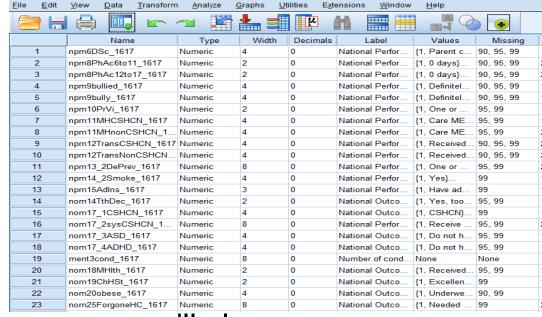
#### **Available Formats:**

SAS, SPSS, Stata (some years) and CSV

#### **Labels and Formats:**

Variable, value labels and missing values are clearly labeled

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





# Why Request a CAHMI DRC Dataset?

and godge for constructed variables (CAC CDCC and Ctate (coming))

Features	Census PUF file	CAHMI DRC data Set
Dataset Format		
• SAS	$\checkmark$	$\checkmark$
• Stata	$\checkmark$	$\checkmark$
• SPSS		$\checkmark$
• CSV		$\checkmark$
Available data		
Single item variables from NSCH questionnaire	✓	✓
<ul> <li>Coded/constructed Child and Family Health Indicators displayed on the DRC website</li> </ul>		$\checkmark$
All coded constructed NPMs and NOMs		✓
Basic coded/constructed demographic and other variables	✓	✓
Additional coded/constructed demographic variables and subgroups		✓
<ul> <li>Recoded survey items collapsing categories to produce valid estimates (state)</li> </ul>		✓
Labels and Additional Resources		
Variable, value labels, and missing values created & labeled for coded/constructed variables	✓	√ (+SPSS; +newly constructed variables)
<ul> <li>Codebook with measure descriptions (denominator, numerator, how it is constructed, changes across</li> </ul>	years)	<b>√</b>

## **DRC Codebooks**

Serve as a resource for researchers and analysts to understand how the indicators and measures are conceptualized, constructed and interpreted.

#### **Contents:**

- Survey information: overview, weighting, variance estimation, data availability/access, imputation, missing values
- Description of indicators, measures and items
- Notes for data users
- Revisions of the indicators/items across survey years
- Syntax and codes
- Unweighted frequency tables

NPM 11	Medical home, children with special health care needs (CSHCN) (npm11MHCSHCN_1617)					
Description	Percent of children with special health care needs, ages 0 through 17, who have a medical home					
Survey Items Used	Survey instrument item number for children 0-5 years: C9,C10, D1-D4,D7-D12; for children 6-11 years: C7,C8,D1-D4,D7-D12; for children 12-17 years: C8,C9, D1-D4,D7-D12  Variable name in public use data file: K4Q01; K4Q02_R; K4Q04_R; K5Q10; K5Q11; K5Q40; K5Q41; K5Q42; K5Q43; K5Q44; K5Q20_R; K5Q21; K5Q22; K5Q30; K5Q31_R; K5Q32; S4Q01					
Denominator	Children with special health care needs age 0-17 years					
Numerator/Respon Se Categories  Children with special health care needs, ages 0 through 17, who meet the having a medical home (personal doctor or nurse, usual source for care, a centered care; referrals or care coordination if needed)						

#### Notes for Data-Users

The American Academy of Pediatrics specifies seven qualities essential to medical home care: accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective care. Ideally, medical home care is delivered within the context of a trusting and collaborative relationship between the child's family and a competent health professional who is familiar with the child and family and the child's health history. In the 2016 and 2017 combined NSCH, the presence of a medical home was measured by a composite measure based on five components constructed from a total of 16 survey items. These components are:

- Personal doctor or nurse (Indicator 4.12a: PerDrNs 1617)
- Usual source for sick care (Indicator 4.12b: UsualSck 1617)
- Family-centered care (Indicator 4.12c: FamCent 1617
- Problems getting needed referrals (Indicator 4.12d: NoRefPrb\_1617)
- Effective Care Coordination when needed. (Indicator 4.12e: CareCoor\_1617)

#### **SAS Syntax and Annotation**

```
/**Indicator 4.12a: Medical Home Component: Children with a personal doctor or nurse**/
PerDrNs_1617= .;
if K4Q04_R in (1,2) then PerDrNs_1617 = 1;
else if K4Q04_R = 3 then PerDrNs_1617 = 2;
else if K4Q04_R = .M then PerDrNs_1617 = .M;
label PerDrNs_1617 = "Indicator 4.12a: Medical Home Component: Children with a personal doctor or nurse";

/**Indicator 4.12b: Usual source for sick and preventive care*/
UsualSck_1617 = .;
if K4Q01 = 1 and K4Q02_R in (1,3,4,5,6,7) then UsualSck_1617 = 1;
else if K4Q01 = 2 or K4Q02_R = 2 then UsualSck_1617 = 2;
else if K4Q01 = .M or K4Q02_R = .M then UsualSck_1617 = .M;
label UsualSck_1617 = "Indicator 4.12b: Medical Home Component: Usual sources for sick care";

/**Indicator 4.12c: Medical Home Component: Family-centered care */
time_1617 = .;
```

# Tips for Data Analysis – Variance Estimation

- Use a statistical software with the capacity to take into account the <u>complex sampling design</u> to appropriately calculate the variances, the associated standard errors, and confidence intervals required for accurate statistical hypothesis testing.
  - SUDAAN
  - SAS survey procedures
  - Stata
  - WesVar
  - SPSS Complex Samples

## Sampling plan should be set up:

- **Strata:** FIPSST (state of residence) and STRATUM (households with children)
- Cluster: HHID (unique household identifier)
- **Weights**: FWC (adjustments are required in a combined data set)

# What Will Happen If You Do Not Apply Weighting and Complex Sample Design Adjustments Appropriately?

## Unweighted estimate

npm11MHCSHCN\_1617 National Performance Measure 11: Percent of children with special health care needs, ages 0 through 17, who have a medical homee

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Care MEETS medical home criteria	8069	11.2	49.5	49.5
	2 Care DOES NOT meet medical home criteria	8229	11.5	50.5	100.0
	Total	16298	22.7	100.0	
Missing	95 Non-CSHCN	55507	77.3		
	99 Missing to any	6	.0		
	Total	55513	77.3		
Total		71811	100.0		

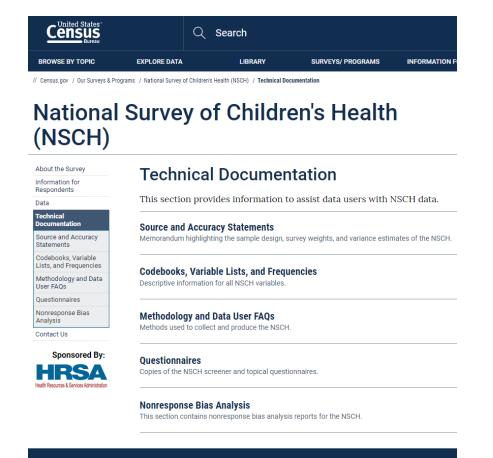
# Weighted estimate

npm11MHCSHCN\_1617 National Performance Measure 11: Percent of children with special health care needs, ages 0 through 17, who have a medical homee

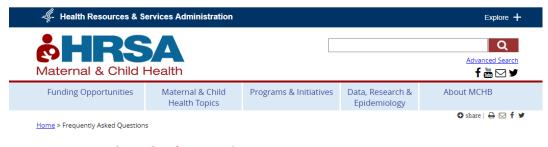
		Estimate	Standard Error	95% Confide Lower	ence Interval Upper	Unweighted Count
Population Size	1 Care MEETS medical home criteria	5946679.393	148492.672	5655634.283	6237724.503	8069
	2 Care DOES NOT meet medical home criteria	7807470.577	203986.776	7407657.221	8207283.933	8229
	Total	13754149.97	246450.201	13271108.45	14237191.49	16298
% of Total	1 Care MEETS medical home criteria	43.2%	0.9%	41.5%	45.0%	8069
	2 Care DOES NOT meet medical home criteria	56.8%	0.9%	55.0%	58.5%	8229
	Total	100.0%	0.0%	100.0%	100.0%	16298

# Accessing Census & MCHB NSCH documents

https://census.gov/programs-surveys/nsch/data.html



#### https://mchb.hrsa.gov/data/national-surveys



#### Frequently Asked Questions

#### 2017 National Survey of Children's Health

The questions and answers below summarize key information about the 2017 National Survey of Children's Health (NSCH). A detailed report on the design and operation of the survey is forthcoming and will be released online in Fall 2018.

Previously, the NSCH underwent a significant redesign. Further information on that redesign can be found in the 2016 NSCH Methodology. Report (PDF - 8.2 MB).

#### BACKGROUND

#### Who sponsored the 2017 NSCH?

- Primary funder: United States Department of Health and Human Services (HHS), Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB)
- · Additional funding for specific questions was provided by:
  - Centers for Disease Control and Prevention (CDC), National Center on Birth Defects and Developmental Disabilities (NCBDDD)
  - · United States Department of Agriculture (USDA), Food and Nutrition Service
  - United States Environmental Protection Agency (EPA)

#### Who conducted the 2017 NSCH?

 The United States Census Bureau, Associate Director for Demographic Programs on behalf of the United States Department of Health and Human Services (HHS), Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB)

#### What is the goal of the 2017 NSCH?

The NSCH is designed to produce national and state-level data on the physical and emotional health of American children 0 - 17 years
old. Information is collected on factors related to the health and well-being of children, including access to and utilization of health
care, receipt of care in a medical home, family interactions, parental health, school and after-school experiences, and neighborhood
characteristics.

# Need Help? Get Technical Assistance

#### **DRC Frequently Asked Questions**

Below are frequently asked questions (FAQs) about the Data Resource Center (DRC) in general.

About the DRC

What is the Data Resource Center (DRC)?

Who sponsors the DRC?

Using the DRC website

How can I get NSCH survey results?

Are all survey data displayed on the DRC website?

Where can I find resources for the NSCH?

Are the NSCH data files available to the public?

What can I expect when I request a DRC Indicator dataset?

Can I get a list of publications that have used the surveys hosted on the DRC?

Is there a standard format for citing information from the DRC website in an academic paper?

How do I receive assistance if I am having a hard time interpreting output from the surveys?

Is it possible to access data for two subgroups of children at the same time in the Interactive Data Query?

What internet browsers are supported by the DRC website?

How can I link to your site?

#### **Definitions and Measure Development**

How can I find out which questions were used to develop a specific child health indicator?

Where can I find out how derived variables in DRC data sets were conceptualized and how they are constructed in SAS or SPSS?

What criteria are used to create the race/ethnicity categories?

Why isn't there full data on this website for American Indian, Alaska Native, or Native Hawaiian/Pacific Islander children?

If you are having trouble with our website or have any questions about the DRC and surveys, please visit our **FAQ**. If you're question cannot be answered, feel free to email us at <a href="info@cahmi.org">info@cahmi.org</a> \* \*\* We try to respond within 48 hours.

\*Due to limited capacity, we prioritize questions submitted by Title V leaders, families, and family organizations. As our team is able, our goal is to provide quick replies to all questions and requests for information

\*\*Every email sent to our TA will receive an auto-reply in return. This auto-reply will address most common questions and provide fast links to resources.

To keep our TA efficient, we only respond to questions and TA that fall outside the content of our auto-reply.

## How to Cite DRC

#### **Data Source:**

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

#### Citation:

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

# A Short Course in Making Data Come Alive



## Making Data Come Alive in four easy steps!

**Step 1:** Select a relevant data point to your research, program or policy.

Step 2: Frame your message.

**Step 3:** Translate the data point into a meaningful concept.

**Step 4:** Present your findings to your audience.

#### **Example**

2.1 million CSHCN have parents who cut back and/or stopped working due to their child's condition. This is equivalent to the number of people who work for the US Federal Government. (2016-2017 NSCH)

#### **Example**

13.8 million children in the U.S. have special health care needs. This would fill 192,000 school buses and stretch 1,637 miles—greater than the distance from Washington, DC to Denver, CO! (2016-2017 NSCH)



# All of the CSHCN living in Maryland would fill 3,586 school buses and stretch 31 miles

How far would the buses span if they were filled with subgroups of Maryland CSHCN?

Publicly Insured: 8 miles

Privately Insured: 20 miles

Uninsured: 1.2 miles

White: 11.5 miles

Non-white: 19 miles





# Questions and Discussion

# THANK YOU!

www.cahmi.org www.childhealthdata.org www.wellvisitplanner.org www.mch-measurement.org