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

CAHMI
The Child & Adolescent Health Measurement Initiative

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

Title V Maternal & Child Health Federal-State Partnership Meeting

October 20, 2024

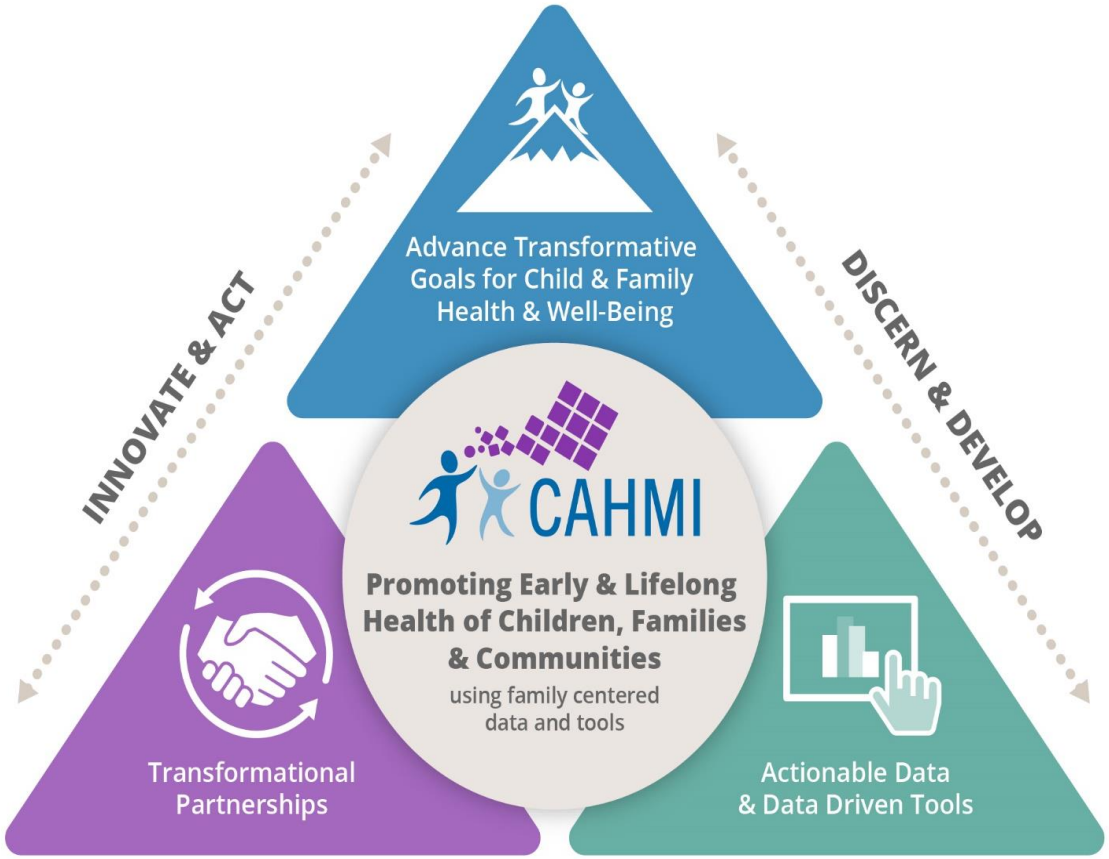
Christina Bethell, PhD, MBA, MPH

Professor, Johns Hopkins University

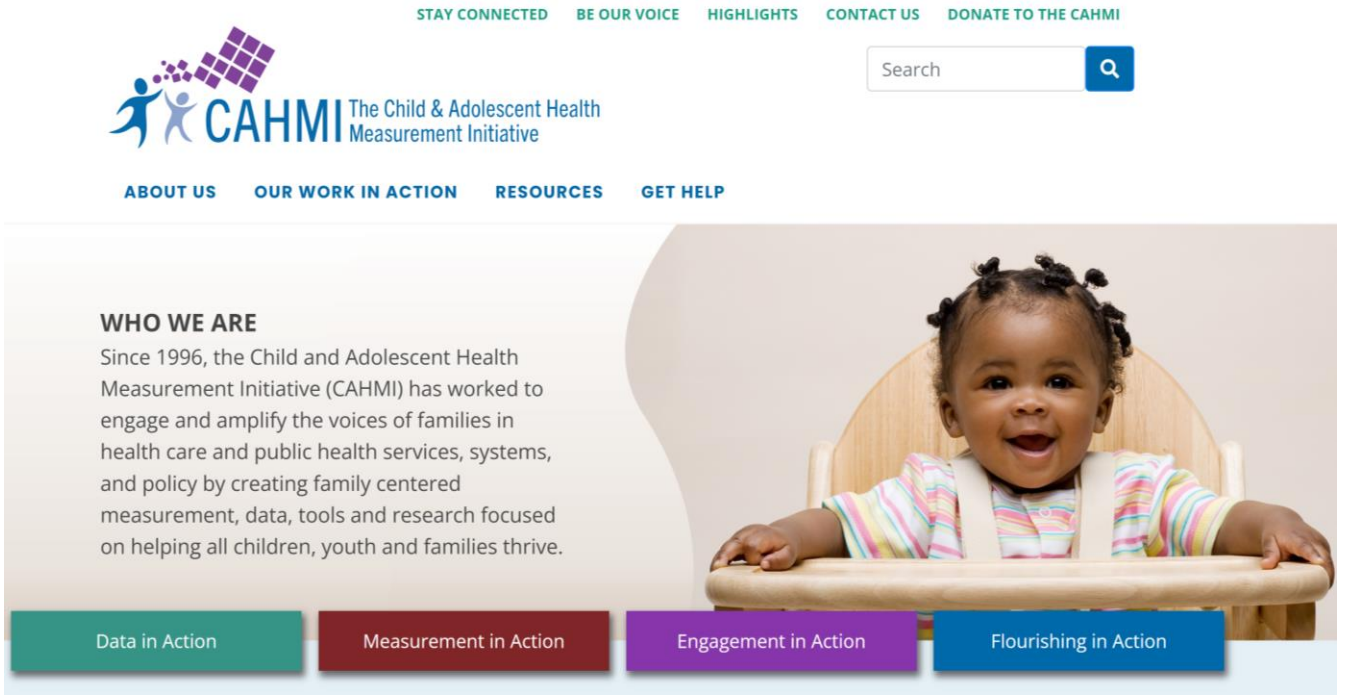
Director, Child and Adolescent Health Measurement Initiative

What is the CAHMI?

Theory of Change



Our 27 years to promote early and lifelong health using family centered research, data and tools



CAHMI

State Systems Development Initiative

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

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

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

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

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

Data Resource Center for Child & Adolescent Health

A project of the Child and Adolescent Health Measurement Initiative

CAHMI

The Child & Adolescent Health Measurement Initiative

SCAN ME

QUICK LINKS TO RESOURCES FOR TITLE V NEEDS ASSESSMENT

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

TA Priority

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

RESOURCES

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

QUICK LINKS

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

SCAN ME

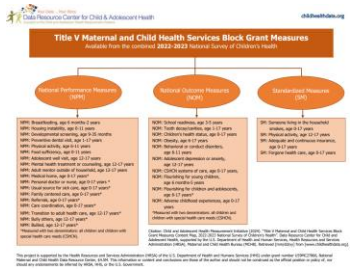
November 2023

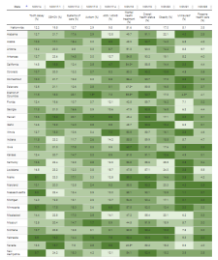
Citation: Child and Adolescent Health Measurement Initiative (2023). "Starting Point Quick Links – Title V Needs Assessment." Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).

Quick Glance Overview of CAHMI Resources for SSDI Consideration

Data Resource Center for Child and Adolescent Health

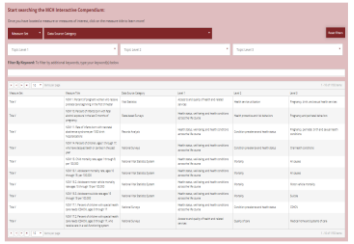
- Interactive Data Query
- Hot Spotting Tables
- U.S. Maps
- Crosswalk of NSCH Survey Items
- Content Maps

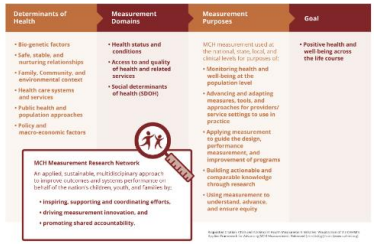




Measurement in Action: Steps 2,3,4,5,6,9

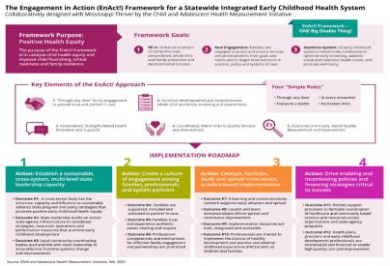
- Information on wide array of validated measures
- MCH Measures Compendium-cross system indicators
- Measurement Research Network
- National Strategic Measurement Agenda





Engagement in Action: Steps 1,6,7

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



Over **half** of all US children experience complex social and relational health risks –this is 2/3 of those with a mental health condition

Social Health Risks:

Poverty, food insecurity, exposure to community violence, racism, etc.

Relational Health Risks:

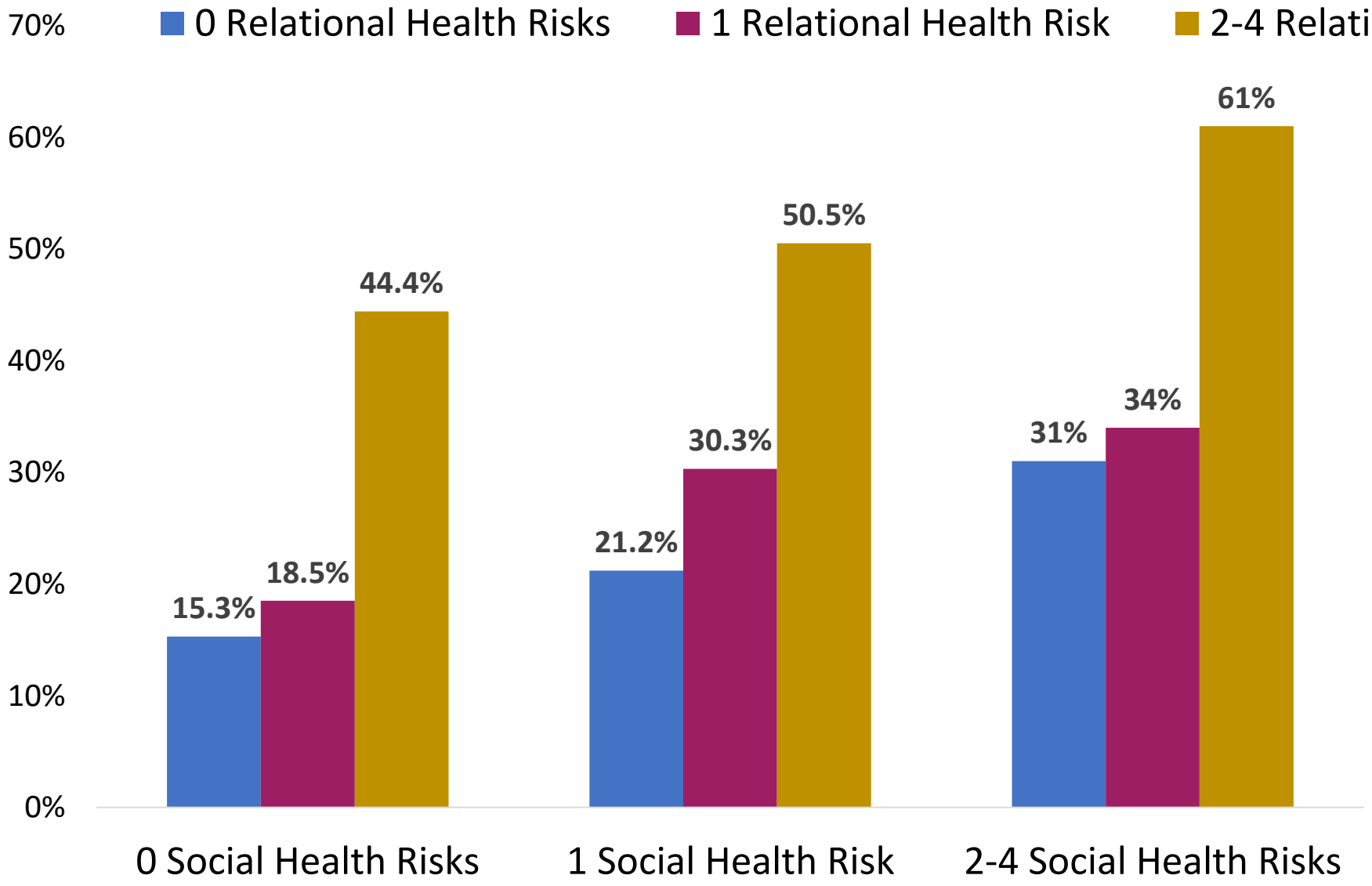
Adverse childhood experiences (ACEs), low parental mental health, low parent emotional support, etc.

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

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

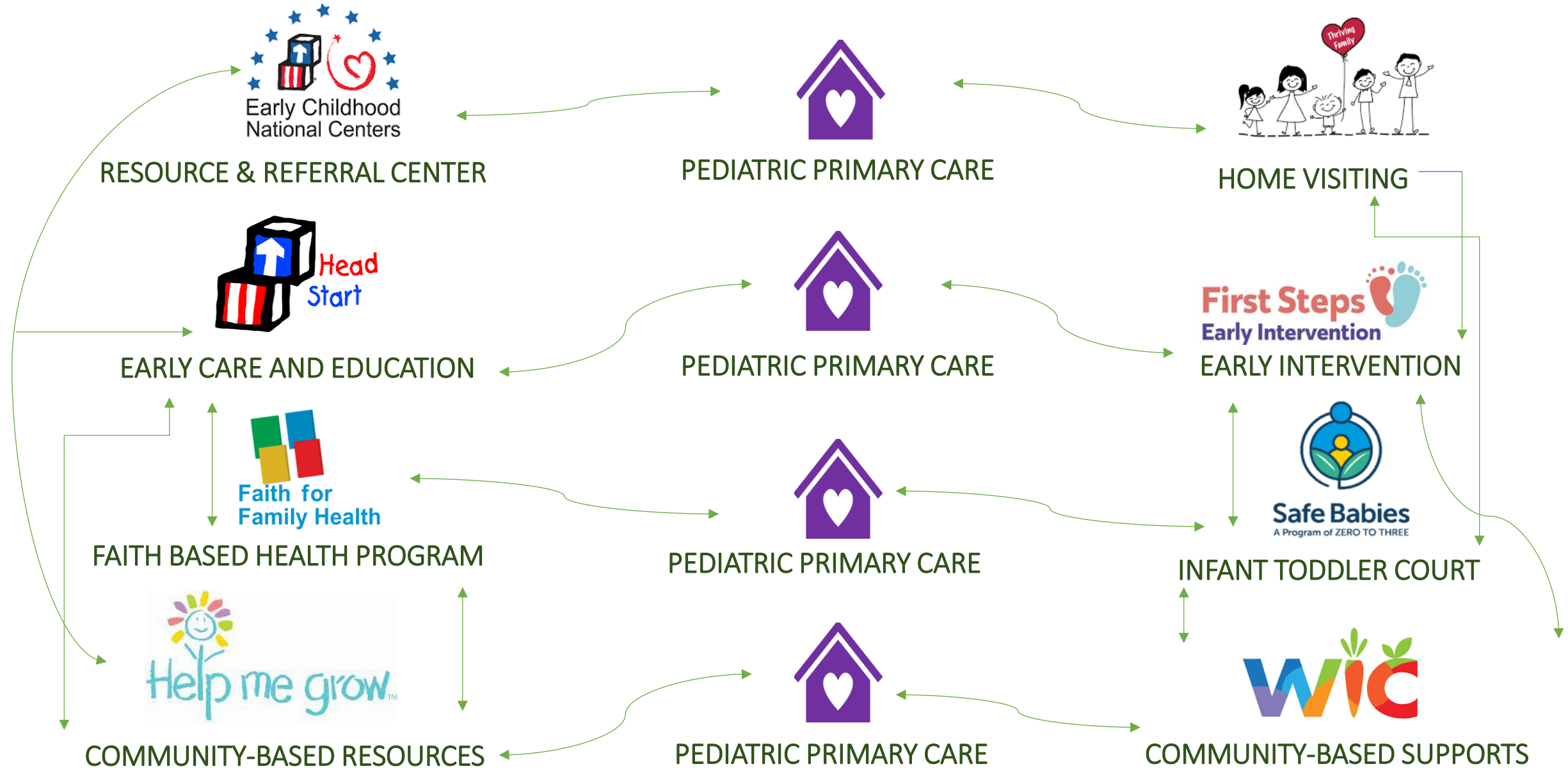
Bethell, C. 2023

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

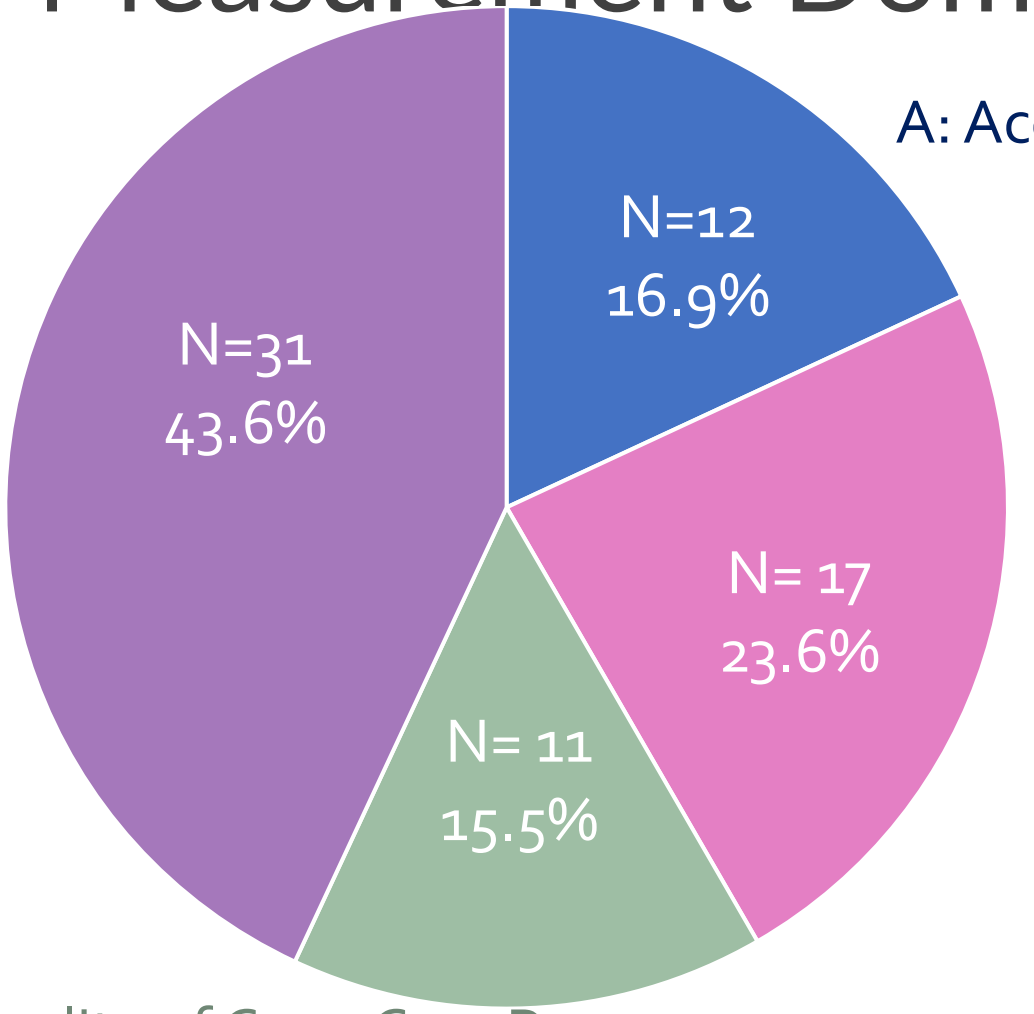


Citation: Bethell CD, Garner AS, Gombojav N, Blackwell C, Heller L, Mendelson T. Social and Relational Health Risks and Common Mental Health Problems Among US Children: The Mitigating Role of Family Resilience and Connection to Promote Positive Socioemotional and School-Related Outcomes. Child Adolesc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

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



71 Topical Areas Across 9 MCH Programs By Measurement Domain



A: Access and Utilization

B: Quality of Care: Screening, Referral, and Follow Up

C: Quality of Care: Care Processes, Education, and Counseling

D: Health and Intermediate Outcomes

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

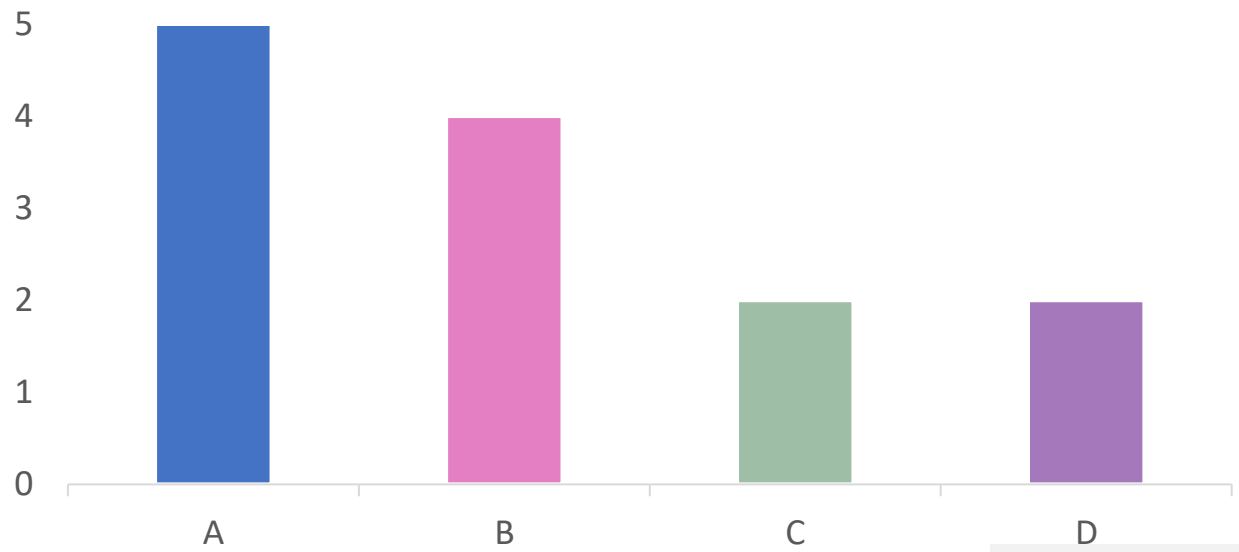
13 Topical Areas Shared Across 3+ MCH Programs
(out of 71 topical areas and 309 measures)

5 agencies involved:

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

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

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



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

Collaboratively designed with Mississippi Thrive! by the Child and Adolescent Health Measurement Initiative

Framework Purpose: Positive Health Equity

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

Key Elements of th

1. "Through any doo
to activate trust and

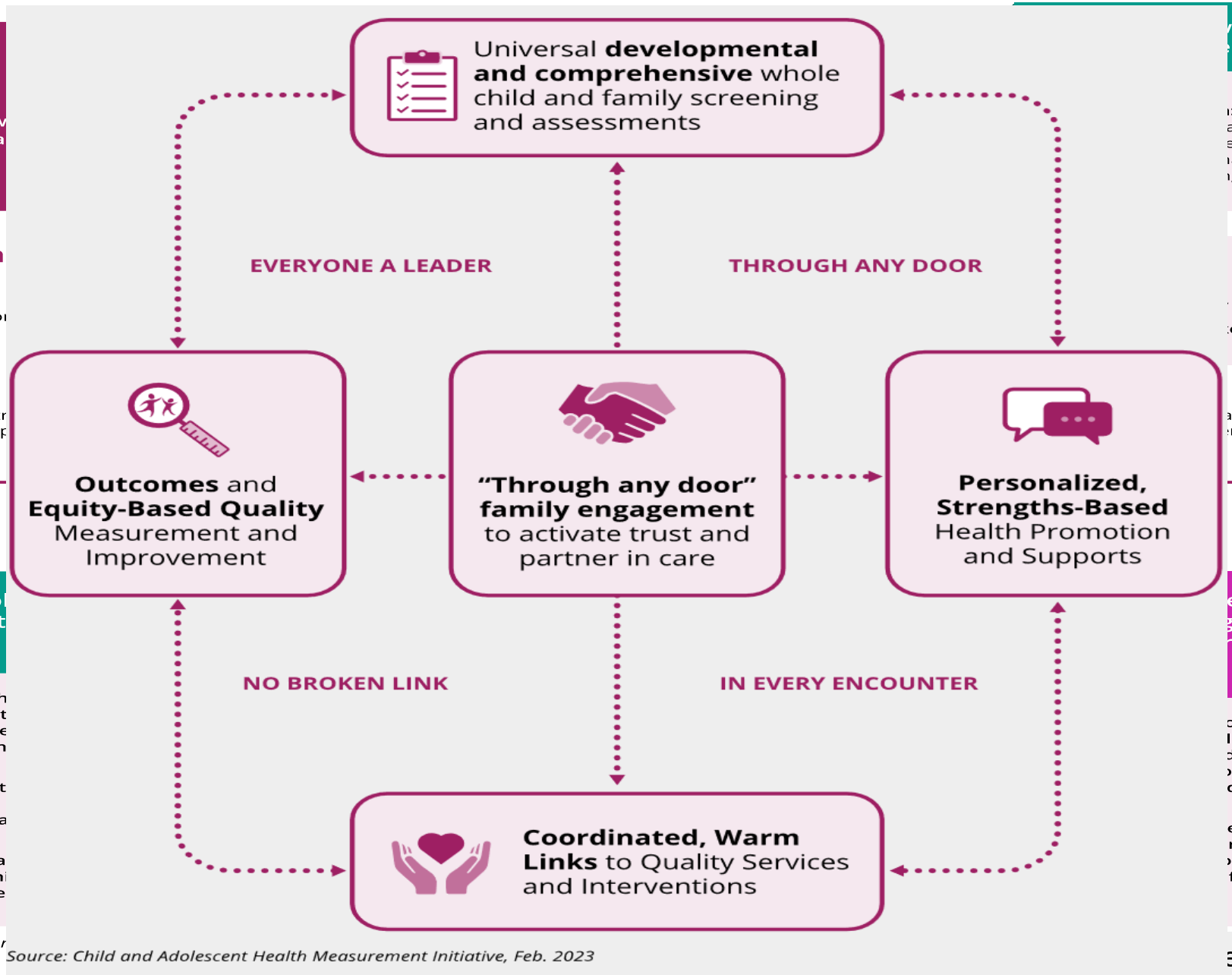
3. Personalized, Str
Promotion and Sup

1

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

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

Source: Child and Adolescent Health Measuremer



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

ork—
Thing!

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

encounter
en links

ased Quality
ement

4

e enabling and
g policies and
rategies critical

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

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

ethell, C. 2023

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

Well Visit Planner®

WELL VISIT PLANNER

Pre-visit planning

PERSONALIZED CONNECTED ENCOUNTER

(In-person, virtual, group)

The Online Promoting Healthy Development Survey

ONLINE PHDS

Post-visit assessment

Before **During** **After**

Completed periodically!

CAHMI

Well Visit Planner
The Child & Adolescent Health Measurement Initiative

Select Language English

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

Share with others!

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

Welcome to the Well Visit Planner®

Your Child, Your Well Visit

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

Get started now:

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

Enter provider ID code | Continue without code

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

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

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

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

Learn more here!

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

Three Easy Steps for Using the Well Visit Planner

1 REFLECT & ASSESS

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

2 PRIORITIZE

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

3 PARTNER

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

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

Enter provider ID code

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

www.cycleofengagement.org

Clinical Summary of Well Visit Planner® Findings: 15 Month Well Visit

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

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

Well Visit Planner®

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

Child Development

Developmental Surveillance and Screening

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

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

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

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

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

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

Health Behaviors

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

Relational Health Risks

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

Social Factors/Determinants

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

Caregiver Emotional Health

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

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

Other assessments added by provider:

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

See details on 2nd page

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

About This Child

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

General Health and Updates

Child's Health and Health History

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

Family History and Updates

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

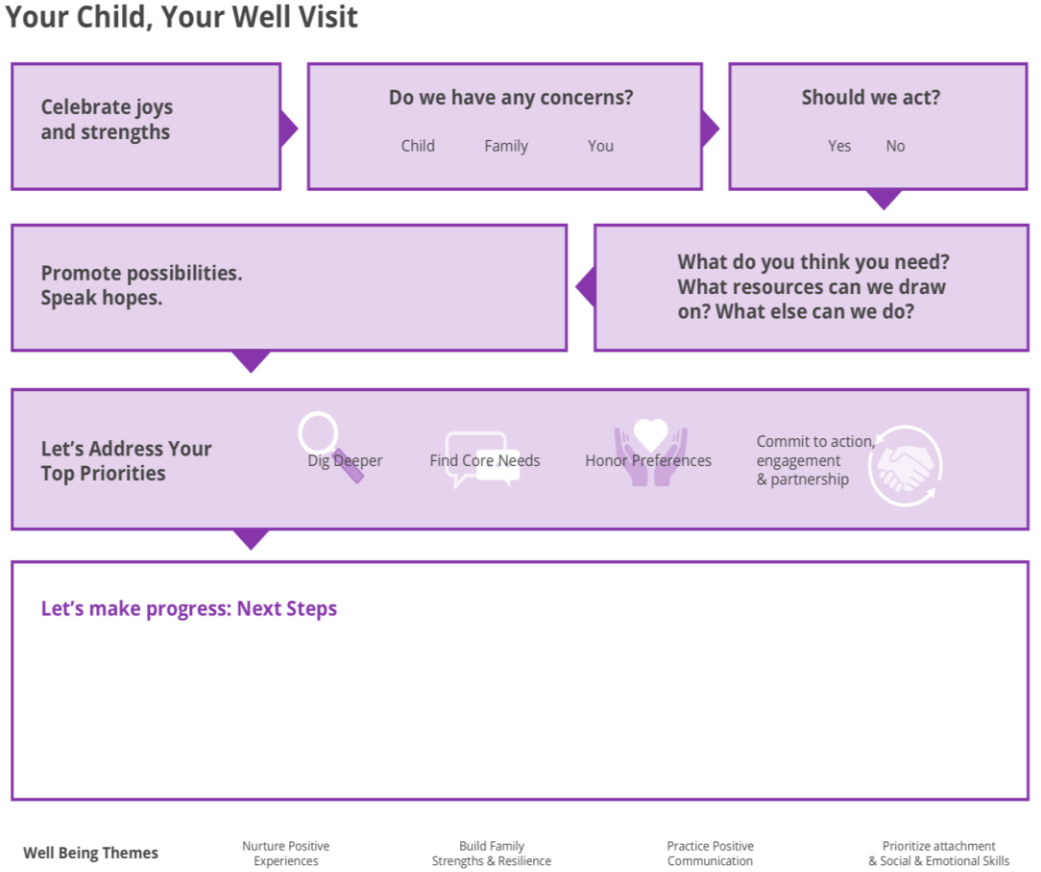
Strengths to Celebrate! *Connect & Celebrate*

Caregiver social support:
Caregiver has at least one person they trust and can go to with personal difficulties

Caregiver self care/hobbies:
Caregiver has spent time in the last 2 weeks doing hobbies, self care, or spare-time activities they enjoy

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

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



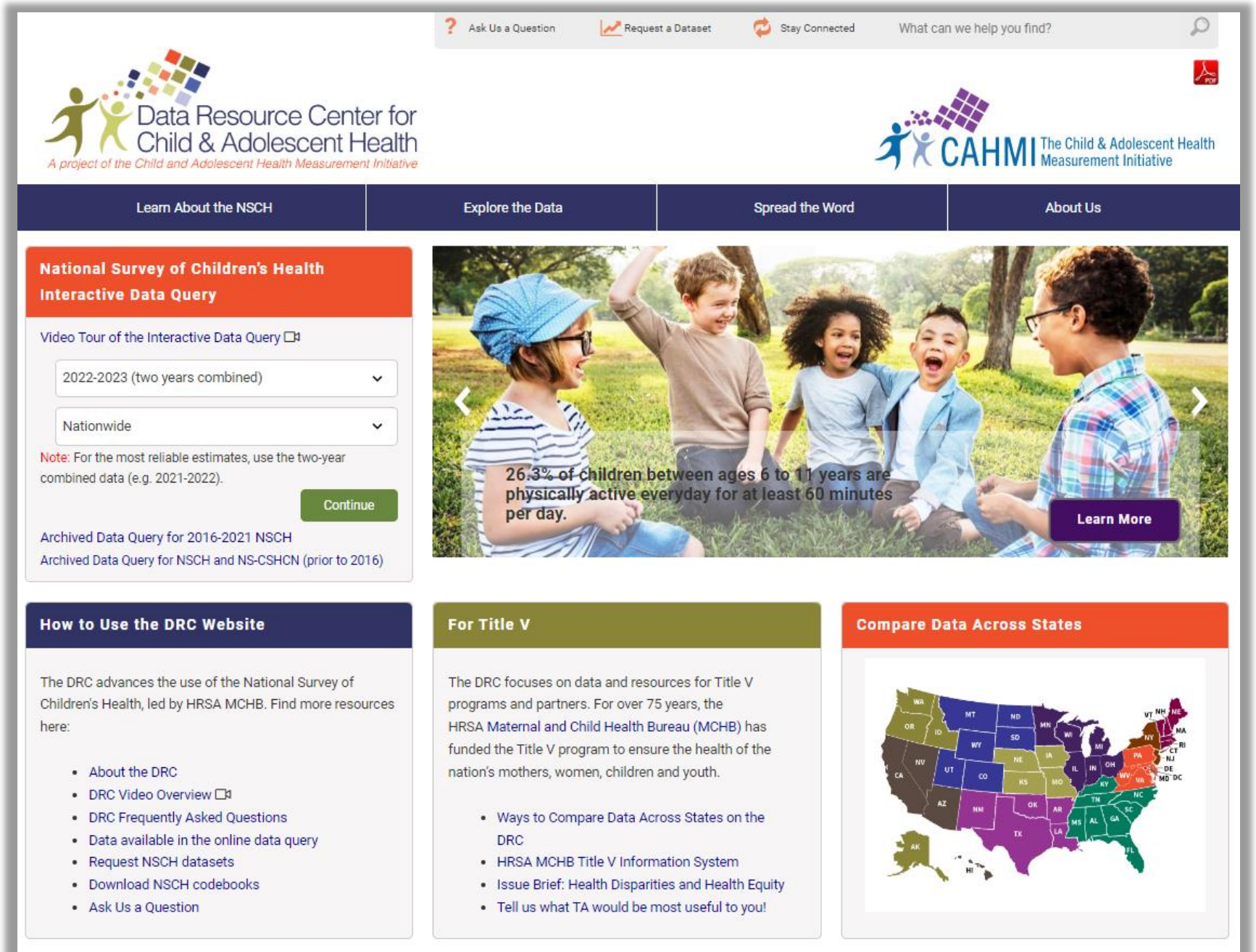
National Data Resource Center for Child and Adolescent Health (DRC)

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

childhealthdata.org

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.

www.childhealthdata.org



SCAN ME

CAHMI

CAHMI's DRC Resources

- **Resources to learn about and use the NSCH data:** Fast Facts, Methodology documents, guide to topics and questions, changes across years, more…
- **Point-and-click Interactive Data Query:**
  - Over 350 measures derived from NSCH, including National Outcome and Performance Measures, Standardized Measures
  - 26 population subgroups: race/ethnicity, federal poverty level, children with special health care needs status, insurance status/type, medical home, adverse childhood experiences, family resilience, system of care and more…
- **Compare across states and each state with the national average**:
  - Across-States Interactive Data Query - view findings on single indicators (and by subgroups) for all states
  - Across-State Comparison Tables - compare states on all NSCH derived NPMs and NOMs
  - Across-State Comparison US Maps - view US maps to compare each state's finding with the nation on NOMs and NPMs
- **"Ready to Drive" downloadable NSCH datasets with constructed variables, codebooks, etc.**
- **Technical Assistance** –focus on national, state and local public health programs

CAHMI

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

www.childhealthdata.org

Child and Family Health Data for Title V Needs Assessment

Background

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

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

Online resource for child health care quality data

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

Access at MCHneeds.net

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

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

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

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

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

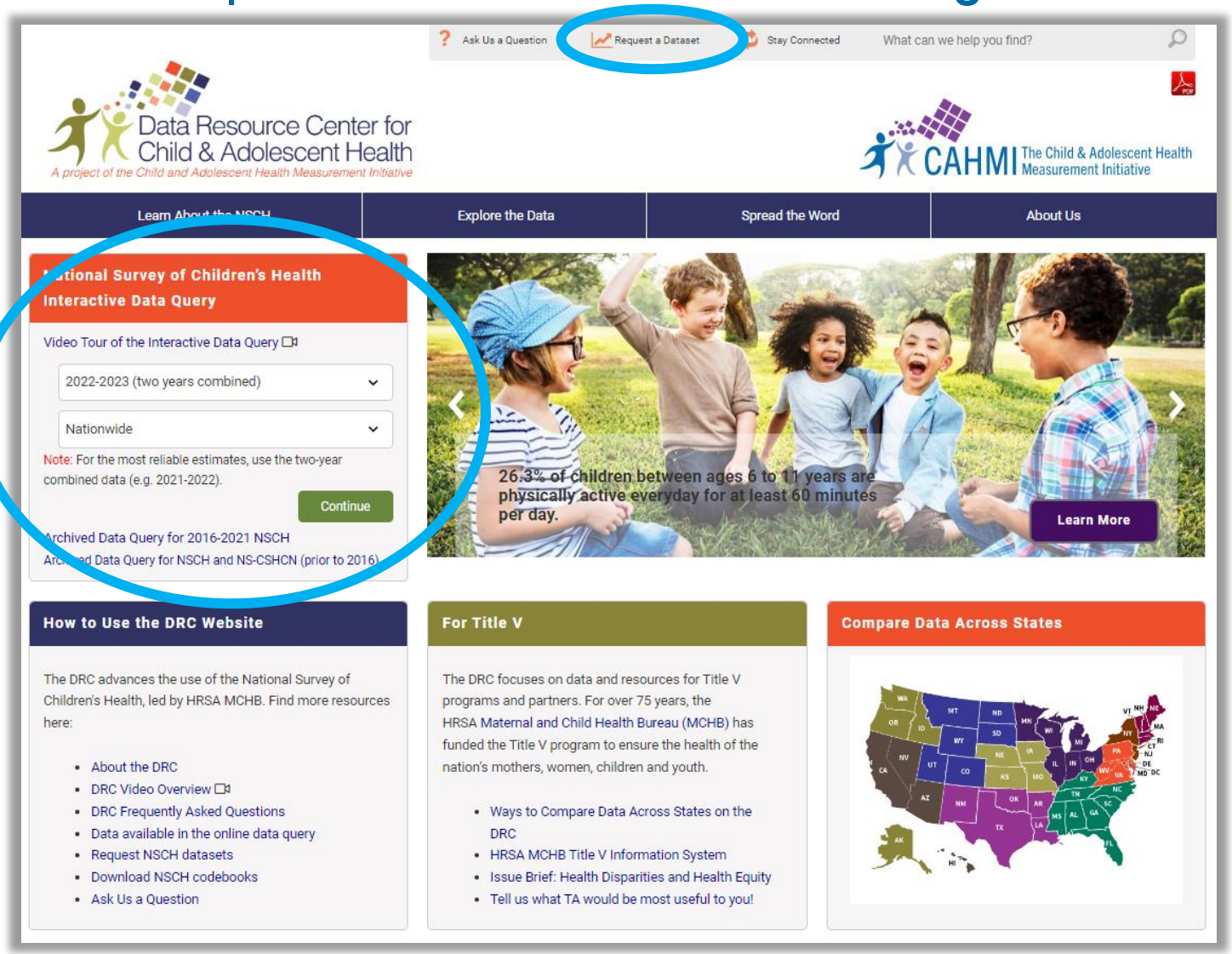
[3] Maternal and Child Health Bureau. National Performance Measure Distribution, Available at https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NPMDistribution;

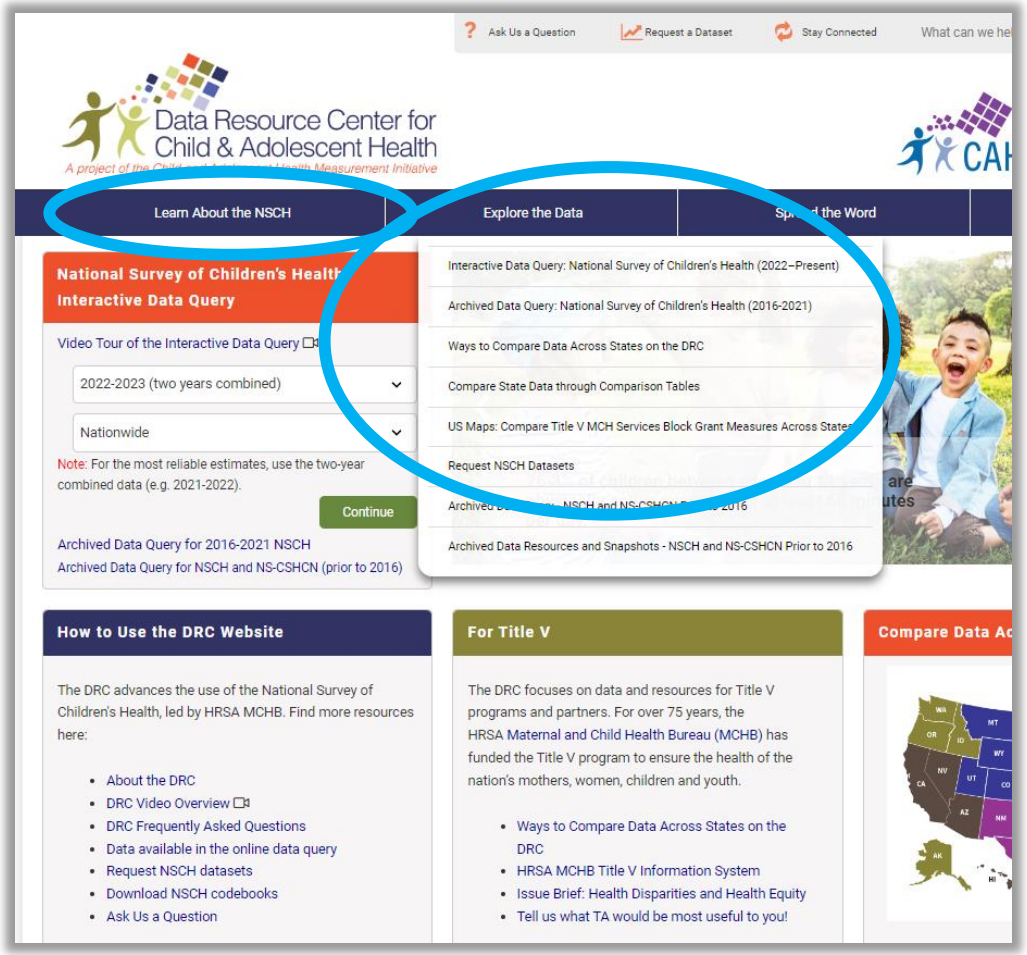
Go to www.childhealthdata.org to interactively Explore and Access Information and Resources on 18 NOMs and NPMs based on NSCH data.

Updated NOMs and NPMs coming soon!

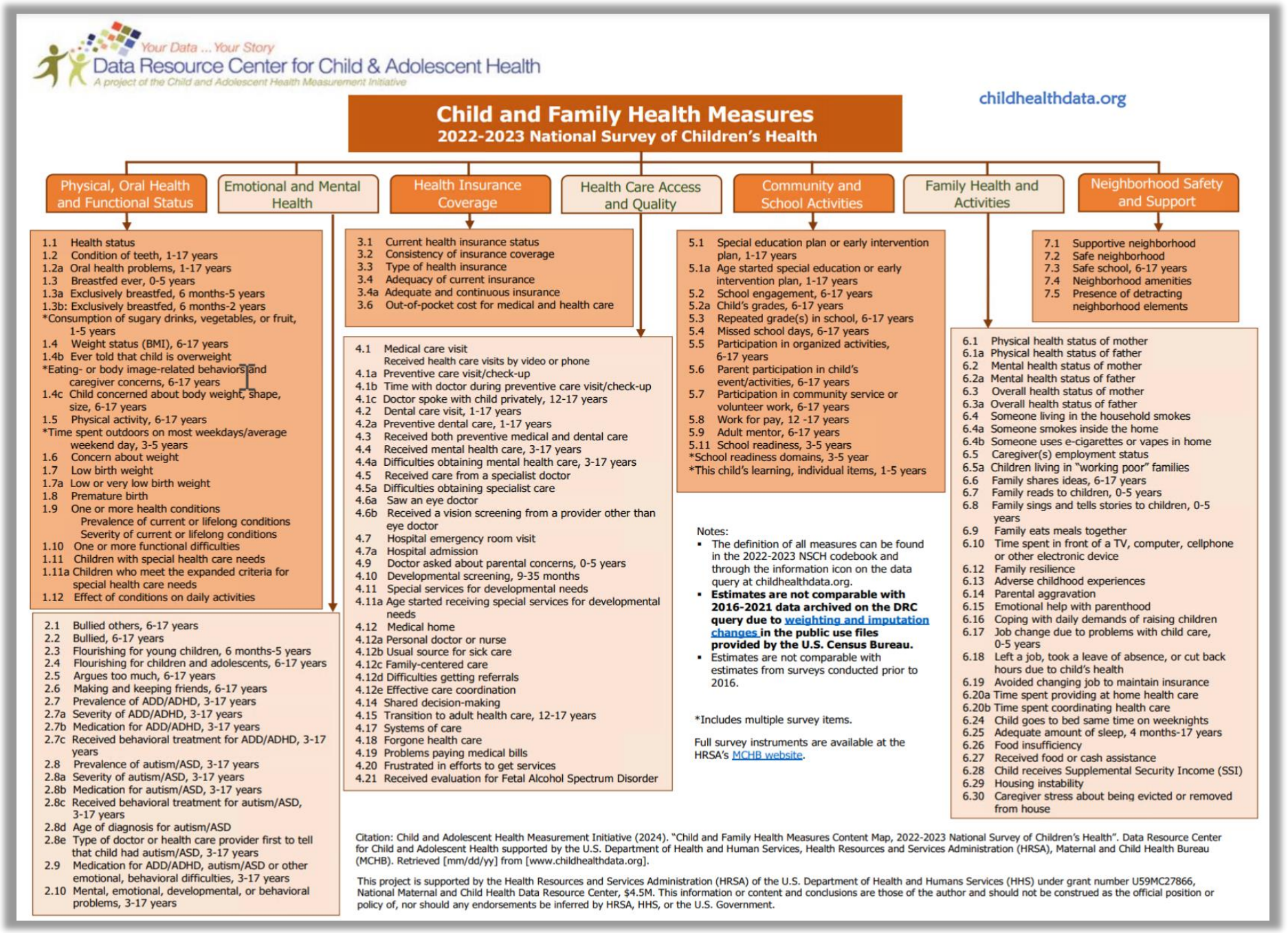
Four Key DRC Online Website Features

https://www.childhealthdata.org/





CAHMI

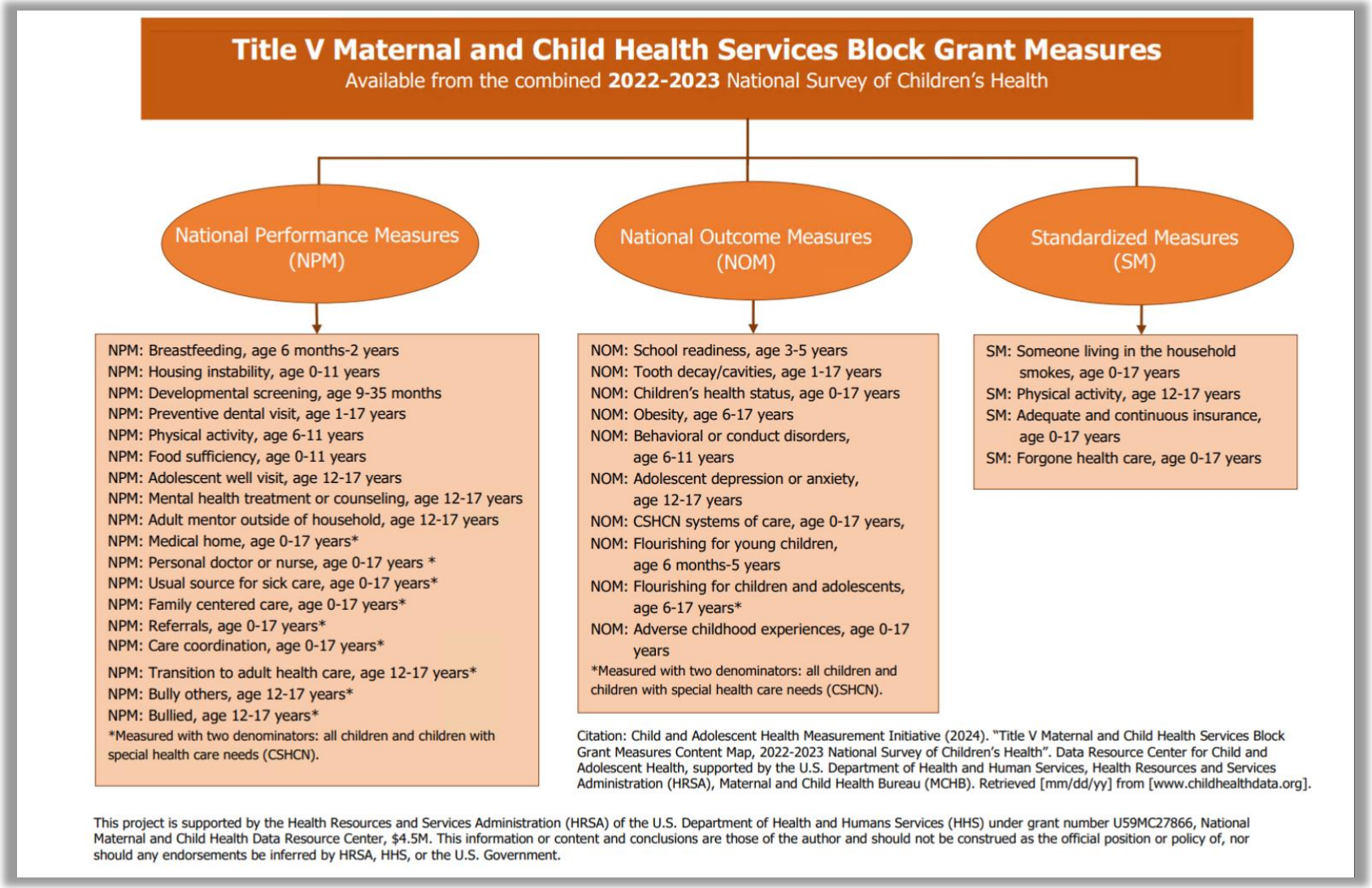


+ Over 350 Child and Family Health Measures

Including Child Flourishing, School Readiness, Family Resilience, Systems Performance

CAHMI

New National Outcome and Performance Measures, and Standardized Measures Derived from NSCH



+ Over 350 Child and Family Health Measures

View Findings by Subgroups

Subgroups
Age in 3 groups
Sex of child
Race/ethnicity of child
Race/ethnicity of child -- 7 categories
Parental nativity
Primary language in household
Primary household language for Hispanic children
Family structure
Family income level
Family income level (SCHIP)
Highest education of adult in household
Military status of adult(s) in household
Family resilience
Child flourishing, 6 months - 17 years (coming soon)
Adverse childhood experiences
Special health care needs status
Special health care needs status -- Expanded criteria
Complexity of health care needs
Complexity of health care needs -- Expanded criteria
Emotional, behavioral, or developmental issues for which treatment or counseling is needed
Family resilience
Medical home
Current insurance status
Adequate and consistency of health insurance
Consistency of health insurance coverage
Type of health insurance
Well-functioning systems of care

Changes to NSCH Derived NOMs, NPMs and SMs Across Years

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

CAHMI
The Child & Adolescent Health Measurement Initiative

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

This document summarizes changes in the Title V National Performance (NPM) and Outcome Measures (NOM), and Standardized Measures (SM) across survey years.

In 2024, the Title V NPMs and NOMs were updated. New measures have been added and some measures have new denominators (subsets of children). Some measures are no longer NPMs and NOMs and are now classified as Standardized Measures. For more information on the Title V MCH Block Grant measures, review this document. View a crosswalk of survey items from 2016 through 2023 for additional information on item-level changes. Data for the new measures are available starting with the 2021-2022 combined year dataset on the DRC Intercative Data Query.

The **2016 NSCH data serves as a baseline**. Data collected prior to 2016 **cannot be compared** due to significant changes in the survey design and operation, including the shift from telephone interviews to a self-administered, address-based survey completed by web or paper and pencil.

Symbols Key:
- ⟷ Measure is comparable across survey years
- ⃠ Measure is not comparable across survey years
- * Measure designated as Title V measure for first time in 2022

Measure	Comparable across NSCH survey years?								Summary of key changes in measure since 2016
	2016	2017	2018	2019	2020	2021	2022	2023	
National Performance Measures (NPMs)									
NPM: Percent of children, ages 6 months through 2 years, who were breastfed exclusively for 6 months*	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	**Survey items have no changes** • In 2022 NSCH, coding changed to categorize children who did not stop breastfeeding before six months of age AND had no valid response to either item on introducing formula or introducing anything other than breast milk as children exclusively breastfed for first 6 months. Changes have been applied retrospectively on the DRC.
NPM: Percent of children, ages 0 through 11, who experienced housing instability in the past year*	X	X	X	X	X	X	⟷	⟷	**No changes** • The survey items were new in 2022.

Measure	Comparable across NSCH survey years?								Summary of key changes in measure since 2016
	2016	2017	2018	2019	2020	2021	2022	2023	
NPM: Percent of children with and without special health care needs, ages 0 through 17, who receive needed referrals*	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	• **In 2016 and 2017,** the "Problems getting needed referral" subcomponent was worded to ask how much of a problem it was to get referrals. The response options were not a problem, small problem, or big problem. • **In 2018,** "Problems getting needed referral" subcomponent question was reworded to ask how difficult it was to get referrals, with corresponding response options changes to not difficult, somewhat difficult, very difficult, or it was not possible to get a referral.
NPM: Percent of children with and without special health care needs, ages 0 through 17, who receive needed care coordination*	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	**Overall measure is comparable over time.** • There were small changes to a few items which are used to score this measure, but did not affect comparability between years.
NPM: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	**Overall measure is comparable over time.** **Subcomponent changes**: • **In 2018,** there were changes in two components that go into scoring of this measure: time spent alone with health care provider (referred to the last medical care visit of any kind, not just preventive care) and discussion of shift to adult health care providers (clarified "eventually" see an adult health care provider with "when the child will need to" see an adult health care provider).
NPM: Percent of adolescents with and without special health care needs, ages 12 through 17, who are bullied or who bully others	⟷	⟷	⟷	⟷	⟷	⟷	⟷	⟷	**Major content change in 2018; data from 2018 and beyond cannot be compared to 2016 or 2017.** • **In 2016 and 2017,** the questions were worded to ask how true the statement is that the child "bullies others, picks on them, or excludes them" and the child "is bullied, picked on, or excluded by other

CAHMI

Guidelines to Optimize Data for Local Areas Using Synthetic Estimate

www.childhealthdata.org

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

Your State Data... Your Local Story

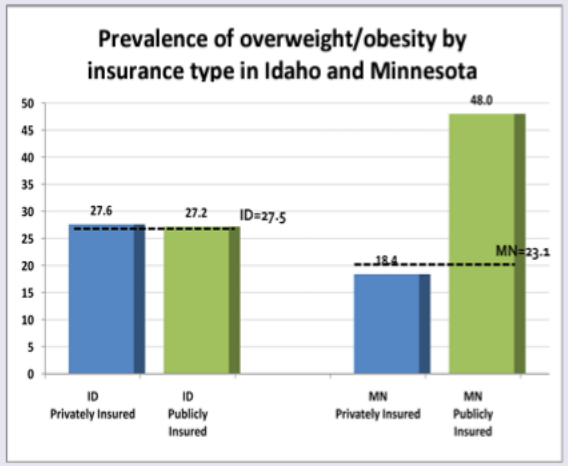
Local Uses of National and State Data

And how to construct a synthetic estimate

Do you always need local data?

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

- **Reforms needed at the state level are likely also needed at the local level** – this isn't likely to change with slight prevalence differences
- Combined with what is already known about your local area, **state level data can be very powerful** in informing change and measuring benchmarks
- **Data collection is expensive** – consider what you can do with the data and information already available
- Local data make up state estimates. If demographic distributions between a local area and the state are similar, state and local estimates likely are too. However, large within-state demographic variation may mean that local areas actually differ markedly from the state as a whole. In these cases, a **synthetic estimate** can help provide a more accurate local picture.



The graph to the left is an example of when summary measures do not tell the whole story. In Idaho, the state overweight/obesity prevalence is quite similar to that for both privately and publicly insured children within the state. However, in Minnesota that is not the case. While Minnesota has a lower overall prevalence, it has much greater disparities in overweight/obesity by insurance type. We would not have known this had we not stratified by an important subgroup.

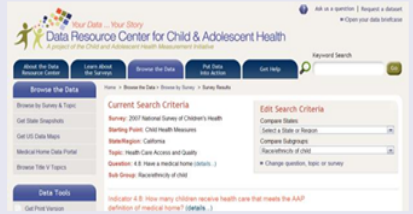
Similarly, local areas within a state can vary on factors known or suspected to affect health, health care and the other topics in the NSCH and the NS-CSHCN. Synthetic estimates can

So, let's calculate a synthetic estimate!

We'll estimate the percentage of children in Marin County with a medical home.

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

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



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

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

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

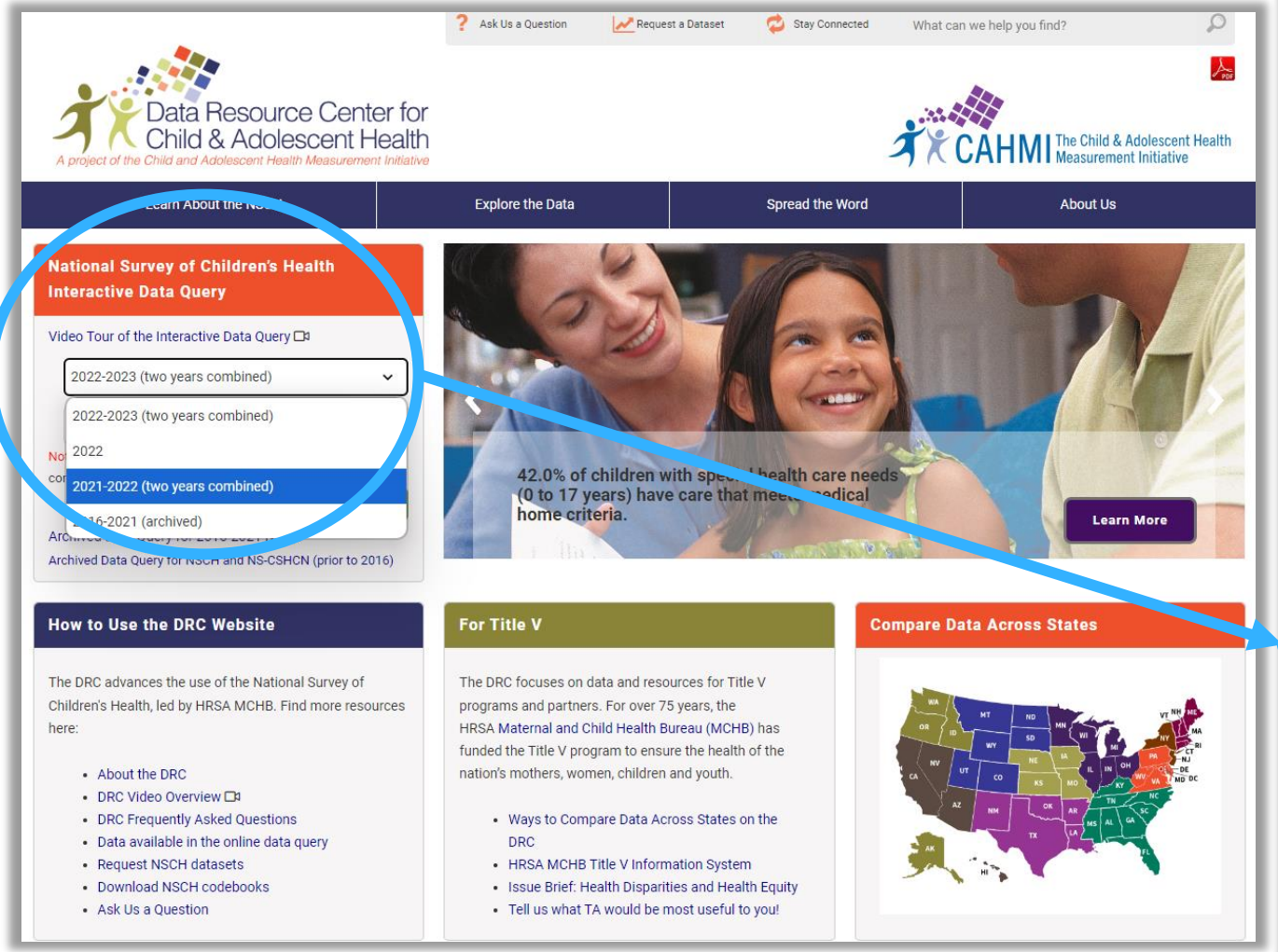
Note that we combined the Native American and Asian/Pacific Islander groups from the KidsData website into an "other" category to match categories in the 2007 NSCH. *It is important to make sure the groupings in your two data sources match!* You can also access county-level information from places such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

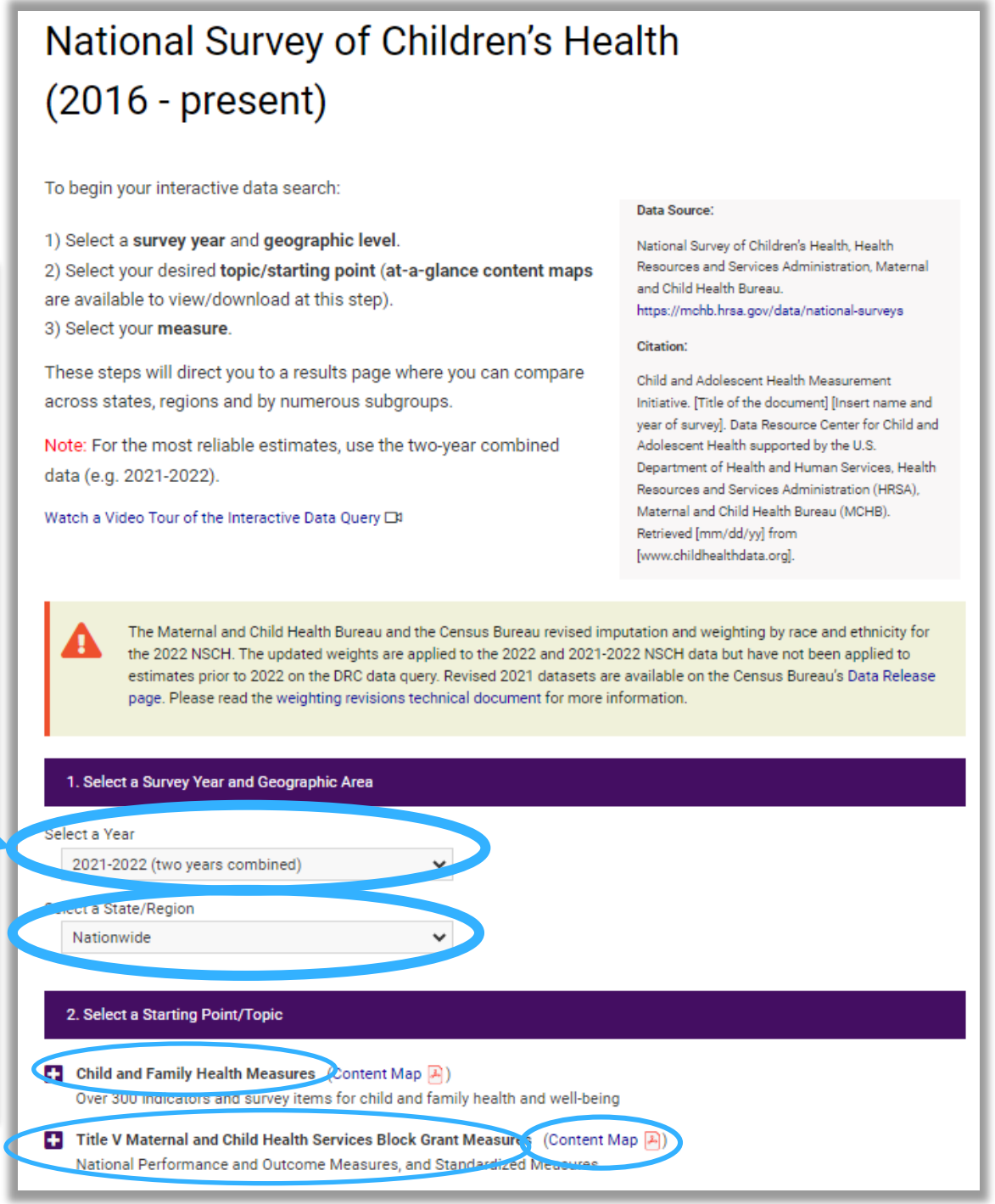
STEP 3: Calculate the estimate. First, determine the estimated number of children who meet the indicator of interest within each demographic group for your selected county. In this example, it is the number of children with a medical home by race in Marin County (3rd column in the table below).

Then, determine the prevalence of your variable of interest in your county by dividing the total number of children in the county who meet that variable by the total number of children in the county. Here, we divide the total number of children estimated to have a medical home in Marin County by the total number of children living in Marin County in

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

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





Interactive Data Query:
National Survey of Children's Health (2022-present)

To begin your interactive data search:

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

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

Note: For the most reliable estimates, use the two-year combined data (e.g. 2022-2023).

Watch a Video Tour of the Interactive Data Query

Archived Data Query for 2016-2021 NSCH

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

2022-2023 (two years combined)

Select a State/Region

Nationwide

2. Select a Starting Point/Topic

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

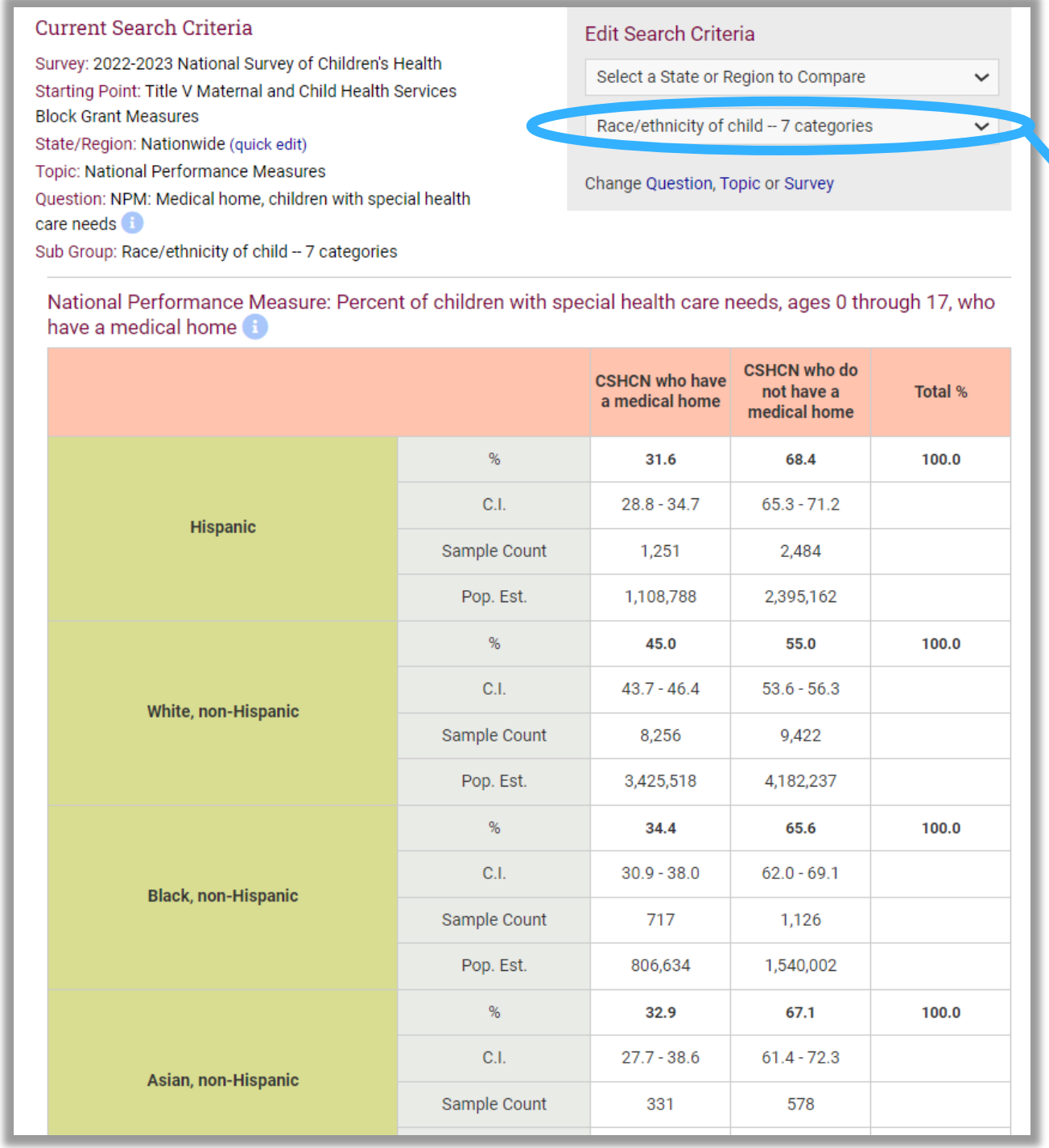
Title V Maternal and Child Health Services Block Grant National Performance and Outcome Measures

- National Performance Measures
- National Outcome Measures
- Standardized Measures

Interactive Data Query

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

- NPM: Breastfeeding, age 6 months-2 years
- NPM: Housing Instability, age 0 to 11 years
- NPM: Developmental screening, age 9-35 months
- NPM: Preventive dental visit, age 1-17 years
- NPM: Physical activity, age 6-11 years
- NPM: Food sufficiency, age 0-11 years
- NPM: Adolescent well visit, age 12-17 years
- NPM: Mental health treatment or counseling, age 12-17 years
- NPM: Adult mentor outside of household, age 12-17 years
- NPM: Medical home
- NPM: Medical home, children with special health care needs
- NPM: Personal doctor or nurse
- NPM: Personal doctor or nurse, children with special health care needs
- NPM: Usual source of sick care
- NPM: Usual source of sick care, children with special health care needs
- NPM: Family centered care
- NPM: Family centered care, children with special health care needs
- NPM: Referrals
- NPM: Referrals, children with special health care needs
- NPM: Care coordination
- NPM: Care coordination, children with special health care needs
- NPM: Transition to adult health care, age 12-17 years
- NPM: Transition to adult health care, adolescents with special health care needs, age 12-17 years
- NPM: Bully others, adolescents, age 12-17 years
- NPM: Bully others, adolescents with special health care needs, age 12-17 years
- NPM: Bullied, adolescents, age 12-17 years
- NPM: Bullied, adolescents with special health care needs, age 12-17 years



Current Search Criteria

Survey: 2022-2023 National Survey of Children's Health
Starting Point: Title V Maternal and Child Health Services Block Grant Measures
State/Region: Nationwide (quick edit)
Topic: National Performance Measures
Question: NPM: Medical home, children with special health care needs
Sub Group: Race/ethnicity of child -- 7 categories

Edit Search Criteria

Select a State or Region to Compare

Race/ethnicity of child -- 7 categories

Change Question, Topic or Survey

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

		CSHCN who have a medical home	CSHCN who do not have a medical home	Total %
Hispanic	%	**31.6**	**68.4**	**100.0**
	C.I.	28.8 - 34.7	65.3 - 71.2	
	Sample Count	1,251	2,484	
	Pop. Est.	1,108,788	2,395,162	
White, non-Hispanic	%	**45.0**	**55.0**	**100.0**
	C.I.	43.7 - 46.4	53.6 - 56.3	
	Sample Count	8,256	9,422	
	Pop. Est.	3,425,518	4,182,237	
Black, non-Hispanic	%	**34.4**	**65.6**	**100.0**
	C.I.	30.9 - 38.0	62.0 - 69.1	
	Sample Count	717	1,126	
	Pop. Est.	806,634	1,540,002	
Asian, non-Hispanic	%	**32.9**	**67.1**	**100.0**
	C.I.	27.7 - 38.6	61.4 - 72.3	
	Sample Count	331	578	

View Findings by Subgroups

Subgroups
Age in 3 groups
Sex of child
Race/ethnicity of child
Race/ethnicity of child -- 7 categories
Parental nativity
Primary language in household
Primary household language for Hispanic children
Family structure
Family income level
Family income level (SCHIP)
Highest education of adult in household
Military status of adult(s) in household
Family resilience
Child flourishing, 6 months - 17 years (coming soon)
Adverse childhood experiences
Special health care needs status
Special health care needs status -- Expanded criteria
Complexity of health care needs
Complexity of health care needs -- Expanded criteria
Emotional, behavioral, or developmental issues for which treatment or counseling is needed
Family resilience
Medical home
Current insurance status
Adequate and consistency of health insurance
Consistency of health insurance coverage
Type of health insurance
Well-functioning systems of care

CAHMI

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
3. Select your indicator of interest
4. Select any subgroups you wish to view the indicator by
5. View findings for all states and sort by the response option you are interested in by clicking on the response option at the top of the data table
6. If you selected a subgroup, select the specific indicator response option you wish to view across-state findings for by your subgroup
7. If you want to return to the interactive query just for your state (or with one other geographic area), just click on the state and it will return you to the state by state (and two areas at a time) data query option

Steps for Using the Across-State Comparison Tables

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

Steps for Using the Across-State Comparison US Maps

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

Accessing on the spot details on measurement specifications

Current Search Criteria

Survey: 2022-2023 National Survey of Children's Health
Starting Point: Title V Maternal and Child Health Services Block Grant Measures
State/Region: Nationwide (quick edit)
Topic: National Performance Measures
Question: NPM: Medical home, children with special health care needs

Edit Search Criteria

Select a State or Region to Compare

Select a Subgroup

Change Question, Topic or Survey

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

	CSHCN who have a medical home	CSHCN who do not have a medical home	Total %
%	**39.7**	**60.3**	**100.0**
C.I.	38.5 - 40.8	59.2 - 61.5	
Sample Count	11,521	14,950	
Pop. Est.	6,004,260	9,132,481	

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

Percent of children with special health care needs who have a medical home

Children with special health care needs, age 0-17 years

Nationwide

Children with special health care needs who have a medical home

Survey Items: Survey instrument item number for children 0-5 years: C1, C8, C9, D1-D12; for children 6-11 years: C1, C8 C11, C12, D1-D12; for children 12-17 years: C1, C12, C13, D1-D12
Variables in public use data file: S4Q01; K4Q01; K4Q02_R (2022); GOWHENSICK (2023); K4Q04_R; K5Q10; K5Q11; K5Q40; K5Q41; K5Q42; K5Q43; K5Q44; K5Q20_R; K5Q21; K5Q22; K5Q30; K5Q31_R; K5Q32; SC_CSHCN (derived)

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

Numerator: CSHCN who have a medical home; CSHCN who do not have a medical home

Revisions and Changes: There have been changes to some of the survey items used to construct the medical home measure since 2016. Changes could be in the way the item was worded, in the response options provided, or in other areas such as a skip pattern change, question placement changes, etc. Even though there were changes in items, the overall concept of medical home and how it is measured in the survey did not change. For more information about the changes, click here.
In 2024, the Title V NPMs and NOMs were updated. Some measures have new denominators (subsets of children) and some new measures have been added. Several NPMs and NOMs are measured with two different denominators: all children and only children with special health care needs (CSHCN). Some measures are no longer NPMs and NOMs and are now classified as Standardized Measures. For more information on the Title V MCH Block Grant measures, review this document.

Additional Notes: The American Academy of Pediatrics specifies seven qualities essential to medical home care: accessible, family centered, continuous, comprehensive, coordinated, compassionate and culturally effective care. Ideally, medical home care is delivered within the context of a trusting and collaborative relationship between the child's family and a competent health professional who is familiar with the child and family and the child's health history. In the NSCH, the presence of a medical home was measured by a composite of five components constructed from a total of 14 survey items. These components are: 1) Personal doctor or nurse 2) Usual source for sick care 3) Family centered care 4) Problems getting needed referrals 5) Effective Care Coordination when needed. To qualify as having a Medical Home, children must meet the criteria for adequate care on the first three components: personal doctor or nurse, usual source for care, and family centered care. Additionally, any children who needed referrals or care coordination must also meet criteria for those components in order to qualify as having a medical home. Children with a valid, positive response to at least one component and the remainder of the components were missing or legitimately skipped are categorized as having a medical home. Further information about the Medical Home concept and measurement can be found in the medical home manual developed by the Child and Adolescent Health Measurement Initiative (CAHMI) available on the CAHMI website.
The denominator for this National Performance Measure is children with special health care needs identified by the standardized CSHCN Screener. More information about CSHCN and the CSHCN Screener can be obtained on the Child and Adolescent Health Measurement Initiative's website.

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

History and Development:
Overview of the Title V Block Grant
The Title V Maternal and Child Health (MCH) Services Block Grant Program is a federal-state partnership to improve the health and well-being of mothers, children (including children with special health care needs) and their families in all 59 states and jurisdictions. The Title V MCH Block Grant Performance Measure Framework enables states to demonstrate the impacts of Title V within a state. The performance measurement system utilizes national data sources, including the NSCH, to track the ultimate outcomes of the program -- National Outcome Measures (NOMs) – and the key metrics of health behavior or health care access and quality -- National Performance Measures (NPMs) -- that influence NOMs. In 2024, the Title V NPMs and NOMs were updated. Some measures have new denominators (subsets of children) and some new measures have been added. Some measures are no longer NPMs and NOMs and are now classified as Standardized Measures. Learn more about the NPM and NOM content changes at the MCHB website and DRC website. More information about the Title V MCH Block Grant and performance measurement system can be obtained at the MCHB website.
About NSCH
he National Survey of Children's Health (NSCH), funded and directed by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), is designed to provide annual national and state-level information on the health and well-being of children ages 0-17 years in the United States. The U.S. Census Bureau administers the survey, oversees the sampling, and produces a final data set of survey results. HRSA's Maternal and Child Health Bureau (MCHB) develops survey content in collaboration with the U.S. Census Bureau and a Technical Expert Panel. The Technical Expert Panel consists of experts in survey methodology and children's health, federal and state stakeholders, clinicians and researchers. In 2016, the NSCH underwent a significant redesign which combined content from both the NSCH and the National Survey of Children with Special Health Care Needs (NS-CSHCN). Further information on that redesign can be found in "The Design and Implementation of the 2016 National Survey of Children's Health".
The NSCH is conducted as a household survey, and one child per household is selected to be the subject for the detailed age-specific questionnaire. The respondent to this questionnaire is a parent or guardian who is living in the home and has knowledge of the sampled child. Survey participants complete either web-based or self-administered paper-and-pencil questionnaires. Data from the NSCH is used for scientific research, federal policy and program development, and state-level planning and performance reporting. Information is collected on factors related to the health and well-being of children, including access to and

CAHMI

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

Current Search Criteria

Survey: 2022-2023 National Survey of Children's Health
Starting Point: Title V Maternal and Child Health Services Block Grant Measures
State/Region: Nationwide vs. Maryland (quick edit)
Topic: National Performance Measures
Question: NPM: Medical home, children with special health care needs

Edit Search Criteria

Maryland

Select a Subgroup

Change Question, Topic or Survey

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

		CSHCN who have a medical home	CSHCN who do not have a medical home	Total %
Nationwide	%	39.7	60.3	100.0
	C.I.	38.5 - 40.8	59.2 - 61.5	
	Sample Count	11,521	14,950	
	Pop. Est.	6,004,260	9,132,481	
Maryland	%	43.5	56.5	100.0
	C.I.	36.6 - 50.6	49.4 - 63.4	
	Sample Count	174	206	
	Pop. Est.	115,553	150,079	

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

Current Search Criteria

Survey: 2022-2023 National Survey of Children's Health
Starting Point: Title V Maternal and Child Health Services Block Grant Measures
State/Region: All States (quick edit)
Topic: National Performance Measures
Question: NPM: Medical home, children with special health care needs

Edit Search Criteria

Select a State:

Select a State or Region

Select a Subgroup

Change Question, Topic or Survey

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

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

	State	CSHCN who have a medical home %	CSHCN who do not have a medical home %	Total %
1	Alabama	45.3	54.7	100.0
2	Alaska	41.5	58.5	100.0
3	Arizona	34.4	65.6	100.0
4	Arkansas	42.3	57.7	100.0
5	California	31.8	68.2	100.0
6	Colorado	37.6	62.4	100.0
7	Connecticut	36.1	63.9	100.0
8	Delaware	35.0	65.0	100.0
9	District of Columbia	35.1	64.9	100.0
10	Florida	29.3	70.7	100.0
11	Georgia	40.1	59.9	100.0
12	Hawaii	37.2	62.8	100.0
13	Idaho	44.3	55.7	100.0
14	Illinois	44.1	55.9	100.0
15	Indiana	45.6	54.4	100.0
16	Iowa	41.8	58.2	100.0
17	Kansas	49.4	50.6	100.0
18	Kentucky	48.9	51.1	100.0
19	Louisiana	43.0	57.0	100.0
20	Maine	42.7	57.3	100.0

Across-State Comparison Tables

Compare states on NSCH derived NOMs, NPMs and SMs

Title V National Performance Measures (NPMs)
Across State Comparison Table, 2021-2022 NSCH

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

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

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

The significance of differences between state and national prevalence was assessed using a nested t-test at p<0.05.

State	Breastfeeding, age 6 months-2 years (%)	Developmental screening, age 9-35 months (%)	Preventive dental visit, age 1-17 years (%)	Physical activity, age 6-11 years (%)	Food sufficiency, age 0-11 years (%)	Adolescent well visit, age 12-17 years (%)	Referrals (%)	Referrals, CSHCN (%)	Care coordination (%)	Care coordination, CSHCN (%)	Medical home (%)	Medical home, CSHCN (%)	Transition to adult health care, age 12-17 years (%)
Nationwide	**27.6**	**33.7**	**77.0**	**26.3**	**71.2**	**69.7**	**78.3**	**70.3**	**68.2**	**55.6**	**46.1**	**40.7**	**17.8**
Alabama	21.4	34.2	78.2	31.0	66.9	70.1	80.2	75.1*	73.7	66.0	50.5	46.5	15.5
Alaska	32.9	41.3	78.5	36.8	71.3	64.8	75.3	60.6*	62.1	46.5	46.0	39.9	19.5
Arizona	27.5	28.1	77.7	20.1	69.7	64.2	73.0	60.3*	63.4	53.5	43.5	40.2	11.7
Arkansas	17.4	27.3	76.8	26.0	63.3	67.7	76.1	72.2	72.0	66.0	47.1	45.6	16.9
California	32.0	26.2	79.2	25.5	76.9	62.0	72.2	63.2	60.9	47.8	40.5	35.4	14.9
Colorado	40.7	44.1	82.9	26.4	76.6	74.0	80.5	72.4	65.3	48.3	50.9	40.5	20.7
Connecticut	28.5	46.4	81.3	26.6	76.2	77.0	75.8	69.4*	70.4	58.9	49.3	37.4	15.6
Delaware	22.4	34.3	75.4	27.7	70.5	74.2	87.6	86.0	71.8	59.3	44.2	40.2	15.3
District of Columbia	26.2	36.0	80.2	24.3	81.8	70.6	79.1	71.2*	65.4	62.2	45.4	41.4	18.8
Florida	25.4	26.2	71.1	23.6	67.9	68.3	74.9	63.4*	65.0	55.2	39.3	32.6	13.4
Georgia	26.4	32.8	77.4	24.8	67.3	70.7	80.1	73.0	71.3	58.8	48.0	45.6	16.5
Hawaii	33.6	34.6	82.7	19.9	65.9	68.9	79.1	64.9*	71.7	58.8	46.6	43.1	19.5
Idaho	22.7	26.4	81.4	33.0	70.1	62.3	76.7	62.2	68.6	59.0	47.4	41.9	20.4
Illinois	26.1	33.3	76.3	35.3	72.9	71.4	77.2	73.4	71.5	60.0	47.9	45.6	18.0
Indiana	29.3	24.8	73.7	32.6	66.3	73.7	73.8	71.9	68.0	51.5	45.8	38.0	18.9
Iowa	29.3	35.6	81.6	35.0	69.2	76.1	77.4	62.6*	71.8	56.4	53.7	47.1	29.6
Kansas	39.2	33.4	81.1	28.0	72.6	73.7	77.8	69.3	70.8	60.4	52.7	50.2	20.1
Kentucky	18.9	27.3	73.9	30.1	65.8	75.2	77.9	69.2	75.3	67.4	50.8	46.8	23.7
Louisiana	20.1	35.8	75.6	23.7	62.6	71.0	84.1	78.7	73.2	61.8	44.3	39.9	14.4
Maine	34.9	42.9	77.4	34.5	76.1	85.3	74.9	64.5	65.3	51.5	54.7	44.0	30.5
Maryland	28.3	37.6	80.1	23.7	77.4	74.7	82.3	74.2*	70.7	57.6	47.6	49.7	16.1

Medical home (%)

Medical home, CSHCN (%)

State	Breastfeeding, age 6 months-2 years (%)	Developmental screening, age 9-35 months (%)	Preventive dental visit, age 1-17 years (%)	Physical activity, age 6-11 years (%)	Food sufficiency, age 0-11 years (%)	Adolescent well visit, age 12-17 years (%)	Referrals (%)	Referrals, CSHCN (%)	Care coordination (%)	Care coordination, CSHCN (%)	Medical home (%)	Medical home, CSHCN (%)	Transition to adult health care, age 12-17 years (%)
Nationwide	**27.6**	**33.7**	**77.0**	**26.3**	**71.2**	**69.7**	**78.3**	**70.3**	**68.2**	**55.6**	**46.1**	**40.7**	**17.8**
Nevada	21.6	24.5	73.4	16.0	66.4	58.6	72.2	56.7*	59.1	40.4	33.8	25.1	9.8
Florida	25.4	26.2	71.1	23.6	67.9	68.3	74.9	63.4*	65.0	55.2	39.3	32.6	13.4
New Mexico	31.9	29.8	81.8	22.6	66.4	60.2	70.1	59.3*	61.8	42.2	39.5	29.6	18.9
California	32.0	26.2	79.2	25.5	76.9	62.0	72.2	63.2	60.9	47.8	40.5	35.4	14.9
Texas	25.1	34.5	75.5	28.6	64.8	64.5	76.0	70.6	65.4	49.3	41.2	35.9	17.5
New Jersey	21.9	31.5	76.5	23.2	73.0	76.2	79.2	63.6*	64.0	52.9	42.3	36.7	17.6
Mississippi	23.0	30.9	72.1	27.9	57.9	61.6	79.6	72.1*	70.2	60.0	42.7	40.8	13.7
Arizona	27.5	28.1	77.7	20.1	69.7	64.2	73.0	60.3*	63.4	53.5	43.5	40.2	11.7
Delaware	22.4	34.3	75.4	27.7	70.5	74.2	87.6	86.0	71.8	59.3	44.2	40.2	15.3
Louisiana	20.1	35.8	75.6	23.7	62.6	71.0	84.1	78.7	73.2	61.8	44.3	39.9	14.4
District of Columbia	26.2	36.0	80.2	24.3	81.8	70.6	79.1	71.2*	65.4	62.2	45.4	41.4	18.8
New York	20.9	29.2	73.6	26.6	74.4	71.3	83.5	78.2	69.9	56.6	45.6	37.4	17.4
Indiana	29.3	24.8	73.7	32.6	66.3	73.7	73.8	71.9	68.0	51.5	45.8	38.0	18.9
Alaska	32.9	41.3	78.5	36.8	71.3	64.8	75.3	60.6*	62.1	46.5	46.0	39.9	19.5
South Carolina	25.5	45.3	76.3	26.6	68.5	70.6	81.0	73.8	76.0	60.4	46.2	41.1	17.7
Hawaii	33.6	34.6	82.7	19.9	65.9	68.9	79.1	64.9*	71.7	58.8	46.6	43.1	19.5
Arkansas	17.4	27.3	76.8	26.0	63.3	67.7	76.1	72.2	72.0	66.0	47.1	45.6	16.9
Idaho	22.7	26.4	81.4	33.0	70.1	62.3	76.7	62.2	68.6	59.0	47.4	41.9	20.4
Maryland	28.3	37.6	80.1	23.7	77.4	74.7	82.3	74.2*	70.7	57.6	47.6	49.7	16.1
Washington	41.3	40.5	85.1	27.7	73.4	69.0	74.4	62.1*	62.4	44.0	47.7	46.2	19.6
Illinois	26.1	33.3	76.3	35.3	72.9	71.4	77.2	73.4	71.5	60.0	47.9	45.6	18.0
Georgia	26.4	32.8	77.4	24.8	67.3	70.7	80.1	73.0	71.3	58.8	48.0	45.6	16.5
Rhode Island	21.9	39.9	81.2	25.7	75.8	70.6	83.3	76.2*	71.2	57.8	48.0	45.8	18.0
Michigan	29.2	44.6	78.3	27.9	75.2	72.9	79.7	71.1*	70.0	53.2	48.3	41.0	21.8
West Virginia	15.6	46.1	78.9	34.4	66.6	74.1	75.6	69.4	70.8	59.4	48.7	41.9	22.8
Oklahoma	27.5	35.4	73.8	23.6	59.8	66.8	76.2	66.6*	72.1	63.9	48.8	47.6	17.9
Virginia	29.6	30.3	76.8	21.5	73.3	67.4	75.9	66.7*	67.7	54.9	48.8	40.2	13.7
North Carolina	30.8	37.1	79.9	24.2	70.5	76.3	80.7	70.7*	70.5	57.2	48.9	41.2	18.7
Missouri	26.6	28.0	72.5	32.4	69.5	69.7	84.6	79.3	73.3	60.5	49.2	44.0	15.8
Connecticut	28.5	46.4	81.3	26.6	76.2	77.0	75.8	69.4*	70.4	58.9	49.3	37.4	15.6
Pennsylvania	29.1	32.2	78.1	31.5	71.1	76.8	87.7	81.9	70.3	56.5	50.0	43.5	20.9
Wisconsin	32.5	39.3	75.2	31.2	76.1	67.9	84.0	77.8	70.9	59.6	50.2	45.4	23.0
Wyoming	30.1	30.7	82.0	34.7	68.8	64.3	84.1	78.9	66.8	54.9	50.2	47.4	17.7

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

State	Breastfeeding, age 6 months-2 years (%)	Developmental screening, age 9-35 months (%)	Preventive dental visit, age 1-17 years (%)	Physical activity, age 6-11 years (%)	Food sufficiency, age 0-11 years (%)	Adolescent well visit, age 12-17 years (%)	Mental health treatment or counseling, age 12-17 years (%)	Adult mentor outside of household, age 12-17 years (%)	Personal doctor or nurse (%)	Personal doctor or nurse, CSHCN (%)	Usual source for sick care (%)	Usual source for sick care, CSHCN (%)	Family centered care (%)
Nationwide	**27.6**	**33.7**	**77.0**	**26.3**	**71.2**	**69.7**	**82.2**	**85.9**	**71.2**	**78.0**	**75.0**	**81.1**	**85.2**
Alabama	21.4	34.2	78.2	31.0	66.9	70.1	76.1*	87.7	72.3	78.0	77.3	78.3	84.8
Alaska	32.9	41.3	78.5	36.8	71.3	64.8	76.7*	93.4	70.2	79.5	80.8	88.4	84.4
Arizona	27.5	28.1	77.7	20.1	69.7	64.2	81.1	83.3	66.3	71.8	74.6	77.1	82.8
Arkansas	17.4	27.3	76.8	26.0	63.3	67.7	83.9	88.3	69.9	78.1	77.6	80.8	85.3
California	32.0	26.2	79.2	25.5	76.9	62.0	83.7	80.8	67.9	77.1	68.8	78.9	80.9
Colorado	40.7	44.1	82.9	26.4	76.6	74.0	82.7	88.0	75.0	79.2	80.8	83.4	86.4
Connecticut	28.5	46.4	81.3	26.6	76.2	77.0	89.6	85.3	73.9	78.5	76.4	74.5	86.6
Delaware	22.4	34.3	75.4	27.7	70.5	74.2	87.5	84.6	70.7	76.0	72.6	81.3	85.4
District of Columbia	26.2	36.0	80.2	24.3	81.8	70.6	65.4*	83.6	74.2	77.8	76.4	81.8	85.1
Florida	25.4	26.2	71.1	23.6	67.9	68.3	75.7*	83.6	68.0	72.1	70.8	78.3	83.1
Georgia	26.4	32.8	77.4	24.8	67.3	70.7	83.7	88.4	71.8	79.5	76.3	84.8	84.0
Hawaii	33.6	34.6	82.7	19.9	65.9	68.9	85.4	87.1	76.3	88.2	71.6	86.2	88.8
Idaho	22.7	26.4	81.4	33.0	70.1	62.3	81.2	91.1	72.4	80.3	78.2	85.7	88.1
Illinois	26.1	33.3	76.3	35.3	72.9	71.4	80.6	84.7	70.8	76.1	75.6	84.4	86.9
Indiana	29.3	24.8	73.7	32.6	66.3	73.7	81.8	89.8	71.7	76.0	77.6	84.3	86.5
Iowa	29.3	35.6	81.6	35.0	69.2	76.1	89.3	91.8	77.1	84.0	81.0	90.9	87.6
Kansas	39.2	33.4	81.1	28.0	72.6	73.7	93.6	90.8	74.9	85.9	80.8	91.4	88.4

National Performance Measure: Percent of adolescents, ages 12 through 17 years, with a preventive medical visit in the past year
2021-2022 National Survey of Children's Health (two years combined)

	District of Columbia	Nationwide
%	**70.6**	**69.7**
C.I.	(62.0 - 78.0)	(68.6 - 70.7)
n	293	25,717
Pop. Est.	23,148	17,688,028

Current Search Criteria

Survey: 2021-2022 National Survey of Children's Health
Starting Point: Title V Maternal and Child Health Services Block Grant Measures
State/Region: Nationwide vs. District of Columbia (quick edit)
Topic: National Performance Measures
Question: NPM: Adolescent well visit, age 12-17 years

Edit Search Criteria

District of Columbia

Select a Subgroup

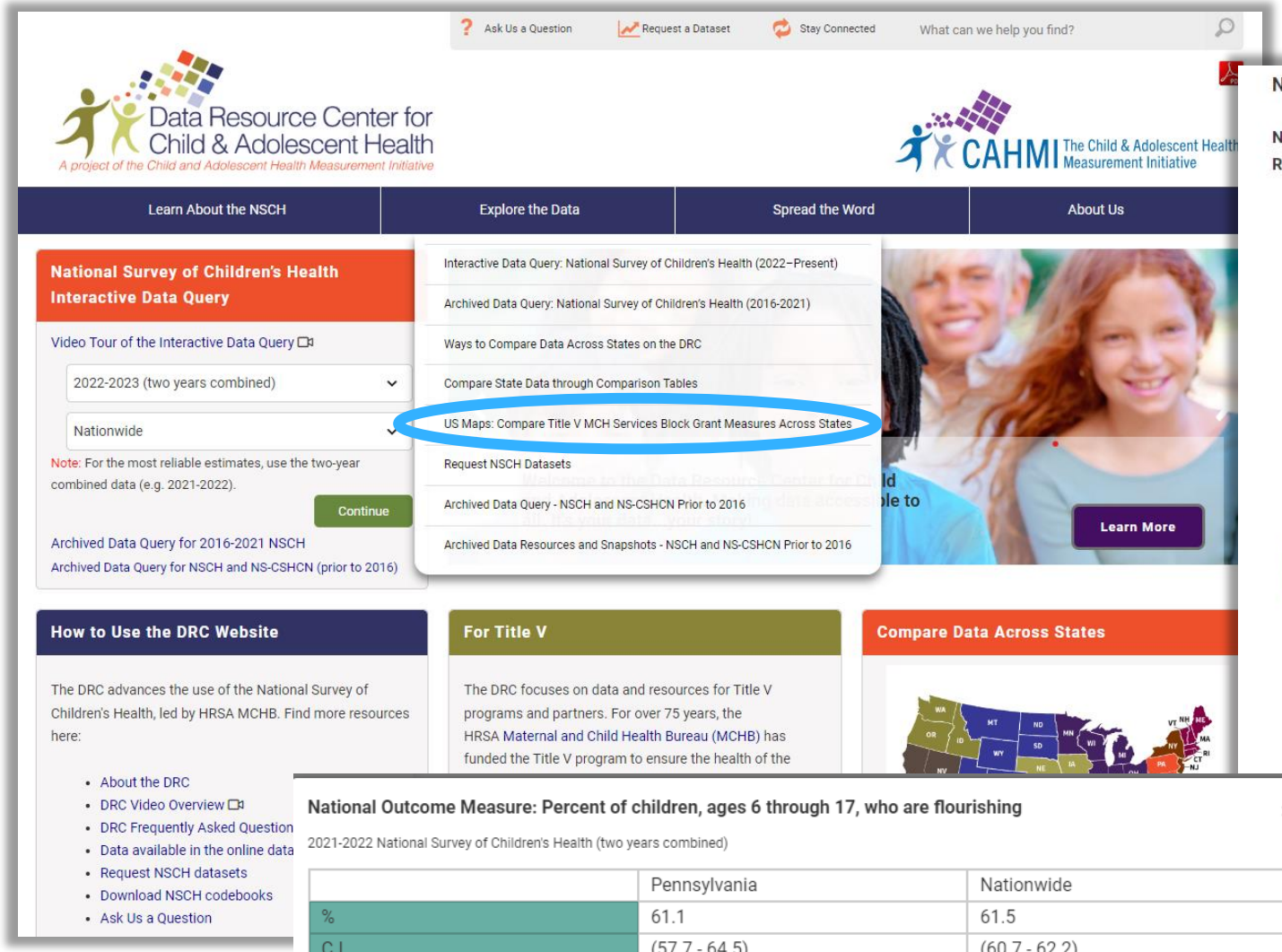
Change Question, Topic or Survey

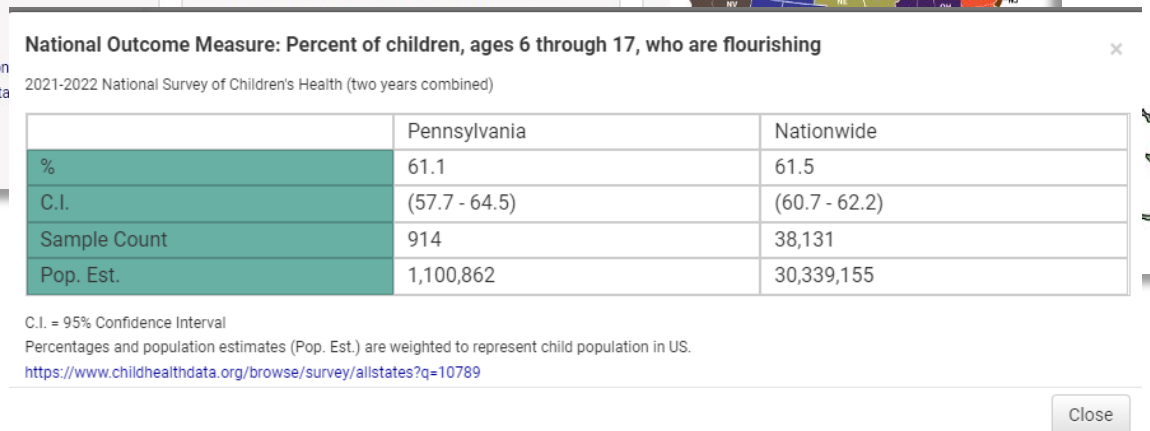
National Performance Measure: Percent of adolescents, ages 12 through 17 years, with a preventive medical visit in the past year

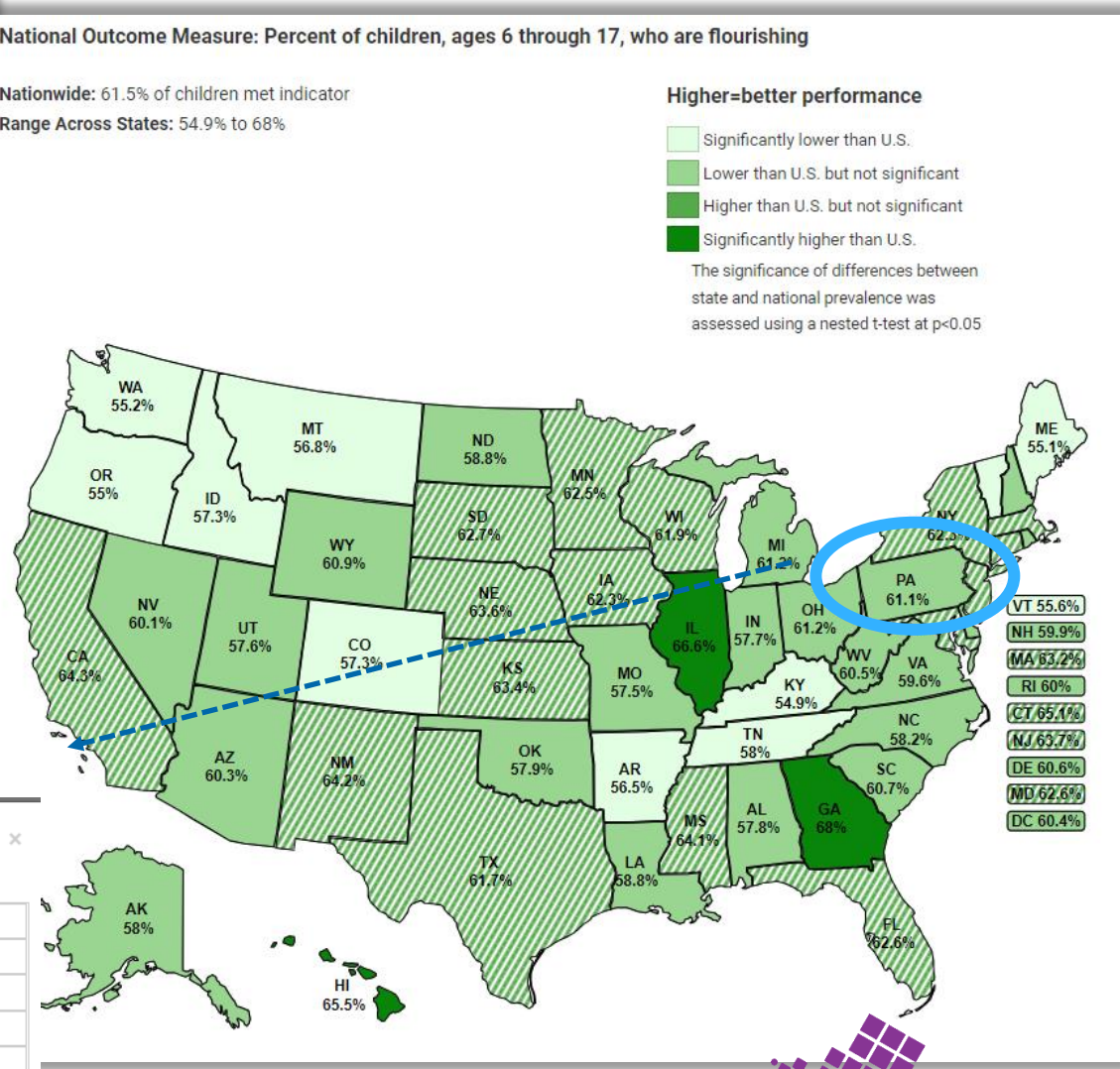
		One or more preventive medical visits	No preventive medical visits	Total %
Nationwide	%	**69.7**	**30.3**	**100.0**
	C.I.	68.6 - 70.7	29.3 - 31.4	
	Sample Count	25,717	9,078	
	Pop. Est.	17,688,028	7,702,454	
District of Columbia	%	**70.6**	**29.4**	**100.0**
	C.I.	62.0 - 78.0	22.0 - 38.0	
	Sample Count	293	60	
	Pop. Est.	23,148	9,632	

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

Compare States Using Single-Measure Maps







CAHMI

DRC "Ready to Use" Datasets

DRC dataset includes:

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

Available Formats:

SAS, SPSS, Stata (some years) and CSV

Labels and Formats:

Variable, value labels and missing values are clearly labeled

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

http://childhealthdata.org/help/dataset

CAHMI

Ask Us A Question (info@cahmi.org)

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

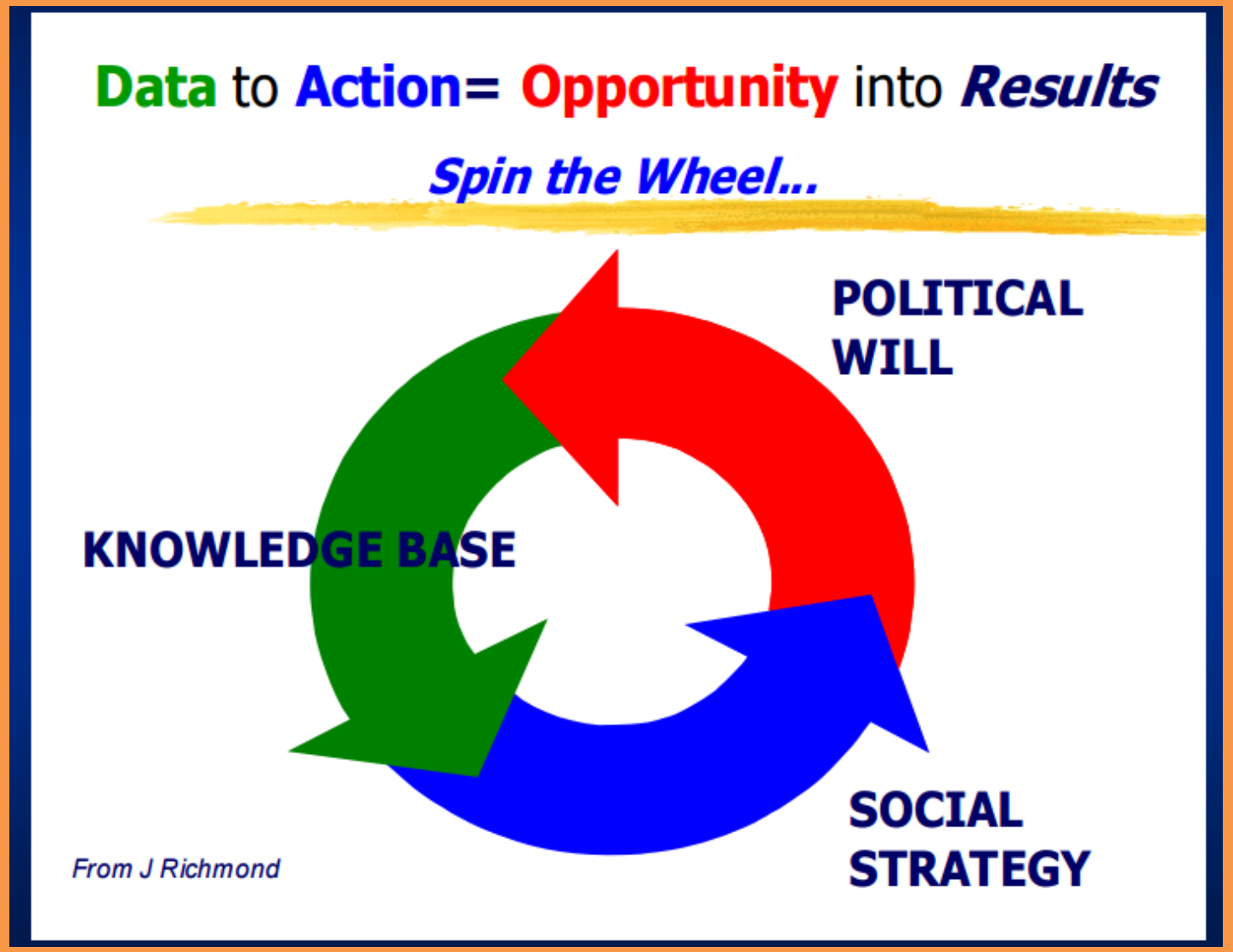
- State and national partners (Title V, CDC, HRSA)
- Community and local partners (non-profit, local community organizations)
- Participants and public (students, researchers, media, families, etc.)
- MCH systems professionals (health care, education, social services, wide range)

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

Examples of technical assistance area:
Data Research and Evaluation
CSHCN/Medical Home
CSHCN/Developmental Disabilities
Adequate Health Insurance Coverage
CSHCN Family Engagement
Examples of assistance provided:
General NSCH and DRC website
Understanding NSCH Data
NSCH Data Analysis
Specific Measures or Variables in the NSCH
DRC and NSCH Citation Information

CAHMI

Transformational Change and the Creative and Effective Use of Data



-Shared Vision

-Build Trust

-Committed Leadership

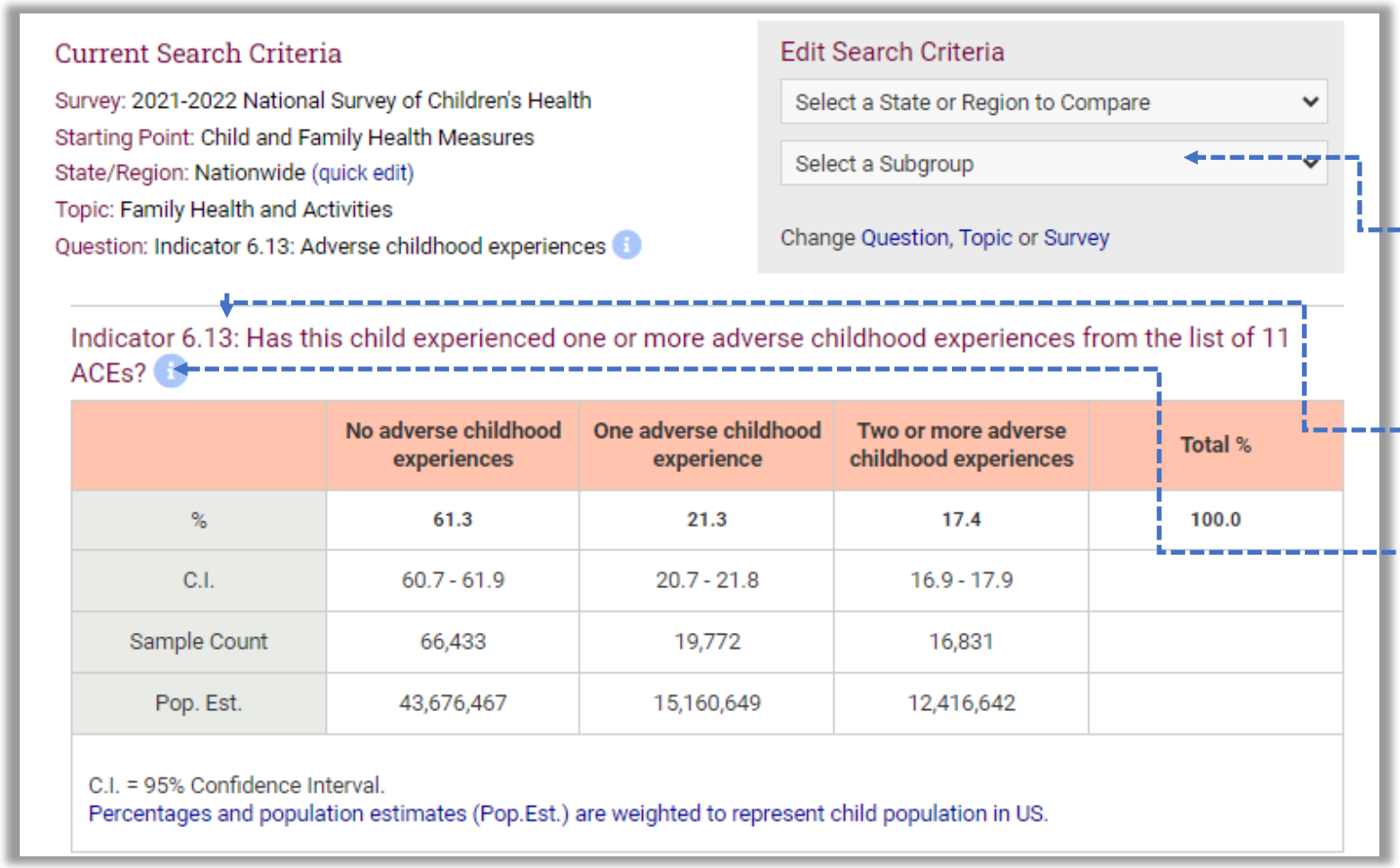
-Incremental Success

-Joint Ownership - Establish Credibility

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

Spotlight: Using the DRC to Look at Subgroups

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



Current Search Criteria

Survey: 2021-2022 National Survey of Children's Health
Starting Point: Child and Family Health Measures
State/Region: Nationwide (quick edit)
Topic: Family Health and Activities
Question: Indicator 6.13: Adverse childhood experiences

Edit Search Criteria

Select a State or Region to Compare

Select a Subgroup

Change Question, Topic or Survey

Indicator 6.13: Has this child experienced one or more adverse childhood experiences from the list of 11 ACEs?

	No adverse childhood experiences	One adverse childhood experience	Two or more adverse childhood experiences	Total %
%	61.3	21.3	17.4	100.0
C.I.	60.7 - 61.9	20.7 - 21.8	16.9 - 17.9	
Sample Count	66,433	19,772	16,831	
Pop. Est.	43,676,467	15,160,649	12,416,642	

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

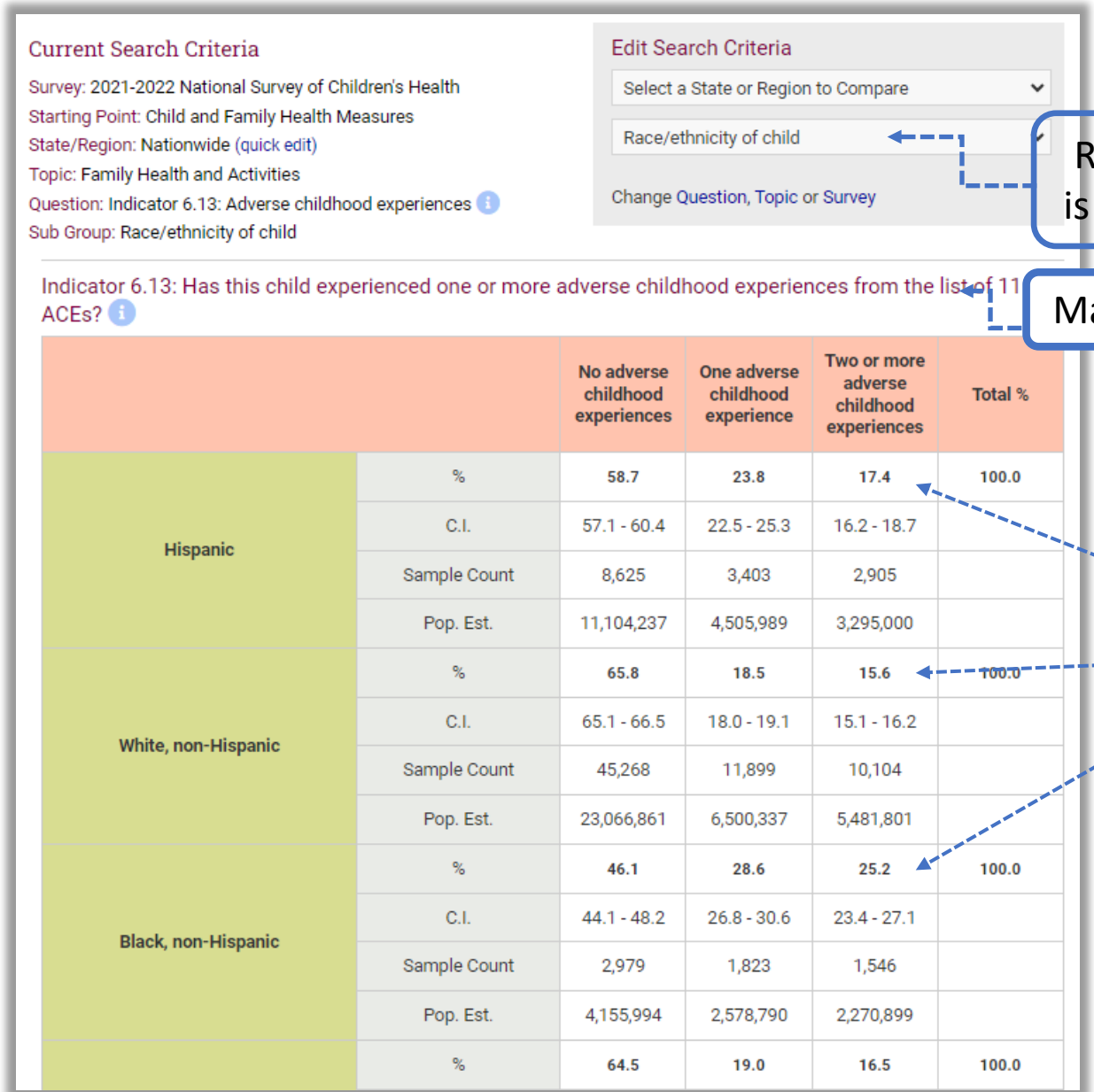
Select Subgroup: Race/ethnicity of child

Main measure

Click to learn more

CAHMI

How to Use DRC to Look at Subgroups



Current Search Criteria

Survey: 2021-2022 National Survey of Children's Health
Starting Point: Child and Family Health Measures
State/Region: Nationwide (quick edit)
Topic: Family Health and Activities
Question: Indicator 6.13: Adverse childhood experiences
Sub Group: Race/ethnicity of child

Edit Search Criteria

Select a State or Region to Compare

Race/ethnicity of child

Change Question, Topic or Survey

Indicator 6.13: Has this child experienced one or more adverse childhood experiences from the list of 11 ACEs?

		No adverse childhood experiences	One adverse childhood experience	Two or more adverse childhood experiences	Total %
Hispanic	%	58.7	23.8	17.4	100.0
	C.I.	57.1 - 60.4	22.5 - 25.3	16.2 - 18.7	
	Sample Count	8,625	3,403	2,905	
	Pop. Est.	11,104,237	4,505,989	3,295,000	
White, non-Hispanic	%	65.8	18.5	15.6	100.0
	C.I.	65.1 - 66.5	18.0 - 19.1	15.1 - 16.2	
	Sample Count	45,268	11,899	10,104	
	Pop. Est.	23,066,861	6,500,337	5,481,801	
Black, non-Hispanic	%	46.1	28.6	25.2	100.0
	C.I.	44.1 - 48.2	26.8 - 30.6	23.4 - 27.1	
	Sample Count	2,979	1,823	1,546	
	Pop. Est.	4,155,994	2,578,790	2,270,899	
	%	64.5	19.0	16.5	100.0

Race/Ethnicity is the Subgroup

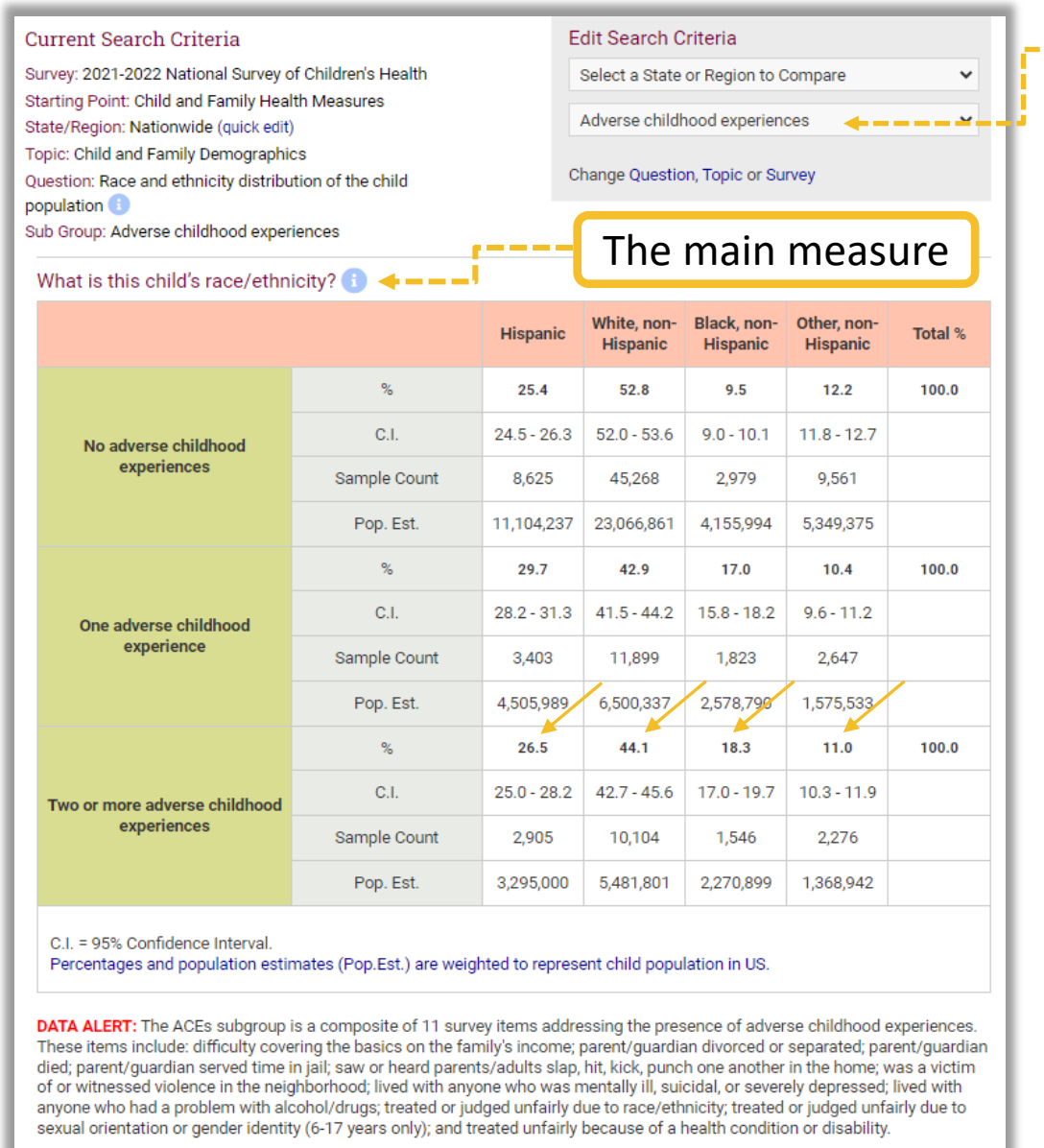
Main measure

Subgroup Comparison Nationwide

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

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

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



Current Search Criteria

Survey: 2021-2022 National Survey of Children's Health
Starting Point: Child and Family Health Measures
State/Region: Nationwide (quick edit)
Topic: Child and Family Demographics
Question: Race and ethnicity distribution of the child population
Sub Group: Adverse childhood experiences

Edit Search Criteria

Select a State or Region to Compare

Adverse childhood experiences

Change Question, Topic or Survey

The main measure

What is this child's race/ethnicity?

		Hispanic	White, non-Hispanic	Black, non-Hispanic	Other, non-Hispanic	Total %
No adverse childhood experiences	%	25.4	52.8	9.5	12.2	100.0
	C.I.	24.5 - 26.3	52.0 - 53.6	9.0 - 10.1	11.8 - 12.7	
	Sample Count	8,625	45,268	2,979	9,561	
	Pop. Est.	11,104,237	23,066,861	4,155,994	5,349,375	
One adverse childhood experience	%	29.7	42.9	17.0	10.4	100.0
	C.I.	28.2 - 31.3	41.5 - 44.2	15.8 - 18.2	9.6 - 11.2	
	Sample Count	3,403	11,899	1,823	2,647	
	Pop. Est.	4,505,989	6,500,337	2,578,790	1,575,533	
Two or more adverse childhood experiences	%	26.5	44.1	18.3	11.0	100.0
	C.I.	25.0 - 28.2	42.7 - 45.6	17.0 - 19.7	10.3 - 11.9	
	Sample Count	2,905	10,104	1,546	2,276	
	Pop. Est.	3,295,000	5,481,801	2,270,899	1,368,942	

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

DATA ALERT: The ACEs subgroup is a composite of 11 survey items addressing the presence of adverse childhood experiences. These items include: difficulty covering the basics on the family's income; parent/guardian divorced or separated; parent/guardian died; parent/guardian served time in jail; saw or heard parents/adults slap, hit, kick, punch one another in the home; was a victim of or witnessed violence in the neighborhood; lived with anyone who was mentally ill, suicidal, or severely depressed; lived with anyone who had a problem with alcohol/drugs; treated or judged unfairly due to race/ethnicity; treated or judged unfairly due to sexual orientation or gender identity (6-17 years only); and treated unfairly because of a health condition or disability.

ACEs is the Subgroup

This reports:
The proportion of all children meeting criteria for an indicator that fall into different race/ethnicity groups.

Example Question: Is there a disproportionate number of children who are Hispanic the experience this health risk?

No. Hispanic children are 26.5% of the population of children and also of the population with 2+ ACEs

Thank you!

SCAN ME

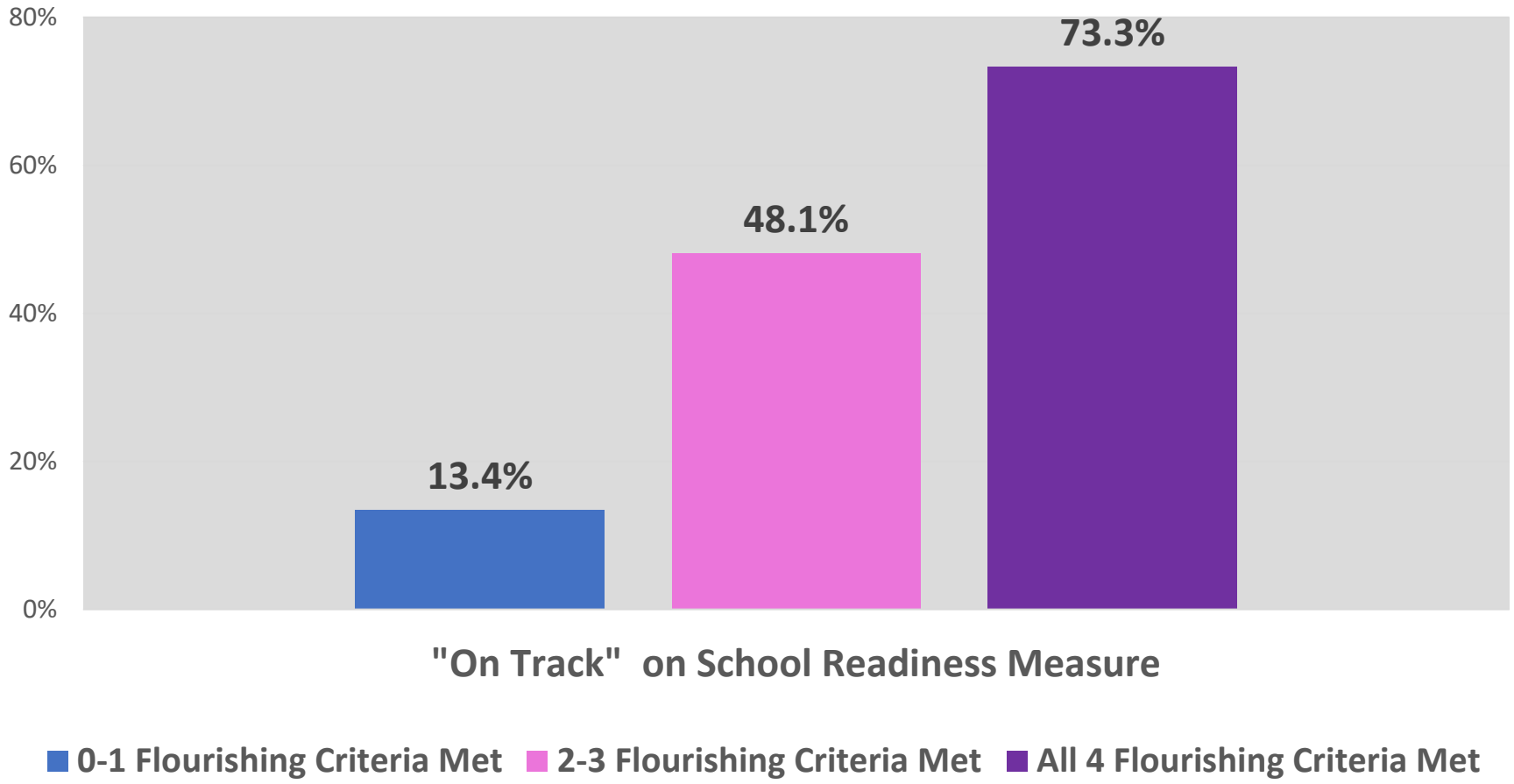
Contact Us

Email us at: info@cahmi.org

Visit “Ask a Question” page on the DRC

CAHMI
The Child & Adolescent Health Measurement Initiative

School Readiness by Child Flourishing (always/usually) 2022 NSCH Data: National



Flourishing Items for Young Children (how often)

1) is this child affectionate and tender?

2) does this child bounce back quickly when things do not go their way?

3) does this child show interest and curiosity in learning new things?

4) does this child smile and laugh?

Use the DRC Query to Explore Domains, Items, Subgroups. Get the "ready to drive" datasets/codebooks for more analysis.

"On Track", "Emerging", "Needs Support"; Plus 5 domain and 28 item-specific measures
Wide variations by ACEs, Family Resilience and many other factors

Question: **School readiness domain:** Early learning skills, age 3-5 years

Sub Group: Family resilience

Change Question, Topic or Survey

Does this child display age-appropriate early learning skills, age 3-5 years?

		Needs support	Emerging	On track	Total %
Family demonstrates resilience	%	**8.9**	**18.8**	**72.3**	**100.0**
	C.I.	7.6 - 10.5	17.2 - 20.	70.2 - 74.2	
	Sample Count	574	1,640	6,927	
	Pop. Est.	834,280	1,756,08	6,748,913	
Family does not demonstrate resilience	%	**16.8**	**31.5**	**51.8**	**100.0**
	C.I.	13.0 - 21.4	25.5 - 38.1	45.8 - 57.7	
	Sample Count	162	365	837	
	Pop. Est.	258,204	484,481	796,896	

CAHMI

How many Paris 2024 Olympic Stadiums Would Children Age 3-5 Who Are Not "On Track" On School Readiness Measure Fill?

(4,279,247 Million Not "On Track"; 80,698 Stadium Seats)

Answer: 53.03 Paris Olympic Stadiums (4,279,247/80,698)

How about for children without childcare due to COVID-19: 65.7 Paris Olympic Stadiums

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
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)

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)

All of the CSHCN living in Maryland would fill 3,586 school buses and stretch 27.2 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

School Readiness Example

1. Children age 3-5 who are NOT “On Track”: 4,279,247 (get from DRC query output)
2. Number of children who fit in an average school bus: 90
3. Number of school buses filled with children not “On Track”: 47,547
4. Length in feet of an average school bus: 40 feet
5. Feet of school buses filled with children not “On Track”: 1,901,887 feet
6. Number of feet in a mile: 5280
7. Number of miles school buses filled with children who are not “On Track” would span: 360 Miles
8. How “long” is the State of Maryland (250 miles)
9. 360 miles = 1.44 times the length of the Maryland

Example

Nearly 4.3 million children age 3-5 in the U.S. were not “On Track” for being ready for school in 2022. This would fill 47,547 school buses and stretch 360 miles—which is 1.44 times longer than the entire state of Maryland! (2022 NSCH)

Family Engaged, Whole Child, Integrated Early Childhood Health Systems

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

Collaboratively designed with Mississippi Thrive! by the Child and Adolescent Health Measurement Initiative

Framework Purpose: Positive Health Equity

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

Key Elements of th

1. "Through any doo
to activate trust and

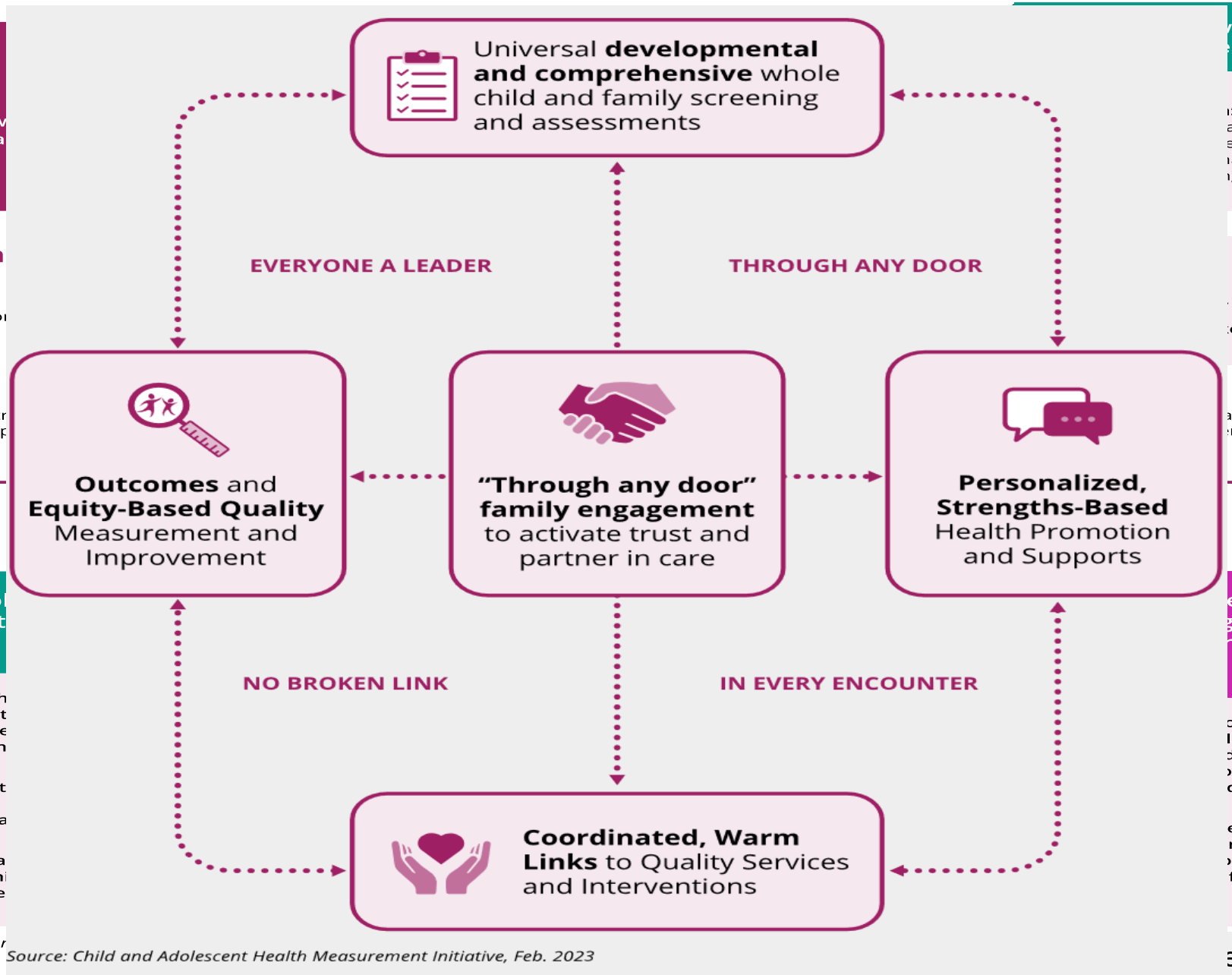
3. Personalized, Str
Promotion and Sup

1

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

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

Source: Child and Adolescent Health Measuremer



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

ork—
Thing!

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

encounter
en links

ased Quality
ement

4

e enabling and
g policies and
rategies critical

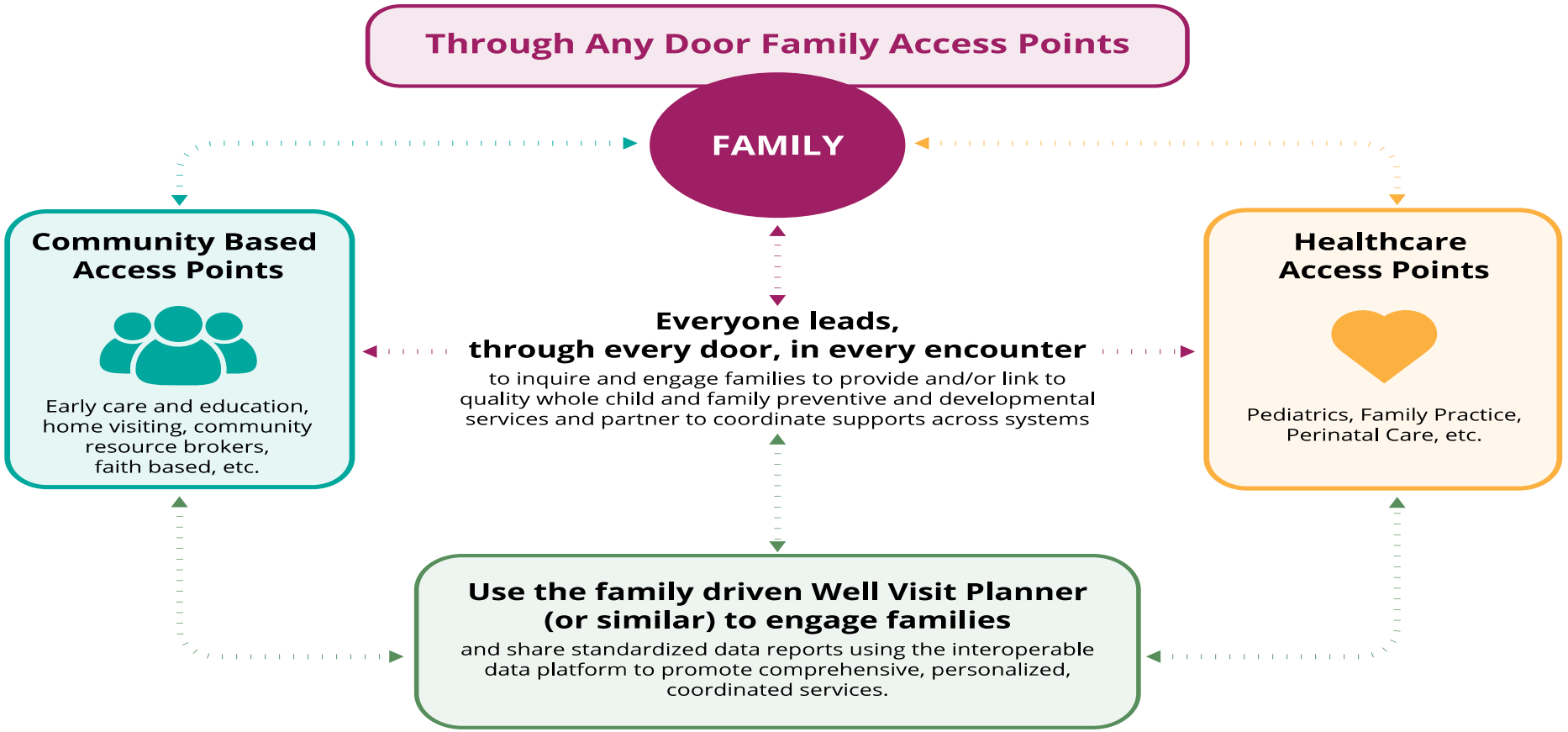
olicies support
litate coordination
d community based
urces across
d state agency

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

ethell, C. 2023

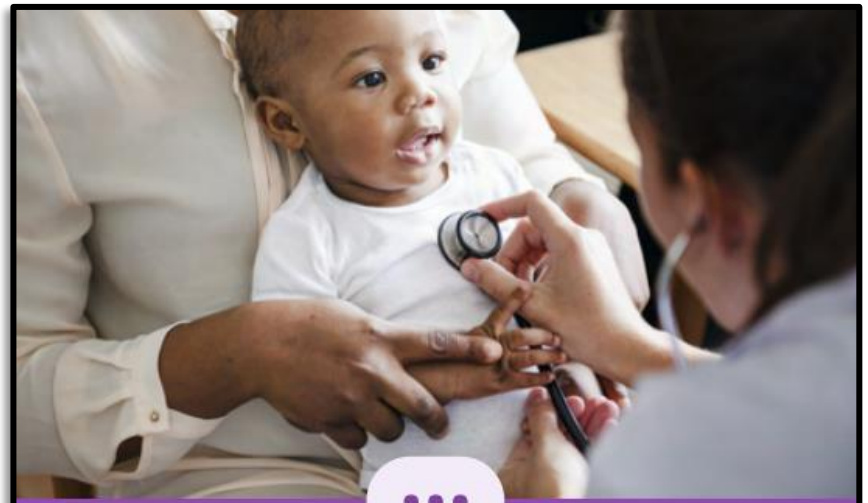
Through Any Door Family and Engagement And Supports

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



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

The Cycle of Engagement Tools



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

- Pediatric Provider

Well Visit Planner®

WELL VISIT PLANNER

Pre-visit planning

PERSONALIZED CONNECTED ENCOUNTER

(In-person, virtual, group)

The Online Promoting Healthy Development Survey

ONLINE PHDS

Post-visit assessment

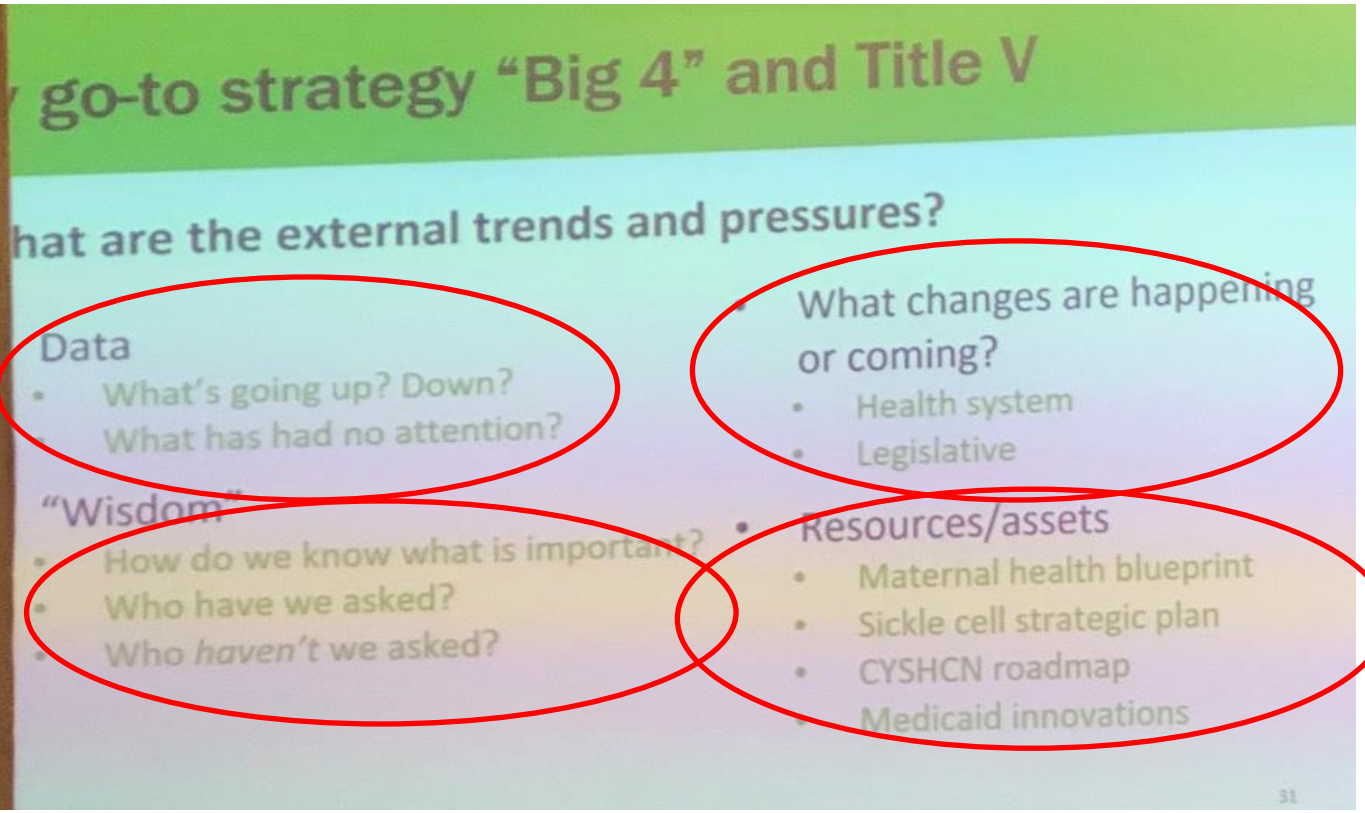
Before **During** **After**

Completed periodically!

CAHMI

A QUICK OVERVIEW OF THE WELL VISIT PLANNER

Big-4 Approach to Needs Assessment From Our Morning Plenary—Amy Zapata (Louisiana)



Published: 08 October 2013

Optimizing Health and Health Care Systems for Children with Special Health Care Needs Using the Life Course Perspective

Christina D. Bethell, Paul W. Newacheck, Amy Fine, Bonnie B. Strickland, Richard C. Antonelli, Cambria L. Wilhelm, Lynda E. Honberg & Nora Wells

Maternal and Child Health Journal **18**, 467–477 (2014) | Cite this article

Longstanding work on CYSHCN, Medical Home and Family Voices and Engagement

Taking Stock of the CSHCN Screener: A Review of Common Questions and Current Reflections

Christina D. Bethell, PhD, MBA, MPH[1] [Director, Professor], Stephen J. Blumberg, PhD[2] [Associate Director for Science], Ruth E. K. Stein, MD[3] [Professor], Bonnie Strickland, PhD[4] [Director], Julie Robertson, MPH, MSW[1] [Former Research Associate], and Paul W. Newacheck, DrPH[5] [Professor]

[1]Child and Adolescent Health Measurement Initiative, Department of Population, Family and Reproductive Health, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD

[2]National Center for Health Stat
Hyattsville, MD

[3]Albert Einstein College of Med

[4]Maternal and Child Health Bur
Rockville, MD

[5]Philip R. Lee Institute for Healt

Abstract

Since 2000, the Children with
widely used nationally, by stat

Pediatrics. 2004 May;113(5 Suppl):1529-37.

Using existing population-based data sets to measure the American Academy of Pediatrics definition of medical home for all children and children with special health care needs

Christina D Bethell [1], Debra Read, Krista Brockwood; American Academy of Pediatrics

Affiliations + expand

PMID: 15121922

Abstract

Objective: National health goals include ensuring that all children have a medical home. Historically, medical home has been determined by the presence of a usual or primary source of care, such as a

Home › Maternal and Child Health Journal › Article

Scaling Family Voices and Engagement to Measure and Improve Systems Performance and Whole Child Health: Progress and Lessons from the Child and Adolescent Health Measurement Initiative

Historical Notes | Open access | Published: 25 August 2023 | (2023)

Download PDF

You have full access to this open access article

Christina D. Bethell, Nora Wells, David Bergman, Colleen Reuland, Scott P. Stumbo, Narangerel Gombojav & Lisa A. Simpson

Maternal and

Aims and scope

Submit manuscr

Use our pre-su

Avoid commor
manuscript.

RESEARCH ARTICLE

HEALTH AFFAIRS > VOL. 33, NO. 12: CHILDREN'S HEALTH

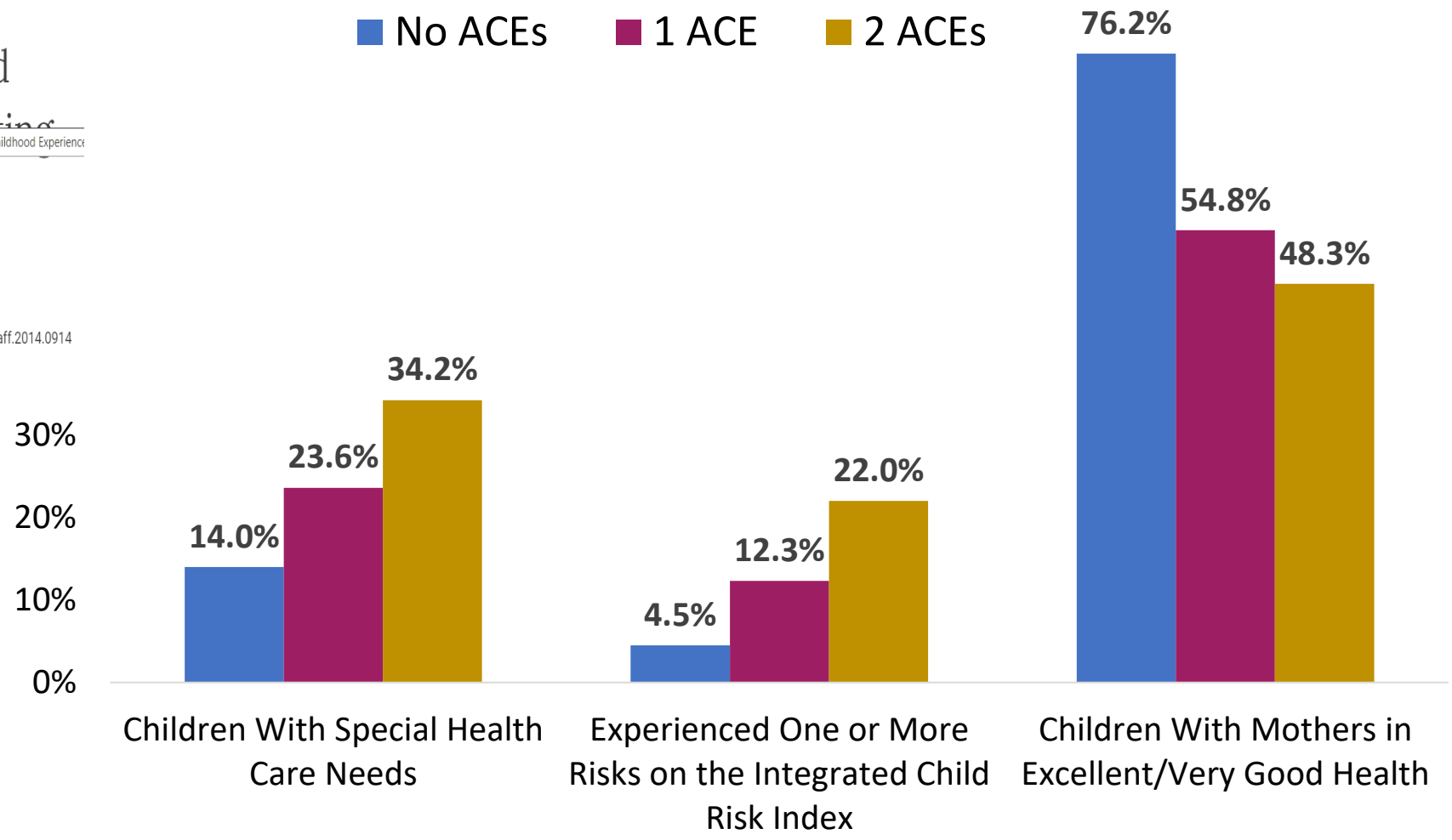
Adverse Childhood Experiences: Assessing The Impact On Health And School Engagement And The Mitigating Role Of Resilience

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

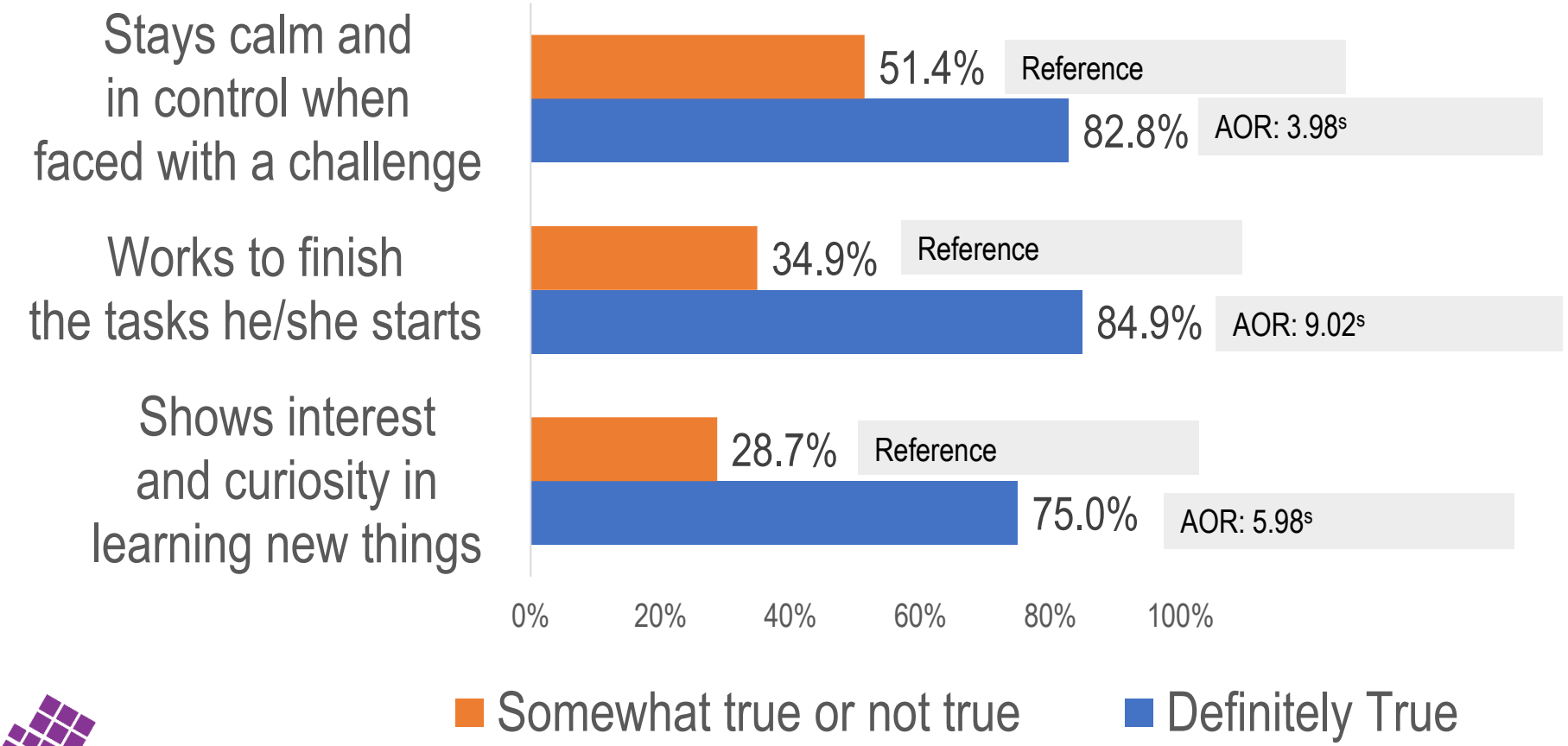
AFFILIATIONS

PUBLISHED: DECEMBER 2014 No Access https://doi.org/10.1377/hlthaff.2014.0914

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



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



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

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

This Issue | Views 119,589 | Citations 195 | Altmetric 1186

Download PDF | More | Cite This | Permissions

Original Investigation

ONLINE ONLY

September 9, 2019

Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample

Associations Across Adverse Childhood Experiences Levels

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

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

We Are the Medicine—Building Our Caring Capacity is Imperative ….everyone is a leader!

(1) “Through Any Door” (2) “In Every Encounter” (3) “No Broken Link”

Simple rules for a complex system!

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

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

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

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

Moving Beyond Toxic Stress ... Towards Relational Health

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