Putting Data Into Action
The Data Resource Center for Child & Adolescent Health
www.childhealthdata.org

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Child & Adolescent Health Measurement Initiative Research Associate
Presentation Goals

1. **Inspire you** to access and integrate data from standardized national and state level family reported survey data advance child well-being

2. **Empower you** to operate the “Child Health Data” interactive query to access data points, graphs, tables and comparisons

3. **Discover** at least one new idea for using available data in existing partnerships in your state and community

4. **Learn from you** so that we can further optimize national, state and local data and resources to address your vision and priorities for ensuring and promoting maternal and child health
Why We Need Data!

- Lay the groundwork for effective action
  - Establish common definitions and meanings
  - Check assumptions underlying improvement and needs assessment efforts

- Document needs and system performance

- Inform and activate partnerships & make creating impactful “1 pagers” quick and easy

- Educate program leaders and policymakers

- Use to write grants and conduct research
1) Provide **centralized, user-friendly, interactive** access to standardized national, regional and state-level findings from national surveys on child and adolescent health and well-being.

2) Build shared **knowledge, capacity, and inspiration** for using data to stimulate and inform system change locally and nationally—especially among state health agency leaders and staff, family advocates and policy leaders.
Community-based services are organized for ease of use.

Families of CSHCN have adequate insurance to pay for the services they need.

CSHCN receive coordinated, ongoing and comprehensive care within a medical home.

Children are screened early and continuously for special health care needs.

Youth with special health care needs receive services necessary for a successful transition to adult life.

Families of CSHCN are partners in decision making at all levels.
Welcome to the Data Resource Center for Child & Adolescent Health!

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

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

What you can do on the DRC website?

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

DRC Highlights

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

Most Popular Topics

- Child health indicators
- National survey findings
Interactive Data Snapshots
  - View Topic Specific Snapshots that Profile Numerous Indicators

Interactive State Ranking Tables
  - View and compare all states at the same time
  - Get maps comparing each state to the nation

Interactive Query for Individual Outcomes, Indicators and Single Items
  - Search by state, region, and nationwide
  - Stratify by numerous population subgroups
  - Compare all states on individual items, indicators or outcomes
  - Trend across survey years where possible

Data Available on the DRC Website
Data Sets Available on the DRC Website

- National Survey of Children’s Health (NSCH)
- National Survey of Children with Special Health Care Needs (NS-CSHCN)
- National Health Interview Survey: Complementary Alternative Medicine Supplement (NHIS-CAM)
- Coming Soon: State level NHIS data; NS-CSHCN Autism “follow back” survey Pathways Data
Learn about the surveys

Search and compare national, regional and state level survey results for child subgroups (e.g. age, race/ethnicity, sex, household income, health insurance, special health care needs status, etc.)

Access topically focused data snapshots and profiles

Get expert help by e-mailing us your questions or viewing our tutorials
Other DRC Features Available

- **Download** cleaned, labeled survey data sets with pre-constructed indicators and additional variables (in SAS and/or SPSS)

- Learn about effective ways you can use the data

- Discover how the data have been used

- Sign up for e-updates
Option 1: Take the DRC “360 Tour”
View an array of measures and select any to explore interactively

National Survey of Children's Health, 2011/2012

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

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Explanation</th>
<th>District of Columbia</th>
<th>Nationwide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEALTH STATUS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Health Status</td>
<td>percent of children in excellent or very good health</td>
<td>81.4</td>
<td>84.2</td>
</tr>
<tr>
<td>Oral Health Status</td>
<td>percent of children with excellent or very good oral health</td>
<td>72.6</td>
<td>71.3</td>
</tr>
<tr>
<td>Premature Birth</td>
<td>percent of children who were born premature, that is three or more weeks early</td>
<td>10.4</td>
<td>11.6</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>percent of children age 0-5 who were ever breastfed</td>
<td>80.1</td>
<td>79.2</td>
</tr>
<tr>
<td>Risk of Developmental or Behavioral Problems</td>
<td>percent of children age 4 months to 5 years determined to be at moderate or high risk based on parents' specific concerns</td>
<td>29.4</td>
<td>26.2</td>
</tr>
<tr>
<td>Child Weight Status</td>
<td>percent of children age 10-17 years who are overweight or obese (BMI-for-age at or above 85th percentile)</td>
<td>35.0</td>
<td>31.3</td>
</tr>
<tr>
<td>Missed School Days</td>
<td>percent of children age 6-17 who missed 11 or more days of school in the past year</td>
<td>5.4</td>
<td>6.2</td>
</tr>
<tr>
<td><strong>HEALTH CARE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Health Insurance</td>
<td>percent of children currently insured</td>
<td>98.7</td>
<td>94.5</td>
</tr>
<tr>
<td>Insurance Coverage Consistency</td>
<td>percent of children lacking consistent insurance coverage in the past year</td>
<td>5.8</td>
<td>11.3</td>
</tr>
<tr>
<td>Preventive Health Care</td>
<td>percent of children with a preventive medical visit in the past year</td>
<td>89.8</td>
<td>84.4</td>
</tr>
<tr>
<td>Preventive Dental Care</td>
<td>percent of children with a preventive dental visit in the past year</td>
<td>82.3</td>
<td>77.2</td>
</tr>
<tr>
<td>Developmental Screening</td>
<td>percent of children age 10 months to 5 years who received a standardized screening for developmental or behavioral problems</td>
<td>21.4</td>
<td>30.8</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>percent of children age 2-17 with problems requiring counseling who received mental health care</td>
<td>58.9</td>
<td>61.6</td>
</tr>
<tr>
<td>Medical Home</td>
<td>percent of children who receive care within a medical home</td>
<td>50.3</td>
<td>54.4</td>
</tr>
</tbody>
</table>

SCHOOL AND ACTIVITIES
OPTION 2: The DRC “Full Search”

Step 1: Click on “Browse by Survey & Topic”
Step 4: From here, you can once again select subgroups, look at your state or compare your state to others.
Need Help?
DRC Technical Assistance (TA)

Ask Us a Question

Have a question? We're here to help.

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

Still have a question? Please email us.

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

To ensure delivery to your inbox (not junk mail) please add donotreply@childhealthdata.org to your email address book.
What we do
More than a website!

- **Design:** Collaborate in the design and development of national and state data

- **Advise and Assist:** Conduct real time and in depth technical and strategic assistance to promote the expedited and effective use of data to promote effective partnerships to improve MCH

- **Ready to Ride Data Resources:** Create and provide data and resources research like “ready to drive” data sets; codebooks and training materials.

- **Training:** Teach and train on ‘data in action’ and ‘data literacy’ in advocacy, partnership and improvement efforts.

- **Fast Track Data Access and Use:** Offer an interactive query tool to obtain micro-data findings with easy to use graphs, tables and profiles.
Some current focus areas

- The **redesign** of the National Survey of Children’s Health
- Supporting optimization of emerging **MCH 3.0** model
- New **measure development, testing and national endorsement** (e.g. NQF, ACA)
- Adding **new datasets** to the DRC (NHIS, CAM, Pathways data, etc.) and topic portals (Autism, CSHCN, Quality)
- **Local area** data estimation project (Country, City, Congressional Districts, Rural/Urban areas, etc.
- **Partnering with state agencies and family organizations** around use of data (e.g. ACES), ACA and Needs Assessments, Family Leadership
- **Direct to consumer** projects (the Well Visit Planner)
Additional DRC Resources to Maximize Data Use

How to Use Data Effectively

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

Communication of Data Results

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

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

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

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

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

Weight Status of U.S. Children age 10 to 17 years

- **5.8%** Underweight (BMI<5th percentile)
- **62.9%** Healthy weight (BMI from 5th to 84th percentile)
- **31.3%** Overweight or obese (BMI ≥85th percentile)

Source: 2011/12 National Survey of Children’s Health (2011/12 NSCH)

Now, what about in your state?

Wide variation exists across states ranging from a low of **22.1%** to a high of **39.8%**. And also, between child subgroups by age, race/ethnicity, etc.
An assumption we hear: “Most overweight or obese children are poor and lack neighborhood amenities”

Distribution among children who are overweight or obese (2011/12 NSCH)
Example: Using the DRC to explore disparities?

Childhood Overweight & Obesity Within State Disparities
Utah, the state with the lowest rate of childhood overweight/obesity, had the greatest variation by household income level.

Adverse Childhood Experiences Within State Disparities
New Jersey, the state with the lowest rate of Adverse Child/Family Experiences (2+), had the greatest variation by household income level.
Example: ACEs and Resilience

<table>
<thead>
<tr>
<th>Adverse Child or Family Experiences</th>
<th>National Prevalence</th>
<th>State Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child had ≥ 1 Adverse Child/Family Experiences</td>
<td>47.9%</td>
<td>40.6% (CT) – 57.5% (AZ)</td>
</tr>
<tr>
<td>Child had ≥ 2 Adverse Child/Family Experiences</td>
<td>22.6%</td>
<td>16.3% (NJ) – 32.9% (OK)</td>
</tr>
<tr>
<td>Socioeconomic hardship</td>
<td>25.7%</td>
<td>20.1% (MD) – 34.3% (AZ)</td>
</tr>
<tr>
<td>Divorce/parental separation</td>
<td>20.1%</td>
<td>15.2% (DC) – 29.5% (OK)</td>
</tr>
<tr>
<td>Lived with someone who had an alcohol or drug problem</td>
<td>10.7%</td>
<td>6.4% (NY) – 18.5% (MT)</td>
</tr>
<tr>
<td>Victim or witness of neighborhood violence</td>
<td>8.6%</td>
<td>5.2% (NJ) – 16.6% (DC)</td>
</tr>
<tr>
<td>Lived with someone who was mentally ill or suicidal</td>
<td>8.6%</td>
<td>5.4% (CA) – 14.1% (MT)</td>
</tr>
<tr>
<td>Domestic violence witness</td>
<td>7.3%</td>
<td>5.0% (CT) – 11.1% (OK)</td>
</tr>
<tr>
<td>Parent served time in jail</td>
<td>6.9%</td>
<td>3.2% (NJ) – 13.2% (KY)</td>
</tr>
<tr>
<td>Treated or judged unfairly due to race/ethnicity</td>
<td>4.1%</td>
<td>1.8% (VT) – 6.5% (AZ)</td>
</tr>
<tr>
<td>Death of parent</td>
<td>3.1%</td>
<td>1.4% (CT) – 7.1% (DC)</td>
</tr>
</tbody>
</table>
The NSCH and NS-CSHCN are unprecedented resources made possible by MCHB!

Standardized data provides a powerful basis for across-state learning and building shared understanding of priorities and impact.
Contact Us

Visit us at www.childhealthdata.org

E-mail us at cahmi@ohsu.edu

Connect with the DRC to Join the Conversation!

Like us on Facebook: Facebook.com/childhealthdata

Follow us on Twitter: @childhealthdata
Thank You!