

Using Child Health Data for Public Health Accreditation

Public Health Department Accreditation Background

State, tribal, local and territorial public health departments around the nation are taking part in public health department accreditation. The national accreditation process is facilitated by the Public Health Accreditation Board (PHAB). It aims to improve the quality and performance of health departments and to document their ability to deliver the core functions of public health. Addressing disparities in child health is part of the foundation of upstream public health, and therefore plays an important role in this process. Throughout the accreditation process, public health departments must provide documentation that exemplifies their compliance with standards and measures. Documentation can take many forms, including community health assessments, policies and programs, quality improvement and strategic plans, and population health data.

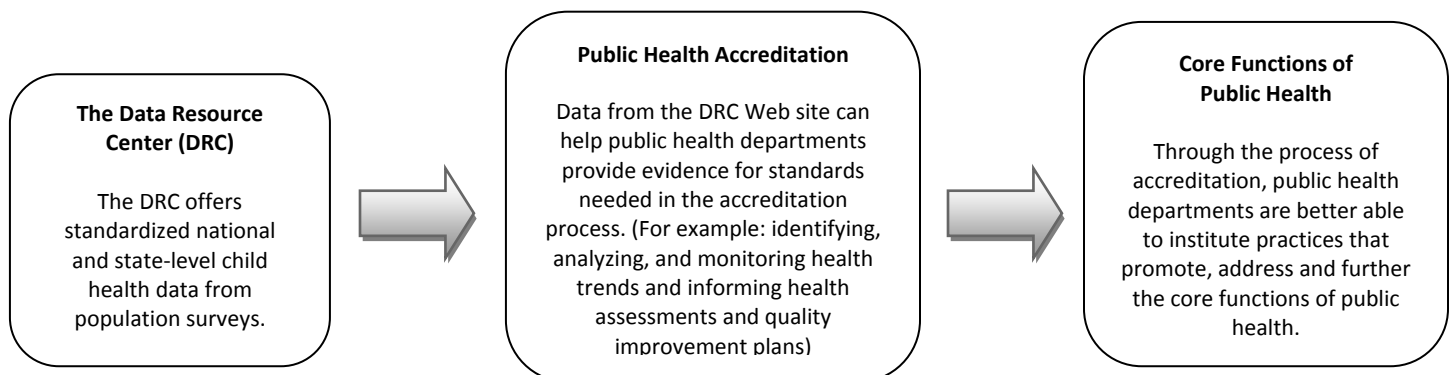
Child Health and Quality of Care Online Data Resource

The Data Resource Center (DRC) Web site offers standardized, parent-reported national and state-level child health data from two population based surveys: the National Survey of Children's Health (NSCH) and the National Survey of Children with Special Health Care Needs (NS-CSHCN). The site's interactive query feature allows users to search and compare state, national and regional results for an array of child health indicators. It is also possible to produce synthetic estimates at the local level. (For more information, follow this link to [Synthetic Estimates](#).) In addition, users can stratify and compare findings for children by age, household income, race/ethnicity, family structure, special health care needs status and more. These stratified data can be useful to health departments when planning, implementing or evaluating their Community Health Improvement Plans (CHIPs) or Community Health Assessments (CHAs) as part of the accreditation process. Expert help and assistance from the DRC staff are available by phone or e-mail.

PHAB Accreditation Standards **How the Data Resource Center Can Help**

Domain 1: Assess	<ul style="list-style-type: none"> ❖ Immediate access to over 100 state-specific indicators of child health and well-being for children overall and children with special health care needs (CSHCN). ❖ User generated tables, bar and pie charts, and customizable reports supply prevalence and count estimates to help define your population of all children or CSHCN and their health needs. ❖ "Point and click" menu allows users to explore disparities and gaps in access to care and services for various subgroups of children and CSHCN. ❖ Centralized resource for standardized, population-based survey questions to use in collecting child health and health care quality data locally.
Domain 7: Access to Care	<ul style="list-style-type: none"> ❖ Immediate access to state indicators of children's access to health care and adequacy of insurance including use of preventive medical and dental care visits, mental health care visits, health insurance status, consistency of insurance coverage and adequacy of health insurance.
Domain 9: Quality Improvement	<ul style="list-style-type: none"> ❖ "All States" ranking maps and tables provide benchmark data to assist in identifying state performance measure targets. ❖ Information can be stratified to show not only between-state differences but also within-state disparities. This helps states distinguish where they have high performance for all children versus where improvement may be needed for particular subgroups of children. This information provides a more complete picture for identifying optimal improvement models than between-state comparisons alone.

Process for Continuous, Data Driven Public Health Improvement



Data Source(s) for Relevant Topic
Information on the DRC

Topic Areas Most Commonly Included in State Health Agencies Top Five Priorities Reported by ASTHO ¹	2007 NSCH	2009/10 NS-CSHCN	2011/12 NSCH
Overweight/Obesity	X		X
Disparities	X	X	X
Physical Activity	X		X
Safe Communities/Environments	X		X
Tobacco Use in the Home	X		X

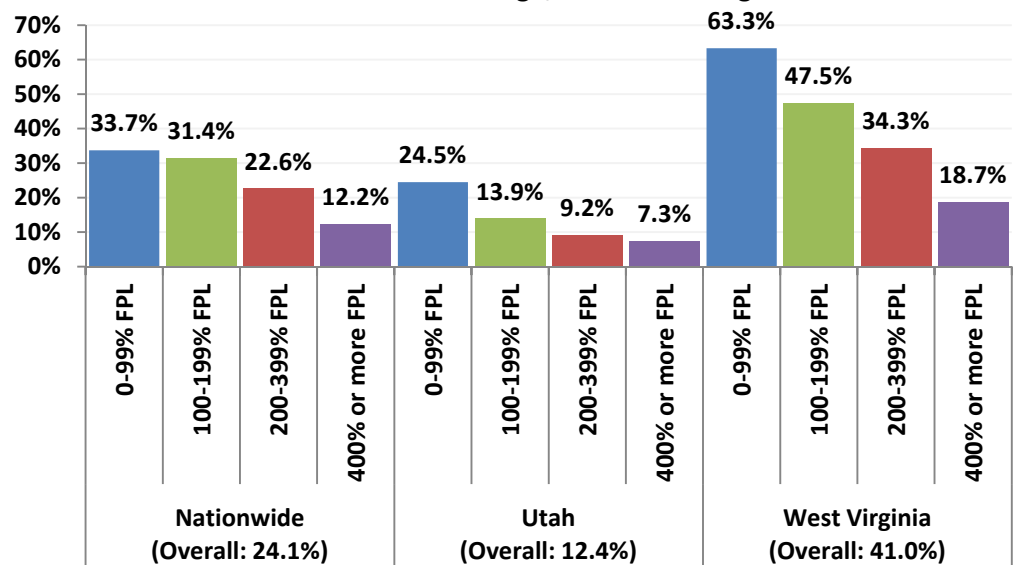
¹Bureau Association of State and Territorial Health Officials. *ASTHO Profile of State Public Health, Volume Two.*

Data Source(s) for Relevant Topic
Information on the DRC

Other Topic Areas Identified as State Priorities as Reported by the 2010-2015 Title V Needs Assessment ²	2007 NSCH	2009/10 NS-CSHCN	2011/12 NSCH
Access to Care	X	X	X
Adverse Childhood Experiences (ACEs)			X
Asthma	X	X	X
Autism	X	X	X
Breastfeeding	X		X
Bullying	X		X
Coordinated Care for CSHCN	X	X	X
CSHCN Health Status & Inclusion	X	X	X
CSHCN Screening	X	X	X
CSHCN Transition to Adulthood		X	
Dental Care/Oral Health	X	X	X
EPSDT/Developmental Services	X	X	X
Family Support Services & Child Care	X	X	X
Happiness/Joy/Resilience			X
Health Insurance	X	X	X
Preterm/Low Birth Weight			X
Integrated System of Care and Community-Based Services		X	
Medical Home	X	X	X
Mental Health	X	X	X
Quality of Primary & Specialty Care	X	X	X
Specialty Services/Care	X	X	X

²Maternal and Child Health Bureau. *Maternal and Child Health Services Title V Block Grant Program: Guidance and Forms for the Title V Application/Annual Report.*

Example of Information Available from the Data Resource Center Web
Proportion of Children Living in Households with Tobacco Use, by Household Income and High/Low Performing States



- Subgroups Available:**
- ❖ Age (0-17);
 - ❖ Sex of child;
 - ❖ Race/ethnicity of child;
 - ❖ Primary household language;
 - ❖ Household income level;
 - ❖ Family structure;
 - ❖ Highest parental education level;
 - ❖ Special health care needs status;
 - ❖ Special health care needs type;
 - ❖ Number of functional difficulties;
 - ❖ Emotional, behavioral or developmental issues;
 - ❖ Medical home status;
 - ❖ Insurance type;
 - ❖ Health insurance consistency;
 - ❖ Health insurance adequacy;
 - ❖ Rural/urban residence; or
 - ❖ Individual state or HRSA region.