



## Health Disparities and Health Equity: Maximizing the Power of the National Survey of Children's Health to Promote Social Justice Among the Nation's Children

Health equity and health disparities are two important, intertwined terms in health care delivery in the United States. Health equity refers to social justice in health—equal access to care for all persons, disadvantaged or not, and the right to be healthy. Health disparities are one metric by which we can measure progress toward achieving health equity.<sup>1</sup>

The National Survey of Children's Health (NSCH) is an excellent source of information on health-related disparities among the nation's children. The survey annually includes information on children's race and ethnicity along with other variables related to disadvantage in the United States: education level, income level, neighborhood safety and amenities, and experiences of trauma.

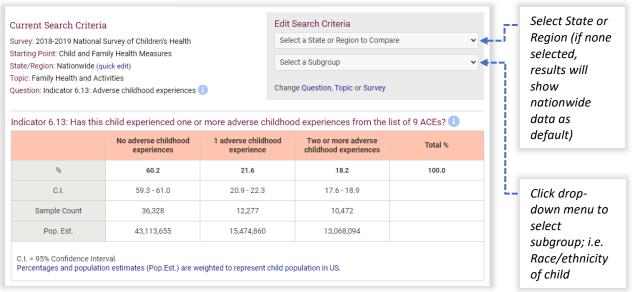
The Child and Adolescent Health Measurement Initiative's Data Resource Center for Child and Adolescent Health has partnered with Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB) since 2003 to provide the public with quick access to NSCH data findings, including the ability to assess health disparities. These data provide an excellent jumping-off point for addressing health equity in your state.

Visit www.childhealthdata.org to get data on children in your state.

## **Resources:**

Introduction to the Data Resource Center for Child & Adolescent Health
How to use the interactive data query
Ask a question
Request a dataset

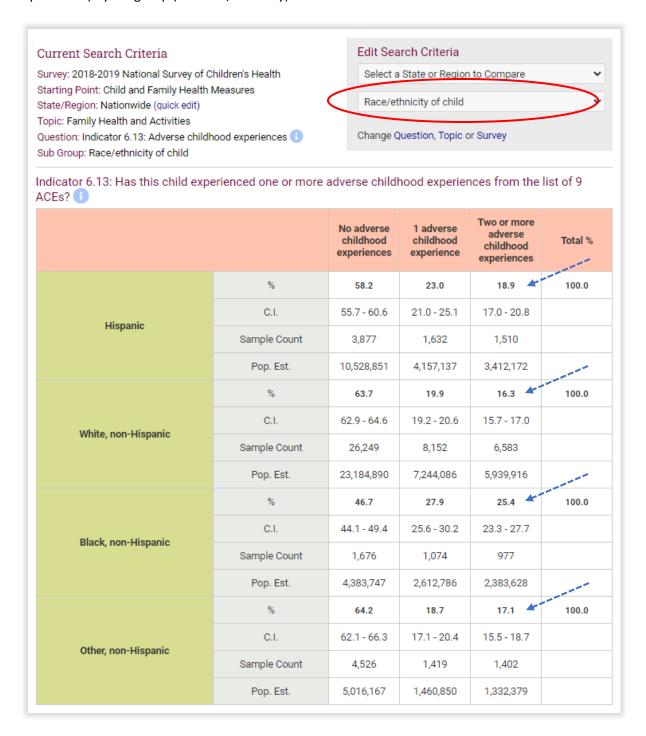
**Subgroup Comparison Example 1:** Prevalence of children who experienced two or more adverse childhood experiences by their race/ethnicity







Once you select a subgroup, the table will show the selected measure (i.e. Adverse childhood experiences) by subgroup (i.e. Race/ethnicity).



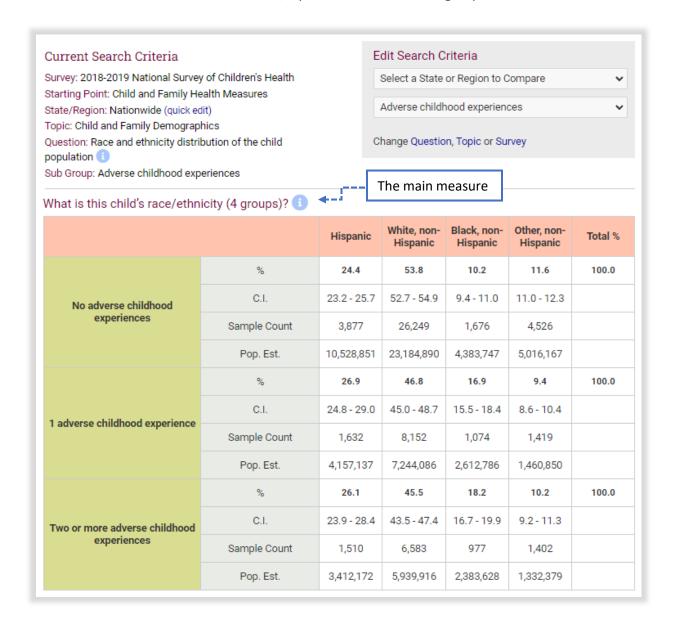
**Report interpretation:** Children who experienced two or more adverse childhood (ACEs) events ranged from 17.1% to 25.4% across the 4 race/ethnicity groups evaluated in the NSCH. Specifically, 16.3% of white children had parents who reported their children experienced two or more ACEs, whereas 25.4% of black children had parents who did so.





**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.

Note: This is different from variations in prevalence as shown in Example 1. To view distribution by race for a specific health issue or topic, select "Race and ethnicity distribution of the child population" as the main measure, and select the health issue/topic of interest as the subgroup.

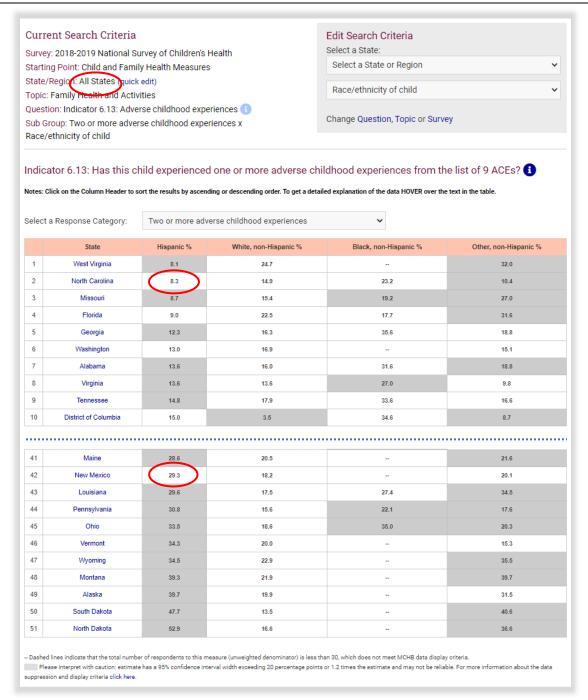


**Report Interpretation**: This look at the data shows how the distribution of children who experience 2 or more ACEs is spread across the four race/ethnicity groups shown here. For example, among all children with 2+ ACES, 26.1% were Hispanic, 45.5% were white, 18.2% were African American, and 10.2% were other race/ethnicity.





**Example 3. Comparing across all states**: Prevalence of children who experienced adverse childhood experiences by child's race/ethnicity across US states.



**Report Interpretation:** The prevalence of Hispanic children who experienced 2 or more adverse childhood experiences varies widely across US states, for example, 8.3% in North Carolina and 29.3% in New Mexico. It is important to see that the experiences of Hispanic children differ across the United States. Knowing this demographic and geographic variation is important for planning how to address health equity.

## Reference: