



Maximizing the Power of the National Survey of Children's Health to Promote Health Equity Among the Nation's Children

Health equity refers to social justice in health—equal access and opportunity to attain one's optimal level of health and well-being. Health equity and health disparities are two important, intertwined terms with health disparities being a key metric by which we can measure progress toward achieving health equity.¹ The **National Survey of Children's Health** (NSCH) is an excellent source of health-related information regarding the nation's children. The annual survey collects information spanning children's lives, including physical and mental health, access to and quality of health care, and the child's family, neighborhood, school, and social context. Measures used to examine health disparities at the state and national level are also available, such as race and ethnicity, parent/caregiver education and income level, neighborhood safety and amenities, and experiences of trauma.

The Child and Adolescent Health Measurement Initiative's (CAHMI) Data Resource Center for Child and Adolescent Health (DRC)² has partnered with the Health Resources and Services

Administration's Maternal and Child Health Bureau (HRSA MCHB) since 2003 to provide the public with user-friendly access to NSCH data findings, including the ability to assess health disparities, though our online interactive data query, overview resources, and downloadable datasets and codebooks. These data provide an excellent starting point for promoting health equity in your state.

Below we present examples of ways to use the DRC's interactive data query to better understand available data. This brief explains how to look at the *prevalence of a measure* to ascertain the proportion of children who experience a phenomenon by different subgroups, such as race/ethnicity. This answers questions like "What is the prevalence of a measure for each race/ethnicity group". Next, this brief shows how to look at the *distribution of a measure*, showing how children that experience a phenomenon are distributed across race/ethnicity groups". This answers the question "Of all children that experience a phenomenon, what proportion are represented by each race/ethnicity group. Is the proportion in each subgroup higher or lower than would be expected based on the overall proportion of children in this subgroup in the population as a whole; or is there a disproportionate share of children in a specific subgroup represented?"

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

Select resources found at http://www.childhealthdata.org:

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

¹ Braveman, P. What are health disparities and health equity? We need to be clear. Public Health Rep 2014 129(Suppl 2) 5-8. PMID 24385658

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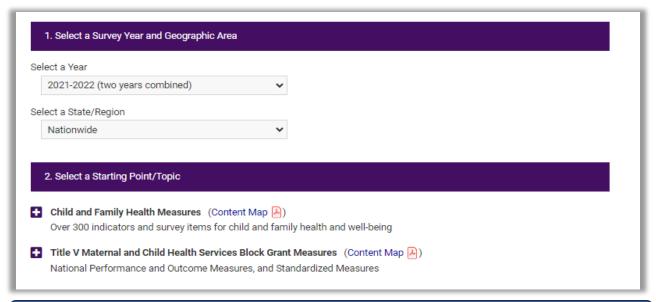
² This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U59MC27866, National Maternal and Child Health Data Resource Center, \$4.5M. This information or content and conclusions are those of the 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.

Get started! Interactive Data Search

To begin your interactive data search, visit the <u>DRC's Interactive Data Query</u>.

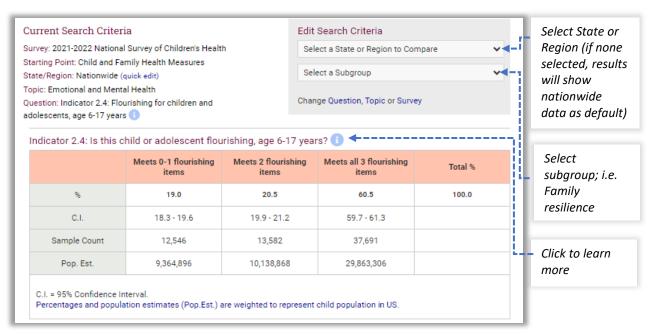
- 1. Select a survey year and geographic level.
- 2. Select your desired topic/starting point (at-a-glance content maps are available at this step).
- 3. Select your measure.

These steps will direct you to a results page where you can compare across states and by numerous subgroups. For the most reliable estimates, use the two-year combined data (e.g., 2021-2022).



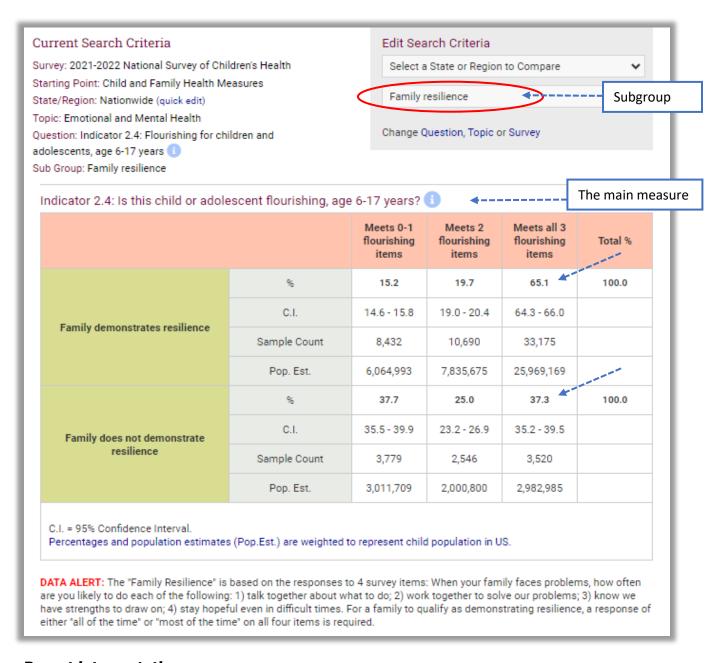
Part 1: Using the DRC to Assess Variations in Prevalence by Subgroups

Subgroup Comparison Example 1: Prevalence of children and adolescents who are flourishing by family resilience



Subgroup Comparison – Nationwide:

Once you select a subgroup, the table will show the selected measure (i.e. Flourishing for children and adolescents, age 6-17 years) by subgroup (i.e. Family resilience). This reports differences in prevalence of children who are flourishing by whether the child's family demonstrated resilience or not.

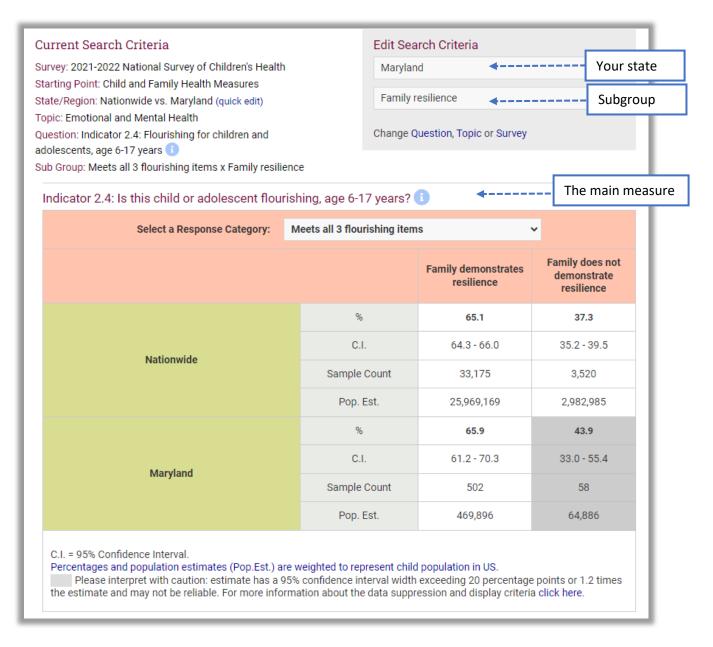


Report interpretation:

This measure shows that children age 6-17 years old who live in families that demonstrate resilience characteristics are significantly more likely to flourish as assessed in the NSCH (65.1% versus 37.3%).

For more information, see Bethell CD, Gombojav N, Whitaker RC. Family Resilience and Connection Promotes Child Flourishing, Even Amid Adversity. Health Affairs. 2019;38(5):729-737. Available at: https://www.healthaffairs.org/doi/10.1377/hlthaff.2018.05425

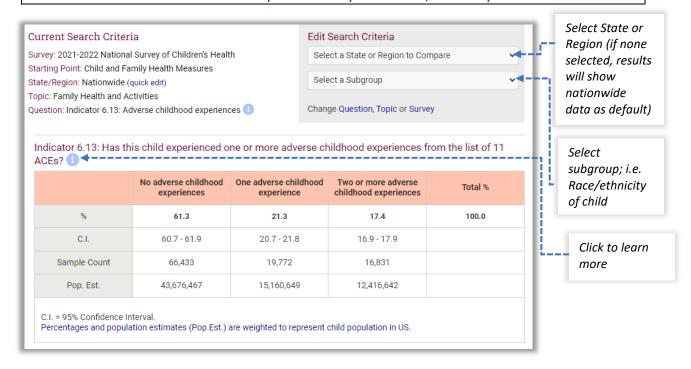
Subgroup Comparison in Your State – Compare your state with the national average:



Report interpretation:

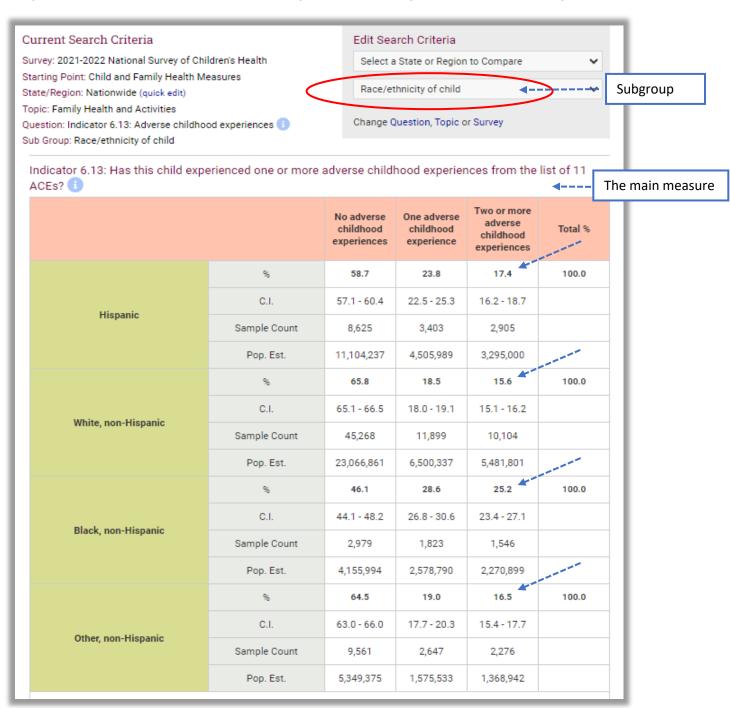
This view shows that the association between family resilience and child flourishing does not differ much between children age 6-17 years old in Maryland (65.9%) and nationwide (65.1%).

Subgroup Comparison Example 2: Prevalence of children who experienced two or more adverse childhood experiences by their race/ethnicity



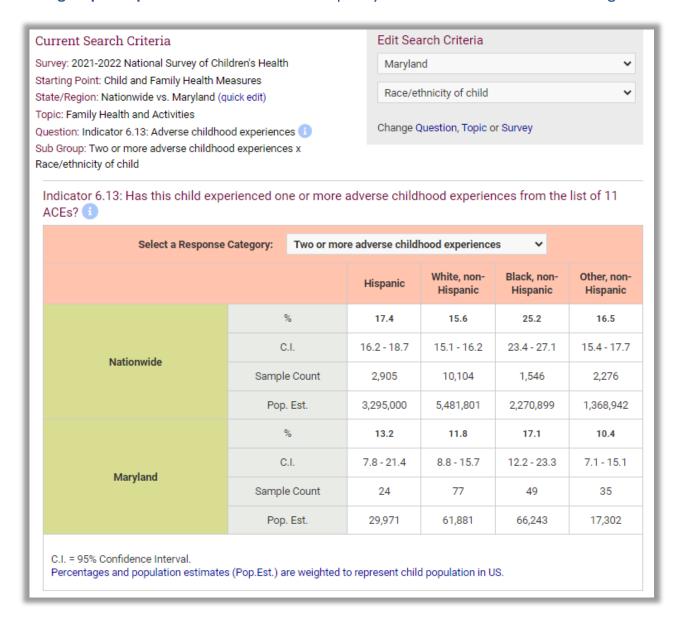
Subgroup Comparison – Nationwide:

Once you select a subgroup, the table will show the selected measure (i.e. Adverse childhood experiences) by subgroup (i.e. Race/ethnicity). This reports differences in prevalence of children experienced two or more adverse childhood experiences (ACEs) by child's race and ethnicity.



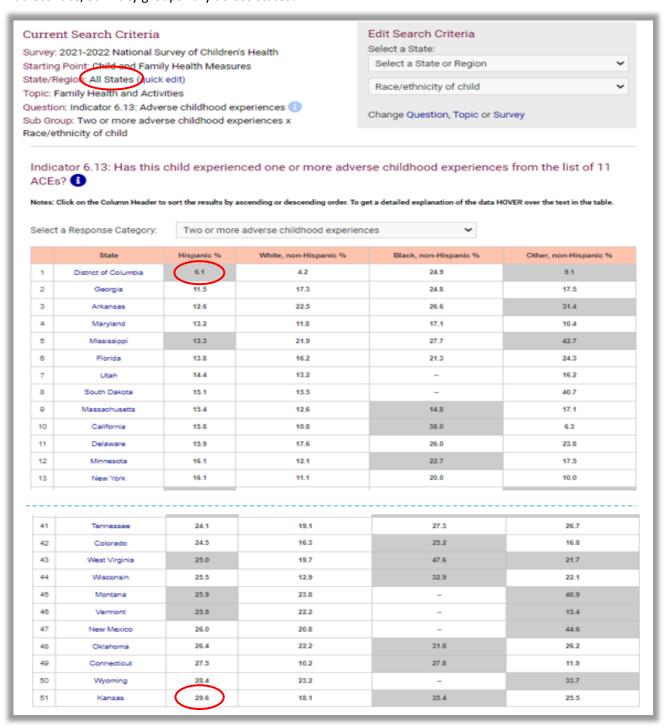
Report interpretation: Children who experienced two or more adverse childhood (ACEs) events ranged from 15.6% to 25.2% across the 4 race/ethnicity groups evaluated in the NSCH. Specifically, 15.6% of non-Hispanic white children had parents who reported their children experienced two or more ACEs, whereas 25.2% of non-Hispanic black children had parents who did so.

Subgroup Comparison in Your State – Compare your state with the national average:



Report interpretation: This view shows a direct comparison with how children in one state (Maryland) compare with children nationwide. In this example, a smaller proportion of children in Maryland across all race/ethnicity groups experience adverse childhood experiences (ACEs) than the same groups nationwide. For instance, among non-Hispanic black children nationwide, 25.2% experience 2 or more ACEs compared with 17.1% of non-Hispanic black children in Maryland.

Comparing Across All States: Does the prevalence of two or more adverse childhood experiences across race/ethnicity groups vary across states?

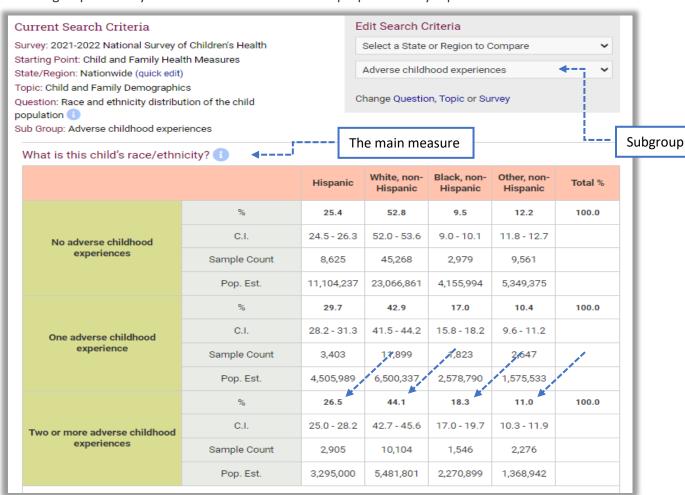


Report Interpretation: The prevalence of Hispanic children who experienced 2 or more adverse childhood experiences varies widely across US states, ranging from a low of 6.1% in the District of Columbia to 29.6% in Kansas. It is important to see that the experiences of Hispanic children differ across the United States. Knowing this demographic and geographic variation is important for planning how to address health equity at the local and national level.

Part 2: Part 2: Using the DRC to Assess the Distribution of Children on a Measure Across a Subgroup

Distribution of Children with a Specific Issue/Topic, by Race/Ethnicity: Proportion of all children who experience Adverse Childhood Experiences that are Hispanic, Non-Hispanic white, non-Hispanic black, or other race/ethnicities.

Note: This is different from variations in prevalence as shown in previous subgroup comparisons in Part 1. To view distribution by race/ethnicity 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. You may want to know if children are disproportionately represented on a measure.



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. For example, among all children with 2+ ACEs, 26.5% were Hispanic, 44.1% were white, 18.3% were black, and 11.0% were other race/ethnicity. Since Hispanic children are also 26.5% of the overall population of children (See: https://www.childhealthdata.org/browse/survey/results?q=10801&r=1), they are not disproportionately represented among children with 2+ACEs. However, Black children are 12.9% of the population of children in the US and are disproportionately represented among those with 2+ ACEs (18.3%).