

**2011 AMCHP and Family Voices National Conference: Merging Data and Policy for Children's Health: Influencing Change at the State Level Using the National Surveys of Children's Health and CSHCN**

**02/14/2011 Omni Shoreham, Washington, D.C.**

DR. MICHAEL KOGAN: Good morning everybody. Welcome to this session. Happy Valentine's Day. I want to mention that all of the presenters talked amongst ourselves and we agreed that if anybody in the audience would like to slip them mash notes or any presents after the session, just please feel free to come up and do so.

So, the session today is entitled Merging Data and Policy for Children's Health. Influencing change at the state level using the national surveys of children health and children's special health care needs. Can everybody see in the back? Okay, great. Okay.

It's session E10, which is a workshop, AMCHP/Family Voices Shared Session. I'm supposed to read certain things and this session is accredited for continuing education. Is there anybody here who's getting continuing education for a session? Great. Then I'll read the paragraph. Okay.

Immediately following the conference a link to the CDC training and continuing education online system will be posted on the AMCHP website. In order to receive continuing education you must complete the online CDC continuing education evaluation form by Monday, March 21, 2011. Be sure to keep track of the sessions you attend throughout the conference, as you will be required to enter this in the online system. A tracking system is provided in your conference bag. Further CE information can be found on Page 10 of your program.

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Let me also mention that a conference evaluation survey will be posted online immediately following the conference. A link to the survey will be e-mailed to all attendees. AMCHP will use your feedback to help plan future conferences. Your input is very important and greatly appreciated. Because this was designated a special session, I believe evaluation forms are already passed out to many of you.

And finally, please turn your cell phones to silent mode and I'm going to introduce the speakers then I'm going to give a brief introduction to the survey and then I'll tell you the order we're going to present in.

Our first presenter and our third presenter is Dr. Christy Bethell. She's a professor in the School of Medicine at Oregon Health and Sciences University. She's the founding director of the Child and Adolescent Health Measurement Initiative and the National Data Resource Center for Child and Adolescent Health.

The CAHMI is a research and policy group focusing on the development implementation and strategic dissemination of data on children and adolescent health and health care equality. Dr. Bethel serves as principal investigator for the Collaborative Development Validation and implementation of tools such as promoting healthy development survey, the young adult health care survey, the children with special health care needs screener and other measurement tools. Prior to being in Oregon, Dr. Bethel served as Senior Vice President of the Foundation for Accountability. She earned her MPH and MBA from the

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University of California, Berkeley and has a PhD in Health Sciences and Policy Research from the University of Chicago.

Our second presenter is Dr. Ashley Schrempf. She's a health scientist with the Office of Epidemiology Policy and Evaluation whose research focuses on socioeconomic interracial and ethnic disparities and Maternal and Child Health and policy relevant strategies to reduce inequality. She completed her doctoral studies in the Department of Population Family of Reproductive Health at the John's Hopkins Bloomberg School of Public Health in 2007 with dual training in demography and perinatal epidemiology. She then worked as an epidemiologist for the Hawaii Health Department and recently completed an Academy Health fellowship at the National Center for Health Statistics.

Our fourth speaker is Dr. David Alexander. He's been the President and CEO of the Lucille Packard Foundation for Children's Health since February 2007. Prior to that, he cared for children as the pediatrician, served as president and medical director of children's hospitals and advocated at the national level for policies that promote the wellbeing of children. Dr. Alexander served most recently as Medical Advisor for public policy for the National Association of Children's Hospitals and related institutions. From 2002 to 2005 he was president of Demos Children's Hospital in Grand Rapids, Michigan and before that served for nine years as medical director administrator of Blank Children's Hospital in Des Moines, Iowa. Dr. Alexander earned his medical degree from Columbia University and a Bachelor of Science in Biology at Yale. He completed his pediatric residency

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at Columbia Presbyterian Medical Center and also \*\*\*\* Robert Wood Johnson fellow in the division of general pediatrics at Children's Hospital of Philadelphia.

I'm sorry, I forgot to mention. I'm Michael Kogan from the Maternal and Child Health Bureau. Also in the office of epidemiology policy evaluation and that was I think the longest I've ever had to read a script since 6th grade when I was played the role of the camper in Allan Sherman's Hello Mudduh Hello Faddah. If we go out for drinks tonight and you have given me enough drinks I'll sing it for you at that time.

I'm going to begin by telling you a little bit about the 2007 National Survey at Children's Health. I'm delighted at the attendance here. Obviously the topic is one that is important. We can – if you look back 10 years ago, there was no data on children's health at the state level. We're just routinely collected from Vital Statistics. We've come a long way since then. What we found though is it doesn't answer a lot of questions. One it doesn't get down a local level and, two, there are larger forces that impinge on children's health as we've all talked about with social determinants with the Life Course. So this session is another way to try to tackle some of the problems that we are examining in children's health. A number of the presentations are going to focus on, a, what we can do at a state level, and, b, looking at other contextual factors that you can merge with this dataset to get more information about information in your state. Then let me add as another note, this survey is done every four years and the 2011

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National Survey of Children's Health is either just going into a field right or will be going into the field in the next week or so.

For a 2007 National Survey of Children's Health – it doesn't want to move. Page down. There we go.

As I mentioned, the purpose of this survey is not just to produce national estimates. There were surveys before this that produced national estimates. We wanted to get state level estimates as well and not just looking at the health of children but looking at it in the broader context of their lives. We wanted to look at their families, and their neighborhoods, what are the positive aspects of their lives as was talked about for those of you who attended the earlier session on adolescent health.

We envision a number of uses for it. One was using it for Title V needs assessment. Both this and the National Survey of Children's Special Health Care Needs are sometimes used to address performance measures as well as needs assessments. And we looked at – and now since this is going in – in 2011 will be the third iteration of these surveys. We can start looking at trends over a number of years in terms of what's happening for a number of important outcomes like breastfeeding, obesity, or chronic conditions. And it's been used in a number of instances for scientific research.

The way the survey's designed it's random digit dial for all 50 states and District of Columbia. It started off as a landline survey; we've had to move to both being a landline and a cell phone only

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survey because of changes. We screen households for children under 18 years of age and if there's more than one, one child is selected to be the target of the interview. In most cases, the respondents the parent. Almost 95 percent of the cases. It's conducted in English, Spanish, and four Asian languages. As you can see, about 94 percent are conducted in English.

Because we use sampling \*\*\*\* because we have to adjust for non-response biases; for example, people who don't have any telephones. Originally it was people who might have had no – who did not have any landlines. The sample sizes almost 100,000 kids, making it probably one of the largest surveys in the world.

In order to save time, I'm just going to let you look at these. As you can see, I'm just going to touch on a couple of points.

Respondents are asked about a number of sections. We look at the child's health, we look at their health care access \*\*\*\*, and we look at the family functioning, parental health, and neighborhood conditions. Then we have a specific sections where we ask – for the younger kids we ask about whether he \*\*\*\* development screening we ask about childcare arrangements and we ask about other factors as you can see there.

Then for older, school aged children, again, harkening back to this mornings plenary session, we ask about a number of questions that were brought up, like school enrollment, school engagement, activities outside school, close parental involvement in the child's activities, closeness to the parents, and time spent outside school. The unique features, some of which I mentioned, is we don't just

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look at the health of the child, we try to get a snapshot of the child's life in general and we also look at a number of positive indicators.

What's interesting is just as for your information if you look at the state ranges, the indicator that has the biggest range is child attending religious services once a week or more. Going from 25 percent in Vermont to almost 75 in Utah. And the smallest range is child missing the number of days of school missed, which again proves the old adage that no matter where you live you really can't fool your parents. No matter how many hot water bottles you put under the bed when you're –

And Christy's going to talk about this. She manages the Data Resource Center. If you come away with nothing else from this session, write down this website because you don't have to be an epidemiologist to get information about your state instantly. You can go there and say, "Wow! I'd love to know the percent of kids who are breastfed in my state." And you can just click on something and you'll have that information instantly.

So with that, I'm going to turn it over to Christy.