HRSA
Maternal & Child Health

2019 Maternal and Child Health Jurisdictional Survey (MCH-JS)

Data Brief | January 2022

BACKGROUND

The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCH) funded and directed the MCH-JS to provide information on the health and well-being of mothers and children in eight United States-affiliated jurisdictions: the territories of American Samoa (AS), Guam (GU), the U.S. Commonwealth of the Northern Mariana Islands (CNMI), Puerto Rico (PR), and the U.S. Virgin Islands (VI); the freely associated states of the Federated States of Micronesia (FSM), Republic of the Marshall Islands (RMI), and Republic of Palau (PW).

The MCH-JS is based on the National Survey of Children's Health (NSCH). NSCH does not collect data for the eight jurisdictions. The goal of the MCH-JS was to conduct a survey similar to the NSCH, but with questions targeting both the health of mothers and their children.

The target population for this survey was women aged 18+, who had at least one child aged 0-17 living in the same household. The survey has core questions for which all jurisdictions provide responses and a set of jurisdiction-specific questions developed in conjunction with the individual jurisdictions. The core topics include: child's emotional and physical health, learning, parent-child interactions, household smoking and betel-nut chewing, parental physical and mental health, Zika virus, and household sociodemographic characteristics. Jurisdiction-specific questions include child ear infections, postpartum depression, postpartum health care, and child seat belt use.

Data collection team in Palau conducted a random walk sampling protocol.

U.S. Virgin Islands Department of Health staff used data from the MCH-JS to develop a drive-thru oral health fair.

United States Territories and the Freely Associated States are not often part of national health surveys essential for data-driven program planning. The MCH-JS aimed to fill some data gaps. For the first time, through this data collection, HRSA's MCHB provided data for 19 National Performance Measures and 14 National Outcome Measures for Title V Maternal and Child Health Block Grant Programs in the 8 jurisdictions.

2019 JURISDICTIONAL TITLE V BLOCK GRANT MEASURES

2019 National Performance Measures								
	AS	**FSM**	**GU**	**CNMI**	**RMI**	**PW**	**PR**	**VI**
Well-woman visit	47.0%	57.8%	59.1%	55.5%	48.3%	59.1%	77.9%	76.6%
Infants ever breastfed	83.0%	81.9%	86.2%	74.2%	55.8%	95.5%	87.4%	86.0%
Safe sleep - back sleep position	9.7%	51.4%	51.4%	35.3%	41.8%	58.6%	65.3%	64.1%
Developmental screening	-	-	22.5%	18.8%	1.5%	40.3%	7.5%	13.2%
Injury hospitalization (child)	50.4%	12.6%	16.3%	2.5%	10.9%	50.7%	14.3%	41.4%
Injury hospitalization (adolescent)	44.7%	9.4%	15.6%	4.7%	4.0%	42.8%	13.4%	22.5%
Physical activity (child)	50.6%	41.2%	56.1%	52.7%	68.5%	61.9%	35.8%	72.5%
Physical activity (adolescent)	36.4%	39.5%	49.6%	36.1%	71.7%	50.1%	20.2%	39.8%
Bullying	10.2%	13.9%	-	16.1%	9.9%	31.5%	27.9%	-
Adolescent well visit	37.7%	23.2%	66.4%	42.4%	45.9%	31.6%	92.0%	67.7%
Medical home (CSHCN)	-	10.4%	51.7%	13.3%	14.3%	22.0%	57.1%	37.4%
Medical home (non-CSHCN)	1.3%	17.3%	38.3%	23.8%	16.6%	17.3%	55.2%	35.9%
Transition care (CSHCN)	59.3%	10.4%	-	51.0%	50.0%	-	6.4%	62.3%
Transition care (non-CSHCN)	38.6%	28.8%	44.9%	48.4%	22.8%	28.3%	17.4%	26.5%
Dental visit during pregnancy	16.4%	46.9%	44.5%	28.9%	48.7%	31.8%	71.4%	46.3%
Dental visit (1-17 yrs)	31.1%	10.6%	58.5%	31.5%	25.2%	57.0%	78.1%	46.0%
Smoking during pregnancy	-	-	2.7%	56.4%	12.8%	-	-	-
Smoking inside the house	4.7%	17.2%	4.5%	3.6%	12.8%	3.3%	3.4%	1.1%
Adequate insurance	4.5%	14.4%	60.7%	47.1%	6.9%	62.5%	70.7%	52.2%

Note: Estimates in red should be interpreted with caution due to unreliable estimates. Dashes indicate that the jurisdiction did not include the question or had no positive responses. AS=American Samoa, FSM=Federated States of Micronesia, GU=Guam, CNMI=Commonwealth of the Northern Mariana Islands, RMI=Republic of the Marshall Islands, PW=Palau, PR=Puerto Rico, VI=U.S. Virgin Islands

2019 National Outcome Measures								
	AS	**FSM**	**GU**	**CNMI**	**RMI**	**PW**	**PR**	**VI**
1st-trimester prenatal care	63.1%	-	-	77.0%	-	-	-	85.5%
Low birthweight[1]	5.6%	11.0%	9.9%	10.8%	9.8%	17.3%	13.5%	14.6%[1]
Preterm birth[1]	11.7%	23.1%	13.0%	14.2%	21.5%	23.4%	21.6%	15.1%
Dental decay/cavities	11.8%	18.2%	12.9%	13.0%	23.8%	21.3%	22.0%	12.3%
CSHCN prevalence	6.4%	7.8%	8.6%	6.2%	5.0%	8.4%	31.8%	13.1%
CSHCN systems of care	-	-	22.1%	2.6%	-	1.7%	13.1%	10.8%
Autism Spectrum Disorder	-	0.2%	0.5%	2.4%	1.6%	0.3%	3.1%	2.4%
ADD/ADHD	-	0.5%	0.5%	2.1%	2.0%	1.1%	10.4%	2.7%
Received mental health care	-	-	31.6%	19.2%	8.2%	-	44.8%	55.2%
Excellent/very good health	69.6%	75.8%	81.8%	81.2%	57.2%	76.3%	72.8%	83.4%
Obesity (adolescent)	24.9%	27.5%	17.4%	17.5%	18.2%	21.5%	20.2%	27.6%
Uninsurance	93.4%	61.4%	12.8%	21.5%	86.5%	8.8%	0.9%	11.7%
Postpartum depression	-	-	44.9%	56.5%	-	-	-	-
Forgone care	2.6%	8.5%	4.0%	6.1%	10.3%	3.8%	4.1%	10.0%

[1] These measures represent a prevalence of all children in the jurisdiction who were born at a low birth weight or preterm.

SUCCESSES

- Higher than expected response rates and at least 200 completed surveys in each jurisdiction
- Tested and validated data collection methods
- Survey tailored to local needs
- 2019 data informed the 2020 Five-Year Title V MCH Block Grant Needs Assessment

CHALLENGES

- Few previously conducted surveys to inform this data collection protocol
- Lack of current population estimates due to the impact of natural disasters since the most recent Census
- Difficulty obtaining responses due to physical challenges (like hilly terrain), the sparse population in some areas, and limited transportation options

Changes During Round 2 Data Collection

Round 2 data collection began in 2021. This round:

- Increases sample size from 200 to 250
- Includes new COVID-19 questions
- Provides direct measurement of height and weight

DATA COLLECTION METHODS

HRSA MCHB contractors worked with each jurisdictional Title V MCH program, engaged local interviewers/enumerators, and conducted in-person trainings.

- *How was the MCH-JS conducted?* The MCH-JS was performed using a random selection of towns/villages in each jurisdiction and employed a random walk protocol to randomly but systematically select households within towns/villages.

- *How were the data collected?* Survey participants completed an in-person interview. Data were entered into a tablet (iPad) by the interviewer/enumerator, then transmitted electronically.

- *Who completed the survey?* The MCH-JS was conducted as a household survey, and the respondent was a parent or guardian, preferably the mother, with knowledge of the sampled child.

- *How many households participated in the MCH-JS?* There were at least 200 completed household interviews per jurisdiction (range = 206-220). Children with special health care needs were given a higher probability of selection.

- *How many languages were used to collect data?* Surveys were conducted in English, Samoan, Chuukese, Tagalog, Palauan, Marshallese, and Spanish.

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