

ABOUT THE NSCH

The National Survey of Children's Health (NSCH), funded and directed by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), provides information on the health and well-being of children ages 0-17 years in the United States. The NSCH is the largest national and state-level survey on the health and health care needs of children, their families, and their communities.

STATE OVERSAMPLING

Oversampling to increase the sample size in a given state can support targeted assessment, program planning, and evaluation. Beginning with the 2020 survey year, states may sponsor two types of oversampling:

- State-wide oversampling: enables reporting for smaller populations or rare outcomes, such as minority race/ethnicity among CSHCN.
- Sub-state oversampling: enables local geographic reporting, such as city or county.

Plans to oversample in a given survey year must be finalized by mid-July of the previous year. For more information, see the [U.S. Census Bureau's National Survey of Children's Health](#).

2018 DATA RELEASE

New data from the 2018 NSCH are now available. To access these data and supporting materials, please visit [HRSA MCHB](#) or the [U.S. Census Bureau](#).

The National Survey of Children's Health (NSCH) is a key data source for monitoring the performance of the Title V Maternal and Child Health (MCH) Block Grant Program—a federal-state partnership to support service systems for improving the health of mothers, infants, children, including children with special health care needs (CSHCN), and their families in all 50 states and 9 jurisdictions.

The Title V MCH Block Grant utilizes national data sources to track the ultimate outcomes of the program - National Outcome Measures (NOMs) – and the key metrics of health behavior or health care access and quality - National Performance Measures (NPMs) - that influence NOMs. The NSCH is the data source for 9 of 15 NPMs and 7 of 25 NOMs (see the 9 NPMs in the table below).

EXAMPLES OF NSCH DATA

Title V MCH Block Grant National Performance Measures (NPMs)

- Based on their identified priority needs, states must select at least 5 NPMs to address over a 5-year reporting cycle—one in each of 5 population domains: Women's/Maternal, Perinatal/Infant, Child, Adolescent, and CSHCN. The most commonly selected NPMs from the NSCH are NPM-11: Medical Home (44 states) and NPM-6: Developmental Screening (40 states). More information on the [Title V MCH Block Grant Program or NPM definitions](#).
- Many NPMs show significant room for improvement. For example, in 2017-2018, only 27.7% of children 6-11 years met physical activity guidelines of at least 60 minutes per day in the last week (NPM-8). However, percentages ranged from 19.0% in Texas to 43.3% in West Virginia. View [state-level rates and rankings for all NPMs](#).
- Obesity is an example of a population health status NOM influenced by NPM 8: Physical Activity. In 2017-2018, 15.3% of 10-17 year olds were obese according to weight and height information reported by a parent or caregiver.

Title V National Performance Measures from the NSCH, 2017-2018

NPM #	Measure Title	# State Selections	US %	State Range
NPM-6	Developmental Screening, 9-35 months	40	33.5%	20.8% - 58.5%
NPM-8	Physical Activity 6-11 years	20	27.7%	19.0% - 43.3%
	Physical Activity 12-17 years	12	17.5%	5.7% - 22.6%
NPM-9	Bullying - Perpetration, 12-17 years*	12	15.3%	6.9% - 27.7%
	Bullying - Victimization, 12-17 years*		38.9%	26.8% - 59.6%
NPM-10	Adolescent Well-Visit, 12-17 years^	37	78.7%	67.9% - 90.9%
NPM-11	Medical Home, 0-17 years - CSHCN	44	42.7%	26.3% - 53.3%
	Medical Home, 0-17 years - Non-CSHCN		49.4%	42.4% - 62.3%
NPM-12	Transition to Adult Care, 12-17 years - CSHCN	36	18.9%	6.4% - 41.6%
	Transition to Adult Care, 12-17 years - Non-CSHCN		14.2%	6.8% - 31.5%
NPM-13	Preventive Dental Visit, 1-17 years	30	79.7%	70.9% - 87.9%
NPM-14	Smoking Household Member, 0-17 years	13	14.9%	6.9% - 26.3%
NPM-15	Adequate and Continuous Insurance, 0-17 years	8	67.5%	58.9% - 82.5%

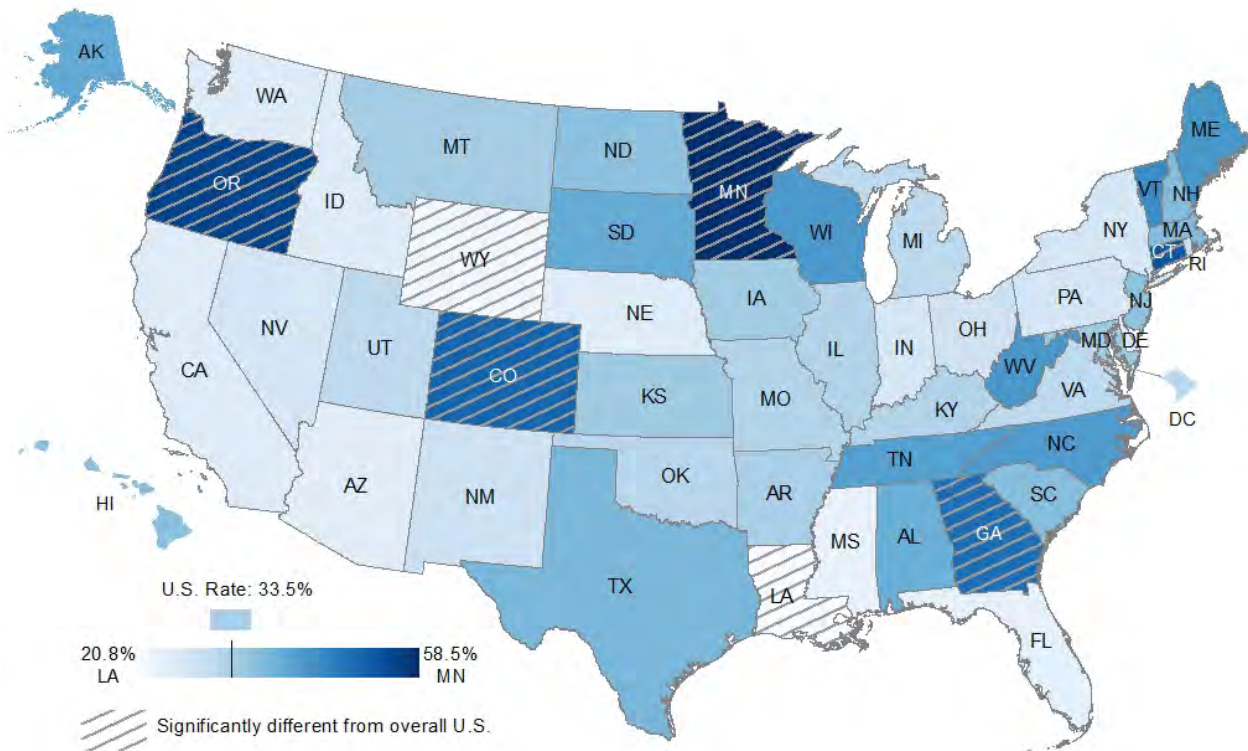
*Reflects 2018 data only due to changes in survey items

^Reflects 2016-2017 data due to changes in survey items

Spotlight on NPM-6: Developmental Screening

- Universal developmental screening before the age of 3 years is recommended to support early identification of developmental delays and disabilities with referrals to services that support health and educational success. In 2017-2018, about 1 in 3 children (33.5%), ages 9 through 35 months, received a parent-completed developmental screening from a health care professional in the past year that included assessment of communication and behavior.
- Selected by 40 states for programmatic focus, developmental screening rates vary widely across states, ranging from 20.8% (LA) to 58.5% (MN) in 2017-2018. Compared to the overall U.S., Minnesota (58.5%), Oregon (55.6%), Connecticut (53.0%), Colorado (50.5%), and Georgia (49.4%) had significantly higher rates that may reflect evidence-based quality improvement efforts. See [NPM-6: Developmental Screening](#).

NPM-6: Developmental Screening



NSCH DATA COLLECTION

HRSA MCHB works with the U.S. Census Bureau to conduct the survey and produce a final data set for public use.

- **How often is the NSCH conducted?** The NSCH is conducted annually.
- **How are the data collected?** Survey participants complete either web-based or self-administered paper-and-pencil questionnaires.
- **Who completes the survey?** The NSCH is conducted as a household survey, and the respondent is a parent or guardian with knowledge of the sampled child.
- **How many households participate in the NSCH?** One child per household is selected to be the subject of the detailed age-specific questionnaire. In 2018, parents completed age-specific questionnaires for 30,530 children. These data can be combined with an additional 21,599 children from 2017, representing a combined total of 52,129 children in 2017-2018.