Indicators of Child and Adolescent Wellbeing: A catalog of data sources

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Introduction

This catalog was developed as a guide to locate data sources for a variety of indicators related to the wellbeing of children and adolescents. In addition to listing reputable sources for information and statistics related to each indicator, the catalog provides a brief description of what each source provides, and what level of geographic data are available. While many of the sources provide open access to their data for public use, others restrict access to researchers and prescreened entities. Additionally, please be mindful of dates, sample size, and reliability coefficients as you determine which source of data best meets your needs. We hope that you find this information useful as you seek to gain a better understanding of indicators of child and adolescent wellbeing. Please direct comments, questions, or additions to Rose Frech at rfrech@CommunitySolutions.com.
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INFANT MORTALITY

Infant mortality is described as the death of a baby before his or her first birthday. Infant mortality rates are determined by the number of babies who died in the first year of life, per 1000 live births. Typically, death certificates are linked with birth certificates to obtain the data.

Data Sources

Ohio Department of Health
What it provides: The Ohio Department of Health is the primary source of infant mortality statistics in Ohio, obtained through the death certificates for all deaths in the state. They also produce fact sheets detailing information on Ohio’s rates, as well as data sorted by neonatal and postnatal deaths, and race.
Geographic level: Information is provided at the state and county levels.

National Vital Statistics System
http://www.cdc.gov/nchs/vitalstats.htm
What it provides: The National Vital Statistics System is one of several large data collection systems available via the Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics. VitalStats provides an interactive tool to access the data, through tables, data files, and reports on birth and mortality rates, including infant mortality. Data are compiled from local data on death, births, marriages, and divorce. Linked birth and infant death data are also available, which can be used as a tool to examine the relationship between risk factors present at birth and infant death. Fetal death data are also available. Many pre-built tables are already accessible, examining national infant mortality alongside age of mother, birth weight, mother’s place of birth, etc. Custom tables can be built, using other indicators provided by death certificates.
Geographic level: National-, state-, and county-level data are collected. National and state data are available online. County-level data (for counties with populations over 100,000 only) require a log-in for access, which can be obtained for research purposes, after agreeing to terms of use.

PeriStats
http://www.marchofdimes.com/peristats/Peristats.aspx
What it provides: PeriStats is an interactive perinatal data resource developed by the March of Dimes. The data on PeriStats originate from multiple sources. Infant Mortality data are sourced from the National Center for Health Statistics, and can be further evaluated by race, age at time of death, cause of death, etc.
Geographic level: The tool provides U.S., state, county, and city maternal and infant mortality data.
Ohio Child Fatality Review

What it provides: Annually, the Ohio Child Fatality Review Board publishes a comprehensive report of all child deaths (children under 18) in the state occurring in the previous calendar year. This includes accidents, homicides, and suicides. Infant deaths from all causes are reviewed.

Geographic level: Due to small sample sizes and confidentiality concerns, county-specific data are not available; however, local health boards may publish the data for individual counties.

Other Sources for Accessing Data and Information Related to Infant Mortality:

Kaiser Family Foundation: http://kff.org/other/state-indicator/infant-death-rate/

County Health Rankings: http://www.countyhealthrankings.org/

World Health Organization (includes international data): http://data.worldbank.org/indicator/SP.DYN.IMRT.IN


Community Health Status Indicators 2009: http://wwwn.cdc.gov/CommunityHealth/homepage.aspx?j=1
CHILD AND ADOLESCENT MENTAL HEALTH STATUS

According to the World Health Organization, child mental health is a child’s or adolescent’s capacity to achieve and maintain optimal psychological functioning and wellbeing.

There are multiple methods for measuring mental health status, but many sources seek to estimate the number of children suffering from mental health disorders or exhibiting problematic social-emotional behaviors. Mentally “unhealthy” days may be used as measurement. This information is most often collected by parent or child report, through surveys, assessments, or screening tools, asking a variety of questions related to history of diagnosis, school difficulties, or problems with peers due to behaviors. Diagnoses codes, collected from physicians, may also act as a measurement.

Data Sources

National Survey of Children’s Health
http://www.childhealthdata.org/home
What it provides: The survey collects data, via telephone, on many aspects on children’s lives, including mental health status. It is sponsored by the U.S. Department of Health and Human Services. In the 2011-2012 survey, over 95,000 households with children participated. The data are collected approximately every four years.
Geographic level: National, state, and regional data are available for public use. Local data, by zip code, are collected through the survey, but can only be accessed onsite at the National Center for Health Statistics Research Center in Maryland after submitting a proposal.

National Health Interview Survey
http://www.cdc.gov/nchs/nhis.htm
What it provides: The survey, backed by the CDC, collects data annually through in-person interviews among a nationally representative sample. Detailed information is collected for each child participant, including items related to mental health, such as history of diagnosis and responses to items from the Child Behavior Checklist. Approximately 12,000 child participants are included.
Geographic level: National- and regional-level (four regions) data are available for public use; however, some information is limited due to confidentiality restrictions. State-level data are not available (the NHIS cannot provide reliable data at this level due to small sample size).
More detailed information, including data with state-identifiers, can be accessed at the NCHS Data Research Center after submitting a proposal. Selected key indicators are released on the NHIS website through the Early Release Program.
National Health and Nutrition Examination Survey
http://www.cdc.gov/nchs/nhanes.htm
*What it provides:* The National Health and Nutrition Examination Survey (NHANES) is a continuous study designed to assess the health and nutritional status of adults and children in the United States. The survey includes both interviews and physical examinations. The survey examines a sample of 5,000 individuals each year, representing all age groups. Mental Health is an indicator tracked through this research. Data are released in two-year cycles.

*Geographic level:* All geography below the national level is restricted for public use; however researchers can request access to limited data sets through the Health Statistics Research Center.

The Youth Risk Behavior Surveillance System
http://www.cdc.gov/HealthyYouth/yrbs/index.htm
*What it provides:* The Youth Risk Behavior Surveillance System (YRBSS) is also available via the CDC, and monitors dangerous youth behaviors that contribute to the leading causes of death and disability. It is completed biennially. The YRBSS collects data through a national school-based survey representing over 16,000 students. In 2013, 47 states participated. Indicators of children’s mental health include feelings of sadness/hopelessness, drug/alcohol use, and suicidal behaviors. Additional related indicators of incidence of violent behaviors, bullying, sexual activity, body weight, nutrition, and physical activity are also measured.

*Geographic level:* National data are available for free download, and national files with state identifiers can be obtained through a data request. State and district data are owned by the jurisdiction, which can give permission to share the data with the CDC and can be obtained for outside use via a data request. Jurisdictions may also elect to publish results independently. Not all states participate in the survey.

Ohio Department of Mental Health Office of Research and Evaluation
http://mha.ohio.gov/Portals/0/assets/News/Publications/volumeOne.pdf
*What it provides:* The Office of Research and Evaluation conducts regular studies on the mental health system in Ohio. Areas of focus include treatment and outcomes, access, and disparities for children, adolescents, and adults with mental illness. Funding, best practice evaluation and system issues are also explored. An e-journal, *Behavioral Health in Ohio: Current Research Trends,* shares information on recent behavioral health research in Ohio.

*Geographic level:* Geographic level varies, depending on the study’s research methodology.

Other Sources for Accessing Data and Information Related to Child Mental Health:

SAMHSA (Substance Abuse and Mental Health Services Administration):
http://www.samhsa.gov/data

Mental Health Surveillance Among Children (CDC): http://www.cdc.gov/mmwr/preview/mmwrhtml/su6202a1.htm

Zero To Three: http://www.zerotothree.org/child-development/early-childhood-mental-health/
BASIC NEEDS

Basic needs are the requirements of life necessary to survive and thrive. Multiple data sources examine the prevalence of children experiencing food insecurity, homelessness and inadequate housing, and poverty.

Data Sources

American Fact Finder: The American Community Survey and The Decennial Census
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
What it provides: The American Community Survey (ACS) is a data collection effort of the U.S. Census Bureau. The household survey is distributed annually to approximately 2.5 percent of the population. In addition to demographic information, the ACS collects data on many indicators related to income, employment, education, and housing. At the time of this writing, 2013 ACS data are available. The ACS is hosted on American Fact Finder. American Fact Finder also includes reports from the Decennial (10 year) Census, as well as data from other sources, such as the Population Estimates Program and the Annual Economic Survey.
Geographic level: While there is some variation by indicator, many datasets are available at the national, state, MSA, census tract and zip code level. Small geographies typically have larger margins of error (MOEs); however using data from combined years can provide higher confidence intervals.

Housing and Urban Development Point-in-Time Count
https://www.onecpd.info/hdx/guides/pit-hic/
What it provides: Point-in-Time counts provide data on individuals, including children, living in shelters, on the streets, cars, parks, or transitional housing. The information is collected, as required by the U.S. Department of Housing and Urban Development (HUD), the last 10 days of January. Results are compiled by HUD to generate an assessment of homelessness.
Geographic level: National, state, and local Continuum of Care estimates are available.

Feeding America Map the Meal Gap
http://feedingamerica.org/
What it provides: Feeding America is a source for current data on food insecurity. Interactive maps allow users to examine food insecurity rates, the average cost of a meal, the number of individuals who are food insecure, the number of people eligible for the Supplemental Nutrition Assistance Program (SNAP), and food pantry usage, as well the amount of additional funds necessary to meet the food demand.
Geographic level: Data are available by state, county, congressional district, and food bank service area.
Food Research and Action Center
http://frac.org/

What it provides: The Food Research and Action Center provides a snapshot of information on food insecurity, use of nutrition programs (including SNAP) and poverty. Data are derived from the U.S. Department of Agriculture, U.S. Census Bureau, and other sources.

Geographic level: Data are available for each U.S. state.

Opportunity Index
http://www.opportunitynation.org/pages/the-opportunity-index

What it provides: The Index explores complex variables related to the economy. Data are available on food availability, health care availability, housing, poverty, incomes, and many other indicators.

Geographic level: National, state, and county data are available and can be compared.

NEOCANDO
www.neocando.case.edu

What it provides: NEOCANDO is the Northeast Ohio Community and Neighborhood Data for Organizing. The interactive tool provides Census data, as well as data from other sources, and allows users to build tables, maps, and graphs. Community profiles are also available. Data are provided on a range of topics, including housing, poverty, income, public assistance, and employment.

Geographic level: Data are available by county, zip code, neighborhood, and census tract, throughout the Northeast Ohio region. The site is free but requires registration.

Other Sources for Accessing Data and Information Related to Child Basic Needs:


National Center for Children in Poverty: http://www.nccp.org/

County Health Rankings: http://www.countyhealthrankings.org/
ADOLESCENT SEXUAL ACTIVITY AND PREGNANCY

Frequency of sexual activity, teenage birth rates, teenage unintended pregnancy rates, sexually transmitted disease rates, and use of contraceptives are all important measures of adolescent sexual behavior and pregnancy.

Data Sources

The Youth Risk Behavior Surveillance System
http://www.cdc.gov/HealthyYouth/yrbs/index.htm

*What it provides:* The Youth Risk Behavior Surveillance System (YRBSS), available via the CDC, monitors dangerous youth behaviors that contribute to the leading causes of death and disability. It is completed biennially. The YRBSS collects data through a national school-based survey representing over 16,000 students. In 2013, 47 states participated. Information is collected on sexual behaviors that contribute to human immunodeficiency virus (HIV) infection, other sexually transmitted infections, and unintended pregnancy.

*Geographic level:* National data are available for free download, and national files with state identifiers can be obtained through a data request. State and district data are owned by the jurisdiction, which can give permission to share the data with the CDC, and can be obtained for outside use via a data request. Jurisdictions may also elect to publish results independently. Not all states participate in the survey.

Pregnancy Risk Assessment Monitoring System
http://www.cdc.gov/prams/index.htm

*What it provides:* The Pregnancy Risk Assessment Monitoring System, or PRAMS, is a project of the CDC and collects information from women, including teenagers, on maternal attitudes before, during, and after pregnancy, as well as information related to unintended pregnancy, use of contraception, pregnancy, infant health, and breastfeeding. The sample ranges from 1,300 to 3,400 women per year, who participate via a mail questionnaire. About 200 women are sampled in Ohio.

*Geographic level:* 37 states provide data (including Ohio). The data are collected through a representative sample, which is then applied to the corresponding state but cannot apply at the county or zip code level. Researchers can access the data files for multiple states through an information request through the CDC. State-specific data must be requested through the state PRAMS Coordinator (in Ohio, requests go the Ohio Department of Health Institutional Review Board). Data summaries are available online.
National Vital Statistics System
http://www.cdc.gov/nchs/vitalstats.htm
What it provides: The National Vital Statistics Systems is one of several large data collection systems under The National Center for Health Statistics. VitalStats provides an interactive tool to access the data, through tables, data files, and reports on birth and mortality rates. Data are compiled from local information on death, births, marriages, and divorce. The system can be used for tracking teenage birth rates.
Geographic level: National-, state-, and county-level data are collected. National and state data are available online. County-level data (only for counties with populations over 100,000) require a log-in for access, which can be obtained for research purposes after agreeing to terms of use.

National Survey of Family Growth
http://www.cdc.gov/nchs/nsfg.htm
What it provides: The survey collects data on marriage, divorce, pregnancy, infertility, use of contraception, and reproductive health through in-person interviews. It targets individuals from age 15-44. Data are collected continuously, in cycles. The most recent cycle began in 2011 and runs through 2015. The previous cycle included over 22,000 men and women.
Geographic level: Key national statistics are online, however data by state, county, MSA, block, block group, or census tract can be accessed through the National Center for Health Statistics Research Center, through a request for access.

Ohio Vital Statistics
What it provides: The Ohio Department of Health publishes teenage pregnancy data derived from the Ohio Vital Statistics, on the sum of live births, induced abortions, and fetal loss. OHD also supplies data on the occurrence of sexually transmitted diseases (STDs), by disease type. Data are sorted by age category.
Geographic level: Data are available by county. Rates are per 1,000 females. STD rates are by per 100,000 of the total population.

Other Sources for Accessing Data and Information Related to Adolescent Sexual Activity and Pregnancy:

Teenage Pregnancy Prevention Resource Center: http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/

County Health Rankings: http://www.countyhealthrankings.org/
CHILD AND ADOLESCENT IMMUNIZATIONS

Immunization data capture vaccination rates, or number of children receiving recommended vaccinations in a given population.

Data Sources

National Immunization Survey
http://www.cdc.gov/nchs/nis.htm
What it provides: The National Immunization Survey (NIS), initiated by the Centers for Disease Control and Prevention, is an ongoing telephone survey of families, to collect information on the vaccines received by young children in the home (19-35 months). The NIS-Teen collects information, also via telephone survey, on vaccination levels for adolescents, ages 13-17. Households report information on what vaccines age-eligible children have received. Data tables are available for free online.
Geographic level: The NIS estimates coverage by state, and six urban areas. Additional cities and counties are included for each cycle, and this varies each year.

The Centers for Disease Control and Prevention Annual School Reports
http://www.cdc.gov/vaccines/stats-surv/schoolsurv/assessment-reports.htm
What it provides: The reports present state-based data on vaccination coverage in child care settings, kindergartens, and middle schools. Schools and states are responsible for reporting periodic assessments of vaccine coverage. This information is reported to the CDC. Updated rates are available annually, as well as information on poverty and vaccines, and five-year trends are also available.
Geographic level: Reports on vaccination coverage can be generated by state, and for select urban cities.

Medicaid EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) Data
http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html
What it provides: Medicaid collects data from state agencies on EPSDT performance annually. EPSDT is a benefit for Medicaid recipients under age 21. It includes physical exams, laboratory tests, and appropriate immunizations. Medicaid releases data on state and national EPSDT performance, including the number of children who were provided screenings, immunizations, corrective treatment, and dental services.
Geographic level: Data are publically available at the state and national levels.
Other Sources for Accessing Data and Information Related to Child Immunizations:

Advisory Committee on Immunization Practices: http://www.cdc.gov/vaccines/acip/index.html

Immunization Action Coalition: http://www.immunize.org/

Every Child by Two: http://www.ecbt.org/

CHILDREN AND ADOLESCENTS WITH DISABILITIES

Data related to individuals, 0-18, with developmental or medical conditions, which may limit their ability to participate fully in school, work, or home life.

Data Sources

Ohio Department of Education
http://education.ohio.gov/Topics/Data

*What it provides:* The Ohio Department of Education releases annual report cards, grading schools on a selection of indicators of student achievement. The report cards include measures of progress for students with disabilities. Additionally, ODE’s Special Education Resource provides extensive Microsoft Excel reports, by district, specific to children with disabilities, tracking graduation and dropout rates, discipline data, school performance and participation, and transitions.

*Geographic level:* Report cards are available by district or school building. Special Education reports are available by district.

The American Community Survey
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml

*What it provides:* The American Community Survey, or ACS, is a data collection effort of the U.S. Census Bureau. The survey is distributed annually to approximately 2.5 percent of the population. In addition to demographic information, the ACS collects data on many indicators related to income, employment, education, and housing. The most current data are for 2013. Data are available on the number and percentage of children with a disability, as well as the percentage of children with a disability living below the poverty line, and without health insurance. ACS measures poverty by inquiring about the following conditions: hearing, vision, cognitive, ambulatory, self-care, or independent living disabilities.

*Geographic level:* Data on this indicator are available at the national, state, MSA, and zip code levels.

The National Assessment for Educational Progress
http://nces.ed.gov/nationsreportcard/

*What it provides:* The NAEP is administered by the Commissioner for Education Statistics, who heads the National Center for Education Statistics (NCES). The NAEP examines a representative sample for the purposes of collecting information on student achievement. Prevalence data, as well as statistics on severity, accommodations, and students with disabilities receiving free or reduced lunch are available. Aggregate data are available on the NAEP website and customized tables can be produced using the NAEP data tool. THE NCES also produces a variety of reports based on the data.

*Geographic level:* National, state and regional results are available. School-level results are not available.
National Health Interview Survey
http://www.cdc.gov/nchs/nhis.htm
*What it provides:* The survey, backed by the CDC, collects data annually through in-person interviews among a nationally representative sample. Detailed information is collected for each child participant, including items related to disability, such as involvement in early intervention/special education, and limitations with daily activities. Approximately 12,000 participants are included.
*Geographic level:* National- and regional-level (four regions) data are available for public use; however, some information is limited due to confidentiality restrictions. State-level data are not available (the NHIS cannot provide reliable data at this level due to small sample size). More detailed information, including data with state identifiers, can be accessed at the NCHS Data Research Center after submitting a proposal. Selected key indicators are released on the NHIS Website through the Early Release Program.

The Cornell University Employment and Disability Institute—Local Disability Data for Planners
http://disabilityplanningdata.com/
*What it provides:* This interactive data source pulls information in from the ACS, and provides population tables at the county level. The table includes information on age, poverty level, labor force participation (16+) and other demographic variables.
*Geographic level:* Tables are formatted by county.

Technical Assistance and Dissemination Network
http://www.tadnet.org/
*What it provides:* The Technical Assistance and Dissemination Network (TA & D Network) is funded through the Office of Special Education Programs and provides information and data on disability related topics, including accommodation, transition, and dispute resolution. The network links to Part C and Part B data tables.
*Geographic level:* Links to Part C and Part B data tables are arranged by state and by age.

National Survey of Children with Special Health Care Needs
http://www.childhealthdata.org/learn/N5-CSHCN
*What it provides:* The National Survey of Children with Special Health Care Needs (NS-CSHCN) is a large national telephone survey of households with children with special health care needs in all 50 states. The survey examines demographics, extent and impact of disability on functioning, access to care, transitions to adulthood, preventative care, and other variables. This Child Health Data interactive data tool generates reports from both National Survey of Children’s Health and the National Survey of Children with Special Health Care Needs, including valuable information on health care and health care access.
*Geographic level:* In addition to national data, reports are available by state and HRSA region. Local data are available through a request.
Other Sources for Accessing Data and Information Related to Children with Disabilities:

Ohio Help Me Grow: http://www.helpmegrow.ohio.gov

IDEA Data Center: https://www.ideadata.org/

Child Trends: http://www.childtrends.org/?indicators=learning-disabilities
CHILD AND ADOLESCENT MALTREATMENT

Data on the physical and/or emotional abuse, or neglect, of individuals under the age of 18.

Data Sources

National Incidence Study of Child Abuse and Neglect

What it provides: The National Incidence of Child Abuse and Neglect Study is required to be completed once per decade. The fourth version is the most recent conducted (NIS-4). It is a congressional mandate. The study examines broad incidence of child abuse and neglect and also works to include data on incidences not reported to the authorities. Key demographics are collected to work to determine risk factors. Severity of abuse is also collected. The NIS-4 was conducted among a nationally representative sample of 122 counties. The study results in a comprehensive report to Congress. A website was developed (http://demo3.westat.com/graphics/nis4/) which allows researchers to build custom tables and download documents to analyze the data.

Geographic level: National statistics only are available.

Ohio Child Fatality Review

What it provides: Annually, the Ohio Child Fatality Review Board publishes a comprehensive report of all child deaths (children under 18) in the state occurring in the previous calendar year. This includes accidents, homicides, and suicides. The report details the number of deaths resulting from child abuse and neglect.

Geographic level: Due to small sample sizes and confidentiality concerns, county-specific data are not available; however, local health boards may publish the data for individual counties.

National Violent Death Reporting System/Ohio Violent Death Reporting System
http://www.cdc.gov/violenceprevention/nvdrs/index.html

What it provides: The Violent Death Reporting System is a state-based system, collecting data on violent deaths from 18 states, including Ohio. Data are linked from law enforcement, coroners’ offices, and crime laboratories.

Geographic level: National and regional data are available at a limited level online. However, due to the sensitive nature of the system, detailed information can only be accessed through a Restricted Access Database, with preapproval. Requests must be made to the CDC. Ohio releases data in an annual report, which includes data by age, and information for select counties.
National Child Abuse and Neglect Data System

What it provides: The National Child Abuse and Neglect Data System collects data from county child welfare organizations, including child files and agency files. Information gathered from these agencies, gathered annually from all U.S. states, is made available for research purposes through the National Data Archive on Child Abuse and Neglect. Researchers can request access to the restricted data for statistical analysis. The federal Children’s Bureau regularly releases reports based on the data, with state and national statistics.

Geographic level: State and national statistics are reported.

Kids Count Data Center
http://datacenter.kidscount.org/data/tables/6482-children-‐abused-‐and-‐neglected?loc=37&loct=2 #detailed/2/any/false/868,867,133/any/13431

What it provides: This source reports many statistics related to child wellbeing. Child Abuse and Neglect rates are available and reported by rate per 1,000. Additional statistics include children who are subject to an investigated report; confirmed victims by age, gender, race, maltreatment type; and those who received post-investigation services.

Geographic level: Geographic level varies by indicator. State- and county-level data are available for some indicators, while only state data are available for others.

Ohio Violence and Injury Prevention Program

What it provides: The Ohio Violence and Injury Prevention Program (VIPP) measures the prevalence and impact of injuries on the state, through analysis of hospital discharge, death, trauma registry, EMS data, and risk factor surveillance. Child maltreatment data are examined.

Geographic level: State wide fact sheets are available on child maltreatment.

Web-Based Injury Statistics Query and Reporting System (WISQARS)

What it provides: This online database provides information on both fatal and nonfatal injuries, and the public health costs associated with injuries. Data come from several injury and death reporting tools available through the CDC. This includes information on homicides, suicides, and accidents. Age of the injured person is collected.

Geographic level: The system allows data to be filtered by national, regional, or state geographic levels, based on where the injury occurred.

Other Sources for Accessing Data and Information Related to Child Maltreatment:

National Data Archive on Child Abuse and Neglect: http://www.ndacan.cornell.edu/
YOUTH, DRUG, ALCOHOL, AND TOBACCO USE/JUVENILE JUSTICE

Use of drugs, alcohol, and tobacco by adolescents refers to children under the age of 18 obtaining and consuming, or misusing, health-adverse substances, e.g. street drugs, beer, or cigarettes. Use or misuse of substances is measured primarily by adolescent self-report, or parent report, of history of using drugs, alcohol, or tobacco. Typically, questions are directed toward children age 12 and above. Juvenile Justice refers to an area of law which applies to children and adolescents who have committed crimes, prior to reaching age 18.

Data Sources

The Youth Risk Behavior Surveillance System
http://www.cdc.gov/HealthyYouth/yrbs/index.htm
What it provides: The Youth Risk Behavior Surveillance System (YRBSS) is also available via the CDC, and monitors dangerous youth behaviors that contribute to the leading causes of death and disability. It is completed biennially. The YRBSS collects data through a national school-based survey representing over 16,000 students. In 2013, 47 states participated. Indicators related to substance abuse include use and frequency of use of drugs, alcohol, or tobacco. Geographic level: National data are available for free download, and national files with state identifiers can be obtained through a data request. State and district data are owned by the jurisdiction, which can give permission to share the data with the CDC and can be obtained for outside use via a data request. Jurisdictions may also elect to publish results independently. Not all states participate in the survey.

National Survey on Drug Use and Health
http://www.samhsa.gov/data/NSDUH.aspx
What it provides: The National Survey on Drug Use and Health provides statistic informational on the prevalence of drug, alcohol, and tobacco, including prescription drugs, use throughout the United States, for both adults and children (ages 12-17). Survey questions focus on marijuana, cocaine, heroin, inhalants, and hallucinogens and nonmedical use of prescription drugs. It is an annual survey, including about 70,000 participants each year. Geographic level: National data are available, as well as state -and MSA-levels.

Partnership Attitude Tracking Study (PATS)
http://www.drugfree.org/tag/partnership-attitude-tracking-study
What it provides: PATS is a national study on teen and parent behaviors and attitudes about drug and alcohol use. The annual study surveys high school teenagers (grades 9-12) and also includes a sample of parents (surveyed through in-home interviews). The most recent study (2012) included 3,844 children and 817 parents. The study is conducted by the Partnership at Drugfree.org and sponsored by the MetLife Foundation. Public and private school children are included in the survey. Geographic level: Only national estimates are published.
Monitoring the Future
What it provides: Monitoring the Future is a survey, conducted annually with over 45,000 children in public and private schools. The survey collects information on student use of drugs, alcohol, and tobacco, and measures past use (lifetime, past month, and past year). The survey is funded by the National Institutes of Health.
Geographic level: National overviews of the data are available for free online. School, zip code, city, county and state data can be accessed by members of the Inter-Consortium for Political and Social Research for research purposes. Membership is limited to universities, government agencies, and other research entities.

Ohio Department of Health Youth Tobacco Survey
What it provides: The Ohio Department of Health conducts a biennial survey to assess the prevalence of tobacco use among Ohio’s young population. The survey also addresses exposures to second-hand smoke, as well as tobacco-related media messages. The survey, which is self-administered, includes responses from a large sample of 6-12 graders throughout the state.
Geographic level: Estimates for the state are published via the website.

Office of Juvenile Justice and Delinquency Prevention (OJJDP) Statistical Briefing Book (SBB)
http://www.ojjdp.gov/ojstatbb/default.asp
What it provides: The OJJDP Statistical Briefing Book (SBB) provides extensive access to statistics and general information on many juvenile justice-related topics, through interactive search devices provided through their “Easy Access” system. Topics include Juvenile Population Characteristics, Juveniles as Victims, Juveniles as Offenders, Juvenile Justice System Structure and Process, Law Enforcement and Juvenile Crime, Juveniles in Court, Juveniles on Probation, Juveniles in Corrections, and Juvenile Reentry and Aftercare.
Geographic level: National-, state-, and county-level data are available, depending upon the indicator.

Ohio Department of Alcohol and Drug Addiction Services State Epidemiological Outcomes Workgroup Data (SEOW)
What it provides: The SEOW publishes data that describe the consumption of drugs and alcohol and its consequences at the national, state, and local levels. Data are collected and analyzed from multiple sources. County profiles are available.
Geographic level: National-, state-, and county-level statistics are available.
Other Sources for Accessing Data and Information Related to Drug, Alcohol, and Tobacco Use:

CHILD AND ADOLESCENT ACCIDENTS AND INJURIES

Incidents that occur unintentionally and result in child harm, or injuries that occur as a result of violence.

Data Sources

The Youth Risk Behavior Surveillance System
http://www.cdc.gov/HealthyYouth/yrbs/index.htm
What it provides: The Youth Risk Behavior Surveillance System (YRBSS) is available via the CDC, and monitors dangerous youth behaviors that contribute to the leading causes of death and disability. It is completed biennially. The YRBSS collects data through a national school-based survey representing over 16,000 students. In 2013, 47 states participated. The survey monitors behaviors that contribute to accidental injury and violence.
Geographic level: National data are available for free download, and national files with state identifiers can be obtained through a data request. State and district data are owned by the jurisdiction, which can give permission to share the data with the CDC and can be obtained for outside use via a data request. Jurisdictions may also elect to publish results independently. Not all states participate in the survey.

Ohio Violence and Injury Prevention Program
What it provides: The Ohio Violence and Injury Prevention Program (VIPP) measures the prevalence and impact of injuries on the state, through analysis of hospital discharge, death, trauma registry, EMS data and risk factor surveillance.
Geographic level: State-wide and county data are available on a variety of indicators.

Ohio Child Fatality Review
What it provides: Annually, the Ohio Child Fatality Review Board publishes a comprehensive report of all child deaths (children under 18) in the state occurring in the previous calendar year. This includes accidents, homicides, and suicides.
Geographic level: Due to small sample sizes and confidentiality concerns, county-specific data are not available; however, local health boards may publish the data independently.

Web-based Injury Statistics Query and Reporting System (WISQARS)
What it provides: This online database provides information on both fatal and nonfatal injuries, and the public health costs associated with injuries. Data come from several injury and death reporting tools available through the CDC. This includes information on homicides, suicides, and accidents. Age of the injured person is collected.
Geographic level: The system allows data to be filtered by national, regional, or state geographic levels, based on where the injury occurred.
Other Sources for Accessing Data and Information Related to Child Injury:

Safe Kids Worldwide: http://www.safekids.org/
CHILDHOOD AND ADOLESCENT OBESITY

Childhood Obesity is a health condition affecting children and adolescents, occurring when an individual has excess body fat. Body Mass Index, or BMI, is the most frequently used method of measuring childhood obesity, though other methods of measuring body fat may be used. BMI is measured using a child’s height and weight. Generally, a BMI in the 95th percentile or above qualifies a child as obese.

Data Sources

National Health and Nutrition Examination Survey
http://www.cdc.gov/nchs/nhanes.htm
What it provides: The CDC provides funding to the National Health and Nutrition Examination Survey (NHANES), a continuous study designed to assess the health and nutritional status of adults and children in the United States. The survey includes a combination of interviews and physical examinations. The survey examines a sample of 5,000 individuals each year, representing all age groups. Obesity is an important indicator the NHANES tracks. Data are released in two-year cycles.
Geographic level: All geography below the national level is restricted for public use; however researchers can request access to limited data sets through the Health Statistics Research Center.

The Pediatric Nutrition Surveillance System
http://www.cdc.gov/pednss/
What it provides: Also sponsored by the CDC, The Pediatric Nutrition Surveillance System (PedNSS) is a surveillance system that monitors the nutritional status and health risks of low-income infants and children participating in federally funded maternal and child health programs, primarily children served through the WIC (Supplemental Nutrition for Women, Infants and Children) Program. The data include measured weights and heights on low-income children through age 4 years, including underweight, overweight, and obese status, and are available at the county and state levels.
Geographic level: Only an overview of aggregated national data are available without permission. Contributors to the surveillance reports, including states, can receive more specific reports by clinic, state, county, or metro area.

National Survey of Children’s Health
http://www.childhealthdata.org/home
What it provides: The survey collects data, via telephone, on many aspects of children’s lives, including mental health status. It is sponsored by the U.S. Department of Health and Human Services. The most recent survey results are from 2011-2012, when over 95,000 households with children participated. The data are collected approximately every four years.
Geographic level: National, state, and regional data are available for public use. Local data, by zip code, are collected through the survey, but can only be accessed onsite at the survey’s Research Center in Maryland after submitting a proposal.
National Health Interview Survey
http://www.cdc.gov/nchs/nhis.htm

*What it provides:* The survey, backed by the CDC, collects data annually through in-person interviews among a nationally representative sample. Detailed information is collected for each child participant, including items related to mental health, such as history of diagnosis and responses to items from the Child Behavior Checklist. Approximately 12,000 participants are included.

*Geographic level:* National- and regional-level (four regions) data are available for public use; however, some information is limited due to confidentiality restrictions. State level data are not available (the NHIS cannot provide reliable data at this level due to small sample size). More detailed information, including data with state identifiers, can be accessed at the NCHS Data Research Center after submitting a proposal. Select key indicators are released on the NHIS website through the Early Release Program.

The Youth Risk Behavior Surveillance System
http://www.cdc.gov/HealthyYouth/yrbs/index.htm

*What it provides:* The Youth Risk Behavior Surveillance System (YRBSS) is available via the CDC, and monitors dangerous youth behaviors that contribute to the leading causes of death and disability. It is completed biennially. The YRBSS collects data through a national school-based survey representing over 16,000 students. In 2013, 47 states participated. Indicators of children's mental health include feelings of sadness/hopelessness, drug/alcohol use, and suicidal behaviors. Additional related indicators of incidence of violent behaviors, bullying, sexual activity, body weight, nutrition, and physical activity are also measured.

*Geographic level:* National data are available for free download, and national files with state identifiers can be obtained through a data request. State and district data are owned by the jurisdiction, which can give permission to share the data with the CDC and can be obtained for outside use via a data request. Jurisdictions may also elect to publish results independently. Not all states participate in the survey.

The National Minority Quality Forum’s Childhood Obesity Index
http://www.nmqf.org/childhood-obesity-index/

*What it provides:* The National Minority Quality Forum produces a free Child Obesity Index, with versatile interactive mapping capacity, which allows the user to prepare visuals illustrating childhood obesity prevalence. Data can be filtered by gender or race/ethnicity. Data come from the National Health and Nutrition Examination Survey. Users must register and accept terms prior to use. The site is limited to maps and basic charts.

*Geographic level:* Visuals can be prepared at the national, state, county, regional, and zip code levels, as well as by Congressional District.
National Collaborative on Childhood Obesity Research

What it provides: The National Collaborative on Childhood Obesity Research provides a searchable web tool to identify surveillance systems that have data related to childhood obesity. Systems included in the database include data directly related to obesity, as well as sources for related data, such as health care, physical activity, etc.

Geographic level: The site allows users to search for surveillance systems at the local, state and national levels.

Other Sources for Accessing Data and Information Related to Childhood Obesity:

American Heart Association: http://www.heart.org/HEARTORG/GettingHealthy/WeightManagement/Obesity/Childhood-Obesity_UCM_304347_Article.jsp
GENERAL CHILD AND ADOLESCENT HEALTH AND ACCESS TO CARE

Measurements related to a variety of health factors, prevalence of child insurance coverage, and ability to access healthcare.

Data Sources

The American Community Survey
http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml
What it provides: The American Community Survey (ACS) is a data collection effort of the U.S. Census Bureau. It is the primary source for information on poverty, employment, and housing. The survey is distributed annually to approximately 2.5 percent of the population. In addition to demographic information, the ACS collects data on many indicators related to health, income, employment, education, and housing. Health insurance coverage is collected.
Geographic level: Data on this indicator are available at the national, state, MSA, and zip code level.

National Survey of Children’s Health
http://www.childhealthdata.org/home
What it provides: The survey collects data, via telephone, on many aspects of children’s lives, including mental health status. It is sponsored by the U.S. Department of Health and Human Services. The most recent survey results are from 2011-2012, when over 95,000 households with children participated. The data are collected approximately every four years.
Geographic level: National, state, and regional data are available for public use. Local data, by zip code, is collected through the survey, but can only be accessed onsite at the survey’s Research Center in Maryland after submitting a proposal.

The Pediatric Nutrition Surveillance System
http://www.cdc.gov/pednss/
What it provides: Sponsored by the CDC, The Pediatric Nutrition Surveillance System (PedNSS) is a surveillance system that monitors the nutritional status and health risks of low-income infants and children participating in federally funded maternal and child health programs, primarily children served through the WIC (Supplemental Nutrition for Women, Infants and Children) Program. The data include measured weights and heights on low-income children through age 4 years, including underweight, overweight, and obese status, and are available at the county and state levels.
Geographic level: Only an overview of aggregated national data are available without permission. Contributors to the surveillance reports, including states, can receive more specific reports by clinic, state, county, or metro area.
National Health and Nutrition Examination Survey
http://www.cdc.gov/nchs/nhanes.htm
*What it provides:* The National Health and Nutrition Examination Survey (NHANES), is a continuous study designed to assess the health and nutritional status of adults and children in the United States. The survey includes a combination of interviews and physical examinations. The survey examines a sample of 5,000 individuals each year, representing all age groups. Mental Health is an indicator tracked through this research. Data are released in two-year cycles.

*Geographic level:* All geography below the national level is restricted for public use; however researchers can request access to limited data sets through the Health Statistics Research Center.

The Youth Risk Behavior Surveillance System
http://www.cdc.gov/HealthyYouth/yrbs/index.htm
*What it provides:* The Youth Risk Behavior Surveillance System (YRBSS) is available via the CDC, and monitors dangerous youth behaviors that contribute to the leading causes of death and disability. It is completed biennially. The YRBSS collects data through a national school-based survey representing over 16,000 students. In 2013, 47 states participated. Indicators of children's mental health include feelings of sadness/hopelessness, drug/alcohol use, and suicidal behaviors. Additional related indicators of incidence of violent behaviors, bullying, sexual activity, body weight, nutrition, and physical activity are also measured.

*Geographic level:* National data are available for free download, and national files with state identifiers can be obtained through a data request. State and district data are owned by the jurisdiction, which can give permission to share the data with the CDC and can be obtained for outside use via a data request. Jurisdictions may also elect to publish results independently. Not all states participate in the survey.

National Health Interview Survey
http://www.cdc.gov/nchs/nhis.htm
*What it provides:* The survey, backed by the CDC, collects data annually through in-person interviews among a nationally representative sample. Detailed information is collected for each child participant, including items related to disability, such as involvement in early intervention/special education, and limitations with daily activities. Approximately 12,000 participants are included.

*Geographic level:* National- and regional-level (four regions) data are available for public use; however, some information is limited due to confidentiality restrictions. State level data are not available (the NHIS cannot provide reliable data at this level due to small sample size). More detailed information, including data with state identifiers, can be accessed at the NCHS Data Research Center after submitting a proposal. Selected key indicators are released on the NHIS website through the Early Release Program.
The National Longitudinal Study of Adolescent Health
http://www.cpc.unc.edu/projects/addhealth

What it provides: The National Longitudinal Study of Adolescent Health is a longitudinal study of adolescents, beginning in grades 7-12, starting in the 1994-1995 school year. It involves a nationally representative sample, which has been tracked into adulthood through the use of in-home interviews. Four interview series have been conducted so far; they collect data on the participants’ social, economic, and health status, as well as information on their neighborhoods, intimate relationships, and families. The most recent series of interviews was conducted in 2008, when the cohort was ages 24-32.

Geographic level: Due to the study methodology and small sample size, geographic data are not available. Public use data are limited.

Ohio Medicaid Assessment Survey (OMAS)
http://grc.osu.edu/omas/

What it provides: The OMAS was a phone survey conducted in 2012 in Ohio, examining access to health services, health status, and health disparities throughout the state. It is used to identify gaps in services and capacity. Data are collected on both children and adults.

Geographic level: State-level data are available, as well as estimates for Ohio’s Appalachian, rural, suburban, and metropolitan county clusters, and Medicaid Managed Care Planning Regions. The data do not support estimates for Ohio’s 88 counties.

County Health Rankings
http://www.countyhealthrankings.org/app#/home

What it provides: County Health Rankings provide the rank of counties across the county on a variety of indicators related to health. Measures include rates of uninsured and access to health care, obesity, smoking, and high school graduation, and teenage birth rates, as well as access to food, clean air, and water.

Geographic level: Data are generated by county and can be compared with other counties.

National Survey of Children with Special Health Care Needs
http://www.childhealthdata.org/learn/NS-CSHCN

What it provides: The National Survey of Children with Special Health Care Needs (NS-CSHCN) is a large national telephone survey of households with children with special health care needs in all 50 states. The survey examines demographics, extent and impact of disability on functioning, access to care, transitions to adulthood, preventative care, and other variables. This Child Health Data interactive data tool generates reports from both the National Survey of Children’s Health and the National Survey of Children with Special Health Care Needs, including valuable information on health care and health care access.

Geographic level: In addition to national data, reports are available by state and HRSA region. Local data are available through a request.
Child Health USA
http://mchb.hrsa.gov/chusa13/index.html

*What it provides:* This is an online version of the data book, Child Health USA, published annually by the U.S. Department of Health and Human Services, Health Resources, and Services Administrations. It summarizes data from secondary sources on many child health indicators. It is available for free via the website.

*Geographic level:* Child Health USA references only national data.

The Kaiser Family Foundation
http://kff.org/statedata/

*What it provides:* The Kaiser Family Foundation provides statistics and informational reports on a comprehensive set of health-related indicators. Data can be sorted by category or location (state only). Categories includes demographics, health costs, health coverage and the uninsured, health insurance and managed care data, health status, Medicaid/CHIP and Medicare data, as well as information on minority and women’s health topics.

*Geographic level:* State and national data are available.

Other Sources for Accessing Data and Information Related to Child Health and Access:

Insure Kids Now: http://www.insurekidsnow.gov/
SCHOOL PERFORMANCE

School performance can be measured through the use of standardized tests and assessments, attendance data, or graduation rates.

Data Sources

The National Center for Education Statistics
http://nces.ed.gov
What it provides: The website provides a range of data related to education, including information on school performance, demographics, school safety, and adult literacy.
Geographic level: National, state, county, school district, and city data are available, depending on what statistic is being reported.

The National Assessment for Educational Progress
http://nces.ed.gov/nationsreportcard/
What it provides: The NAEP is administered by the Commissioner for Education Statistics, who heads the National Center for Education Statistics. The NAEP examines a representative sample for the purposes of collecting information on student achievement. Prevalence data, as well as statistics on severity, accommodations, and students with disabilities receiving free or reduced lunch are available. Aggregate data are available on the NAEP website, and customized tables can be produced using the NAEP data tool. The NCES also produces a variety of reports based on the data.
Geographic level: National, state, and regional results are available. School-level results are not available.

Ohio Department of Education
What it provides: The Ohio Department of Education releases annual report cards, grading schools on a selection of indicators of student achievement. The report cards include measures of progress for students with disabilities. Additionally, ODE’s Special Education Resource provides extensive Microsoft Excel reports, by district, specific to children with disabilities, tracking graduation and dropout rates, discipline data, school performance and participation, and transitions.
Geographic level: Report cards are available by district or school building. Special Education reports are available by district.

Ed Data Express
http://eddataexpress.ed.gov/about.cfm
What it provides: The site, maintained by the U.S. Department of Education, provides data from multiple sources, including the NAEP and NCES, related to students and school performance.
Geographic level: The site provides state-level data.
Other Sources for Accessing Data and Information Related to School Performance:

Head Start Information: http://eclkc.ohs.acf.hhs.gov/hslc
ORAL HEALTH

Oral health is the absence of disease in the mouth. Oral health is widely accepted as critical to overall good health.

Data Sources

National Oral Health Surveillance System (CDC)
http://www.cdc.gov/nohss/
What it provides: The National Oral Health Surveillance System, available via the CDC, is a monitoring system used to measure the status of oral health care at the state and national levels. Data are pulled from multiple sources. Child data includes information on dental sealants, dental caries, and untreated tooth decay.
Geographic level: State and national data are available.

Ohio Department of Health Oral Health Data
http://www.odh.ohio.gov/odhPrograms/ohs/oral/oral1.aspx
What it provides: Profiles on oral health are compiled from a variety of state and local sources, including surveys of Ohio’s school children. The data include both oral health status and access to dental care.
Geographic level: County and statewide data are available.

Other Sources for Accessing Data and Information Related to Oral Health:

Dental, Oral, and Craniofacial Data Resource Center: http://drc.hhs.gov/index.htm
LEAD POISONING

Lead Poisoning is determined by the amount of lead found in a child’s blood stream. No amount of lead is considered safe. Currently, levels of 5 micrograms per deciliter of blood are considered elevated.

Data Source

Ohio Department of Health Lead Poisoning Data
http://www.odh.ohio.gov/odhprograms/cfhs/lead_ch/lead_data.aspx

What it provides: The Ohio Department of Health publishes annual data on lead poisoning rates of the number of children found to have high blood levels.

Geographic level: County and city-level data are available.
ASTHMA

Asthma is a respiratory condition, causing difficulties in breathing.

Data Source

The Ohio Surveillance System for Asthma (OSSA)
http://www.odh.ohio.gov/odhprograms/eh/asthma/asthdata/data.aspx

What it provides: The system, supported through the Ohio Department of Health, collects and analyzes data on asthma from several sources, including the Ohio Behavioral Risk Factor Surveillance System (BFRSS), Ohio vital statistics, the Youth Risk Behavior Surveillance System (YRBSS), and Medicaid data. Published data include statistics on asthma deaths, disparities, and hospital incidences.

Geographic level: State and local data are available.