Selecting Indicators for Early Childhood Systems Change Projects

A REFERENCE GUIDE | SEPTEMBER 2020

PROJECT
HOPE

HARNESSING
OPPORTUNITY FOR
POSITIVE, EQUITABLE
EARLY CHILDHOOD DEVELOPMENT

TABLE OF CONTENTS

TABLE OF CONTENTS

Acknowledgments

Healthy child development should be within reach for every family. However, not every family with young children has access to the same resources and opportunities. Inequities, such as unequal access to quality early learning, nutrition, and safe and stable housing may result in disparities in health and educational outcomes for some young children and their families.

Although a range of federal-, state-, and community-funded initiatives address childhood inequities, no single entity (e.g., a program, champion, leader, or team of individuals) oversees the administration of the necessary, complex set of services or is responsible for collecting data on the full range of social determinants of health. Among the multitude of challenges this presents is the ability to effectively identify and track inequities among young children and their families.

As leaders across the country work toward reducing inequities and disparities, they need to transform systems to better address the needs of children and families. In order to do that, leaders need access to data to identify where inequities exist and who is affected, so they can effectively mobilize resources and solutions. Data can help these leaders communicate with community members, policymakers, stakeholders, and funders about the issues faced in their jurisdictions and develop and coordinate effective solutions. Data can also be used to monitor and track inequities and disparities over time to understand whether and how solutions impact key groups.

The purpose of this document is to provide a reference guide for groups working toward achieving optimal and equitable health outcomes for young children and their families to identify, select, and track data indicators that can inform and advance their efforts.

Indicators are defined here as measurable information used to assess or approximate (i.e., indicate) conditions such as child health and well-being.

This guide is based on an environmental scan of datasets, tools, and toolkits related to early childhood, health, education, economic factors, and other indicators. Information on each resource was pulled directly from its website, including summary information, types of data, and suggestions for using it. A subset of datasets and tools were selected to feature in this guide, including state and/or community measures that were curated based on the target audience.

This reference guide is organized into two sections with a glossary at the end:

▲ **The Why and How of Indicator Selection** describes the reasons states and communities carrying out systems change projects might want to both shape the direction of their projects and describe what they are hoping to change in both the short run and long run.

▲ **Resource Guides** comprise the majority of the document. These guides point states and communities to where they can find data both for identifying issues and for describing and monitoring change.

○ **RESOURCE GUIDE PART I** is focused on selecting indicators from the datasets, tools, and toolkits that follow in Parts II and III of the Resource Guide. It includes a table showing data availability based on geography. There is also a quick reference guide to indicators by topical area.

○ **RESOURCE GUIDE PART II** includes datasets and tools for early childhood.

○ **RESOURCE GUIDE PART III** includes additional datasets and tools that are less specific to early childhood but may provide resources for specific populations and data needs.

○ **RESOURCE GUIDE PART IV** includes datasets and tools that are for specific states and cities. These are some examples of how groups are collecting and using data specific to their regions and populations.

▲ The **Glossary** provides descriptions of the terms used in the guide.

For most projects involving health and well-being issues, the ultimate goal is to improve the well-being of a population, such as all the children in a community or state. All initiatives should have a way of measuring progress.

Why Select Indicators?

Selecting indicators allows community members, partners, policymakers, potential allies, and funders to better understand the work you are collectively undertaking, how you will measure your progress, and to assess whether you succeeded.

Oftentimes initiatives may have both short- and long-term goals, which are the basis for indicator selection. Short-term goals are those that you expect to complete in one to five years. Long-term goals may take five or more years to achieve. Having both types of goals is important.

A short-term goal enables you to track and demonstrate more directly the impact your initiative is having on the population. The indicators you select to track your progress on short-term goals should be more direct measures you can use to determine whether your initiative is making progress. For example, number of children screened.

Long-term goals help you to tell the story of how your initiative will eventually impact important outcomes and reduce disparities. Broader indicators such as overall health status are appropriate for long-term goals. It is important to acknowledge that broader indicators are influenced by many factors beyond your initiative. If other initiatives in your state or community have a similar focus, you may want to coordinate indicator selection with program administrators so you are working toward a common goal, even if your short-term goals differ.

Long-term goals can be challenging because many factors beyond the initiative influence that goal. However, it is beneficial to describe ultimate goals, because it can be essential to building foundational support for an initiative. Funders may be reluctant to provide resources to help promote systems change unless they can be convinced that the changes will ultimately improve the lives of children and families. This section walks you through a process of selecting indicators and provides some example scenarios for what this might look like under different circumstances. Later sections provide resources to help you access a variety of indicators.

Guidelines for Indicator Selection

The following are suggested guidelines for indicator selection:

▲ If other initiatives in your state or community have a similar focus, coordinate indicator selection with them so you are working toward a common goal, even if your short-term goals differ.

▲ Obtain community input and buy-in before selecting indicators. You want to select indicators that are meaningful and understandable to the people who will be affected by the changes you are making.

▲ Keep equity at the forefront. No matter what kind of project you are working on, it is important to ask whether and how what you are doing will lead to more equitable outcomes. One way to make this happen is to use data to look at disparities in outcomes between groups and to consider what needs to be done to lead to more equitable outcomes.

▲ Especially for the short term, you can and should describe more direct measures you are planning on using to assess whether your initiative is working as planned; for example, number of screenings initiated, number of referrals, data on partnerships developed (qualitative or quantitative).

▲ For a long-term indicator, choose a more global indicator or indicators and tell the story of how your initiative has great potential to eventually impact the indicator or reduce disparities in it (e.g., overall health status), while acknowledging the role other factors will play in the long-term trend for that indicator.

▲ Because there is often a lack of data in key areas (for example, indicators related to systems change and social and emotional health), you may also want to develop a data agenda focused on activities related to improving data and data reporting.

Ways to Use Indicators

There are innumerable ways to use the data indicators referenced in this resource guide. One key usage for the guide is to help select indicators your project will focus on. Many websites for the resources cited here offer sample maps, data stories, and other materials showing how communities used their particular dataset or tool.

Several additional examples for how to use indicators include the following:

▲ A community or state may want to compile data from a variety of key early childhood indicators in one place, so that community groups or dedicated work groups can use the data to identify potential changes in policy or practice that might reduce disparities. There are several state- and community-specific examples of how this has been done in Part IV of the Resource Guide.

▲ A coalition or work group focused on an issue in a state or community, such as infant mortality, may want to use the guide to find a set of indicators related to that issue. Such an effort would include pulling out all data on infant mortality and other birth outcomes by race/ethnicity, income, and geographic location, but it would also include looking at indicators such as income, poverty, and health insurance coverage. The data could then be used to select target areas or target populations for interventions that have been shown or that are hypothesized to reduce infant mortality.

▲ Instead of looking for target areas or target populations, a state or community may want to pull out select data, compile a list of state policies that are related to the key indicators, and determine if there are policy changes that are likely to help reduce disparities — then create a policy agenda designed to encourage such changes. Zero to Three has a policy self-assessment toolkit that can help with this process (available at: www.zerotothree.org/resources/359-infants-and-toddlers-in-the-policy-picture-a-self-assessment-toolkit-for-states).

▲ State or community leaders may also want to pull out a select set of measures and share them with community stakeholders in a presentation that summarizes data in an easily understandable form, such as the Data Walks described in Part III of this Resource Guide. The community could then be given an opportunity to suggest things that could be done that might improve outcomes for the indicators in question or determine what indicators they feel are most important. The Minnesota Department of Health (see Resource Guide Part IV) has provided a guide for local health departments that walks them through the process of compiling and sharing data and moving toward action through a Health Equity Data Analysis.

Steps in Selecting Indicators

Here are some recommended steps in selecting indicators for a project or initiative. These steps are not necessarily sequential. For example, depending on the project or initiative, goals or indicators of success may already be defined by the funder, and the planning group will need to develop an action plan for achieving success. States may already have a developed mechanism for getting community input, so they may be able to engage communities from the beginning. Regardless of the order, it is important that these kinds of activities are carried out to develop indicators that have the buy-in of key stakeholders.

1. Ask your planning group what it is you want to accomplish with your project or initiative.

2. Determine how you will measure success in the short run, the medium term, and the long term.

3. Review possible indicators for measuring success. You can use the resource guides that are part of this toolkit to explore some possibilities.

4. If you do not already have a built-in mechanism for getting community input, plan for obtaining such input. The community should include the people who will be affected by the work you are doing. You should not assume that community members are aware of disparities in indicators of well-being, so you probably want to share data on these and discuss what might help reduce them.

5. Develop a goals statement describing the indicators you have chosen. An example is included below.

Example Goal Statement

[PROJECT PARTICIPANT SUCH AS STATE, ORGANIZATION, OR PARTNERSHIP] has decided to focus on _____ for the purposes of [PROJECT NAME] because we believe it will improve health and well-being outcomes for [YOUNG CHILDREN/ YOUTH/ ADULTS/COMMUNITY MEMBERS] [AGE RANGE] and decrease inequities.

In order to track our progress in the short term (one to two years depending on the project), we will track short-term indicators such as _____ and _____ .

In the intermediate (around three to five years) to long term (six to 10 years), we will also track the following indicators: _____ .

These indicators will be tracked on an ongoing basis using the following data sources: _____ .

These indicators will be available at the [STATE/COUNTY/OTHER] level and can be tracked by specific areas of inequity such as _____ [RACE/GENDER/GEOGRAPHY/ETC.].

Indicator Selection Scenarios

The following section describes two hypothetical scenarios for how states and communities might use indicators.

Indicator Selection Scenario I:
Developing an Infant and Maternal Health Initiative

A state receives a significant grant for addressing infant and maternal health. The grant requires work in a select set of communities. The state assembles a planning group with strong community representation to determine goals for the project.

In order to assess the current environment, the state does an environmental scan to identify existing initiatives within the state and to see what opportunities can be built upon. The state could use Part I of this Resource Guide to find helpful data sources for assessing those communities with higher needs in this area. The state could identify which sources have data on birth outcomes at the county or city level using Table 1 on page 14 and Table 2D on pages 22-24. They can use Parts II and III of the Resource Guide to find and access the data and to compile the most useful data in a table or develop graphics for the planning group to review.

The state may want to gather other data to identify additional risk factors that can help determine which communities are most in need of support. The state could use Table 2 to identify indicators that could

signify community needs and cross-reference to Table 1 to select those data sources that have that data at the community level. The data could be combined with the environmental scan identifying existing initiatives to reach out to partners or to develop a request for proposals targeting the communities most in need. Once grants are awarded, the state may want to convene with community partners to discuss the data and how it will be used to describe and assess short-, medium-, and long-term progress on the project. During the planning period, the state-community partnership might want to develop a goal statement that can be shared with stakeholders. The goal statement should only be finalized after it is subject to input from the communities that are participating in the project. An example of a goal statement for a project like this is included below.

Infant and Maternal Health Goal Statement Example

The Infant and Maternal Health State and Community Partnership has decided to focus on improving birth outcomes for the purposes of the Healthy Mothers and Babies Project, because we believe it will improve health and well-being outcomes for women of childbearing age, infants, and very young children as well as decrease inequities.

In order to track our progress in the short term (one to three years), we will track short-term indicators such as adequate prenatal care and births to women receiving late or no prenatal care.

In the intermediate (three to five years) to long term (beyond five years), we will also track the following indicators: infant and maternal mortality, low and very low birth weights, and pre-term births.

These indicators will be tracked on an ongoing basis using State Kids Count data.

These indicators will be available at the state and county level and can be tracked by specific areas of inequity, such as race and ethnicity.

The state and communities could then produce periodic data reports tracking progress and explaining successes and challenges that have occurred.

Indicator Selection Scenario II:
Developing a Mental Health Consultation System

There are areas where it is much harder to find good indicators of success, and early childhood mental health is one of them. There are no national measures of early childhood mental health and there is very limited state-level data.

Despite these challenges, a state could still take a data-informed approach to a systems-change initiative designed to develop, for example, a mental health consultation system. A planning group of community- and state-level representatives could be convened to discuss the challenge of measuring success when limited data are available. The state could use indicator data similar to the birth outcomes example in order to target communities with risk factors such as high rates of poverty, violence, and child abuse and neglect. An equitable approach requires that the state might want to set a target of having a disproportionate share of the consultations in high-poverty communities, because that is where the need is greatest. Table 2A on pages 15 and 16 shows some of the available indicator resources that have poverty data. This can be cross-referenced

with Table 1 on page 14 to see which of those datasets has community-level data.

The following goal statement is an example based on promoting equitable service delivery. Over the course of the project, the state would likely want to collect additional data on service delivery and assess whether they might want to monitor any population outcomes as possible indicators of success, such as social and emotional health indicators from the National Survey of Children's Health (described on page 34). In addition, the state might want to develop a data agenda for improving data on children's social and emotional mental health through state-level data-collection initiatives. An example of a goal statement for this project is included below.

Mental Health System Goal Statement Example

The State Mental Health Consultation Development Project has decided to focus on developing an equitable statewide mental health consultation system for the purposes of the Children's Health Promotion Project, because we believe it will improve health and well being outcomes for young children ages birth to 6 and beyond, as well as decrease inequities.

In order to track our progress in the short term (first two years), we will track short-term indicators, such as the number of total counties in the state where mental health consultation is available and the percentage of high-poverty counties and cities in the state where mental health consultation is available.

In the intermediate to long term, we will also track the percentage of mental health consultations occurring in high-poverty areas.

These indicators will be tracked on an ongoing basis using poverty data from the American Community Survey.

These indicators will be available at the state, county, and community levels and can be tracked by specific areas of inequity, such as race and ethnicity.

Using the Indicator Resource Guides

The Indicator Resource Guides on the following pages are designed to help you find and use indicators. Resource Guide Part I provides a list of indicator sources by geography and topic.

These resource guides can help you identify and locate indicators that are most relevant to your work. Resource Guide Part II and Part III describe the sources for data that are listed in Part I and can help you access the data you need. Resource Guide Part IV is a listing of resources that are specific to particular geographic areas. While they might help you identify indicators if you happen to be working in those areas, they are included here to show you some examples of how different states or communities have used the indicators that are listed in the previous sections, in case you are interested in doing something similar.

Indicators are available at a variety of geographic levels, from city and county levels up to the national level. Indicators also cover a wide range of topic areas, from population demographic information to specifics on health behaviors and outcomes. Resource Guide Part I is designed to help you begin to narrow the scope of your indicator-selection process by summarizing information on the geographic focus of key datasets and the indicators available by key topic areas.

In This Resource Guide

Table 1:
Availability of Indicators Based on Geographic Level

This part of the guide is dedicated to selecting indicators from the resources in Parts II and III.

There are several simple ways to start to narrow down the resources to make indicator selection more manageable for your team. One approach is to look at resources by geography. Datasets are available at the national level down to census tracts and places in between, but not all indicators are tracked at each level. Identify which geographic level is of greatest interest, and use the table below to identify the most relevant datasets for your needs. (Note: this table does not include resources from Part IV of the guide as those are unique to specific cities and states.) Since many resources have information at the state level, this approach works best for smaller geographies.

Resource	City	County	Congressional District	State	National	Other
American Community Survey	✔	✔		✔	✔	
America's Health Rankings				✔	✔	
Atlas of Rural and Small-Town America		✔		✔	✔	
Child Care Development Fund-Administrative				✔	✔	
Child Opportunity Index						Census tract, metro area
Child Trends DataBank				✔	✔	
City Health Dashboard	✔	✔	✔	✔		
Community Opportunity Map	✔	✔	✔	✔		ZIP code
County Health Rankings		✔		✔		
Healthy People				✔	✔	
HOPE Initiative				✔	✔	
KIDS COUNT	✔	✔	✔	✔		School district
Life Course Indicators Online Tool					✔	
Map the Meal Gap		✔	✔	✔		Food bank
National Equity Atlas	✔			✔	✔	Region
National Survey of Children's Health				✔	✔	
State Health Facts				✔	✔	
State of America's Children				✔	✔	
State Strategies to Promote Children's Preventive Services				✔		

Table 2:
Indicators by Topic Area

Below is a reference guide for indicators that were selected from the datasets in Table 1 on the preceding page. Indicators are organized into the following categories:

- Demographic Information
- Early Care and Education
- Child Health
- Women and Infant Health
- Health Behaviors

- Community Environment
- Adverse Childhood Experiences
- Child Development
- Federal Program Participation

Each category of indicators is in tabular form below, including subcategories of indicators where relevant for ease in identifying indicators on specific topic areas within the broader categories. Each indicator is linked to one or more data sources. Once you identify relevant indicators, find data for your geographic area using the data sources listed. You can refer to Parts II and III of the guide for more information on each data source.

Table 2A: Demographic Information

DEMOGRAPHIC INDICATOR	DATA SOURCE(S)
AGE	
Number of children	Child Trends DataBank
US children ages 0–5 years	American Community Survey, National Survey of Children's Health
Child population by single age	KIDS COUNT
Children ages 0–3 years	National Survey of Children's Health
Population distribution by age	State Health Facts
RACE/ETHNICITY	
Child population (by age group, gender, or nativity)	KIDS COUNT
Child population by age and race/ethnicity	KIDS COUNT, State of America's Children
Diversity index	National Equity Atlas
Poor and extremely poor children by age and race/ ethnicity	State of America's Children
Population distribution of children by race/ethnicity	State Health Facts
Racial and ethnic composition of the child population	Child Trends DataBank
INCOME/POVERTY	
Children ages 0–8 at or above 200% of poverty level	KIDS COUNT
Children ages 0–8 below 200% of poverty level	KIDS COUNT
Children in low-income families by age group	KIDS COUNT

Table 2A: Demographic Information

DEMOGRAPHIC INDICATOR	DATA SOURCE(S)
INCOME/POVERTY	
Children in poverty	America's Health Rankings, Child Trends DataBank, City Health Dashboard, County Health Rankings, Healthy People
Children in poverty (100%) by age group and race and ethnicity	KIDS COUNT
Children in poverty by age group, 0—5	KIDS COUNT
Children in working poor families	Child Trends DataBank, National Survey of Children's Health
Children living in high-poverty areas	KIDS COUNT
Children under 5 in poverty	Community Opportunity Map
Economic hardship	America's Health Rankings
Households earning less than 200% of the poverty threshold that spend more than 30% of income on housing	Healthy People
Income inequality	America's Health Rankings, City Health Dashboard, County Health Rankings
Low-income working families with children	KIDS COUNT
Median family income among households with children	KIDS COUNT
Median family income among households with children by race/ethnicity	State of America's Children
Percentage of families and people whose income in the past 12 months is below the poverty line with related children of the householder under 5 years old (all families, married-couple families, families with female householder/no husband present)	American Community Survey
Poverty rate	Child Opportunity Index
Poverty rate by age	State Health Facts
EMPLOYMENT	
Children ages 0—5 whose parents report that child care issues affected their employment, by income level	KIDS COUNT
Children living in low-income households where no adults work	KIDS COUNT
Children living with at least one parent employed full time, year round	Healthy People
Children under age 6 with all available parents in the labor force	KIDS COUNT
Children under age 6 with no parent in the labor force	KIDS COUNT
Children whose parents lack secure employment, by race and ethnicity	KIDS COUNT
Children with at least one unemployed parent	KIDS COUNT
Families with children ages 0—8 in which no available parent has full-time, year-round employment, by income level	KIDS COUNT
Population 16 years and older in the labor force with children in the household under 6 years old	American Community Survey
Population 16 years and older with children under 6 years old with all parents in the labor force	American Community Survey

Table 2A: Demographic Information

DEMOGRAPHIC INDICATOR	DATA SOURCE(S)
EDUCATION	
Children by household head's educational attainment	KIDS COUNT
Families with children ages 0–8 in which no available parent has an associate degree or higher, by income level	KIDS COUNT
Mother's education level at birth of child/children	Life Course Indicators Online Tool
FOOD SECURITY	
Food insecurity	America's Health Rankings, Child Trends DataBank, County Health Rankings, KIDS COUNT, Map the Meal Gap
Food insufficiency	National Survey of Children's Health
Food security	HOPE Initiative
Very low food security among children in the past 12 months	Healthy People
HOUSING	
Child population by household type	KIDS COUNT
Children and youth experiencing homelessness	Child Trends DataBank
Children in single-parent households	County Health Rankings, KIDS COUNT
Children in the care of grandparents	KIDS COUNT
Children living in crowded housing	KIDS COUNT
Single-mother families	Community Opportunity Map
Households that spend more than 30% of income on housing	Healthy People
Households that spend more than 50% of income on housing	Healthy People
Child population by household type	KIDS COUNT
Children in foster and congregate care	State of America's Children
Children in foster care (by age, gender, placement type)	KIDS COUNT
Children in foster care waiting for adoption, by age group	KIDS COUNT
IMMIGRANT FAMILIES	
Children in immigrant families in which resident parents have been in the country five years or less	KIDS COUNT
Children in immigrant families	Child Trends DataBank, KIDS COUNT
Children in immigrant families in which resident parents are not US citizens	KIDS COUNT
Children in low-income working families, by family nativity	KIDS COUNT

Table 2B: Early Care and Education (ECE)

ECE INDICATOR	DATA SOURCE(S)
ACCESS TO CHILD CARE	
Capacity of licensed child care centers and homes	KIDS COUNT
Child care facilities by type	Child Care and Development Fund administrative database, KIDS COUNT
Early childhood intervention	KIDS COUNT
Early childhood education centers	Child Opportunity Index
High-quality early-education centers	Child Opportunity Index
Licensed child care slots per 100 children, ages 0—5	KIDS COUNT
NIEER Quality benchmarks met for preschool programs	State of America's Children
Percentage of Head Start-eligible children with a Head Start preschool in their neighborhood	Child Opportunity Index
Regulated child care spaces	KIDS COUNT
COSTS	
Average annual cost for an infant in center-based care	State of America's Children
Infant child care cost	America's Health Rankings
Child care affordability for working parents	Child Opportunity Index
Child care worker salaries by state	State of America's Children
Head Start teacher salaries by state	State of America's Children
Preschool teacher salaries by state	State of America's Children
Children ages 0—5 whose parents report that child care issues affected their employment, by income level	KIDS COUNT, National Survey of Children's Health
Monthly average number of children on waiting list for child care vouchers	KIDS COUNT
Cost of center-based care for infants as a percentage of income for a poor family	State of America's Children
Cost of center-based care for infants as a percentage of median annual rent	State of America's Children
Cost of center-based care for infants as a percentage of state median income for a single-parent family	State of America's Children
ENROLLMENT	
Average monthly number of children and families served by the Child Care and Development Fund, by race/ethnicity	State of America's Children
Average neighborhood preschool enrollment rate, by race/ethnicity	Child Opportunity Index
Children age 3—5 enrolled in nursery school, preschool, or kindergarten (by race and ethnicity, by nativity)	KIDS COUNT
Children under 6 in family-based child care	KIDS COUNT
Early childhood education enrollment	Child Opportunity Index

Table 2B: Early Care and Education (ECE)

ECE INDICATOR	DATA SOURCE(S)
ENROLLMENT	
Early Head Start- and Head Start-funded enrollment slots	KIDS COUNT
Enrollment to regulated child care	KIDS COUNT
Head Start enrollment by age group	KIDS COUNT
Number of 3-year-olds in state-funded preschool programs	State of America's Children
Number of 4-year-olds in state-funded preschool programs	State of America's Children
Number of children in Head Start	Child Trends DataBank
Population 3 years old and over enrolled in nursery school, preschool	American Community Survey, Child Trends DataBank
Preschool enrollment by race, ethnicity, and income, by state and region	HOPE Initiative
Received child care from others at least 10 hours per week, for children 0–5 years old	National Survey of Children's Health
Total number of hours child received care in setting during reporting month	Child Care and Development Fund administrative database
Young children not in school (by poverty status, by race)	KIDS COUNT

Table 2C: Child Health

CHILD HEALTH INDICATOR	DATA SOURCE(S)
CLINICAL CARE	
Children and youth with a source of ongoing health care, 17 years old and under	Healthy People
Children having a medical home	Healthy People, Life Course Indicators Online Tool, State Health Facts
State Medicaid or CHIP improvement projects, performance measures, or incentives for well-child visits in the first 15 months of life; well-child visits in the third, fourth, fifth, and sixth years of life; and adolescent well visits	State Strategies to Promote Children's Preventive Services
Well-baby checks	America's Health Rankings
Well-child visits	Child Trends DataBank
ACCESS TO CARE	
Inability or delay in obtaining necessary medical care or dental care	Life Course Indicators Online Tool
Mental health professional shortage areas	State Health Facts
Primary care health professional shortage areas	State Health Facts

Table 2C: Child Health

CHILD HEALTH INDICATOR	DATA SOURCE(S)
HEALTH INSURANCE	
Adequacy of current insurance	National Survey of Children's Health
Children with health insurance	America's Health Rankings, Child Trends DataBank, National Survey of Children's Health, State Health Facts
Children without health insurance (by age group, by poverty level)	KIDS COUNT
Uninsured children	Community Opportunity Map, County Health Rankings, State Health Facts
Uninsured children by age, race/ethnicity, poverty level, citizenship, and region	State of America's Children
SCREENING	
Children under age 6 screened for lead poisoning	KIDS COUNT
Developmental screening ages 9–35 months	National Survey of Children's Health
Doctor asked about parental concerns, ages 0–5	National Survey of Children's Health
Early childhood health screening (EPSDT)	Life Course Indicators Online Tool
Preschool children up to 5 years old receiving vision screening	Healthy People
State Medicaid or CHIP improvement projects, performance measures, or incentives for lead screening	State Strategies to Promote Children's Preventive Services
Immunizations	
2-year-olds who were immunized	KIDS COUNT
Children receiving zero doses of recommended vaccines by ages 19–35 months	Healthy People
Children receiving age-appropriate immunizations	Life Course Indicators Online Tool
Immunization percentage in children ages 19–35 months	America's Health Rankings, Healthy People, State Health Facts
State Medicaid or CHIP improvement projects, performance measures, or incentives for child and adolescent immunizations, including HPV vaccination and DTaP immunization	State Strategies to Promote Children's Preventive Services

Table 2C: Child Health

CHILD HEALTH INDICATOR	DATA SOURCE(S)
Oral Health	
Children with dental care experience in their primary teeth, 3-5 years	Healthy People
Children with untreated dental decay in their primary teeth, 3—5 years old	Healthy People
Dental care health professional shortage areas	State Health Facts
Dental visits	National Survey of Children's Health
Low-income children and adolescents receiving dental services in the past year, 2—18 years old	Healthy People
Oral health preventive care for children	America's Health Rankings, Life Course Indicators Online Tool
Percentage of children ages 0—17 who had both a medical and dental preventive care visit in the past 12 months	State Health Facts
Mental Health	
ADD/ADHD prevalence, severity, and medication for children ages 3—17	National Survey of Children's Health
Autism prevalence, severity, and medication for children ages 3—17	National Survey of Children's Health
Mental, emotional, developmental, or behavioral problems, ages 3—17	National Survey of Children's Health
Percentage of children who received any treatment or counseling from a mental health professional	State Health Facts
State Medicaid or CHIP improvement projects, performance measures, or incentives for autism screening, behavioral/social-emotional screening, and adolescent depression and tobacco- or substance-use screening	State Strategies to Promote Children's Preventive Services
Obesity	
Obesity among children 2—5 years old	Healthy People
Obesity among children enrolled in the WIC program	KIDS COUNT
Overweight children and youth	Child Trends DataBank
State Medicaid or CHIP improvement projects, performance measures, or incentives for BMI screening, weight assessment, and counseling for nutrition and physical activity	State Strategies to Promote Children's Preventive Services

Table 2C: Child Health

CHILD HEALTH INDICATOR	DATA SOURCE(S)
Mortality	
Infant mortality by race, ethnicity, and education (state rankings)	HOPE Initiative
Child mortality	County Health Rankings
Infant and child mortality	Child Trends DataBank
Infant mortality	America's Health Rankings, County Health Rankings, State Health Facts
Infant mortality by race	County Health Rankings, KIDS COUNT, State of America's Children, State Health Facts
Neonatal mortality	America's Health Rankings, KIDS COUNT
Other	
Life expectancy	City Health Dashboard
Child health status	HOPE Initiative
Iron deficiency in children 1—2 years old	Healthy People
Children with special health care needs	Life Course Indicators Online Tool

Table 2D: Women and Infant Health

WOMEN AND INFANT HEALTH INDICATOR	DATA SOURCE(S)
Women's Health	
Health of women and children across states (state ranking)	Health of Women and Children Report (America's Health Rankings)
State summaries for health of women and children	Health of Women and Children Report (America's Health Rankings)
Births to unmarried women	Child Trends Databank
Teen births	America's Health Rankings, Child Trends DataBank, City Health Dashboard, County Health Rankings, KIDS COUNT, Life Course Indicators Online Tool
Postpartum depression	America's Health Rankings, Life Course Indicators Online Tool
Postpartum visits	America's Health Rankings
Alcohol consumption during pregnancy	America's Health Rankings
Late or no prenatal care	Child Trends DataBank
Teen pregnancy	KIDS COUNT
Tobacco use during pregnancy	America's Health Rankings
Unintended pregnancy	America's Health Rankings

Table 2D: Women and Infant Health

WOMEN AND INFANT HEALTH INDICATOR	DATA SOURCE(S)
Women's Health	
Adequate prenatal care	KIDS COUNT
Adequate prenatal care, by race	KIDS COUNT
Prenatal care	City Health Dashboard
Prenatal care before third trimester	America's Health Rankings
Maternity Practices in Infant and Nutrition Care (mPINC) survey score	America's Health Rankings
Birth Outcomes	
Births of low birthweight as a percentage of all births, by race/ethnicity	State Health Facts
Births to mothers who smoked during pregnancy	KIDS COUNT
Births to mothers with less than 12 years of education	KIDS COUNT
Births to women receiving late or no prenatal care (by race and ethnicity)	KIDS COUNT
Low birth weight (by race, ethnicity, and education)	America's Health Rankings, Child Trends Databank, City Health Dashboard, County Health Rankings, Healthy People, HOPE Initiative, KIDS COUNT, National Survey of Children's Health, State Health Facts
Preterm births	America's Health Rankings, KIDS COUNT, Life Course Indicators Online Tool, National Survey of Children's Health
Preterm births (by race/ethnicity)	State Health Facts
Small for gestational age	Life Course Indicators Online Tool
Very low birthweight babies	Child Trends DataBank, Healthy People, KIDS COUNT
Infant Feeding	
Breastfed	America's Health Rankings, Child Trends DataBank
Breastfed ever, 0–5 years old	National Survey of Children's Health
Breastfed exclusively, 6 months–5 years	National Survey of Children's Health
Infants breastfed at 1 year old	Healthy People
Infants ever breastfed	Healthy People
Infants exclusively breastfed through 3 months of age	Healthy People, Life Course Indicators Online Tool
Infants exclusively breastfed through 6 months of age	Healthy People
Percentage of infants who were breastfed ever, at 6 months, and at 12 months	State Health Facts
Breastfed newborns receiving formula supplementation in the first two days of life	Healthy People

Table 2D: Women and Infant Health

WOMEN AND INFANT HEALTH INDICATOR	DATA SOURCE(S)
Infant Sleep Habits	
Adequate amount of sleep, ages 4 months—17 years	National Survey of Children's Health
Infants put to sleep on their backs	Healthy People
Sleep position (infant)	America's Health Rankings
Sleep position, 0—12 months	National Survey of Children's Health
Child goes to bed at the same time on weeknights	National Survey of Children's Health

Table 2E: Health Behaviors

HEALTH BEHAVIOR INDICATOR	DATA SOURCE(S)
Family eats meals together	National Survey of Children's Health
Family resilience	National Survey of Children's Health
Protective family routines and habits	National Survey of Children's Health
Children under age 6 whose family members read to them less than four days per week	KIDS COUNT
Children whose family reads to them every day, 0—5 years old	Healthy People, National Survey of Children's Health
Family sings and tells stories to children ages 0—5 years	National Survey of Children's Health
Children using computer for non-school work two hours or less per day, 2—5 years old	Healthy People
Children viewing no television, videos, or video games on weekdays, 0—2 years	Healthy People
Children viewing television, videos, or video games two hours or less per day, 2—5 years old	Healthy People
Adequate amount of sleep, ages 4 months—17 years	National Survey of Children's Health
Child goes to bed at the same time on weeknights	National Survey of Children's Health

Table 2F: Community Environment

COMMUNITY ENVIRONMENT INDICATOR	DATA SOURCE(S)
Amenities	
Baby-friendly hospitals	America's Health Rankings, Life Course Indicators Online Tool
Neighborhood amenities	America's Health Rankings. National Survey of Children's Health
Supportive neighborhood	America's Health Rankings, National Survey of Children's Health

Table 2F: Community Environment

COMMUNITY ENVIRONMENT INDICATOR	DATA SOURCE(S)
Air/Water/Lead	
Air pollution	America's Health Rankings, City Health Dashboard, County Health Rankings, HOPE Initiative, National Equity Atlas
Children who lack access to fluoridated water	KIDS COUNT
Drinking water violations	County Health Rankings
Water fluoridation	America's Health Rankings
Housing with potential lead risk	City Health Dashboard
Food Access	
Access to healthy food	Child Opportunity Index
Food environment index	County Health Rankings
Limited access to healthy foods	City Health Dashboard, County Health Rankings
Physical Activity Access	
Access to exercise opportunities	County Health Rankings
Access to green space	Child Opportunity Index
Park access	City Health Dashboard
Walkability	Child Opportunity Index, City Health Dashboard
Safety	
Children who live in unsafe communities	KIDS COUNT
Neighborhood safety	Child Trends DataBank, National Survey of Children's Health
Neighborhood violence	America's Health Rankings
Other	
Child Opportunity Index (composite index)	Child Opportunity Index
Concentrated disadvantage	America's Health Rankings, Association of Maternal and Child Health Programs
Low poverty concentration	HOPE Initiative
Neighborhood poverty	National Equity Atlas
Neighborhood racial/ethnic segregation	City Health Dashboard, County Health Rankings
Presence of detracting neighborhood elements (litter/garbage, poorly kept/rundown housing, vandalism such as broken windows/graffiti)	National Survey of Children's Health
Severe housing problems	County Health Rankings
Excessive housing costs	City Health Dashboard

Table 2G: Adverse Childhood Experiences (ACEs)

ACEs INDICATORS	DATA SOURCE(S)
Adverse childhood experiences, by experience type	State of America's Children
Adverse childhood experiences	America's Health Rankings, Association of Maternal and Child Health Programs, Child Trends DataBank, National Survey of Children's Health
Adverse childhood experiences, two or more	KIDS COUNT
Child abuse and neglect	State of America's Children
Child abuse and neglect deaths	KIDS COUNT
Child abuse and neglect rate per 1,000 children under age 18	KIDS COUNT
Child exposure to violence	Child Trends DataBank, Healthy People
Child maltreatment	Child Trends DataBank, Healthy People
Child maltreatment deaths	Healthy People
Children served in domestic violence emergency care shelters	KIDS COUNT
Children who are confirmed by child protective services as victims of maltreatment, by age group	KIDS COUNT
Children with a parent who was ever incarcerated	Healthy People, KIDS COUNT
Domestic violence	America's Health Rankings

Table 2H: Child Development

CHILD DEVELOPMENT INDICATOR	DATA SOURCE(S)
Flourishing (ages 0–5)	America's Health Rankings
Children screened for autism and other developmental delays in the past year	Healthy People
Children with autism spectrum disorder receiving a first evaluation by age 36 months, 48 months	Healthy People
Age started receiving special services for developmental needs	National Survey of Children's Health
Children ages 0–5 who are at risk for developmental delays, by income level	KIDS COUNT
Children under 6 whose parents had predictive concerns about their development	KIDS COUNT, Healthy People
Children who have one or more emotional, behavioral, or developmental conditions	KIDS COUNT
Developmental screening	America's Health Rankings
Children ages 9 months to 35 months who received a developmental screening	KIDS COUNT
Children under 6 who received a developmental screening	KIDS COUNT

Table 2I: Federal Program Participation

FEDERAL PROGRAM PARTICIPATION INDICATORS	DATA SOURCE(S)
Medicaid/Children's Health Insurance Program (CHIP)	
Medicaid and CHIP income-eligibility limits for children as a percentage of the federal poverty level	State Health Facts
Medicaid enrollment by age	State Health Facts
Medicaid/CHIP child-participation rates	State Health Facts
Monthly child enrollment in Medicaid and CHIP	State Health Facts
Supplemental Nutrition Assistance Program (SNAP)	
Children receiving SNAP benefits	Child Trends DataBank, KIDS COUNT
Monthly average number of persons issued SNAP	KIDS COUNT
Monthly average number of persons participating in SNAP	State Health Facts
Women, Infants and Children (WIC) Program	
Children participating in SNAP and WIC	State of America's Children
WIC benefits	National Survey of Children's Health
WIC nutrition services	Life Course Indicators Online Tool
WIC participants	KIDS COUNT
Other	
Child recipients of welfare	Child Trends DataBank
Children ages birth to age 3 whose parent did not receive a new parent home visit	KIDS COUNT
Children in families that receive public assistance	KIDS COUNT
Children receiving child care vouchers	KIDS COUNT
Children served by First Steps	KIDS COUNT
Early intervention	Life Course Indicators Online Tool
Public assistance rate	Child Opportunity Index
Receiving public assistance	America's Health Rankings

A variety of datasets are available to find indicators related to early childhood topics. In Resource Guide Part II, some of the key sources for identifying indicators related to early childhood are summarized. Resources are organized alphabetically and include a brief summary, categories of indicators available, and suggestions for how to use each resource.

In This Resource Guide

America's Health Rankings

UNITED HEALTH FOUNDATION
www.americashealthrankings.org

America's Health Rankings is a composite index of 35 metrics that give an annual snapshot of health and population in each state relative to the other states. It is constructed based on the World Health Organization's definition of health: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." The rankings' purpose is to create widespread awareness of where states stand on important public health measures. Each year, America's Health Rankings ranks states according to various factors and presents strengths, challenges, and highlights for each state. America's Health Rankings pulls data from 19 difference sources and releases multiple themed reports each year. The Annual Report is a comprehensive report that addresses behaviors, policies, community and environmental conditions, and clinical care.[1] The Health of Women and Children Report focuses on women of reproductive age, infants, and children under 18. It includes a composite index of 55 measures that are used to rank states.[2]

Data Indicators

There are five overarching topic areas in the Annual Report:

1. **Behaviors** (e.g., obesity, physical inactivity)
2. **Community and environment** (e.g., children in poverty, air pollution)
3. **Policy** (e.g., immunizations, public health funding)
4. **Clinical care** (e.g., low birthweight)
5. **Outcomes** (e.g., infant mortality, disparity in health status)

Other health topic areas include:

1. **Pregnancy and birth**
2. **Nutrition, physical activity, and obesity**
3. **Social, economic, and environmental factors**
4. **Clinical care**
5. **Deaths**
6. **Chronic disease**
7. **Reproductive and sexual health**
8. **Mental health**
9. **Gender, race, and education**
10. **Health of women and children**

Strategies for Using the Data

States can incorporate the reports and rankings into their annual review of internal programs. The Health of Women and Children Report provides data and visuals for states to see how they compare to other states and the nation on a variety of relevant topic areas. The rankings highlight disparities and show the differences in health between population groups among gender, age, race/ethnicity, education, and income gaps at the state and national level. Users can draw specific attention to measures related to infants and children in their state and address inequities presented as a part of their state's data.

---

[1] United Health in partnership with the American Public Health Association. (2019). *America's Health Rankings Annual Report 2019*. Retrieved April 22, 2020 from: https://assets.americashealthrankings.org/app/uploads/ahr_2019annualreport.pdf

[2] United Health. (2019). *America's Health Rankings Health of Women and Children Report 2019*. Retrieved April 22, 2020 from: https://assets.americashealthrankings.org/app/uploads/health-of-women-and-children-2019.pdf

Child Opportunity Index

DIVERSITY DATA KIDS

diversitydatakids.org/child-opportunity-index

The Child Opportunity Index 2.0 was published in 2020 and contains aggregate data from multiple data sources. Twenty-nine data indicators encompassing three domains — education, health and environment, and social and economic — were analyzed and are presented in the dataset. The Index focuses on the neighborhood factors that shape children's access to resources and experiences that promote healthy development, and children's exposure to risks that can hinder development. As such, the component indicators were measured at the census-tract level using constant 2010 and 2015 census tract definitions. Census tracts were deleted that were either fully covered by water or had missing data on more than 50 percent of indicators in any of the three domains.

Data Indicators

The Child Opportunity Index ranks neighborhood opportunity based on 29 indicators. Each neighborhood receives a Child Opportunity Score and is assigned to an opportunity level. Data are categorized into three topic areas:

1. **Education (e.g., early childhood education)**
2. **Health and environment (e.g., healthy environments, toxic exposures)**
3. **Social and economic (e.g., economic opportunities)**

Strategies for Using the Data

Data indicators have varying weights based on how strongly they predict health and economic outcomes. As part of the technical report, initial evidence is presented on how well the Child Opportunity Index 2.0, as a measure of children's neighborhood-based opportunities, predict later-life outcomes, by correlating the domain and overall index scores with health and economic outcomes. The dataset can be downloaded and is geocoded for quick review of data via map.[3] A variety of data stories provide examples of how communities have used the data to identify disparities and make change.[4] There are also Child Opportunity Index maps for the 100 largest metropolitan areas. These maps enable users to explore data down to the census-tract level and for different racial/ethnic groups.

---

[3] Noelke, C.; McArdle, N.; Baek, M.; Huntington, N.; Huber, R.; Hardy, E.; & Acevedo-Garcia, D. (2020). Child Opportunity Index 2.0 Technical Documentation. Retrieved April 22, 2020 from: diversitydatakids.org/researchlibrary/research-brief/how-we-built-it

[4] Diversitydatakids.org. (2020). Impact Stories. Retrieved April 22, 2020 from: http://diversitydatakids.org/impact-stories

Child Trends DataBank & Early Childhood Data Collaborative

CHILD TRENDS
www.childtrends.org/indicators?a-z

The Child Trends DataBank is an online resource for indicators of child and family well-being and associated measures. Child Trends works to identify and analyze important factors of child and family well-being, link and analyze administrative data, and extract data from social media or websites to analyze trends or forecast changes. In addition to its larger DataBank, Child Trends also houses the Early Childhood Data Collaborative, which supports state policymakers' development and use of coordinated state early care and education data systems.[5]

Data Indicators

The DataBank includes close to 100 population-based indicators, covering the domains of health and safety, child care and education, and behaviors linked to positive and negative well-being. Research topics include:

1. Child welfare
2. Early childhood
3. Early Childhood Data Collaborative
4. Education
5. Families and parenting
6. Health
7. Hispanic Institute
8. Juvenile justice
9. Poverty and inequality
10. Race equity
11. Social and emotional development
12. Teen pregnancy and reproductive health
13. Trauma
14. Youth development

Strategies for Using the Data

For each of the 100-plus data indicators, key facts of the topic area are presented, as well as trend data using select data sources. Differences by race and age are also presented in graphical format. State and local estimates are noted for each indicator and redirects the user to the correct data source for review. The

Early Childhood Data Collaborative provides tools and resources to encourage data-driven state policy changes and provide a national forum to support the development and use of coordinated state Early Care and Education data systems.

[5] Child Trends. (2020). About the Early Childhood Data Collaborative. Retrieved April 22, 2020 from:
https://www.childtrends.org/about-ecdc

KIDS COUNT

ANNIE E. CASEY FOUNDATION
datacenter.kidscount.org

The KIDS COUNT project tracks the well-being of children in the United States by providing high-quality data and trend analysis. The KIDS COUNT Data Center draws from more than 50 KIDS COUNT state organizations that provide state and local data, as well as publications providing insights into trends affecting family and child well-being.[6]

Data Indicators

Data are categorized into five topic areas:

1. **Overall child well-being**
2. **Economic well-being**
3. **Education**
4. **Health**
5. **Family and community**

Strategies for Using the Data

Users can select from the topics of interest and access all available data for the subject. Additionally, users can select a specific geography and create custom data reports, rankings, maps, and graphs. With these data, organizations can provide policy analysis based on evidence and shine a spotlight on pressing issues to improve programs and policies for children and families. The 2019 KIDS COUNT Data Book ranks states on overall child well-being, as well as in specific domains of well-being including economic, educational, health, and family and community.

---

[6] Annie E. Casey Foundation KIDS COUNT Data Center. (2020). About KIDS COUNT Data Center. Retrieved April 22, 2020 from:
https://datacenter.kidscount.org/about

Life Course Indicators Online Tool

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS
www.amchp.org/programsandtopics/data-assessment/Pages/LifeCourseIndicators.aspx

The Life Course Indicators Online Tool was created by the Association of Maternal & Child Health Programs, a national resource, partner, and advocate for state public health leaders and others working to improve the health of women, children, youth, and families, including those with special health care needs. The Life Course Indicators Online Tool was developed based on a life course framework and was designed to be used to determine success and progress in improving maternal and child health.[7]

Data Indicators

The Life Course Indicators Online Tool provides data on more than 50 indicators in 12 topic areas.

1. Childhood experiences
2. Community health policy
3. Community well-being
4. Discrimination and segregation
5. Early life services
6. Economic experiences
7. Family well-being
8. Health care access and quality
9. Mental health
10. Organizational measurement capacity
11. Reproductive life experiences
12. Social capital

Strategies for Using the Data

Each indicator includes a PDF narrative description including an introduction, implications for equity, public-health impact, how users can use the measure to leverage or realign resources based on their own data, and data availability and quality.

---

[7] Association of Maternal & Child Health Programs. (2020). Life Course Indicators Online Tool. Retrieved April 22, 2020 from: http://www.amchp.org/programsandtopics/data-assessment/Pages/LifeCourseIndicators.aspx

National Survey of Children's Health

HEALTH RESOURCES AND SERVICES ADMINISTRATION MATERNAL AND CHILD HEALTH BUREAU
www.childhealthdata.org/learn-about-the-nsch/NSCH

The National Survey of Children's Health is a national survey funded and directed by Health Resources and Services Administration Maternal and Child Health Bureau providing data on multiple, intersecting aspects of children's health and well-being. The survey is produced to provide national- and state-level data on the physical and emotional health of children 0 to 17 years old in the United States. The latest dataset is a combined dataset from 2017 and 2018. An interactive data query allows users to access over 300 data indicators and compare national- and state-level findings.[8]

Data Indicators

Data are categorized into eight topic areas:

1. Physical, oral health, and functional status
2. Emotional and mental health
3. Health insurance coverage
4. Health care access and quality
5. Community and school activities
6. Family health and activities
7. Neighborhood safety and support
8. Child and family demographics

Strategies for Using the Data

The Data Resource Center takes results of the National Survey of Children's Health and makes them easily accessible to parents, researchers, community health providers, and others. Data on this site are available for the nation and each of the 50 states plus the District of Columbia and can be compared against each other for individual data indicators.

---

[8] Data Resource Center for Child & Adolescent Health. (2020). NSCH Interactive Data Query (2016 – 2018). Retrieved April 22, 2020 from: https://www.childhealthdata.org/browse/survey

State Health Facts

KAISER FAMILY FOUNDATION
www.kff.org/statedata/

State Health Facts provides free, up-to-date, and easy-to-use health data for all 50 states, the District of Columbia, and the country. In some cases, data are available for counties, territories, and other geographies. State Health Facts is comprised of more than 800 health indicators and provides users with the ability to map, rank, trend, and download data. Data come from a variety of public and private sources.

Data Indicators

Data are categorized into 12 topic areas.

❶ **Demographics and the economy** (e.g., people in poverty, SNAP, household income)

❷ **Health costs and budgets**

❸ **Health coverage and uninsured**

❹ **Health insurance and managed care**

❺ **Health reform**

❻ **Health status**

❼ **HIV/AIDS**

❽ **Medicaid and CHIP** (e.g., Medicaid spending, CHIP enrollment)

❾ **Medicare** (e.g., enrollment, service use, coverage)

❿ **Minority health**

⓫ **Providers and service use** (e.g., access to care)

⓬ **Women's Health**

Strategies for Using the Data

State Health Facts offers Custom State Reports, an interactive tool for compiling health-related data for a single state or multiple states into a single report. Users can build interactive reports that focus on specific health conditions or issues in a state or region most relevant to their work.[9] State data can be ranked and mapped for comparison with other state data.

---

[9] Kaiser Family Foundation. (2020). Build a Custom State Report. Retrieved April 22, 2020 from: https://www.kff.org/statedata/custom

State of America's Children

CHILDREN'S DEFENSE FUND
www.childrensdefense.org/the-state-of-americas-children-2020

The Children's Defense Fund's State of America's Children report is an annual, downloadable report that summarizes the well-being of children in the United States in a set of key areas.

Data Indicators

The State of America's Children report encompasses 11 areas. For each topic area, the most recent, available national- and state-level data are compiled.[10]

1. Child population
2. Child poverty
3. Income and wealth inequity
4. Housing and homelessness
5. Child hunger and nutrition
6. Child health
7. Early childhood
8. Education
9. Child welfare
10. Youth justice
11. Gun violence

Strategies for Using the Data

Users of the report can review state factsheets, which summarize how children are doing in each of the 50 states, District of Columbia, and nationwide.[11] Additionally, the report includes data tables that are useful for comparing different states. Data and information included throughout the report can be used to inform conversations and effectively make the case for policies, programs, and strategies for improving the outcomes of children in each state and nationwide.

---

[10] Children's Defense Fund. (2020). *The State of America's Children® 2020*. Retrieved April 22, 2020 from: https://www.childrensdefense.org/wp-content/uploads/2020/02/The-State-Of-Americas-Children-2020.pdf

[11] Children's Defense Fund. (2020). *The State of America's Children® 2020* Fact Sheets. Retrieved April 22, 2020 from: https://www.childrensdefense.org/policy/resources/soac-2020-fact-sheets/

The following resources are less specific to early childhood than the resources in Part I; however, they are included in this reference guide because they provide valuable information or tools that may be of interest to some teams. For example, the American Community Survey is an excellent source for the most recent demographic data on communities throughout the United States. Resources are organized alphabetically and include a brief summary, categories of indicators available, and suggestions for how to use each resource.

American Community Survey

UNITED STATES CENSUS BUREAU
www.census.gov/programs-surveys/acs

The American Community Survey is an ongoing survey that provides detailed population and housing information about people in the United States. The information collected through the survey is used in multiple ways, including determining how more than $675 billion in federal and state funds are distributed each year and providing important information to public officials, businesses, and other stakeholders about how their communities are changing. Data are collected on an ongoing basis, January through December, and new data are released every year in the form of estimates, tables, tools, and analytical reports. Data are available at the national, state, county, and city levels.

Data Indicators

Data are categorized into four topic areas.

1. **Social characteristics** (e.g., education, marital status, relationships)
2. **Economic characteristics** (e.g., income, employment, occupation)
3. **Housing characteristics** (e.g., occupancy and structure, housing value and costs)
4. **Demographic characteristics** (e.g., sex, age, race, Hispanic origin)

Strategies for Using the Data

The data includes race/ethnicity indicators that can be cross-referenced with other survey data responses. Responses related to health insurance coverage and socioeconomic factors that can impact health may be of particular interest. The American Community Survey website features data stories that illustrate how data collected through the survey have been used to inform investments and projects as well as communicate with local leaders.[12]

---

[12] United States Census Bureau. (2020). ACS Data Stories–Stats in Action!. Retrieved April 22, 2020 from:
https://www.census.gov/programs-surveys/acs/about/acs-data-stories.html

Atlas of Rural and Small-Town America

UNITED STATES DEPARTMENT OF AGRICULTURE
www.ers.usda.gov/data-products/atlas-of-rural-and-small-town-america

The Atlas of Rural Small-Town America provides statistics by broad categories of socioeconomic factors, including demographics, jobs, county classifications, income, and veterans. Data included in the Atlas are aggregated from a variety of federal sources and cover varying years. Sources of data include the US Census Bureau (Population Estimates Program, 2000 Census of Population, 2010 Census of Population, American Community Survey, Small Area Income and Poverty Estimates); Applied Population Laboratory (Net Migration Patterns for US Counties); the Bureau of Labor Statistics (Local Area Unemployment Statistics), US Department of Agriculture Economic Research Service (Natural Amenity Scale, Creative Class Codes, County-Level Oil and Gas Production in the U.S.); and the Office of Management and Budget (Statistical Programs and Standards).[13]

Data Indicators

Over 130 indicators are included for review. Data are categorized into five topic areas:

1 **People** (including demographic data from the American Community Survey for age, race and ethnicity, migration and immigration, education, household size, and family composition).

2 **Jobs** (including economic data from the Bureau of Labor Statistics and other sources, such as information on employment trends, unemployment, and industrial composition of employment from the American Community Survey).

3 **County classifications** (including the rural-urban continuum, economic dependence, persistent poverty, persistent child poverty, population loss, onshore oil/natural gas counties, and other Economic Research Service county typology codes).

4 **Income** (including data on median household income, per capita income, and poverty).

5 **Veterans** (including service period, education, unemployment, income, and demographic characteristics).

Strategies for Using the Data

Users can view county-level maps for socioeconomic indicators, as well as maps for the region and state. A version of the map may be printed or saved as an image that may be added to documents or presentations. Users can view the diversity of challenges and opportunities across America's counties. Data are also available for download for each of the four broad categories of socioeconomic factors — people, jobs, veterans, and county classifications — for a selected county or for all US counties.

---

[13] Economic Research Service. United States Department of Agriculture. (2020). About the Atlas. Retrieved April 22, 2020 from: https://www.ers.usda.gov/data-products/atlas-of-rural-and-small-town-america/about-the-atlas/

Child Care and Development Fund – Administrative Database

UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION FOR CHILDREN AND FAMILIES

www.childandfamilydataarchive.org/cfda/archives/cfda/studies/37627

This dataset[14] provides descriptive information about the families and children served through the federal Child Care and Development Fund (CCDF). CCDF dollars are provided to states, territories, and tribes to provide assistance to low-income families receiving or in transition from temporary public assistance to obtain quality child care so they can work or, depending on their state's policy, to attend training or receive education. States are permitted to report case-level data for the entire population or a sample population, under approved sampling guidelines. This is an original data source.

Data Indicators

There are five different files that comprise the CCDF dataset.

1. The Summary Records file contains monthly state-level summary information, including the number of families served.

2. The Family Records file contains family-level data, including:
   ▲ Single-parent status of the head of the household
   ▲ Monthly copayment amount
   ▲ Date on which child care assistance began
   ▲ Reasons for care
   ▲ Income used to determine eligibility
   ▲ Source of income
   ▲ Family size on which eligibility is based

3. The Child Records file contains child-level data including ethnicity, race, gender, and date of birth.

4. The Setting Records file contains information about the type of child care setting, the total amount paid to the provider, and the total number of hours of care received by the child.

5. The Pooling Factor file provides state-level data on the percentage of child care funds that is provided through the CCDF, the federal Head Start region the grantee (state) is in and is monitored by, and the state FIPS code.

Strategies for Using the Data

Users can download the administrative datasets for further analyses at the state level, including descriptive statics of those served. Users can utilize data to prepare a snapshot of the number of families and children being served and compare data amongst other states and other datasets.

---

[14] United States Department of Health and Human Services. Administration for Children and Families. Office of Child Care. Child Care and Development Fund Administrative Data, [United States], Federal Fiscal Year 2017. Retrieved April 22, 2020 from:
https://www.childandfamilydataarchive.org/cfda/archives/cfda/studies/37627

City Health Dashboard

NYU LANGONE HEALTH,
ROBERT WOOD JOHNSON FOUNDATION

www.cityhealthdashboard.com

The City Health Dashboard launched in 2018 with over 35 measures of health and drivers of health for the 500 largest US cities — those with populations of about 66,000 or more. In 2019, new features and data were added, and the Dashboard continues to expand, adding new metrics, ways of visualizing the data, and additional small and midsize cities as well. The Dashboard provides city leaders and communities with an array of regularly updated data that is specific to neighborhood and/or city boundaries — such as life expectancy, obesity, and children in poverty — to improve the health and well-being of everyone in the community. The data sources used to populate the Dashboard include: National Center for Health Statistics, Centers for Disease Control and Prevention (500 Cities Project), U.S. Small-Area Life Expectancy Estimates (USALEEP), Civil Rights Data Collection, American Community Survey, state-based education data, Uniform Crime Reporting, Community Multiscale Air Quality model, Food Access Research Atlas, ParkServe, and Walk Score.[15]

Data Indicators

Data are categorized into five topic areas:

1. **Health outcomes**
2. **Social and economic factors**
3. **Health behavior**
4. **Physical environment**
5. **Clinical care**

Strategies for Using the Data

The goal of the City Health Dashboard tool is to equip cities with a one-stop resource for comprehensive, reliable data to help them build healthier and more equitable communities. The dataset can be downloaded in full for users to manipulate and analyze their individual city-level information. Additionally, the interactive tool provides a city overview, metric detail, demographic detail, and comparison with other cities. The Income Inequality index is used to measure the households with income at the extremes of the national income distribution (the top 20 percent and bottom 20 percent). The Neighborhood Racial/Ethnic Segregation index is used to present the distribution of the population by race/ethnic group within a census tract relative to the distribution across the city. The Racial/Ethnic Diversity index presents the distribution of the population by race/ethnic group within a city or census tract. The Lead Exposure Risk Index is a measure of the poverty-adjusted risk of housing-based lead exposure. The Walkability index measures neighborhood amenities accessible by walking as calculated by Walk Score.

Community Opportunity Map

CASEY FAMILY PROGRAMS
caseyfamily.caimaps.info/CAILive

The Community Opportunity Map is an interactive tool that highlights the aspects of communities that are associated with safe children and strong families. The interactive, research-based framework is composed of select US Census Bureau indicators (American Community Survey) and is available for any community in the nation to use. It was informed by significant evidence of the community factors correlated with child maltreatment and a healthy-community framework developed by the United States Department of Housing and Urban Development (HUD)[16]. The tool maps community indicators at geographic levels from the state level down to neighborhoods.

Data Indicators

There are four topic areas the tool addresses including:

1 Child and family   **2** Education   **3** Economy   **4** Housing

Strategies for Using the Data

The purpose of the tool is to be used by community members, policymakers, child welfare leaders, city government officials, and other stakeholders to build hope and promote well-being for families. The Community Opportunity Map does not represent an exhaustive list of community characteristics associated with child maltreatment, nor does the Map encompass all the information necessary to make critical decisions that impact communities. Instead, the Community Opportunity Map is designed as one tool of many that can be utilized to inform decision-making, strategic intervention, calls to action, and stakeholder engagement to promote community health and well-being to achieve the goals of safe children and strong families. Users can select any of the indicators and populate estimates from the neighborhood to the state level. When populated at the state level, national averages are provided for comparison. Additionally, a demographic layer can be added to the map at the census tract level, allowing users to compare their selected indicators against data including education level, limited English proficiency, people of color, population density, poverty rate, and unemployment rates.

---

[16] Casey Family Programs. (2020). Community Opportunity Map. Retrieved April 22, 2020, from
https://caseyfamily.caimaps.info/CAILive/?location=Seattle

County Health Rankings

ROBERT WOOD JOHNSON FOUNDATION
www.countyhealthrankings.org

The County Health Rankings are based on a model of population health that emphasizes factors that, if improved, can help make communities healthier places to live, learn, work, and play. By ranking the health of nearly every county in the nation, the County Health Rankings help communities understand what factors influence how healthy residents are and how long they will live. The Rankings can be used as a resource for communities to make actionable change. Data are presented in a way to help inform communities of where they are and what is happening in their community, and to identify areas of action and improvement.[17] Data are updated annually.

Data Indicators

Data are categorized into five topic areas:

1 Health

2 Health behaviors

3 Clinical care

4 Social and economic factors

5 Physical environment

Strategies for Using the Data

The County Health Rankings website provides strategies for states and communities to use the data and take action to improve health. A step-by-step guide presents users with a roadmap that explains strategies from how to assess needs and resources to how to communicate successes, challenges, and lessons learned. Examples of evidence-based policies and programs are categorized by data topic area for further research and review.

---

[17] Robert Wood Johnson Foundation. (2020). Action Learning Guides. Retrieved April 22, 2020 from:
https://www.countyhealthrankings.org/take-action-to-improve-health/learning-guides

Data Set Directory of Social Determinants of Health at the Local Level

CENTERS FOR DISEASE CONTROL AND PREVENTION
www.cdc.gov/dhdsp/docs/data_set_directory.pdf

The Data Set Directory of Social Determinants of Health at the Local Level is a response to the widespread interest in the role of social determinants of health at the local level. The directory, presented in PDF format, contains an extensive list of existing datasets that can be used to address these determinants[18]. The focus of the directory is primarily, but not exclusively, on datasets that contain information for Metropolitan Statistical Areas.

Data Indicators

Indicators are organized into 12 dimensions of the social environment.

1. **Economy** (e.g., wealth, poverty)
2. **Employment** (e.g., job access, employment/unemployment)
3. **Education** (e.g., school characteristics, graduation rates)
4. **Political** (e.g., political structure, power groups)
5. **Environmental** (e.g., air quality, water quality)
6. **Housing** (e.g., housing stock, residential patterns)
7. **Medical** (e.g., primary care, specialty care)
8. **Governmental** (e.g., funding, policy/legislation)
9. **Public health** (e.g., programs, funding)
10. **Psychosocial** (e.g., protective services, volunteer organizations)
11. **Behavioral** (e.g., violence, diet/obesity)
12. **Transport** (e.g., safety, infrastructure)

Strategies for Using the Data

The directory can be used to search for specific data indicators of interest. Affiliated datasets that include indicators of interest are hyperlinked in the directory for ease of use. Datasets included in the directory are original datasets, not aggregated, but can be used to more narrowly focus on data indicators by the user as needed.

---

[18] Hillemeier M, Lynch J, Harper S, Casper M. (2004). Data Set Directory of Social Determinants of Health at the Local Level. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

Data Walks

URBAN INSTITUTE
www.urban.org/research/publication/data-walks-innovative-way-share-data-communities

Data Walks are convenings that offer an interactive way to share data and research findings with stakeholders, with a main focus of engaging the community as a research partner. A Data Walk focuses solely on data-sharing as the platform for collaboration. A Data Walk has several objectives:

Objectives

1. To share key data and findings with community residents and program participants;
2. To ensure a more robust analysis and understanding of the data presented;
3. To help inform better programming and policies to address both the strengths and the needs of a particular community or population; and
4. To inspire individual and collective action among stakeholders.

Strategies for Using the Data

Data Walks offer researchers and community organizations an accessible way to analyze data in partnership with residents and other stakeholders. Hosting a Data Walk involves outlining the purpose and goals of the exercise and making key decisions about logistics, data points to highlight, and discussion questions. It should be an experience that generates a better understanding of a particular issue or community and compels people to take action (e.g., participating in a project, building a coalition, advocacy for change, engaging in direct service, or contributing to research findings).[19]

---

[19] B. Murray, E. Falkenburger, P. Saxena. (2015). *Data Walks: An Innovative Way to Share Data with Communities.* The Urban Institute. Retrieved April 22, 2020 from: https://www.urban.org/sites/default/files/publication/72906/2000510-data-walks-an-innovative-way-to-share-data-with-communities.pdf

Healthy People

UNITED STATES DEPARTMENT OF HEALTH AND
HUMAN SERVICES OFFICE OF DISEASE PREVENTION
AND HEALTH PROMOTION
www.healthypeople.gov/2020/data-search

Healthy People is an interactive data tool, drawn from over 190 data sources, that allows users to explore data and technical information related to the Healthy People 2020 objectives. These are science-based, 10-year objectives aimed at improving the health of all Americans. Over 1,200 objectives are organized into 42 topic areas, each representing an important public health area. Healthy People relies on diverse data systems including: national censuses of events (e.g., National Vital Statistics System); nationally representative sample surveys (e.g., National Health Interview Survey), and other valid and reliable data sources (e.g., Bicycle Helmet Safety Institute).

There are three main types of Healthy People objectives:

▲ Measurable: The baselines use valid and reliable data derived from currently established and nationally representative data systems.

▲ Developmental: Indicate areas that need to be placed on the national agenda for data collection. They address subjects of sufficient national importance that investments should be made.

▲ Informational: These objectives remain of public health importance and are tracked for informational purposes.[20]

Strategies for Using the Data

The Healthy People 2020 data are further analyzed and separated into an additional dataset and interactive tool — the Health Disparities Tool. A search function is included in the tool that shows health disparities information for measurable, population-based objectives where data are available. A graphical display of the range of estimates, population groups with the highest and lowest values, and changes in the range of estimates over time is displayed. For each objective, the rate ratio can be used to spotlight the most recent disparities data for that objective. The interactive tools can be used to easily view data by state. The Health Disparities Tool can specifically be used to view health disparities by demographic groups; navigate and visualize disparities data over time; compare data points for each population group, as well as the range of estimates between each group; and display rates, rate ratios, standard errors, confidence intervals, and technical details about data collection methods.

Data Indicators

The topic areas that cover over 1,200 objectives include:

1. Access to health services
2. Adolescent health
3. Arthritis, osteoporosis, and chronic back conditions
4. Blood disorders & blood safety
5. Cancer
6. Chronic kidney disease
7. Dementias, including Alzheimer's disease
8. Diabetes
9. Disability and health
10. Early and middle childhood
11. Educational and community-based programs
12. Environmental health
13. Family planning
14. Food safety
15. Genomics
16. Global health
17. Health communication and health information technology
18. Health-related quality of life & well-being
19. Healthcare-associated infections
20. Hearing and other sensory or communication disorders
21. Heart disease and stroke
22. HIV
23. Immunization and infectious diseases
24. Injury and violence prevention
25. Lesbian, gay, bisexual, and transgender health
26. Maternal, infant, and child health
27. Medical product safety
28. Mental health and mental disorders
29. Nutrition and weight status
30. Occupational safety and health
31. Older adults
32. Oral health
33. Physical activity
34. Preparedness
35. Public health infrastructure
36. Respiratory diseases
37. Sexually transmitted diseases
38. Sleep health
39. Social determinants of health
40. Substance abuse
41. Tobacco use
42. Vision

---

[20] Office of Disease Prevention and Health Promotion. US Department of Health and Human Services. (2020). About the Data. Retrieved April 22, 2020 from: https://www.healthypeople.gov/2020/data-search/About-the-Data

Health Opportunity and Equity (HOPE) Initiative

NATIONAL COLLABORATIVE FOR HEALTH EQUITY

www.nationalcollaborative.org/our-programs/hope-initiative-project

The HOPE Initiative tracks 28 child and adult health indicators that span the life course, including health outcomes and indicators related to opportunity. The data reflect systems and policies that affect health equity. Data are presented at the state and national level. The overarching goal and framing of the project was to identify progress toward achieving equity, and thus benchmarks were created for each measure. The benchmarks are referred to as HOPE Goals (distance to goal) and can be used by states and the nation to determine how far they must go to achieve the goal of greater equity in health outcomes and the determinants of health for their populations. Provided by race/ethnicity and socioeconomic status (which were used as grouping variables), data from nine sources were aggregated: National Survey of Children's Health; Behavioral Risk Factor Surveillance System; National Vital Statistics System; American Community Survey; Area Health Resources Files; Centers for Disease Control and Prevention Wonder; County Business Patterns; Food Access Research Atlas; and Uniform Crime Reporting.[21]

Data Indicators

There are five topic areas the tool addresses including:

1. **Health outcomes**
2. **Socioeconomic factors**
3. **Social environment**
4. **Physical environment**
5. **Access to health care**

Strategies for Using the Data

The HOPE Initiative measures can be used by states and the nation to identify each state's areas of strength and of greatest need; to learn from states that are leading on the measures of equity and opportunity; to assess policy priorities and potential health impacts that may be linked to opportunity status within each state; to identify key drivers of health opportunity and equity; to use data in conversations within states and communities to understand what is happening and what is working well; and to understand the degree of equity within a state compared to other states against a national benchmark.

---

[21] National Collaborative for Health Equity. (2020). The Health Opportunity and Equity (HOPE) Initiative. Retrieved April 22, 2020 from: https://www.nationalcollaborative.org/our-programs/hope-initiative-project/

Map the Meal Gap

FEEDING AMERICA
map.feedingamerica.org

Feeding America's annual Map the Meal Gap presents data about local food insecurity. As communities better understand hunger, they can help to end it. Food insecurity refers to the United States Department of Agriculture's measure of lack of access, at times, to enough food for an active healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. Food-insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household's need to make trade-offs between basic needs such as housing or medical bills and purchasing nutritionally adequate foods. To accurately estimate the number of people who may be food insecure in every US county and congressional district, the Map the Meal Gap tool uses publicly available state and local data from the United States Census Bureau and Bureau of Labor Statistics. These factors include unemployment and poverty, as well as other demographic and household characteristics.[22]

Data Indicators

The tool addresses four topic areas:

1 Food-insecurity rates and numbers

2 Food budget shortfall: Responses from food-insecure households to Current Population Survey (CPS) questions about a food budget shortfall are calculated at the individual level and then averaged to create a weekly food budget shortfall.

3 Cost-of-Food Index: To establish a relative price index that allows for comparability between counties, Nielsen assigns every sale of UPC-coded food items in a county to one of the 26 food categories in the USDA Thrifty Food Plan (TFP).

4 National average meal cost: The average dollar amount spent on food per week by food-secure individuals is divided by 21 (assuming three meals per day and seven days per week). Reported food expenditures by food-secure individuals are used to ensure that the result best reflects the cost of an adequate diet.

Strategies for Using the Data

Users can access the interactive map to select their state and county and start learning about neighborhoods struggling with hunger and the food banks that serve them. Users can download a full annual report of the Map the Meal Gap survey and access local food insecurity data tables by state. Further, a Child Food Insecurity brief has been populated by Feeding America to present key findings, including child food insecurity rates by state compared on a single graph to rate individual state metric performance. Implications, including health consequences and economic and social costs, are presented, as well as policies and programs to assist food-insecure children.

---

[22] Feeding America. (2020). How We Got the Map Data. Retrieved April 22, 2020 from:
https://www.feedingamerica.org/research/map-the-meal-gap/how-we-got-the-map-data?s_src=WXXX1MTMG

National Equity Atlas

POLICYLINK AND THE USC PROGRAM FOR ENVIRONMENTAL AND REGIONAL EQUITY
https://nationalequityatlas.org

The National Equity Atlas is a data and policy tool for community leaders and policymakers who are working to build a new economy that is equitable, resilient, and prosperous. It is a comprehensive resource for data to track, measure, and make the case for inclusive growth nationwide and in America's regions and states. The Atlas contains data on demographic change, racial and economic inclusion, and the potential economic gains from racial equity for the largest 100 cities, 150 regions, all 50 states, and the United States as a whole. The database incorporates measures of economic growth and social equity, provides several decades of data for cities and metropolitan regions that are geographically consistent over time, and includes data disaggregated by race/ethnicity for most indicators. Data sources include the Integrated Public Use Microdata System (IPUMS), US Census Bureau, Geolytics, Woods & Poole Economics, US Bureau of Economic Analysis, US Bureau of Labor Statistics, Centers for Disease Control and Prevention, and the National Center for Education Statistics. It also includes the Georgetown Center on Education and the Workforce's state-level projections of the educational requirements of jobs in 2020.[23]

Data Indicators

Data are categorized into three topic areas:

1 **Demographics:** Describe who lives in the region and how this is changing.

2 **Equity indicators are broken out further into three categories:**

▲ **Economic Validity:** Is the economy growing in a way that is inclusive and sustainable? (Sample indicators include GDP and job growth, unemployment, wages, inequality, and income growth.)

▲ **Readiness:** Is the region ready for the future, with a skilled, prepared workforce, an educated, young population, and healthy residents? (Sample indicators include educational attainment in relation to job skills requirements in 2020, disconnected youth, and overweight/obesity.)

▲ **Connectedness:** Can residents access the essential ingredients to live healthy and productive lives in their own neighborhoods, reach opportunities located throughout the region, and interact with other diverse residents? (Sample indicators include housing burden, vehicle access, and neighborhood poverty.)

3 **Economic benefits of equity:** indicators that quantify the benefits of racial and economic inclusion to the broader economy. (Sample indicators include potential GDP and income gains from closing the racial income gap.)

Strategies for Using the Data

The interactive tool is to be used to understand how community demographics are changing; assess how well a community's diverse populations can participate in its economic vitality, contribute to readiness for the future, and connect to its assets and resources; build a compelling narrative and shared understanding about why and how much equity matters; and inform the development of policies, plans, strategies, business models, and investments. A diversity index is included in the dataset and can be viewed as a trend as well as a state-by-state ranking. The diversity index is used as a driver of innovation, business growth, and economic progress. Research shows that companies with more diverse workforces are more competitive, with greater market share, higher revenues, and more customers.

---

[23] PolicyLink and the USC Program for Environmental and Regional Equity. (2020). About the Atlas: Background. Retrieved April 22, 2020 from: https://nationalequityatlas.org/about-the-atlas

State Strategies to Promote Children's Preventive Services

NATIONAL ACADEMY FOR STATE HEALTH POLICY
nashp.org/state-strategies-for-promoting-childrens-preventive-services/#toggle-id-2-closed

States implement a variety of performance measurement, incentive, and improvement programs to promote children's access to preventive services. The maps and charts included in this tool illustrate state-specific Medicaid or Children's Health Insurance Program (CHIP) initiatives that promote children's preventive services, including those recommended by the American Academy of Pediatrics' Bright Futures guidelines.

These resources highlight:

▲ Managed care performance improvement projects and measures;
▲ Metrics or incentives used by statewide Medicaid system transformation initiatives; and
▲ Financial incentives, including pay for performance and bonus payment beyond traditional reimbursement.[24]

Data Indicators

State Medicaid or CHIP improvement projects, performance measures, or incentives are presented for each of the six topic areas:

1. Behavioral health
2. Weight
3. Lead screening
4. Immunizations
5. Oral health
6. Well child/adolescent care

Strategies for Using the Data

Users can access interactive maps that present data by state. States are highlighted if they have a measure or incentive in place related to the six topic areas presented above.

---

[24] National Academy for State Health Policy. (2020). State Strategies to Promote Children's Preventive Services. Retrieved April 22, 2020 from: https://nashp.org/state-strategies-for-promoting-childrens-preventive-services/#toggle-id-1

We identified multiple state- and city-specific resources in our environmental scan and highlight several of these resources below. These resources may be especially useful to teams working in these areas, as well as to others as examples of how they might develop their own city- or state-specific tools. Resources are organized alphabetically by geography and include a brief summary, categories of indicators available, and suggestions for how to use each resource.

CALIFORNIA
Healthy Communities Data and Indicators Project

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
www.cdph.ca.gov/Programs/OHE/Pages/HCI-Search.aspx

The Healthy Communities Data and Indicators Project (HCI) was started in 2012 with support from the Strategic Growth Council (SGC), a state agency coordinating efforts to promote sustainability, economic prosperity, and quality of life in California. The HCI provides a standardized set of statistical measures, data, and tools on the social determinants of health in California. Indicator datasets include data for California, as well as for its counties, regions, communities, and census tracts when available. Datasets also include stratifications by race/ethnicity and other population characteristics.[25]

Data Indicators

The following topic areas are presented with links to datasets for multiple indicators:

1. Income security
2. Food security and nutrition
3. Child development, education, and literacy
4. Housing
5. Environmental quality
6. Accessible built environments
7. Health care
8. Prevention efforts
9. Neighborhood safety and collective efficacy

Strategies for Using the Data

The goal of the HCI is to provide datasets and tools that a broad array of sectors can use for planning healthy communities and evaluating the impact of plans, projects, policy, and environmental changes on community health.

---

[25] Office of Health Equity. California Department of Public Health. (2020). Healthy Communities Data and Indicators Project. Retrieved April 22, 2020 from: https://www.cdph.ca.gov/Programs/OHE/Pages/HCI-Search.aspx

COLORADO
Community Connector

MATHEMATICA
communityconnector.mathematica.org

The Community Connector uses a variety of data sources to develop standardized scores for the six domains of social determinants of health:

▲ Economic stability — includes factors like employment, income, expenses, debt, medical bills, and support

▲ Neighborhood and physical environment — includes factors like housing, transportation, safety, parks, playgrounds, walkability, and geography

▲ Education — includes factors like literacy, language, early childhood education, vocational training, and higher education

▲ Food — includes factors like hunger and access to healthy options

▲ Community and social context — includes factors like social integration, support systems, community engagement, discrimination, and stress

▲ Health care system — includes factors like health coverage, provider availability, provider linguistic and cultural competency, and quality of care.[26]

Data Indicators
Three types of data were collected:

1 **Demographic data**
2 **Social determinants of health data**
3 **Outcomes data**

Strategies for Using the Data

The purpose of the tool is for users in Colorado to examine how their county compares with others in terms of social needs and health outcomes. After comparison, users can explore possible intervention areas that might improve health outcomes.

---

[26] Mathematica. (2020). Social Determinants of Health (SDoH) Scoring and County Matching: Methods for SDoH Scores. Retrieved April 22, 2020 from: https://communityconnector.mathematica.org

DELAWARE
My Healthy Community

DELAWARE ENVIRONMENTAL PUBLIC HEALTH TRACKING NETWORK

myhealthycommunity.dhss.delaware.gov

My Healthy Community is a data portal launched by Delaware's Department of Public Health to provide community-level statistics and data throughout the state of Delaware that can be used to understand and explore health and related factors that influence health. Our health and well-being are inherently connected to the environment we live in. The My Healthy Community tool combines more than 17 data sources, including: US Census Bureau, American Communities Survey, Delaware Population Consortium Annual Projections, Area Deprivation Index, US Small-Area Life Expectancy Estimates Project (USALEEP), Delaware Air Quality Monitoring Network, Department of Natural Resources and Environmental Control's Division of Air Quality, Delaware Certificates of Public Convenience and Necessity Water and Wastewater Information, Toxics Release Inventory Program, Behavioral Risk Factor Surveillance System, Delaware Health Statistics Center, Delaware Prescription Monitoring Program, Youth Risk Behavior Surveillance System, Delaware School Survey, Delaware Vital Statistics, Communicable Disease Reporting in Delaware, and the National Notifiable Diseases Surveillance System.[27]

Data Indicators

Topics included in the My Healthy Community database include:

1. Community characteristics
2. Environment
3. Chronic disease
4. Mental health and substance use
5. Healthy lifestyles
6. Community safety
7. Maternal and child health
8. Health services utilization
9. Infectious disease

The My Healthy Community tool presents data from the county level to the census block group level and has the capability to compare that data with state averages. Demographic information including population, population density, diversity index score, race, ethnicity, age, deprivation index, and income and education are also readily available. The tool presents data in map, graph, and tabular format, and data reports for each indicator are available for download.

Strategies for Using the Data

The My Healthy Community data portal provides immediate access to community-level statistics and data that can be used to understand and explore health and related factors in the social and physical environments. Communities can use data to inform place-based approaches, support and facilitate data-informed discussions that describe and define population health priorities, and leverage data to transform communities by educating them about their community's health and the environment in which they live.

---

[27] Delaware Health and Social Services. (2020). My Healthy Community. Retrieved April 22, 2020 from: https://myhealthycommunity.dhss.delaware.gov

MICHIGAN
Data Driven Detroit
datadrivendetroit.org

Data Driven Detroit (originally Detroit-Area Community Information System) was founded in 2008 to serve as a one-stop-shop for data on Detroit. Since its founding, Data Driven Detroit has partnered with hundreds of organizations on projects as small as planning for a city block and as large as surveying the conditions and occupancy status of 380,000 parcels of land throughout the city of Detroit. The overall mission of the organization is to provide accessible, high-quality information and analysis to drive informed decision-making and increase data-driven outcomes. Data Driven Detroit brings together hundreds of different data sources and examines what they can tell users about the questions being asked in and about the region. For example, the organization has merged information from the fire department with geographic data to illustrate which residential city blocks have the greatest frequency of fire alarm calls.[28]

Data Indicators

As part of its data toolbox, Data Driven Detroit addresses five main topic areas:

1. **Kids and education**
2. **Housing and neighborhoods**
3. **Business and workforce**
4. **Networks and directories**
5. **Demographics and more**

Most commonly, data are presented at the granular level — census tract and zip code for each indicator — to provide a detailed picture of Detroit.

Strategies for Using the Data

Multiple tools are available for further examination of youth development, health outcomes, and policy research of Detroit's child population. The data repository offers users the opportunity to visualize and explore interactive maps. Data can be downloaded and analyzed further, or can be viewed online in tabular, graph, and infographic format. Additionally, portals have been generated for select topic areas (e.g., Early Childhood Development Portal) to present a compilation of resources, including maps, data, reports, news, and/or blog posts addressing the key topic area.

---

[28] Data Driven Detroit. (2020). Toolbox. Retrieved April 22, 2020 from: https://datadrivendetroit.org/toolbox

MICHIGAN
State of the Detroit Child

DATA DRIVEN DETROIT
sdc.datadrivendetroit.org

The State of the Detroit Child is a data tool created by Data Driven Detroit in partnership with the Skillman Foundation to bring open, user-friendly access to the information that matters most to ensuring Detroit is first and foremost a city that cares for children. The goal of the State of the Detroit platform is to provide reliable, timely data to improve the well-being of Detroit's kids by driving informed decision-making and advocacy at every level from community leaders, policymakers, and nonprofit organizations to individuals and families.

The State of the Detroit Child data tool offers a comprehensive view of the conditions Detroit children experience, data from the granular (census tract and zip code) to the large scale (city and congressional district) for anywhere in the state of Michigan, and information displayed through interactive visualizations that make the data easy to understand.[29]

Data Indicators

Data are separated into six topics including:

1 **Youth and family demographics**
(e.g., youth population, sex, and age; youth age, race and ethnicity; families with children, marital status)

2 **Education**
(e.g., third-grade English language arts (ELA) proficiency, eighth-grade math proficiency, school enrollment, high school graduation, educational attainment)

3 **Family and economic security**
(e.g., income, child poverty, poverty, food assistance program participation)

4 **Housing**
(e.g., units and occupancy, housing costs, housing value, geographical mobility)

5 **Health and safety**
(e.g., infant mortality, immunizations, health insurance)

6 **Other demographics**
(e.g., place of birth, veteran status)

Strategies for Using the Data

The State of the Detroit Child tool is designed to give users quick answers to questions they have about the well-being of Detroit's kids. Users can explore hundreds of datasets by location across Detroit and Michigan that address the previously mentioned topic areas. Users can search on an interactive map or can create their own profile identifying their unique boundaries of interest using a draw tool. Data points from over 40 datasets are represented as numbers, pie charts, or bar graphs.

---

[29] Data Driven Detroit. (2020). State of the Detroit Child. Retrieved April 22, 2020 from: https://sdc.datadrivendetroit.org

MINNESOTA
HEDA: Conducting Health Equity Data Analysis

MINNESOTA DEPARTMENT OF HEALTH

www.health.state.mn.us/data/mchs/genstats/heda/ healthequitydataguideV2.0-final.pdf

This publication was created by the Minnesota Center for Health Statistics and the Center for Public Health Practice at the Minnesota Department of Health. To develop the framework for conducting a health equity data analysis, staff reviewed health equity-related literature, including *10 Promising Practices to Guide Local Public Health Practice to Reduce Inequities* in Health by the Sudbury & District Health Unit.[30]

Strategies for Using the Data

A Health Equity Data Analysis (HEDA) identifies differences in health outcomes between population groups and describes the broader policy and systems factors that are significant contributors to those health inequities. Analyzing health inequities requires a process that engages community members and uses data to identify health differences between population groups, instead of only examining the population as a whole. The results of a HEDA will provide direction for action to eliminate health inequities.

---

[30] Minnesota Department of Health. (2020). HEDA: *Conducting a Health Equity Data Analysis: A Guide For Local Health Departments in Minnesota, Version 2.* Retrieved April 22, 2020 from: www.health.state.mn.us/data/mchs/genstats/heda/healthequitydataguideV2.0-final.pdf

NORTH CAROLINA
Racial and Ethnic Health Disparities in North Carolina: North Carolina Health Equity Report 2018

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

schs.dph.ncdhhs.gov/SCHS/pdf/ MinorityHealthReport_Web_2018.pdf

The Health Equity Report is a tool that measures and monitors the state's progress toward eliminating the health-status gaps experienced by racial/ethnic minorities; provides current data that can aid community-based organizations, faith-based organizations, tribal governments, local health departments, state agencies, legislators, local businesses, and communities in devising services and outreach plans; and can inform key decision-makers about eliminating health disparities through policy reform and system change. The North Carolina Health Equity Report contains data from various sources. The key indicators were chosen based on their relevance to health and health disparities and the availability of the data.[31]

Data Indicators

The report covers eight topic areas including:

1. Social and economic well being
2. Maternal/child health
3. Child and adolescent health
4. Risk factors
5. Mortality rates
6. Communicable diseases
7. Violence and injury
8. Access to health care

Strategies for Using the Data

The report provides current data that measure and monitor the progress being made toward eliminating health status gaps of racial/ethnic minorities and can inform key decision-makers about eliminating health disparities through policy reform and systems change. Throughout the report, the ratios have been categorized by color — red indicates that a group fares worse than a referent group, green indicates a group fares better than the referent group, and white indicates no significant difference between the referent and comparison group.

---

[31] Office of Minority Health and Health Disparities, North Carolina Department of Health and Human Services. (2020). *Racial and Ethnic Health Disparities in North Carolina: North Carolina Health Equity Report 2018.* Retrieved April 22, 2020 from: schs.dph.ncdhhs.gov/SCHS/pdf/MinorityHealthReport_Web_2018.pdf

VIRGINIA
Virgina Health Opportunity Index

VIRGINIA DEPARTMENT OF HEALTH – OFFICE OF HEALTH EQUITY
www.vdh.virginia.gov/omhhe/hoi

The Virginia Health Opportunity Index was developed to help communities understand the many factors determining health, so they can work to improve health outcomes for all their residents. The information was compiled into a visual representation, including dashboards to organize the data and see how different areas are affected by these factors. The Health Opportunity Index is a composite measure of over 30 variables of social determinants of health, combined into 13 indicators and organized into four profiles: community environmental profile, consumer opportunity profile, economic opportunity profile, and wellness disparity profile. In addition, the Virginia Department of Health Office of Health Equity created the Youth Well-Being Index, using variables specific to Virginia residents ages 18 and younger. The Youth Well-Being Index is made up of 24 variables combined into eight indicator categories and reported at the census-tract level.[32]

Data Indicators

Data in the Youth Well-Being Index are organized into eight indicator categories:

1. **Crime indicator:** An indicator of crime levels using data from the Federal Bureau of Investigations Uniform Crime Report.

2. **Family stability indicator:** An indicator of a stable family situation, which includes the proportion of children living in divorced or separated households, single-parent households, or as foster children.

3. **Housing indicator:** An indicator of housing quality that includes the proportion of housing units built before 1951 and without plumbing facilities, along with the proportion of overcrowded households, defined as more than two occupants per room.

4. **Population density indicator:** The number of persons per square mile in the census tract.

5. **Poverty indicator:** An indicator of stress caused by economic conditions, including measures of the proportion of children living in poverty, children living in households receiving Supplemental Security Income, and households receiving public assistance.

6. **Pre-K enrollment indicator:** The proportion of 3-year-old and 4-year-old children enrolled in nursery or preschool programs.

7. **Primary care access indicator:** The number of primary care physicians within a 30-minute drive of the census tract.

8. **Psychiatrist access indicator:** The number of psychiatrists within a 60-minute drive of the census tract.

Strategies for Using the Data

The Virginia Health Opportunity Index and the Youth Well-Being Index can be used to offer insight into the overall opportunity communities provide to their citizens, and more specifically what young people need to live long and healthy lives. The interactive tool can be used to examine youth well-being at the census-tract level within the local health districts throughout Virginia.

---

[32] Office of Health Equity, Virginia Department of Health. (2020). What is the HOI? Retrieved April 22, 2020 from:
https://apps.vdh.virginia.gov/omhhe/hoi/what-is-the-hoi

Composite index:
A measure that aggregates or combines multiple indicators or measures in order to summarize and rank information on a specific issue.

Diversity index:
A specific type of index score that measures the diversity in a community.

Environmental scan:
The assessing of trends and occurrences in the internal and external environments of an organization, project, or initiative that bear on its success, currently and in the future.

Index score:
A score that is derived from compiling data on multiple indicators or measures in order to summarize and rank information on a specific issue.

Indicators:
Measurable information used to assess or approximate (i.e., indicate) conditions. Indicators are often used interchangeably with measures; however, they are different. For example, we cannot necessarily measure child well-being, so instead we use indicators to assess child well-being, such as percentage of children in food-insecure households or percentage of children with adverse experiences.

Geocoded:
A location or place that has been converted into geographic coordinates.

Measure:
An item that tells us how much there is of something in a way that can be quantified or measured. Measures are often used interchangeably with indicators; however, they are different. Measures can be calculated, for example, the percentage of children living in poverty. This same measure can be used an indicator (or approximation) of child well-being.

Trend data:
Illustrating the pattern of the data point or variable over time. Trend data is often shown in a chart that includes multiple years or months of data.

ALTARUM
SOLUTIONS TO ADVANCE HEALTH

Nemours

For more information, questions or comments please contact us at projecthope@nemours.org