Final Commentary on the Special Volume of Articles From the National Survey of Children’s Health

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This PEDIATRICS SUPPLEMENTAL issue heralds new findings from the 2003 National Survey of Children’s Health (NSCH). This survey of >100,000 children was designed to provide a unique source of state and nationally representative data on the health and well-being of children, their families, and their communities. The articles in this supplement all address timely epidemiologic and public health issues. Consequently, they provide critical information for policy makers and others concerned with ensuring the best care and health outcomes for children. Most of the articles were prepared by multidisciplinary teams of academics. Some involved collaborations of state Maternal and Child Health Bureau staff and university faculty. Others were prepared by teams of researchers working across federal agencies. This blending of skills and perspectives provides for an enriched level of analysis and understanding.

The collection of articles in this supplement demonstrates that most children enjoy good health and well-being, live in families that function well, and reside in safe and supportive neighborhoods. However, some of the most important findings concern the existence of substantial disparities in health and health care. Some authors took advantage of an extensive set of family functioning items and demonstrated that family functioning plays an important role as a cause and/or consequence of children’s health problems. One of the innovative aspects of the NSCH is the questionnaire component that addresses neighborhood cohesiveness and safety. Several of the articles in this supplement made use of those data. One of these, using multilevel analysis, demonstrated the importance of neighborhood cohesion and trust as a predictor of children’s level of physical activity and being overweight.

In addition to the articles focused on national findings, 3 of the articles use the data set to examine child health concerns at the state level. This capability is not present in most other national health surveys. State level data can lead to a geographically tailored understanding of what contributes to greater and lesser success in developing interventions to improve children’s health and well-being. The results may have much more relevance and potential for influencing policy in State executive and legislative branches of government. In my experience, state elected officials are far more likely to be motivated by findings from their own backyards rather than with extrapolations from national studies. Other articles address issues of concern at the federal or national level, but also have relevance for the states. The real test of the utility of these findings will be whether and how they are used at all levels of government to effect improvements in policy.

The NSCH is being repeated in 2007 and will provide researchers and policy analysts with new opportunities for analysis of epidemiologic and public health issues, including trends over time using results from the first survey. Current plans call for a sample of ~1800 children per state. The questionnaire for the new survey will remain about the same length as the original. Although most of the questionnaire content will remain unchanged, some modifications, deletions and additions have been made to strengthen the sur-
vey. As with the original NSCH, it is possible for state MCH programs to enhance their analytic capacities by augmenting their samples or adding state-specific questions at cost. Interested states should contact the National Center for Health Statistics’ State and Local Area Integrated Telephone Survey division. More information is available at www.cdc.gov/nchs/slaits.htm and http://mchb.hrsa.gov/programs/dataepi.
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