

# Early Childhood Data Gaps Analysis for Health and Family Supports

Topic	Measures of Success	Existing Gaps	Additional data sources?	Why isn't the data available?	What would data collection entail? What would need to happen to ensure data collection?	Additional Notes	Support ECAP?	Support ESSA?
<b>HEALTH</b>								
<b>Access to Doctors and Dentists</b>	Availability of pediatricians and family physicians	Disaggregated by race/ ethnicity, income, and age		Current availability data is geographic and doesn't connect to demographic data about who has access	Survey questions asking parents about availability of doctors and dentists in their communities	Definition of availability-- there might be providers in the area but not accepting new patients	Yes	
	Availability of pediatricians and family physicians accepting Medicaid	Trend; disaggregated by race/ ethnicity, income, and age	Trend data - Medicaid workforce data			See above	Yes	
	Availability of dentists	Disaggregated by race/ ethnicity, income, and age				See above. Also considerations about availability of pediatric vs. adult dentists	Yes	
	Availability of dentists accepting Medicaid	Trend; national comparison; disaggregated by race/ ethnicity, income, and age	Trend - Medicaid workforce data			See above	Yes	

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<b>Adult Health Insurance</b>	Adults with Health Insurance	Trend; disaggregated by race/ethnicity, income	Available from American Community Survey (ACS)?				Yes	
<b>Medical Home</b>	Parents reporting they have a regular place to take their children for medical care (i.e. a medical home)	Disaggregated by county		Sample sizes are too small	Oversample NSCH		Yes	
<b>Physical Activity</b>	Children over age 6 who are active 60 mins/day, 5 days/week	Disaggregated by county	CHAMPS	CHAMPS sample sizes are too small	Oversample CHAMPS		Yes	
<b>Healthy Eating</b>	Children who eat the recommended dietary guidelines of fruits and vegetables	National comparison, disaggregated by county	CHAMPS	CHAMPS sample sizes are too small	Oversample CHAMPS	Recall bias is an issue here, also the use of WIC data which is only a select amount of population	Yes	
<b>Breast-feeding</b>	Mothers who exclusively breastfeed for 6 weeks	Disaggregated by county		PRAMS sample sizes are too small	Oversample PRAMS		Yes	

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<b>Social-Emotional Screening, Referrals &amp; Services</b>	Children screened for social-emotional needs	No available data	ABCD data from ASQ-SE; also opportunities with upcoming SDOH screening for Medicaid beneficiaries; DMA may be reporting ASQ-SE screening			Would it be possible to add a Medicaid code to track screening and results?	Yes	
<b>Food Security</b>	Percent of eligible families with young children who receive SNAP benefits	State, county, by race/ethnicity					Yes	

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<b>FAMILY SUPPORTS</b>								
<b>Environmental Health</b>	Children with elevated blood lead levels	Disaggregated by race/eth, income, age		Small sample size	Larger sample sizes to allow for disaggregation		Yes	
	Children screened for elevated blood lead levels	Disaggregated by race/eth, income, age	This is available by some age categories - age 1-2 and 6 mos to 6 years	Small sample size	Larger sample sizes to allow for disaggregation		Yes	
<b>Parental ACEs</b>	Parents with fewer than 3 adverse childhood experiences	Trend		Haven't asked frequently enough	Add BRFSS module, oversample to be able to identify parents.	Caution to remain consistent with ACE definitions (some screeners are adding things to basic list)	Yes	