

### **Child Health Data Detail Sheet**

FY26 MCH Title V Needs Assessment





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## Housing Instability

# Percent of children, ages 0 through 11, who experienced housing instability in the past year.

**Why -** Among children, housing instability is associated with poor health, lower weight, developmental risk, and social and emotional behavior issues. Young children who experience housing deprivation are exposed to a form of toxic stress at a critical time in their development, which contributes to long-term health consequences.

**What** – In 2022-2023, the percentage of children (0-11 years old) who experienced housing instability in the past year is slightly lower in Iowa (14.4%) than the nationwide average (16.4%)

**Data Note** – Housing instability is a new measure collected by the National Survey of Children's Health (NSCH) beginning in 2022. This is a composite measure of housing instability. A child was scored as having "Experienced housing instability" if they ever experienced homelessness or lived in a shelter if their caregiver missed a mortgage payment in the past year, or if they have lived in 3 or more places.



Percent of children (0-11) who experienced housing instability in the past year.

Source: National Survey of Children's Health (NSCH) 2022-2023



#### Health Disparity – CSHCN Status

**Why** - Research demonstrates that CSHCN are more likely to live in families who were behind on rent in the past year, moved two or more times in the past year, and were homeless during the child's lifetime compared to non-CSHCN.

**What** – Both nationwide and in Iowa, children with special health care needs (CSHCN) are more likely than their non-CSHCN counterparts to experience housing instability. In Iowa, 23% of children with special health care needs (CSHCN) have experienced housing instability in the past year, compared to 13% of non-CSHCN. This is similar to what is seen nationwide, with 15% of non-CSHCN children experiencing housing instability compared to 24% of CSHCN.

**Data Note** – Housing instability is a new measure collected by the National Survey of Children's Health (NSCH) beginning in 2022. This is a composite measure of housing instability. A child was scored as having "Experienced housing instability" if they ever experienced homelessness or lived in a shelter, if their caregiver missed a mortgage payment in the past year, or if they have lived in 3 or more places.



Source: National Survey of Children's Health (NSCH) 2022-2023



### Health Disparity – Non-Hispanic White and Hispanic

**Why** - Young children who experience housing deprivation are exposed to a form of toxic stress at a critical time in their development, which contributes to long-term health consequences.

**What** – Hispanic children in Iowa experience more housing instability (24%) than Non-Hispanic White children in Iowa (10%) as well as Hispanic children nationwide (22%). Multiple race, non-Hispanic children in Iowa also experience higher averages of housing instability (20%) compared to their nationwide counterparts (15%).

**Data Note** - Housing instability is a new measure collected by the National Survey of Children's Health (NSCH) beginning in 2022. This is a composite measure of housing instability. A child was scored as having "Experienced housing instability" if they ever experienced homelessness or lived in a shelter if their caregiver missed a mortgage payment in the past year, or if they have lived in 3 or more places. Additional race and ethnicity data is not available at this time due to limitations in sample size, and caution should be used when interpreting results.



Source: National Survey of Children's Health (NSCH) 2022-2023

## Developmental Screening

Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.

**Why** – Early recognition of a developmental delay is crucial to mitigating the delay. Children may have delays in language or other areas of development that can make it hard for them to learn when they start school. Developmental screenings are recommended at ages 9 months, 18 months, and 30 months (American Academy of Pediatrics).

**What** – The percentage of children (ages 9 – 35 months) in Iowa receiving developmental screenings was slightly increasing from 2019-2020 to 2020-2022 but saw a slight decrease in 2022-2023. With this 2022-2023 decrease, Iowa is no longer slightly higher than the national percentage.

**Data Note** -In 2016, the NSCH underwent a significant redesign, which combined content from both the NSCH and the National Survey of Children with Special Health Care Needs (NS-CSHCN). There have been no substantive changes to this measure since 2016. This measure uses age-appropriate questions to verify whether young children received standardized developmental, behavioral and social screening using a parent-reported, standardized screening tool or instrument.



Source: National Survey of Children's Health (NSCH) 2016-2023



### Health Disparity: Urban – Residency

**Why** – Looking at the percentage of children receiving developmental screenings by urbanicity might expose trends linked to socioeconomic barriers, such as limited access to transportation or proximity to medical care providers.

**What** - In Iowa, from 2019-2022, there has been an increase in developmental screenings amongst children (0-24 months) in micropolitan areas (MSA, Non-Central City) compared to the decrease in metropolitan areas (MSA, Central City).



Source: National Survey of Children's Health (NSCH) 2019-2022



### **Childhood Vaccination**

Percent of children who have completed the combined 7-vaccine series (4:3:1:3\*:3:1:4) by age 24 months

**Why** – Childhood vaccination is considered among the most cost-effective preventive services available, as it averts a potential lifetime lost to death and disability. Currently, there are 15 different vaccines recommended by the Centers for Disease Control and Prevention from birth through age 18, many of which require multiple doses for effectiveness as well as boosters to sustain immunity.

**What** – The percent of children who have completed the combined 7-vaccine series (4:3:1:3\*:3:1:4) by age 24 months in Iowa has been slowly trending upward from 2011-2018, peaking in 2018 at 81.5%. On average, from 2011-2018, the percent of children in Iowa who have completed the combined 7-vaccine series is higher than the nationwide estimate.

**Data Note** - Vaccination coverage estimates are presented by birth year (birth cohort) rather than survey year. Because of the survey age eligibility range of 19 to 35 months, children born in three different calendar years appear in the data for each year of the survey. To estimate vaccination coverage among children born in a particular year, three years of survey data are combined and then stratified by birth year. In 2018, the National Immunization Survey (NIS) shifted from a dual-frame landline and cell-phone survey to a single frame cellphone only survey. As a result, estimates that include the data year 2018 and beyond may not be directly comparable to those published with prior data years. Iowa specific immunization has been utilized to highlight Iowa immunization rates after 2018 NIS change (2019-2023).





Percent of children who have completed the combined 7-vaccine series by age 24 months Comparison of Iowa and Nationwide Estimates

#### Source: National Immunization Survey (NIS) 2011-2018



Data Note: To be counted for the antigen specific vaccine type, an individual must have received all of the required doses in the vaccine series. Differences in percent vaccinated by vaccine type and completed series are due to some patients not receiving all vaccine types or doses included in the 4-3-1-3-3-1-4 vaccine series.

### Preventative Dental Visits

Why – Children need regular preventive dental care to ensure healthy development and overall well-being. A child's first dental visit should occur before their first birthday. Good oral health supports proper eating, speaking, learning, and self-esteem.

What – There was a slight decrease in the percentage of Iowa children ages 1-17 who had a preventive dental visit from 2017-2018 (87%) to 2021-2022 (82%). (NSCH)

Data Note – The NSCH survey methods and small sample sizes limit the ability to draw significant conclusions about populations of color or those at the lowest poverty levels. This creates challenges in assessing the impact of oral health programs. Additionally, the NSCH does not collect information to understand barriers to receiving preventive dental care, which restricts our understanding of the challenges faced by families in accessing these services. Medicaid data consistently shows lower rates of dental care utilization among children aged 2 years or younger compared to other age groups. However, the NSCH does not report data specifically for this age group.



Percentage of Iowa children aged 0-17 with a preventive dental visit



# Health Disparity – Geographic Classification, Insurance, Race & Ethnicity

**Figure 2.** Oral health disparities exist for some lowa children. In 2022, third graders in rural counties had higher rates of untreated decay than those in metropolitan counties. Medicaid-enrolled children experienced more untreated decay than those with private dental insurance, and non-White children had more decay than White children. (Iowa Third Grade Survey)



#### **Health Disparity - Age**

**Figure 3.** On average, between 2019-2023, less than half (48%) of Medicaid-enrolled children in Iowa aged 0-12 had a dental visit. Among these, children aged 0-2 had significantly lower rates, at 19%, compared to an average of 58% for children aged 3-12. (Medicaid Paid Claims)





#### Past and/or current activities addressing NPM (Preventive Dental Visit – Children)

- I-Smile coordinators are required to conduct oral health promotion that includes the benefits of I-Smile, including one initiative focusing on early childhood oral health and the importance of age 1 dental visits.
- Dental care coordination is provided for Title V-eligible and/or Medicaid-enrolled clients to facilitate dental visits for regular preventive and restorative care.
- I-Smile @ School provides dental sealants and other preventive dental services to second and third grade children in most Iowa schools with 40 percent or higher Free/Reduced Lunch rates.



### **Physical Activity**

Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

**Why** – The national recommendation is that children and adolescents aged 6 to 17 years should have 60 minutes (1 hour) or more of physical activity each day. Physical activity reduces the risk of early life risk factors for cardiovascular disease, hypertension, Type II diabetes, and osteoporosis

**What** – Iowa has performed consistently higher than the national average when looking at the percent of children, ages 6 through 11, who are physically active at least 60 minutes per day. The National Children's Health Survey found that, from 2022-2023, 32.3% of Iowan children, ages 6 through 11, met the national recommendation of 60 minutes or more of physical activity each day, compared to the 25.6% national average. Both Iowa and the nationwide averages saw a decrease from 2021-2022 to 2022-2023.

**Data Note** - In 2016, the NSCH underwent a significant redesign which combined content from both the NSCH and the National Survey of Children with Special Health Care Needs (NS-CSHCN). Due to changes in the administration and sampling for the NSCH, results from surveys prior to 2016 are not directly comparable and should not be used to conduct trend analyses.



Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Source: National Survey of Children's Health (NSCH) 2016-2023



#### Health Disparity – Household Income -Poverty Ratio

**Why** – Physical inactivity during leisure time varies with the level of urbanization, but the patterns differ by region and are impacted by the built environment.

**What** – In Iowa, Non-MSA (43%) regions have had higher percentages of children who are physically active at least 60 minutes a day compared to both MSA, Central City (27%) and MSA, Non-Central City (32%) in 2021-2022.

Children, ages 6 through 11, who are physically active at least 60 minutes per day.



Iowa Urban - Residency

Source: National Survey of Children's Health (NSCH) 2019-2022



### Food Sufficiency

Percent of children, ages 0 through 11, whose households were foodsufficient in the past year

**Why** – Food insufficiency is considered a more severe form of food insecurity ("very low food security") and measures whether a household generally has enough to eat. Access to sufficient nutritious food is critical for healthy development.

**What** – In Iowa, the percent of children, ages 0 through 11, whose households were food sufficient in the past year has been congruent with the national average. However, from 2020-2021 to 2022-2023, Iowa reported a 7% decrease in the number of households that were food sufficient, from 74% to 67%, compared to the 4% decrease reported nationwide.

**Data Note** - In 2016, the NSCH underwent a significant redesign which combined content from both the NSCH and the National Survey of Children with Special Health Care Needs (NS-CSHCN). In 2024, this measure was included as a National Performance Measure for the first time. The survey item for this measure has not changed substantially since 2016.



Children whose households were food sufficient in the past year

Source: National Survey of Children's Health (NSCH) 2018-2023



### Health Disparity: Urban – Residency

**Why** – Urban – residency could play a major role in influencing a family's ability to access and afford nutritious food. Healthy food may be hard to find or too expensive to afford.

**What** - In Iowa, MSA – Central City consistently has the lowest percentage of children, ages 0 through 11, whose households were food sufficient (64%, 2021-2022), followed by non-MSA (65%, 2021-2022). MSA – non-Central City had the highest percentage of children, ages 0 through 11, whose households were food sufficient (79%, 2021-2022).



Iowa Food Suffiency by Urban - Residency 2019-2022

Source: National Survey of Children's Health (NSCH) 2019-2022



### Health Disparity: Race and Ethnicity

**Why** – Food insufficiency is considered a more severe form of food insecurity ("very low food security") and measures whether a household generally has enough to eat. Access to sufficient nutritious food is critical for healthy development.

**What** – The percentage of Iowan Hispanic children who experience food sufficiency has been decreasing, with 68% of Hispanic children reporting food sufficiency in 2019-2022 compared to 56% in 2022-2023.

**Data Note** – In 2016, the NSCH underwent a significant redesign, which combined content from both the NSCH and the National Survey of Children with Special Health Care Needs (NS-CSHCN). In 2024, this measure was included as a National Performance Measure for the first time. The survey item for this measure has not changed substantially since 2016. Additional race and ethnicity data is not available at this time due to limitations in sample size, and caution should be used when interpreting results.



Source: National Survey of Children's Health (NSCH) 2019-2023