

Quick Reference Guide for MCH and Social Determinants of Health Data Sources 2021



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Administration for Children & Families (ACF) Child Welfare Information Gateway

<https://www.childwelfare.gov>

Agency for Healthcare Research and Quality (AHRQ)

<http://www.ahrq.gov/>

AHRQ'S mission is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. Information from AHRQ's research helps people make more informed decisions and improve the quality of health care services.

AHRQ databases include: the Nationwide Inpatient Sample (NIS), the Kids' Inpatient Database (KID), the Nationwide Emergency Department Sample (NEDS), the State Inpatient Databases (SID), the State Ambulatory Survey Databases (SASD), and the State Emergency Department Databases (SEDD). AHRQ surveys include: the Medical Expenditure Panel Survey (MEPS), the Healthcare Cost & Utilization Project (HCUP), and the National Healthcare Quality Report.

AHRQ also has a wealth of information regarding quality of health care and patient safety.

America's Health Rankings—United Health Foundation

<http://www.americashealthrankings.org/>

America's Health Rankings® combines individual measures of each of these determinants with the resultant health outcomes into one, comprehensive view of the overall health of a state. America's HealthRankings® employs a unique methodology, developed and periodically reviewed by a panel of leading public health scholars, which balances the contributions of various factors, such as smoking, obesity, binge drinking, high school graduation rates, children in poverty, access to care and incidence of preventable disease, to a state's health. The report is based on data from the U.S. Departments of Health and Human Services, Commerce, Education and Labor; U.S. Environmental Protection Agency; the American Medical Association; the Dartmouth Atlas Project; and the Trust for America's Health.

This report looks at the four groups of health determinants that can be affected:

Behaviors include the everyday activities we do that affect our personal health. It includes habits and practices we develop as individuals and families that have an effect on our personal health and on our utilization of health resources. These behaviors are modifiable with effort by the individual supported by community, policy and clinical interventions.

American Academy of Pediatrics (AAP)

<https://www.aap.org>

The mission of the American Academy of Pediatrics is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents and young adults. Particularly relevant are the AAP policy statements, AAP clinical practice guidelines, technical reports, a toolkit to 'create a medical home', and AAP research.

American Community Survey (ACS)-- US Census Bureau

<http://www.census.gov/acs/www/>

The American Community Survey (ACS) is an ongoing survey that provides data every year -- giving communities the current information they need to plan investments and services. Information from the survey generates data that help determine how more than \$400 billion in federal and state funds are distributed each year. To help communities, state governments, and federal programs, we ask about: age, sex, race, family and relationships, income and benefits, health insurance, education, veteran status, disabilities, where you work and how you get there, as well as where you live and how much you pay for some essentials. All this detail is combined into statistics that are used to help decide everything from school lunch programs to new hospitals.

The American Congress of Obstetricians and Gynecologists (ACOG)

<http://www.acog.org/>

Of particular interest: see Practice Bulletins, Committee Opinions, and Statements of Policy.

Association of Maternal & Child Health Programs (AMCHP)

<http://www.amchp.org/>

AMCHP is the 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.

Association of State and Territorial Health Officials (ASTHO)

<http://www.astho.org/>

ASTHO is the national nonprofit organization representing public health agencies in the United States, the U.S. Territories, and the District of Columbia, and over 100,000 public health professionals these agencies employ. ASTHO's primary function is to track, evaluate, and advise members on the impact and formation of public or private health policy which may affect them and to provide them with guidance and technical assistance on improving the nation's health.

Behavioral Risk Factor Surveillance System (BRFSS)-- CDC

<http://www.cdc.gov/brfss/>

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.

Currently data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.

Center for Mental Health Services (CMHS)-SAMHSA

<https://www.samhsa.gov/about-us/who-we-are/offices-centers/cmhs>

Centers for Medicare & Medicaid Services (CMS)

<http://www.cms.gov/>

<http://www.cms.gov/Research-Statistics-Data-and-Systems/Research-Statistics-Data-and-Systems.html>

CMS offers researchers and other health care professionals a broad range of quantitative information on our programs, from estimates of future Medicare and Medicaid spending to enrollment, spending, and claims data, and a broad range of consumer research to help its partners and staff. CMS also conducts demonstration projects to explore alternative policies of health care coverage and delivery. These demonstration projects typically cover a limited timeframe, geographic area, and scope of coverage.

The Child and Adolescent Health Measurement Initiative (CAHMI)

<http://www.cahmi.org/>

The Child and Adolescent Health Measurement Initiative (CAHMI) developed and maintains a number of quality measurement tools and strategies that assess the quality of care provided to children and young adults.

ChildStats.gov -- Forum on Child and Family Statistics

<http://childstats.gov/index.asp>

The Federal Interagency Forum on Child and Family Statistics (Forum) is a collection of 22 Federal government agencies involved in research and activities related to children and families. The mission of the Forum is to foster coordination and collaboration and to enhance and improve consistency in the collection and reporting of Federal data on children and families. The Forum also aims to improve the reporting and dissemination of information on the status of children and families.

The Forum's annual report, America's Children: Key National Indicators of Well-Being, provides the Nation with a summary of national indicators of child well-being and monitors changes in these indicators over time. In addition to providing data in an easy-to-use, non-technical format, the purpose of the report is to stimulate discussions among policymakers and the public, exchanges between data providers and policy communities, and improvements in Federal data on children and families.

Child Trends

<https://www.childtrends.org>

CityMatCH

<http://www.citymatch.org/>

CityMatCH is the national organization for urban MCH leaders and strives to improve the health and well-being of urban women, children and families by strengthening the public health organizations and leaders in member health department communities.

The Commonwealth Fund

<http://www.commonwealthfund.org/>

The Commonwealth Fund is a private foundation that aims to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable, including low-income people, the uninsured, minority Americans, young children, and elderly adults.

The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. An international program in health policy is designed to stimulate innovative policies and practices in the United States and other industrialized countries.

The Community Guide- CDC

<https://www.thecommunityguide.org/>

County Health Rankings

<http://www.countyhealthrankings.org/>

We know that much of what influences our health happens outside of the doctor's office—in our schools, workplaces and neighborhoods. The County Health Rankings & Roadmaps program helps communities create solutions that make it easier for people to be healthy in their own communities, focusing on specific factors that we know affect health, such as education and income. Having health insurance and quality health care are important to our health, but we need leadership and action beyond health care. Ranking the health of nearly every county in the nation, the County Health Rankings illustrate what we know when it comes to what's making

people sick or healthy. The County Health Roadmaps show what we can do to create healthier places to live, learn, work and play. The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to bring this groundbreaking program to cities, counties and states across the nation.

Data Resource Center for Child & Adolescent Health (DRC)

<http://www.childhealthdata.org/home>

The mission of the Data Resource Center for Child and Adolescent Health (DRC) is to advance the effective use of public data on the status of children's health and health-related services for children, youth and families in the United States. The DRC does this by providing hands-on access to national, state, and regional data findings from large population-based surveys. Data are collected from parents and thus contribute a much needed voice in the drive to improve the quality of health care for children and youth.

The DRC website includes national and state-level data on hundreds of child health indicators from the National Survey of Children's Health (NSCH) and the National Survey of Children with Special Health Care Needs (NS-CSHCN). You can browse or search by keywords and topics to retrieve interactive data tables and graphs which allow users to select, view, compare, and download survey data results for the nation, all 50 states plus the District of Columbia and the 10 HRSA regions.

These standardized national, state and regional level population data are specifically designed to assist states with child health needs assessment, program planning and evaluation, policy and standards development, monitoring, training, applied research and development of systems of care for children and youth.

Data Warehouse-HRSA

<http://datawarehouse.hrsa.gov/default.aspx>

HRSA's Data Warehouse serves as the official repository for current HRSA data and the point of access for reporting on HRSA Activities. Data included in the warehouse include: Area Resource Files, Health Care Service Delivery Sites, Health Professional Shortage Areas, Medically Underserved Areas / Populations, the National Sample Survey of Registered Nurses, and Uniform Data System (UDS) Performance Data.

DIYMaps.Net

<http://diymaps.net/>

A simple online utility to make do-it-yourself color-coded State, US, Canada and Mexico maps.

Early Childhood Longitudinal Study (ECLS) program

<http://nces.ed.gov/ecls/>

The Early Childhood Longitudinal Study (ECLS) program includes three longitudinal studies that examine child development, school readiness, and early school experiences. The birth cohort of the ECLS-B is a sample of children born in 2001 and followed from birth through kindergarten entry. The kindergarten class of 1998-99 cohort is a sample of children followed from kindergarten through the eighth grade. The kindergarten class of 2010-11 cohort will follow a sample of children from kindergarten through the fifth grade.

The ECLS program provides national data on children's status at birth and at various points thereafter; children's transitions to nonparental care, early education programs, and school; and children's experiences and growth through the eighth grade. The ECLS program also provides data to analyze the relationships among a wide range of family, school, community, and individual variables with children's development, early learning, and performance in school.

Family Health Outcomes Project (FHOP)

<https://fhop.ucsf.edu>

Fatality Analysis Reporting System (FARS) of the National Highway Traffic Safety Administration (NHTSA)

<http://www.nhtsa.gov/FARS>

FARS is a nationwide census providing NHTSA, Congress and the American public yearly data regarding fatal injuries suffered in motor vehicle traffic crashes.

Health Behavior in School-age Children (HBSC) Studies- SAMHSA

<https://www.icpsr.umich.edu/web/ICPSR/series/00195>

HealthyPeople.gov

<http://www.healthypeople.gov/2020/default.aspx>

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For 3 decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Indian Health Service (IHS)

http://www.ihs.gov/NonMedicalPrograms/IHS_Stats/index.cfm?module=hqPubTrends03

Trends in Indian Health contains tables and charts describing the Indian Health Service program and the health status of American Indians and Alaska Natives. Information pertaining to the IHS structure, American Indian and Alaska Native demography, patient care, and community health are included. Historical trends are depicted, and comparisons to other population groups are made, when appropriate.

Infant Feeding Practices Survey II (IFPS II)- CDC/ FDA

http://www.cdc.gov/breastfeeding/data/infant_feeding.htm

CDC is working closely with the Food and Drug Administration (FDA) to support the Infant Feeding Practices Survey II, a longitudinal study focusing on infant feeding practices and the diets of women from their 3rd trimester to 12 months postpartum. Infant feeding behaviors include patterns of breastfeeding, formula feeding, and solid food intake. The survey will be conducted using monthly mail questionnaires to a sample national mail panel, with over sampling of African American and Hispanic women.

In 1993–1994, FDA conducted the first Infant Feeding Practices Study measuring numerous factors that influence infant feeding practices. Yet, much has changed over the past decade, suggesting the need for more current information on infant feeding practices. The new 2005–2006 data will support ongoing programs within the Federal government and answer questions regarding the use of consumer products, maternal dietary intake during pregnancy, characteristics of infant feeding patterns, determinants and benefits of breastfeeding, and recommendations and evaluation.

Inter-university Consortium for Political and Social Research (ICPSR)

<https://www.icpsr.umich.edu/web/pages/>

KIDS COUNT- The Annie E. Casey Foundation

<http://datacenter.kidscount.org/>

KIDS COUNT®, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the well-being of children in the United States. By providing high-quality data and trend analysis, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children — and to raise the visibility of children's issues through a nonpartisan, evidence-based lens.

MCH Library- Georgetown University

<http://www.mchlibrary.info/index.php>

A vast compendium of MCH-related resource guides, links, special projects, and news alerts for families, schools, and professionals.

MCH Navigator-MCHB

<https://mchb.hrsa.gov/training/mch-navigator-description.asp>

Mental Health America

<http://www.mentalhealthamerica.net/>

Mental Health America (formerly known as the National Mental Health Association) is the country's leading nonprofit dedicated to helping ALL people live mentally healthier lives. With 240 affiliates nationwide, we represent a growing movement of Americans who promote mental wellness for the health and well-being of the nation – everyday and in times of crisis.

Our message is simple: Good mental health is fundamental to the health and well-being of every person and of the nation as a whole.

Our agenda is clear.

- We want all people to understand how to protect and improve their mental health, and know when to seek help for themselves or someone close to them.
- We want our nation's schools, businesses, healthcare system and other settings to have the knowledge and resources they need to respond to the mental health of their constituencies and achieve their missions.
- We want all Americans to have access to high quality, affordable and personalized preventative, early-identification and treatment services, when and if the need arises.
- We want persons with disabling mental illnesses to receive the support, treatment and services that they need to recover and live full lives in their communities.
- We want more research and services focused on prevention, recovery and cures.

Minnesota Population Center (MPC)

<http://www.ipums.umn.edu/>

<http://ipums.org/>

The Minnesota Population Center (MPC) is a University-wide interdisciplinary cooperative for demographic research. The MPC serves more than 80 faculty members and research scientists from eight colleges and institutes at the University of Minnesota. As a leading developer and disseminator of demographic data, we also serve a broader audience of some 50,000 demographic researchers worldwide. All MPC data are available free over the internet.

Monitoring the Future (MTF)

<http://monitoringthefuture.org/>

Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Each year, a total of approximately 50,000 8th, 10th and 12th grade students are surveyed (12th graders since 1975, and 8th and 10th graders since 1991). In addition, annual follow-up questionnaires are mailed to a sample of each graduating class for a number of years after their initial participation. The Monitoring the Future Study has been funded under a series of investigator-initiated competing research grants from the National Institute on Drug Abuse, a part of the National Institutes of Health. MTF is conducted at the Survey Research Center in the Institute for Social Research at the University of Michigan.

National Adolescent Health Information Center (NAHIC)

<http://nahic.ucsf.edu/>

The National Adolescent and Young Adult Health Information Center is a combination of two organizations housed within the University of California, San Francisco: The National Adolescent Health Information and Innovation Center (NAHIIC) and the Public Policy Analysis and Education Center for Adolescent and Young Adult Health (The Policy Center).

The National Adolescent Health Information and Innovation Center (NAHIIC) was established in 1993 with funding from the Maternal and Child Health Bureau (MCHB) of the U.S. Department of Health and Human Services. It is based within the University of California, San Francisco's Division of Adolescent Medicine, Department of Pediatrics and Institute for Health Policy Studies. The Policy Center was founded in 1996 and is located within the School of Medicine at UCSF where it is operated jointly by the Divisions of Adolescent Medicine and General Pediatrics and the Institute for Health Policy Studies.

The goal of NAHIIC is:

- To serve as a national resource for adolescent health information and research; and
- To assure the integration, synthesis, coordination and dissemination of adolescent health-related information.

The goal of the Policy Center is:

- To identify and analyze the effects of public policies on the health and well-being of young people and their families.
- To examine the relationship between the health status of young people and service delivery systems; and
- To examine the environmental determinants of health and development.
- Throughout its activities, NAHIC emphasizes the needs of special populations who are more adversely affected by the current changes in the social environment of youth and their families.

National Ambulatory Medical Care Survey (NAMCS)-- CDC/ NCHS

<http://www.cdc.gov/nchs/ahcd.htm>

The National Ambulatory Medical Care Survey (NAMCS) is a national survey designed to meet the need for objective, reliable information about the provision and use of ambulatory medical care services in the United States. Findings are based on a sample of visits to non-federal employed office-based physicians who are primarily engaged in direct patient care.

The National Hospital Ambulatory Medical Care Survey (NHAMCS) is designed to collect data on the utilization and provision of ambulatory care services in hospital emergency and outpatient departments. Findings are based on a national sample of visits to the emergency departments and outpatient departments of noninstitutional general and short-stay hospitals.

National Archive of Criminal Justice Data (NACJD)

<http://www.icpsr.umich.edu/icpsrweb/NACJD/>

The mission of the NACJD is to facilitate research in criminal justice and criminology, through the preservation, enhancement, and sharing of computerized data resources; through the production of original research based on archived data; and through specialized training workshops in quantitative analysis of crime and justice data.

National Association of City and County Health Officials (NACCHO)

<http://www.naccho.org/>

NACCHO is a membership organization formed to serve the ~2700 local health departments across the United States. NACCHO supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems.

National Association of Counties (NACo)

<http://www.naco.org/>

NACo is the only national organization representing the nation's 3,068 counties, parishes and boroughs. Driven by a strong membership, NACo's Board of Directors represents counties across America. NACo's Executive Committee is composed of four officers elected by the membership and a regional representative from each of the four regions in the country. County leaders develop and shape the association's mission, goals and legislative priorities.

In addition to legislation and policy information as well as a model county program finder, NACo has a 'County Intelligence Connection' – the CIC -- which provides targeted data solutions for those looking to know more about counties. As a county official searching for data for your county or other counties, CIC's database can assist you with real, comparable data to better serve your county. If you are looking business with counties, CIC provides an in depth view of county government functions, trends and demographics. CIC is a great resource for academic institutions to study county government and research aggregated county data.

CIC organizes county information into four views: geographic, demographic, economic, and infrastructure. Each view consists of multiple extensive data sets comprised of data from each of the 3,068 counties nationwide.

The National Bureau of Economic Research (NBER)

<http://www.nber.org/data/vital-statistics-nativity-data.html>

<http://www.nber.org/cgi-bin/printit?uri=/data/perinatal.html>

Warehouse of natality, linked birth-infant death data, and perinatal mortality data as well as SAS, Stata, SPSS code and documentation for reading the files.

The National Campaign to Prevent Teen and Unplanned Pregnancy

<http://www.thenationalcampaign.org/>

The National Campaign to Prevent Teen Pregnancy was founded in 1996. Now in our second decade of work, there are two notable demographic factors that capture the attention:

- First, despite the nation's progress in reducing teen pregnancy, about three in ten teens get pregnant by age 20, the rates in the United States are still the highest among fully industrialized nations. Moreover, among some groups, especially the large and growing Latino population, rates of teen pregnancy and birth are well above the national average and are declining far more slowly. than the overall rates. Clearly, we all still have a lot of work to do.
- Second, it is now evident that although teens have been making remarkable progress over the past two decades, adults have not. This is especially apparent in the nation's rate of unplanned pregnancy. At present, about half of pregnancies are unplanned and the rate of the progress made in reducing unplanned pregnancy in the 1980s and into the 1990s seems to have almost completely halted.

Unplanned pregnancy is at the root of a number of important public health and social challenges. For example, it explains the vast majority of teen pregnancies (less than one-fifth of teens say that they planned to become pregnant when they did), and the negative consequences of teen pregnancy have been well described by The National Campaign over the last decade. Unplanned pregnancy also bears a number of unfortunate and costly health consequences.

Another major consequence of high rates of unplanned pregnancy is, of course, high levels of abortion. Although there are many deeply felt and strongly held opinions nationwide about the proper place of abortion in American life, all would prefer that fewer women be faced with difficult decisions brought on by unplanned pregnancy.

National Center for Health Statistics (NCHS)

<http://www.cdc.gov/nchs/>

The National Center for Health Statistics is the Nation's principal health statistics agency. NCHS compiles statistical information to guide actions and policies to improve the health of our people.

NCHS health statistics allow us to:

- document the health status of the population and of important subgroups;
- identify disparities in health status and use of health care by race or ethnicity, socioeconomic status, region, and other population characteristics;
- describe our experiences with the health care system;
- monitor trends in health status and health care delivery;
- identify health problems;
- support biomedical and health services research;
- provide information for making changes in public policies and programs; and
- evaluate the impact of health policies and programs.

Working with partners throughout the health community, NCHS uses a variety of approaches to efficiently obtain information from the sources most able to provide information -- collect data from birth and death records, medical records, interview surveys, and through direct physical exams and laboratory testing.

Surveys and data collection systems include: the National health and Nutrition Examination Survey (NHANES), the National Health Care Surveys, the National Health Interview Survey (NHIS), the National Immunization Survey (NIS), the National Survey of Family Growth (NSFG), the National Vital Statistics System (NVSS), Longitudinal Studies of Aging (LSOA), and the State and Local Area Integrated Telephone Survey (SLAITS).

NCHS also has a number of ways in which the data can be accessed.

National Center for Statistics and Analysis (NCSA) of the National Highway Traffic Safety Administration (NHTSA)

<http://www.nhtsa.gov/>

NHTSA was established by the Highway Safety Act of 1970 to carry out safety programs previously administered by the National Highway Safety Bureau. Specifically, the agency directs the highway safety and consumer programs established by the National Traffic and Motor Vehicle Safety Act of 1966, the Highway Safety Act of 1966, the 1972 Motor Vehicle Information and Cost Savings Act, and succeeding amendments to these laws. Dedicated to achieving the highest standards of excellence in motor vehicle and highway safety, NHTSA works daily to help prevent crashes and their attendant costs, both human and financial.

NHTSA conducts research in a number of areas -- biomechanics and trauma, behaviors – impaired driving, distracted driving (<http://distraction.gov/>), human factors, as well as child seat / restraint systems. The NHTSA's National Center for Statistics and analysis (NCSA) is responsible for providing a wide range of analytical and statistical support to NHTSA and collects state data and traffic records.

National Center for Veterans Analysis and Statistics (NCVAS)

<http://www.va.gov/vetdata/index.asp>

The National Center for Veterans Analysis and Statistics (NCVAS) supports planning, analysis, and decision-making activities through the collection, validation, analysis, and dissemination of key statistics on Veteran population and VA programs.

National Crime Victimization Survey (NCVS) – US Census Bureau / DOJ

<https://bjs.ojp.gov/data-collection/ncvs>

The BJS National Crime Victimization Survey (NCVS) is the nation's primary source of information on criminal victimization. Each year, data are obtained from a nationally representative sample of about 240,000 interviews on criminal victimization, involving 160,000 unique persons in about 95,000 households. Persons are interviewed on the frequency, characteristics, and consequences of criminal victimization in the United States. The NCVS collects information on nonfatal personal crimes (i.e., rape or sexual assault, robbery, aggravated and simple assault, and personal larceny) and household property crimes (i.e., burglary/trespassing, motor vehicle theft, and other types of theft) both reported and not reported to the police. Survey respondents provide information about themselves (e.g., age, sex, race and Hispanic origin, marital status, education level, and income) and whether they experienced a victimization. For each victimization incident, the NCVS collects information about the offender (e.g., age, race and Hispanic origin, sex, and victim-offender relationship), characteristics of the crime (e.g., time and place of occurrence, use of weapons, nature of the injury, and economic consequences), whether the crime was reported to police, reasons the crime was or was not reported, and victim experiences with the criminal justice system.

National Criminal Justice Reference Service (NCJRS)

<https://www.ncjrs.gov/index.html>

Established in 1972, the National Criminal Justice Reference Service (NCJRS) is a federally funded resource offering justice and drug-related information to support research, policy, and program development worldwide.

National Data Archive on Child Abuse and Neglect (NDACAN)

<http://www.ndacan.cornell.edu/>

The mission of the National Data Archive on Child Abuse and Neglect (NDACAN) is to facilitate the secondary analysis of research data relevant to the study of child abuse and neglect. By making data available to increasing numbers of researchers, NDACAN seeks to provide an accessible and scientifically productive means for researchers to explore important issues in the child maltreatment field. \

Datasets include: The National Incidence Study of Child Abuse and Neglect (NIS-4), the National Juvenile Online Victimization Incidence Study (NJOV-2), the National Child Abuse and Neglect Data System State Level Data (NCANDS State), the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) Assessments, the National Child Abuse and Neglect Data System (NCANDS) Child File, and Predicting and Preventing Neglect in Teen Mothers.

National EMS Information System (NEMSIS)

<http://www.nemsis.org/>

NEMSIS stands for the National Emergency Medical Services Information System. NEMSIS is the national repository that will be used to potentially store EMS data from every state in the nation. Since the 1970s, the need for EMS information systems and databases has been well established, and many statewide data systems have been created. However, these EMS systems vary in their ability to collect patient and systems data and allow analysis at a local, state, and national level.

For this reason, the NEMSIS project was developed to help states collect more standardized elements and eventually submit the data to a national EMS database.

National Electronic Injury Surveillance System (NEISS) CPSC / CDC-NIOSH

<https://www.cpsc.gov/Research--Statistics/NEISS-Injury-Data>

For more than 45 years, the CPSC has operated a statistically valid injury surveillance and follow-back system known as the National Electronic Injury Surveillance System (NEISS). The primary purpose of NEISS is to collect data on consumer product-related injuries occurring in the United States. CPSC uses these data to produce nationwide estimates of product-related injuries.

NEISS is based on a nationally representative probability sample of hospitals in the U.S. and its territories. Each participating NEISS hospital reports patient information for every emergency department visit associated with a consumer product or a poisoning to a child younger than five years of age. The total number of product-related hospital emergency department visits nationwide can be estimated from the sample of cases reported in the NEISS.

National Fetal-Infant Mortality Review (NFIMR)

<https://ncfrp.org/fimr/>

Fetal and Infant Mortality Review (FIMR) is a community based, action-oriented process aimed at improving services, systems, and resources for women, infants, and families. FIMR brings a multidisciplinary community team together to examine confidential, de-identified cases of fetal and infant deaths. Review of individual cases helps teams understand families' experiences, including racism, and how those experiences may have impacted maternal and child outcomes.

National Health Interview Survey (NHIS), CDC / NCHS

<http://www.cdc.gov/nchs/nhis.htm>

The National Health Interview Survey (NHIS) is the principal source of information on the health of the civilian noninstitutionalized population of the United States and is one of the major data collection programs of the National Center for Health Statistics (NCHS) which is part of the Centers for Disease Control and Prevention (CDC). The National Health Survey Act of 1956 provided for a continuing survey and special studies to secure accurate and current statistical information on the amount, distribution, and effects of illness and disability in the United States and the services rendered for or because of such conditions. The survey referred to in the Act, now called the National Health Interview Survey, was initiated in July 1957. Since 1960, the survey has been conducted by NCHS, which was formed when the National Health Survey and the National Vital Statistics Division were combined.

NHIS data are used widely throughout the Department of Health and Human Services (DHHS) to monitor trends in illness and disability and to track progress toward achieving national health objectives. The data are also used by the public health research community for epidemiologic and policy analysis of such timely issues as characterizing those with various health problems, determining barriers to accessing and using appropriate health care, and evaluating Federal health programs.

National Health and Nutrition Examination Survey (NHANES) – CDC / NCHS

<http://www.cdc.gov/nchs/nhanes.htm>

The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations. NHANES is a major program of the National Center for Health Statistics (NCHS). NCHS is part of the Centers for Disease Control and Prevention (CDC) and has the responsibility for producing vital and health statistics for the Nation.

The NHANES program began in the early 1960s and has been conducted as a series of surveys focusing on different population groups or health topics. In 1999, the survey became a continuous program that has a changing focus on a variety of health and nutrition measurements to meet emerging needs. The survey examines a nationally representative sample of about 5,000 persons each year. These persons are located in counties across the country, 15 of which are visited each year.

The NHANES interview includes demographic, socioeconomic, dietary, and health-related questions. The examination component consists of medical, dental, and physiological measurements, as well as laboratory tests administered by highly trained medical personnel.

Findings from this survey will be used to determine the prevalence of major diseases and risk factors for diseases. Information will be used to assess nutritional status and its association with health promotion and disease

prevention. NHANES findings are also the basis for national standards for such measurements as height, weight, and blood pressure. Data from this survey will be used in epidemiological studies and health sciences research, which help develop sound public health policy, direct and design health programs and services, and expand the health knowledge for the Nation.

National Hospital Care Survey (NHCS) – CDC / NCHS

<https://www.cdc.gov/nchs/nhcs/index.htm>

The National Hospital Care Survey (NHCS) is designed to provide accurate and reliable health care statistics that answer key questions of interest to health care and public health professionals, researchers, and health care policy makers. This includes tracking the latest trends affecting hospitals and health care organizations and factors that influence the use of health care resources, the quality of health care, and disparities in health care services provided to population subgroups in the United States.

NHCS collects data on patient care in hospital-based settings to describe patterns of health care delivery and utilization in the United States. Settings include inpatient, emergency (EDs), and outpatient departments (OPDs). The survey will provide hospital utilization statistics for the Nation. In addition, NHCS will also be able to monitor national trends in substance use-related ED visits including opioid visits. Researchers can link these survey data to outside data sources such as the National Death Index (NDI) to obtain a more complete picture of patient care.

National Hospital Discharge Survey (NHDS) – CDC / NCHS

<http://www.cdc.gov/nchs/nhds.htm>

The National Hospital Discharge Survey (NHDS), which was conducted annually from 1965-2010, was a national probability survey designed to meet the need for information on characteristics of inpatients discharged from non-Federal short-stay hospitals in the United States. Data from the NHDS are available annually and are used to examine important topics of interest in public health and for a variety of activities by governmental, scientific, academic, and commercial institutions.

The National Intimate Partner and Sexual Violence Survey (NISVS) – CDC

<https://www.cdc.gov/violenceprevention/datasources/nisvs/index.html>

The National Intimate Partner and Sexual Violence Survey (NISVS) is an ongoing survey that collects the most current and comprehensive national- and state-level data on intimate partner violence, sexual violence and stalking victimization in the United States. CDC developed NISVS to collect data on these important public health problems and enhance violence prevention efforts.

National MCH Center for Child Death Review

<https://ncfrp.org/cdr/>

The National Center for Fatality Review and Prevention is the technical support and data center serving Child Death Review (CDR) and Fetal and Infant Mortality Review (FIMR) programs across the country. The National Center offers a wide variety of services that are available via site visits, email, and telephone.

National Notifiable Diseases Surveillance System (NNDSS) – CDC

<http://wwwn.cdc.gov/nndss/>

CDC's National Notifiable Diseases Surveillance System (NNDSS) is a multifaceted public health disease surveillance system that gives public health officials powerful capabilities to monitor the occurrence and spread of diseases. Facets of NNDSS are used by numerous state, territorial, tribal, and local health departments; and by partner organizations, such as the Council of State and Territorial Epidemiologists (CSTE), to

- facilitate collecting, managing, analyzing, interpreting, and disseminating health related data for diseases designated as nationally notifiable,

- develop and maintain national standards (for example, consistent case definitions for nationally notifiable diseases) applicable across states,
- maintain the official national notifiable diseases statistics,
- provide detailed data to CDC programs to aid in identifying specific disease trends,
- work with states and partners to implement and assess prevention and control programs, and
- publish summarized data findings from 57 state, territorial, and local reporting jurisdictions weekly and annually in the Morbidity and Mortality Weekly Report (MMWR).

National Registry of Evidence-based Programs and Practices (NREPP) – SAMHSA

<https://www.samhsa.gov/resource-search/ebp>

The Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services (HHS), hosts the National Registry of Evidence-Based Programs and Practices (NREPP). NREPP is a searchable database of evidence-based mental health and substance abuse interventions that are scored on each outcome. Searches can be completed based on a variety of criteria including outcomes, geographic locations, age, and treatment setting.

National Survey of Adoptive Parents – CDC / NCHS

<http://www.cdc.gov/nchs/slaitns/ap.htm>

This survey provides nationally representative estimates on the characteristics, pre-adoption experiences, and post-adoption support experiences of families of adopted children ages 0 to 17 years. These children were identified in other SLAITS surveys as being adopted through the US foster care system, domestic private adoption agencies, or international adoption.

National Survey of Adoptive Parents of Children with Special Health Care Needs – CDC / NCHS

<http://www.cdc.gov/nchs/slaitns/apsn.htm>

This survey provides nationally representative estimates on the characteristics, pre-adoption experiences, and post-adoption support experiences of families of adopted children with special health care needs ages 0 to 15 years. These children were identified in other SLAITS surveys as being adopted through the US foster care system, domestic private adoption agencies, or international adoption.

National Survey of Children’s Health (NSCH) -- MCHB / HRSA / NCHS

<http://www.cdc.gov/nchs/slaitns/nsch.htm>

This survey, sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration, examines the physical and emotional health of children ages 0-17 years of age. Special emphasis is placed on factors that may relate to well-being of children, including medical homes, family interactions, parental health, school and after-school experiences, and safe neighborhoods. In 2011-2012, questions also asked about uninsured children from some households, to assess their parents' awareness of, experience with, and interest in enrolling in Medicaid and the State Children's Health Insurance Program (CHIP).

National Survey of Children with Special Health Care Needs (NS-CSHCN) -- MCHB / HRSA / NCHS

<http://www.cdc.gov/nchs/slaitns/cshcn.htm>

The primary goals of this survey module are to assess the prevalence and impact of special health care needs among children in the US, and to evaluate change over time. This survey explores the extent to which children with special health care needs (CSHCN) have medical homes, adequate health insurance, access to needed services, and adequate care coordination. Other topics may include functional difficulties, transition services, shared decision-making, and satisfaction with care. Interviews were conducted with parents or guardians who know about the child's health. More than 190,000 households with children throughout the US are screened to identify approximately 750 CSHCN in each State and DC. Strict confidentiality and privacy regulations apply to all contract and federal project staff for all data collected in this survey.

National Survey of Family Growth (NSFG) – NCHS / CDC

<http://www.cdc.gov/nchs/nsfg.htm>

The National Survey of Family Growth (NSFG) gathers information on family life, marriage and divorce, pregnancy, infertility, use of contraception, and men's and women's health. The survey results are used by the U.S. Department of Health and Human Services and others to plan health services and health education programs, and to do statistical studies of families, fertility, and health.

National Survey of Maternity Practices in Infant Nutrition and Care (mPINC) – CDC

<http://www.cdc.gov/breastfeeding/data/mpinc/index.htm>

Maternity Practices in Infant Nutrition and Care (mPINC) is a national survey of maternity care practices and policies that is conducted by the CDC every 2 years beginning in 2007. The survey is mailed to all facilities with registered maternity beds in the United States and Territories. Two main reports are compiled from the results of the mPINC survey: Benchmark Reports -- Benchmark reports are prepared for the facilities that participated in the mPINC survey. These reports compare a facility's total score and individual scores on each of the maternity practice domains included in the survey, with the scores of other facilities in the same state as well as facilities of a similar size (i.e., number of births annually) from across the country. These reports help facilities identify maternity care practices that they can change to better support breastfeeding. State Reports -- Aggregate state-level data are shared with state level organizations, such as state health departments and state breastfeeding coalitions, to facilitate their work with hospitals and birth centers in improving breastfeeding care. State Reports summarize each state's facilities' strengths in breastfeeding support as well as areas that need improvement. These reports identify opportunities for states to better protect, promote, and support breastfeeding mothers and infants.

National Women's Law Center

<https://nwlc.org/>

The National Women's Law Center fights for gender justice—in the courts, in public policy, and in our society—working across the issues that are central to the lives of women and girls. We use the law in all its forms to change culture and drive solutions to the gender inequity that shapes our society and to break down the barriers that harm all of us—especially women of color, LGBTQ people, and low-income women and families. For nearly 50 years, we have been on the leading edge of every major legal and policy victory for women.

Office of Adolescent Health – DHHS

<http://www.hhs.gov/ash/oah/>

The Office of Adolescent Health (OAH) is dedicated to improving the health and well being of adolescents to enable them to become healthy, productive adults. First funded in 2010, OAH supports and evaluates evidence-based teen pregnancy prevention (TPP) programs and implements the Pregnancy Assistance Fund; coordinates HHS efforts related to adolescent health promotion and disease prevention; and communicates adolescent health information to health professionals and groups, those who serve youth, parents, grantees, and the general public. OAH is the convener and catalyst for the development of a national adolescent health agenda.

Office of Minority Health -- DHHS

<http://www.minorityhealth.hhs.gov/>

The Office of Minority Health (OMH) was created in 1986 and is one of the most significant outcomes of the 1985 Secretary's Task Force Report on Black and Minority Health. The Office is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities. OMH was reauthorized by the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148).

Poor health outcomes for African Americans, Hispanic Americans, American Indians and Alaska Natives, Asian Americans, Native Hawaiians, and Pacific Islanders are apparent when comparing their health indicators against

those of the rest of the U.S. population. These populations experience higher rates of illness and death from health conditions such as heart disease, stroke, specific cancers, diabetes, HIV/AIDS, asthma, hepatitis B, and overweight and obesity. OMH's primary responsibility is to improve health and healthcare outcomes for racial and ethnic minority communities by developing or advancing policies, programs, and practices that address health, social, economic, environmental and other factors which impact health.

OMH programs address disease prevention, health promotion, risk reduction, healthier lifestyle choices, use of health care services, and barriers to health care. The Office also:

- promotes the collection of health data by racial, ethnic, and primary language categories and strengthening infrastructures for data collection, reporting, and sharing;
- works to increase awareness of the major health problems of racial and ethnic minorities and factors that influence health;
- establishes and strengthens networks, coalitions, and partnerships to identify and solve health problems;
- develops and promotes policies, programs, and practices to eliminate health disparities and achieve health equity;
- fosters research, demonstrations, scientific investigations, and evaluations aimed at improving health;
- funds demonstration programs that can inform health policy and the effectiveness of strategies for improving health.

Office of Rural Health Policy (ORHP)- HRSA

<http://www.hrsa.gov/ruralhealth/index.html>

The Office of Rural Health Policy (ORHP) has department-wide responsibility for analyzing the possible effects of policy on 62 million residents of rural communities. Created by Section 711 of the Social Security Act, ORHP advises the Secretary on health issues within these communities, including the effects of Medicare and Medicaid on rural citizens' access to care, the viability of rural hospitals, and the availability of physicians and other health professionals. ORHP analyzes the effects of current policies and proposed statutory, regulatory, administrative, and budgetary changes on rural communities. Because many of the policy levers at the Federal level are related to the Medicare program, review and analysis of prospective changes to Medicare comprise much of the ORHP's policy work. Significant time and attention also are devoted to other policy areas, including Medicaid, the State Children's Health Insurance Program (SCHIP), workforce, quality, and health information technology (HIT).

Online Health Program Planner 2.0 (OHPP)- Ontario Public Health

<https://www.publichealthontario.ca/en/health-topics/public-health-practice/program-planning-evaluation/planning-programs>

The OHPP is a collection of health planning tools. Our original six program planning steps remain. They can help you make evidence-informed planning decisions. The new Online Business Case Creator (OBCC) is a tool that will guide you through a three-step process to analyze your project and help you make your best recommendations about whether a project should move forward. The new Project Management Tools (PMT) include worksheets to help you iron out the implementation details of your project.

Pediatric Nutrition Surveillance System (PedNSS) & Pregnancy Surveillance System (PNSS)- CDC

<http://www.cdc.gov/pednss/>

The Pediatric Nutrition Surveillance System (PedNSS) and the Pregnancy Surveillance System (PNSS) are program-based surveillance systems that monitor the nutritional status of low-income infants, children, and women in federally funded maternal and child health programs. PedNSS data represent over 8 million children from birth to age 5. PNSS data represent approximately 1.3 million pregnant and postpartum women. These surveillance systems provide data that describe prevalence and trends of nutrition, health, and behavioral indicators for mothers and children. Surveillance data available include national data tables with contributor-specific data on health indicators. Data reports for individual contributors are not available. These surveillance data can be used for program planning, management, and evaluation; for the development of health and nutrition interventions; and to monitor progress toward the Healthy People objectives for the United States.

PeriStats—March of Dimes

<http://www.marchofdimes.com/peristats/>

PeriStats is developed by the March of Dimes Perinatal Data Center and provides access to maternal and infant health data for the United States and by state or region, including more than 60,000 graphs, maps and tables.

Pregnancy Risk Assessment and Surveillance System (PRAMS)- CDC

<http://www.cdc.gov/prams/>

PRAMS, the Pregnancy Risk Assessment Monitoring System, is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS provides data not available from other sources about pregnancy and the first few months after birth. These data can be used to identify groups of women and infants at high risk for health problems, to monitor changes in health status, and to measure progress towards goals in improving the health of mothers and infants.

Pregnancy Surveillance System (PNSS) & Pediatric Nutrition Surveillance System (PedNSS) - CDC

<http://www.cdc.gov/pednss/>

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Racial Equity Tools

<http://www.racialequitytools.org/>

Racial Equity Tools is a web site designed to support people and groups who are working for inclusion, racial equity and social justice. The site includes ideas, strategies and tips, as well as a clearinghouse of resources and links from many sources.

The companion website of Evaluation Tools for Racial Equity can be found here:

<http://www.evaluationtoolsforracialequity.org/index.htm>

Rural Information Center (RIC)- USDA / National Agricultural Library

<https://www.nal.usda.gov/ric>

The Rural Information Center (RIC), a service of the National Agricultural Library (NAL), assists rural communities by providing information and referral services to rural government officials, community organizations, libraries, businesses, and citizens working to maintain America's rural areas.

Safe Kids USA Worldwide

<https://www.safekids.org/>

Safe Kids Worldwide® is a nonprofit organization working to help families and communities keep kids safe from injuries. Most people are surprised to learn preventable injuries are the #1 killer of kids in the United States. Throughout the world, almost one million children die of an injury each year, and almost every one of these tragedies is preventable.

Safe Kids works with an extensive network of more than 400 coalitions in the United States and with partners in more than 30 countries to reduce traffic injuries, drownings, falls, burns, poisonings and more.

School Health Profiles- CDC

<http://www.cdc.gov/healthyouth/profiles/index.htm>

The School Health Profiles (Profiles) is a system of surveys assessing school health policies and practices in states, large urban school districts, territories, and tribal governments. Profiles surveys are conducted every 2 years by education and health agencies among middle and high school principals and lead health education teachers.

Profiles monitors the status of

- School health education requirements and content;
- Physical education requirements;
- School health policies related to HIV infection/AIDS, tobacco-use prevention, and nutrition;
- Asthma management activities; and
- Family and community involvement in school health programs.

School Health Policies and Programs Study (SHPPS)-- CDC

<http://www.cdc.gov/healthyouth/shpps/index.htm>

The School Health Policies and Practices Study* (SHPPS) is a national survey periodically conducted to assess school health policies and practices at the state, district, school, and classroom levels.

South Carolina Rural Health Research Center (RHRC)

<http://rhr.sph.sc.edu/index.php>

The South Carolina Rural Health Research Center focuses on investigating persistent inequities in health status within the population of the rural US, with an emphasis on inequities stemming from socioeconomic status, race and ethnicity, and access to healthcare services.

We strive to make our research findings useful to organizations and individuals working to improve the quality of life for rural residents.

The Center allows us to build on and expand our ongoing cooperative research partnerships with other key organizations - government, academia, health services delivery and the rural community who can join our quest to improve the health of rural Americans.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)-- USDA

<http://www.fns.usda.gov/wic/>

The Special Supplemental Nutrition Program for Women, Infants, and Children - better known as the WIC Program - serves to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care. The WIC target population are low-income, nutritionally at risk:

- Pregnant women (through pregnancy and up to 6 weeks after birth or after pregnancy ends).
- Breastfeeding women (up to infant's 1st birthday).
- Nonbreastfeeding postpartum women (up to 6 months after the birth of an infant or after pregnancy ends).

- Infants (up to 1st birthday). WIC serves 53 percent of all infants born in the United States.
- Children up to their 5th birthday.

WIC operates through 1,900 local agencies in 10,000 clinic sites, in 50 State health departments, 34 Indian Tribal Organizations, the District of Columbia, and five territories (Northern Mariana, American Samoa, Guam, Puerto Rico, and the Virgin Islands). WIC Program data are available through this website:

<http://www.fns.usda.gov/pd/wicmain.htm>.

Statehealthfacts.org-- The Henry J Kaiser Family Foundation

<https://www.kff.org/statedata/>

Statehealthfacts.org is a project of the Henry J. Kaiser Family Foundation and is designed to provide free, up-to-date, and easy-to-use health data for all 50 states. Statehealthfacts.org provides data on more than 700 health topics and is linked to both the Kaiser Family Foundation website (www.kff.org) and Kaiser Health News (<http://www.kaiserhealthnews.org/>).

The Kaiser Family Foundation is a non-profit, private operating foundation focusing on the major health care issues facing the U.S., as well as the U.S. role in global health policy. The Foundation serves as a non-partisan source of facts, information, and analysis for policymakers, the media, the health care community, and the public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.

Substance Abuse and Mental Health Services Administration (SAMHSA)

<http://www.samhsa.gov/data/>

Behavioral health is a component of service systems that improve health status and contain health care and other costs to society. Yet, people with mental and substance use disorders, because of their illness, have largely been excluded from the current health care system and rely on public "safety net" programs. Last year alone approximately 20 million people who needed substance abuse treatment did not receive it and an estimated 10.6 million adults reported an unmet need for mental health care. As a result the health and wellness of the individual is jeopardized and the unnecessary costs to society ripple across America's communities, schools, businesses, prisons & jails, and healthcare delivery systems.

SAMHSA provides leadership and devotes its resources - programs, policies, information and data, contracts and grants- toward helping the Nation act on the knowledge that:

- Behavioral Health is essential for health;
- Prevention works;
- Treatment is effective; and
- People recover from mental and substance use disorders.

Surveys and Data Collection Systems include: Behavioral Health Prevalence Data (NSDUH), Emergency Room Data (DAWN), Facilities Data (N-SSATS), and Treatment Data (TEDS). In addition to national data, SAMHSA also has state and metro reports and public-use data files.

Title V Information System – HRSA/ MCHB

<https://www.hhs.gov/guidance/document/title-v-information-system>

As the only governmental program responsible for ensuring the health and well-being of the entire population of women, infants, and children, the Title V program plays a critical role in coordination, capacity building, and quality oversight at the community and state levels. By connecting people to services, programs to programs, and agencies to agencies, Title V programs maximize resources and increase quality and effectiveness.

All States are required to report on a core set of measures. These measures include performance and outcome measures.

All States must report on the 18 national performance measures; reporting on the six national outcome measures is required in the year of the needs assessment and optional in the interim years.

Each State also reports on 9 health systems capacity indicators and 12 health status indicators that are considered key indicators of maternal and child health systems and program capacity.

- National Performance Measures
- National Outcome Measures
- Health Systems Capacity Indicators
- Health Status Indicators

Trust for America’s Health

<https://www.tfah.org/>

Trust for America’s Health (TFAH) is a non-profit, non-partisan organization that promotes optimal health for every person and community and makes the prevention of illness and injury a national priority. TFAH works with traditional and new partners on high impact health issues. We report on and recommend evidence-based programs and policies that make prevention and health equity foundational to health and community systems at all levels of society.

With community partners, we strive to identify and understand the social determinants of health and barriers to better health for all. Our goal is a modernized, public health system that meets the challenge of health equity for all and is prepared to respond to a wide-variety of health threats with policies and programs that are inclusive, community appropriate and evidence-based.

The Urban Indian Health Institute (UIHI)

<http://www.uihi.org/>

The mission of UIHI is to support the health and well-being of urban Indian communities through information, scientific inquiry, and technology.

In July 2000, the Urban Indian Health Institute was established as a division within of the Seattle Indian Health Board, a community health center targeting urban American Indians and Alaska Natives. Since 1996, nationwide tribal epidemiology centers have built public health capacity in American Indian/Alaska Native communities through core funding from the Indian Health Service. One of twelve tribal epidemiology centers, the UIHI focuses on the nationwide urban American Indian/Alaska Native population while the other ten serve tribes regionally. A crucial component of the health care resources for all American Indians/Alaska Natives, tribal epidemiology centers are responsible for:

- Managing public health information systems,
- Investigating diseases of concern,
- Managing disease prevention and control programs,
- Responding to public health emergencies, and
- Coordinating these activities with other public health authorities.

The Urban Indian Health Institute serves the 34 urban Indian health organizations, which are private, non-profit agencies that provide either direct or referral services to American Indian/Alaska Natives living in 100 select urban counties in 19 states across the country. UIHI staff work on multiple, ongoing research projects to benefit urban American Indian/Alaska Natives.

Urban Institute

<http://www.urban.org/>

The Urban Institute builds knowledge about the nation’s social and fiscal challenges, practicing open-minded, evidence-based research to diagnose problems and figure out which policies and programs work best, for whom, and how.

Learn more about our work:

- Policy Centers
- Explore the work of our ten targeted policy centers and discover the breadth of the Institute's impact
- Simulation Models and Data Tools
- Latest Research
- Review our research publications, most freely available to all

US Census Bureau

<http://www.census.gov/>

The Census Bureau serves as the leading source of quality data about the nation's people and economy. The Census Bureau collects population and housing census data every 10 years; economic census data every 5 years, a census of the governments every 5 years, and conducts the American Community Survey annually.

Web-based Injury Statistics Query and Reporting System (WISQARS)-- CDC

<http://www.cdc.gov/injury/wisqars/index.html>

CDC's WISQARS™ (Web-based Injury Statistics Query and Reporting System) is an interactive, online database that provides fatal and nonfatal injury, violent death, and cost of injury data from a variety of trusted sources.

Researchers, the media, public health professionals, and the public can use WISQARS™ data to learn more about the public health and economic burden associated with unintentional and violence-related injury in the United States.

Users can search, sort, and view the injury data and create reports, charts, and maps based on the following:

- Intent of injury (unintentional injury, violence-related, homicide/assault, legal intervention, suicide/intentional self-harm);
- Mechanism (cause) of injury (e.g., fall, fire, firearm, motor vehicle crash, poisoning, suffocation);
- Body region (e.g., traumatic brain injury, spinal cord, torso, upper and lower extremities);
- Nature (type) of injury (e.g., fracture, dislocation, internal injury, open wound, amputation, and burn);
- Geographic location (national, regional, state) where the injury occurred; and
- Sex, race/ethnicity, and age of the injured person.

Data can be searched based on whether the injury was fatal, nonfatal, as well as, whether the injury was characterized as a violent death. WISQARS also has cost of injury reports and a mapping module.

Wide-ranging Online Data for Epidemiologic Research (WONDER)-CDC

<http://wonder.cdc.gov/>

CDC WONDER -- Wide-ranging Online Data for Epidemiologic Research – is an integrated information and communication system for a wide array of public health information. It is an easy-to-use, menu-driven system that makes the information resources of the Centers for Disease Control and Prevention (CDC) available to public health professionals and the public at large.

CDC WONDER furthers CDC's mission of health promotion and disease prevention by speeding and simplifying access to public health information for state and local health departments, the Public Health Service, and the academic public health community. Its purposes are:

1. To promote information-driven decision making by placing timely, useful facts in the hands of public health practitioners and researchers, and
2. To provide the general public with access to specific and detailed information from CDC.

With CDC WONDER you can

- Access statistical research data published by CDC, as well as reference materials, reports and guidelines on health-related topics;

- Query numeric data sets on CDC's computers, via "fill-in-the blank" web pages. Public-use data sets about mortality (deaths), cancer incidence, HIV and AIDS, tuberculosis, vaccinations, natality (births), census data and many other topics are available for query, and the requested data are readily summarized and analyzed, with dynamically calculated statistics, charts and maps.

The data is ready for use in desktop applications such as word processors, spreadsheet programs, or statistical and geographic analysis packages. File formats available include plain text (ASCII), web pages (HTML), and spreadsheet files (Tab Separated Values). All of these facilities are menu-driven, and require no special computer expertise.

Womenshealth.gov- DHHS Office on Women's Health

<http://www.womenshealth.gov/>

The Office on Women's Health's (OWH) mission is to provide leadership to promote health equity for women and girls through sex/gender-specific approaches. OWH achieves its mission and vision by developing innovative programs, educating health professionals, and motivating behavior change in consumers through the dissemination of health information.

Youth Risk Behavior Surveillance System (YRBSS)--CDC

<http://www.cdc.gov/healthyouth/yrbs/index.htm>

The Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including—

- Behaviors that contribute to unintentional injuries and violence;
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection;
- Alcohol and other drug use;
- Tobacco use;
- Unhealthy dietary behaviors; and
- Inadequate physical activity.

YRBSS also measures the prevalence of obesity and asthma among youth and young adults. YRBSS includes a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.