Mental and Behavioral Health of Rural Children - Insights from the CDC MMWR Rural Health Series

• Q & A to follow – Submit questions using Q&A area

• Slides are available at [https://www.ruralhealthinfo.org/webinars/mental-behavioral-health-rural-children](https://www.ruralhealthinfo.org/webinars/mental-behavioral-health-rural-children)

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Mental and Behavioral Health of Rural Children - Insights from the CDC MMWR
Rural Health Series

Rural Health Information Hub Webinar
May 3, 2017
Outline

1. Brief overview of the National Surveys
2. Redesign of the National Survey of Children’s Health
3. Future Directions and Opportunities

NSCH/NS-CSHCN
History and Purpose

National Survey of Children’s Health:
- Produce national and State-based estimates of the health and well-being of children ages 0-17 years, their families, and their communities.

National Survey of Children with Special Health Care Needs:
- Assess the prevalence and impact of special health care needs among children ages 0-17 years in the U.S., and to evaluate change over time.
- 2001, 2005-06, 2009-10

Common Elements:
- Historically directed and funded by HRSA MCHB and fielded by the CDC/NCHS as a module of SLAITS as a RDD telephone survey (landline + cell-phone samples)
- Produced both national and state-level estimates
- All data are parent/care-giver reported
NSCH/NS-CSHCN

**History and Uses**

- Title V Maternal and Child Health Services Block Grant needs assessments and funding applications;
- State-level planning and program development
- Federal policy and program development
- Healthy People 2010/2020/2030 Objectives

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**NSCH/NS-CSHCN**

**History and Uses: Scientific Research**

- **Conditions:**

- **Systems Indicators:**

- **State-level Analyses:**

- **County and Regional Analyses:**

- **Population-Specific Analyses:**
NSCH/NS-CSHCN
History and Uses (cont.)

Making data accessible to all. It’s your data…your story!
**NSCH Content:**

**Core Content Areas**

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**Screener > 0-5 Years > 6-11 Years > 12-17 Years**

- **General Health**
  - General health status
  - General oral health
  - Flourishing
  - Activity limitations
  - Condition lists
  - ASD & ADD/ADHD content
  - Height & Weight

- **Infant Health**
  - PTB
  - LBW

- **Health Care Services**
  - Preventive care
  - Usual place for sick/well care
  - Receipt of specialist care
  - Unmet needs
  - Developmental screening

- **Experience with Health Care Providers**
  - Medical home
  - Shared decision-making

- **Health Insurance**
  - Status
  - Type
  - Adequacy

- **Providing for Your Child’s Health**
  - Expenses & problems paying
  - Employment & care-giving burden

- **About Your Family and Household**
  - Screen time, physical activity, & sleep
  - Extracurricular & family activities
  - Child care
  - Parenting stress
  - Family resilience
  - ACEs

- **About Your Neighborhood & Community**
  - Amenities
  - Social support

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**2016 NSCH Redesign:**

**Rationale and Goals**

The purpose of the redesign is fourfold:

1. To shift the survey’s sampling frame from landline and cell phone numbers to household addresses.
2. To shift mode of administration from an interviewer-administered survey via telephone to a self-administered survey via web and paper.
3. To combine the NSCH and NS-CSHCN into a single instrument.
4. To provide more timely data.
2016 NSCH Redesign: Key Decisions

Summary: Retain as much content and functionality as possible, while dramatically changing sampling strategy and mode of administration.

- Retained a two-phase administration: A “Screener” to determine child demographics and SHCN status followed by an age-specific “Topical” survey.
- Retain core content on all CSHCN Core Outcomes and Title V NOMs/NPMs.
- A single, combined survey fielded annually; new state-level estimates available bi-annually (in most cases).
- An Addressed-Based Sampling (ABS) frame utilized to improve response rates and support non-response bias analyses.
- The majority of interviews conducted via a self-directed response mode (web-push + mail)
- Content added on a variety of topics, including aspects of being “Healthy and Ready to Learn”, food sufficiency, and behavioral treatment for ADHD, etc

2017 NSCH and Beyond: Future Directions & Opportunities

2016 Survey:
- Data Collection Instruments available at:
- Public Data Release (Summer 2017)
  - Data Resource Center: [www.childhealthdata.org](http://www.childhealthdata.org)
  - Census Bureau: [www.census.gov/programs-surveys/nsch.html/](http://www.census.gov/programs-surveys/nsch.html/)
- Methodological and Data Use Documents under development

2017 Survey:
- Content finalized (minimal changes: environmental health and military deployment)
- Launch July 2017 with some amendments to design

2018 Survey:
- Cognitive testing Summer 2017
- Finalize content Fall 2017
Contact Information

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National Center on Birth Defects and Developmental Disabilities

Differences in Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders Among Children Aged 2–8 Years in Rural and Urban Areas — United States, 2011–2012

Lara R. Robinson, PhD, MPH
Rural Health Information Hub webinar
May 3, 2017

The findings and conclusions in this presentation have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.
Outline of Presentation

- Background
- Our study
- Results
- What can we do to help children in rural communities thrive?
- Study limitations
- How can I learn more?

Background

- Mental, behavioral, and developmental disorders (MBDDs) can affect life-long health and well-being.
- Nurturing, enriched environments help children reach their full potential.
- Children with MBDDs and their families face personal, financial, and neighborhood challenges more often than families of children without these disorders.
- The type of community that families live in may increase some of these challenges.
Our Study

- Children aged 2-8 years
- Analytic sample of 34,535 children
- Parent report of provider-diagnosed MBDD
- Parent mental health, neighborhood, and other personal and community factors

Rural Urban Commuting Area (RUCA) codes

- Rurality (small, large, and isolated) defined by RUCA codes
  - Census tract–based classification system
  - Daily commuting information

Differences by Rural Status

- Children in all rural areas more often
  - Lived in a neighborhood in poor condition
  - Lived in a neighborhood that lacked amenities

- Children in small rural and large rural areas compared with children in urban areas more often
  - Lived in families with financial difficulties

Strengths of Some Rural Communities

- Children in isolated areas less often
  - Lived in an unsafe neighborhood (also small rural)
  - Lived in a neighborhood lacking social support
  - Lacked a medical home
  - Had a parent with fair or poor mental health
Children with MBDDs

- In urban and the majority of rural community types, more often than children without an MBDD,
  - Lacked a medical home
  - Had a parent with poor mental health
  - Lived in families with financial difficulties
  - Lived in a neighborhood lacking physical and social resources

Differences by Rural Status and MBDD

- Higher prevalence of children with an MBDD in small rural areas (18.6%) than in urban areas (15.2%)

- Rural children with an MBDD, more often than urban children with these same conditions*,
  - Had a parent with fair or poor mental health
  - Lived in families with financial difficulties
  - Lived in a neighborhood with limited amenities
  - Lived in a neighborhood in poor condition

*After adjusting for race/ethnicity and poverty, the only factor that was no longer associated with rurality was financial difficulties
What Can We Do to Help Children in Rural Communities Thrive?

- Collaboration between healthcare systems, primary care clinicians, and family support programs may offset the challenges faced by children in rural areas.

What Can We Do to Help Children in Rural Communities Thrive?

- States
  - Policies
  - Health plans
  - Neighborhood resources

- Healthcare systems
  - Collaboration
  - Affordable services

- Primary care clinicians
  - Connecting families to services
  - Screening for MBDDs
Study Limitations

- Parent report of an MBDD diagnosis not confirmed
- Unable to assess causal associations
- Neighborhood definitions may vary
- Rural urban coding based on 2000/2004 data
- Changes in residence cannot be accounted for
- Independent contributions of rurality and poverty may be difficult to determine
- Nonresponse bias may affect outcomes

Take Home Messages

- Rural children with mental, behavioral, and developmental disorders face certain family and community challenges more often than children in urban areas with the same disorders.
- Children in rural areas with mental, behavioral, and developmental disorders may need additional support.
- All children with mental, behavioral, and developmental disorders could benefit from better access to mental and behavioral health care, programs that support parents and caregivers, and opportunities to learn, play, and socialize.
How Can I Learn More?

- **MMWRs in the Rural Health Series**
  - https://www.cdc.gov/ruralhealth/

- **New England Journal of Medicine commentary**

- **Policy brief published by the Milbank Memorial Fund**

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Questions or Comments?
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Ben Archer Health Center

Behavioral Health Services to children in rural areas of New Mexico

**Linda Summers**, PhD, FNP, Clinical Nurse Specialist and Certified Nurse Practitioner - Psychiatric

**Kara Bower**, LBSW, Welcome Baby Healthy Start Program Director

What are we seeing in rural New Mexico?

- Poverty
- Language
- Citizenship
- Divorce, Drug Abuse and Domestic Violence
- Child Abuse or Neglect
- US/Mexico border
- Health Disparities
How Are We Addressing Need?

- Early Childhood Intensive Home Visiting
- Mental Health First Aid
- Circle of Security
- Comprehensive Community Support Services (CCSS)
- National Health Service Corps
- Eye Movement Desensitization and Reprocessing (EMDR)
- Integrated Primary Care and Behavioral Health
- Telehealth
- School-based services

Early Childhood Intensive Home Visiting
Mental Health First Aid

Circle of Security®
Comprehensive Community Support Services (CCSS)

Community Support Workers:
• Teach
• Train
• Organize/plan
• Provide Support
• Facilitate and Link
• Coordinate/Communicate
• Coach
• Skill Building

National Health Service Corps

• Behavioral Health Professional Shortage Area
• Recruit and Retain Behavioral Health Professionals
• NHSC Sites
• Child Psychiatrist
• Prescribing Psychologists
• Clinical Nurse Specialist
• 25 Therapists
What is EMDR?

- Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapy treatment
- Enables people to heal from the symptoms and emotional distress resulting from disturbing life experiences
- Assist people who suffer from trauma, anxiety, panic, disturbing memories, post traumatic stress and many other emotional problems
- 2011 funding resulted in four therapists trained in EMDR
- Six therapists currently trained
- Good results using EMDR with children in rural settings on US/Mexico border

School-based Health Services
No Wrong Door

- Medical and Behavioral Health Services in six high schools
- Behavioral Health Services in several elementary schools
Integrated Primary Care and Behavioral Health

- Accessibility
- Availability
- Acceptability

Telehealth

- Telehealth Now Being Offered to Rural Schools
- Expertise from New Mexico State University Nursing Department
Questions?

• Contact us at ruralhealthinfo.org with any questions

• Please complete webinar survey

• Recording and transcript will be available on RHIIhub website
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