July 29, 2016

Kate Brett
National Committee on Vital and Health Statistics

Submitted via email to ncvhsmail@cdc.gov

Re: Comments on NCVHS Measurement Framework for Community Health and Well-Being, V2

Dear Ms. Brett,

On behalf of Children’s HealthWatch, please accept these comments on the Measurement Framework for Community Health and Well-Being, V2. We applaud the National Committee on Vital and Health Statistics’ (NCVHS) efforts to recommend potential approaches to the Department of Health and Human Services (HHS) for improving availability of and access to local data and the capacity for communities to use data as a key driver for health improvement activities.

Children’s HealthWatch (www.childrenshealthwatch.org) is a nonpartisan multisite network of pediatricians, public health researchers, and policy and child health experts committed to improving children’s health in America. Every day, in urban hospitals across the country, we collect data on children ages zero to four, many of whom are from families experiencing economic hardship. We analyze and release our findings to academics, legislators, and the public to inform public policies and practices that can give all children equal opportunities for healthy, successful lives.

We have included below brief comments on specific aspects of the framework where feedback was requested.

**Does the Measurement Framework make sense?**

Yes, this framework makes sense to us.

**To what extent would this framework be useful to help galvanize community activities to improve community health and well-being?**

We agree that this framework can guide and equip communities to better inform multi-sector-driven work on improvements at the local level. If this framework can ultimately provide improved access to a robust menu of measures, data, and tools accessible to communities engaged in health improvement work, then it will certainly support collective action to improve population health outcomes and community wellbeing. As NCVHS develops this framework by identifying and defining federal data resources and tools, we suggest you also consider integrating potential data resources and tools that are available from public/private partners operating at the sub-county level to support communities in their health improvement work.

**Are there any domains or subdomains you would add or modify to make this more complete from your perspective? If so, please describe:**
Food Insecurity
We strongly recommend including food insecurity as either a separate domain or subdomain within health. Household food insecurity, defined as limited or uncertain access to enough food for all household members to live active and healthy lives, has been linked in the United States to negative health outcomes in all age groups from infants to elders. Households with children, especially those with children under age 6 years, are more likely to experience food insecurity than households without children.1, 2

Children’s HealthWatch research has shown that children under the age of three living in food-insecure households are more likely to be at risk for developmental delays, iron deficiency anemia, and other adverse health outcomes including fair or poor health and hospitalizations when compared to demographically similar children living in food-secure households.3, 4, 5, 6 Children whose caregivers report child food insecurity— reductions in the nutritional quality, variety and desirability of children’s food, and at the extreme, disruptions in the frequency or size of meals for children—are at even higher risk of these negative health outcomes compared to children either in food-secure households or in families with household, but not child, food insecurity.7 The negative effects of food insecurity are not confined to children and their caregivers – a large body of literature has also identified multiple adverse health correlates of food insecurity in older children and adolescents, pregnant women, adults with chronic illness, and the elderly.8, 9, 10, 11, 12

Given the body of research linking food insecurity to negative health outcomes, including food insecurity data at the sub-county level could support collective action to improve population health outcomes and community well-being. Currently, state-level food insecurity prevalence estimates are publicly available from the Current Population Survey Food Security Supplement (used by USDA to monitor food security). Household-level Current Population Survey Food Security Supplement (CPS-FSS) data files are available for each year since 1995.13 In addition, model-based county- and legislative district-level food-insecurity prevalence estimates are available from Feeding America’s Map the Meal Gap project for 2009-2014.14 With careful sample designs and effective survey administration, the Food Security Survey Module can be used to obtain sub-county food-insecurity prevalence estimates. Further, hundreds of multi-sectoral partnerships (e.g., health care institutions and anti-hunger agencies) throughout the United States screen patients for food insecurity using a validated 2-item food insecurity screening tool called The Hunger Vital Sign™, and offer innovative interventions to address food insecurity at the household level.15

Housing Insecurity
We strongly recommend including housing insecurity as a subdomain within housing – infrastructure/capacity. Including indicators of housing insecurity (i.e. multiple moves, behind on rent/mortgage, homelessness) alongside the other indicators listed in the framework (i.e., trends in public funding for housing, and overcrowding) will provide a more robust offering of data, and tools accessible to communities engaged in health improvement work. Scholarly research from Children’s HealthWatch provides evidence on the association between housing insecurity and the health of very young children. After adjusting for covariates, we found that multiple moves (2 or more) within one year—a form of housing insecurity—is associated with poor health, lower weight (a sign of undernutrition), and developmental risk among young children.16

Researchers from Children’s HealthWatch also examined the relationship between a second housing insecurity-related indicator and child/maternal health outcomes: “During the last 12 months, was there a time when you were not able to pay the mortgage or rent on time?” Among households with young children, we found being behind on mortgage or rent payments is associated with adverse maternal (higher odds of fair or poor health,
positive depression screen) and child health outcomes (higher odds of lifetime, fair or poor child health, and risk for developmental delay) as well as experiencing other hardships, like food insecurity – likely a consequence of trade-offs between paying rent or paying for other basic needs.\textsuperscript{17}

Decades of scientific research demonstrates the harmful effects of homelessness (i.e., living in a shelter, motel, temporary or transitional living situation, scattered site housing, or no steady place to sleep at night) experienced during early childhood on young children’s growth and development. Research by Children’s HealthWatch demonstrated that infants whose mothers’ experienced homelessness prenatally had significantly increased odds of low birth weight compared to infants of mothers consistently housed and to infants whose families experienced postnatal homelessness only.\textsuperscript{18} The negative effects of housing insecurity are not confined to children and their caregivers – a large body of literature has also identified multiple adverse health correlates of housing insecurity in youth, adults, and vulnerable populations (e.g., domestic violence victims).\textsuperscript{19, 20, 21}

Given the body of research linking housing insecurity to negative health outcomes, including housing insecurity data at the sub-county level will support collective action to improve population health outcomes and community well-being. Based on previous research from Children’s HealthWatch, part of a growing body of evidence that indicates housing is a known social determinant of health, Children’s HealthWatch researchers have validated (publication forthcoming) the first-ever screen for housing insecurity for use in clinical settings, also known as the Housing Vital Sign™. As part of the framework, this diagnostic tool can be used by communities engaged in health improvement to inform health improvement activities.

We appreciate the opportunity to provide feedback on the Measurement Framework for Community Health and Well-Being, V2. For additional information, please contact Stephanie Ettinger de Cuba, Research and Policy Director for Children’s HealthWatch at sedc@bu.edu or 617-638-5850, or Richard Sheward, Senior Policy Analyst – State Policy at richard.sheward@gmail.com or 518-265-5343.

Thank you for your consideration.

Sincerely,

Deborah A. Frank, MD
Principal Investigator and Founder
Children’s HealthWatch
Boston, MA

Patrick H. Casey, MD
Principal Investigator
Little Rock, AR

Maureen Black, PhD
Principal Investigator
Baltimore, MD

Eduardo Ochoa Jr., MD
Principal Investigator
Little Rock, AR
Mariana Chilton, PhD, MPH  
Principal Investigator  
Philadelphia, PA

John Cook, PhD, MAEd  
Research Scientist and Principal Investigator  
Boston, MA

Megan Sandel MD, MPH  
Principal Investigator  
Boston, MA

Diana Becker Cutts, MD  
Principal Investigator  
Minneapolis, MN

Ruth Rose-Jacobs, ScD  
Principal Investigator  
Boston, MA