

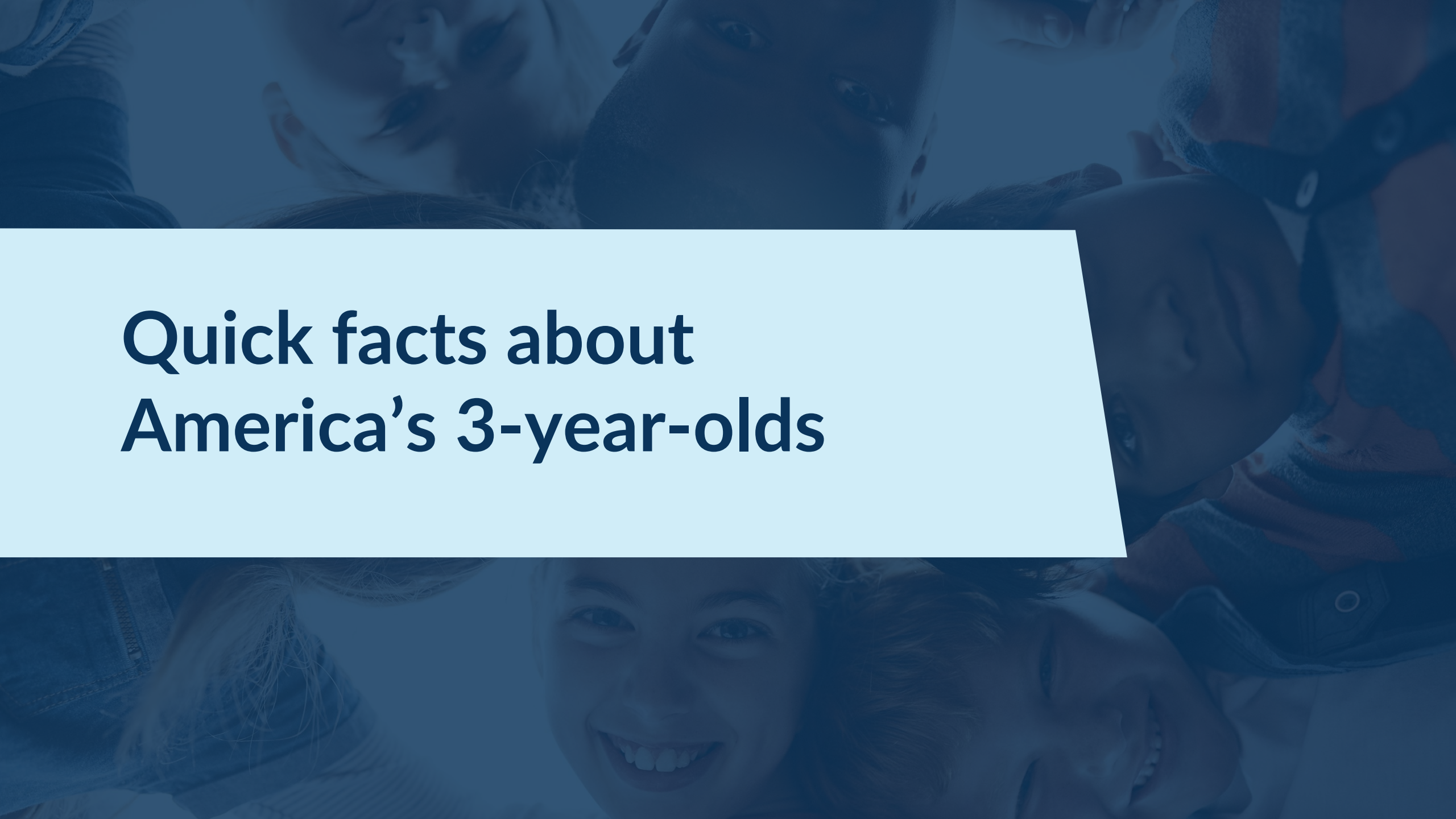


Healthy and Ready to Learn

A new national indicator for understanding young children's development

October 6, 2026

Child Trends®



Quick facts about America's 3-year-olds

**For the first time,
we have national
and state data that
offer a holistic view
of 3-5-year-olds'
developmental
well-being**





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Learn more at <https://mchb.hrsa.gov>





Healthy and Ready to Learn in Context: When, Why, and What's Next

Child Trends
October 6, 2026

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Health Resources and Services Administration

Vision: Healthy Communities, Healthy People



Healthy and Ready to Learn

Part of a (much) larger picture



Learn more at <https://mchb.hrsa.gov>

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WHY A SCHOOL READINESS MEASURE WAS NEEDED

Need Identified by States

State Title V programs identified school readiness as an important outcome for children and families — and asked for a way to measure it nationally.

Challenge

There was no existing national measure that met the measurement needs of the Title V program.

HRSA's Response

Capitalize on NSCH redesign to develop and implement a Healthy and Ready to Learn measure that could be incorporated into the National Survey of Children's Health.

The measure began with a need identified by states — not simply an interest in creating another measure of child development.

Learn more at <https://mchb.hrsa.gov>

ANCHORED TO TITLE V AND FEDERAL MCH PROGRAMS

The Data Source: NSCH

Sponsored by HRSA MCHB and
conducted by the US Census
Bureau

Parent-reported population
level data for children ages
0-17

Comparable state and national
estimates annually

The Measurement Framework: Title V NOMs and NPMs

12 National Performance
Measures

10 National Outcome
Measures

Healthy and Ready to Learn

The Purpose: Informed Policy and Programs

Identify needs and priorities

Track outcomes over time

Inform planning, policy, and
program decisions

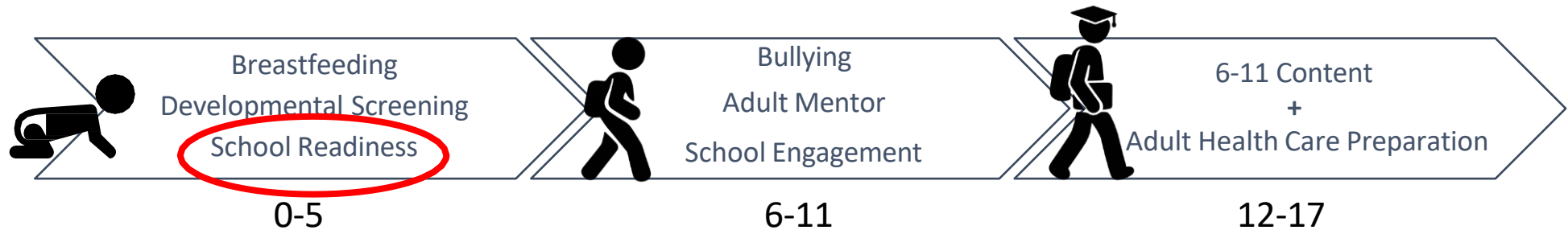
National Survey of Children's Health

CONTENT AREAS

Universal Content

Health & Well-Being	Health Behaviors	Health Care Access & Quality	Family & Household	Neighborhood & Community
• Health Conditions • Functional Limitations • Special Health Care Needs • Flourishing • Oral Health	• Sugary Drinks • Fruit Intake • Vegetable Intake • Physical Activity • Screen Time • Sleep Adequacy	• Preventive Care • Health Insurance Adequacy • Medical Home • Satisfaction with Care • Unmet Needs	• Caregiver Health and Coping • Smoking • ACEs • Family Resilience • Housing Instability • Food Sufficiency	• Neighborhood Support and Safety • Neighborhood Amenities and Detractors • School Safety

Age Specific Content



Healthy and Ready to Learn

Design, *refinement*, and implementation of a new measure



Learn more at <https://mchb.hrsa.gov>

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Healthy and Ready to Learn (HRTL) **GOAL AND TIMELINE**

Goal: To develop a standardized, multidimensional, population-level measure of children's learning and development across ages 3-5 years

(without reinventing the wheel or breaking the NSCH....)

2012-2013	Title V Block Grant performance measures and NSCH redesigned
2013-2014	Candidate items identified along the 5 NSRII Domains of School Readiness
2015-2016	Items vetted and tested (2015) and fielded in 2016 NSCH
2017-2021	Items re-evaluated, summary and domain measures re-estimated, and additional cognitive testing completed in partnership with Child Trends
2022	Final revised items selected and fielded in 2022 NSCH
2023	State and National estimates available

Healthy and Ready to Learn (HRTL) **FINAL CONTENT: 28 Items**

Early Learning
Skills

Social
Emotional
Development

Self-
Regulation

Motor
Development

Health



Healthy and Ready to Learn (HRTL)

SURVEY ITEMS AND DOMAINS

Early Learning Skills 9 Items

- How often can this child recognize the beginning sound of a word (e.g., "ball" starts with "buh" sound)?
- How often can this child come up with words that start with the same sound (e.g., "sock" and "sun")?
- How well can this child come up with words that rhyme (e.g., "cat" and "mat")?
- About how many letters of the alphabet can this child recognize?
- How often can this child write their first name, even if some of the letters aren't quite right or are backwards?
- How often can this child read one-digit numbers (e.g., 2 or 8)?
- If asked to count objects, how high can this child count correctly?
- How often can this child tell which group of objects has more (e.g., group of 7 blocks has more than group of 4)?
- How often can this child correctly do simple addition (e.g., 2 blocks and 3 blocks add to 5 blocks)?

Social Emotional Development 6 Items

- How often can this child explain things they have seen or done so that you know what happened?
- How often can this child recognize and name their own emotions?
- How often does this child share toys or games with other children?
- How often does this child play well with other children?
- How often does this child show concern when they see others who are hurt or unhappy?
- How often can this child focus on a task you give them for at least a few minutes?

Self-Regulation 5 Items

- How often does this child have difficulty when asked to end one activity and start a new activity?
- How often does this child have trouble calming down?
- How often does this child have difficulty waiting for their turn?
- How often does this child get easily distracted?
- How often does this child lose their temper?

Motor Development 4 Items

- How well can this child draw a circle?
- How well can this child draw a face with eyes and mouth?
- How well can this child draw a person with a head, body, arms, and legs?
- How well can this child bounce a ball for several seconds?

Health 3 Items (4 questions)

- In general, how would you describe this child's health?
- How would you describe the condition of this child's teeth?
- DURING THE PAST 12 MONTHS, how often have this child's health conditions or problems affected their ability to do things other children their age do?
 - [If child has a condition] To what extent do this child's health conditions or problems affect their ability to do things?

DATA IN ACTION: INFORMING STATE PROGRAMS & INVESTMENTS

IDENTIFY NEEDS & SET PRIORITIES

Turn data into priorities and targeted action

SC

South Carolina

Identifies **leading child health priorities** and pinpoints opportunities for targeted interventions and resource allocation.

MS

Mississippi

Tracks **trends in mental health**, adverse childhood experiences, and access to services to inform funding and prevention programs.

STRENGTHEN SERVICES & SYSTEMS

Use findings to improve delivery of care

OH

Ohio

Supports **provider education**, comprehensive well-child care, increased screening and referrals, and **expansion of school-based health centers**.

CO

Colorado

Guided statewide developmental screening and e-referral, **increasing children screened** and **connected to Early Intervention services**.

TARGET POPULATIONS & INVESTMENTS

Focus resources where they can have impact

OR

Oregon

Informs **Medicaid services** for young adults with special health care needs and community health worker training focused on rural communities.

CT

Connecticut

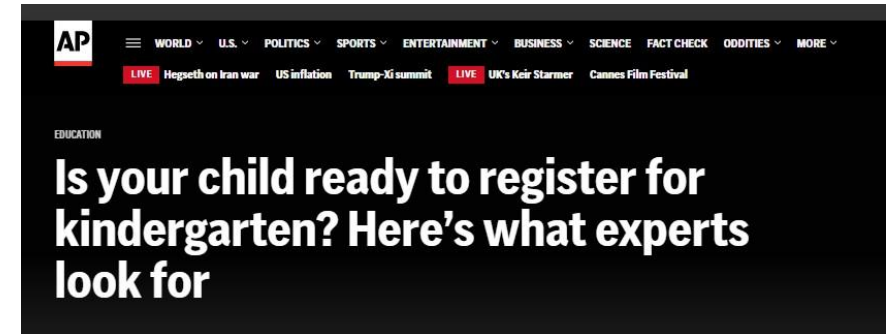
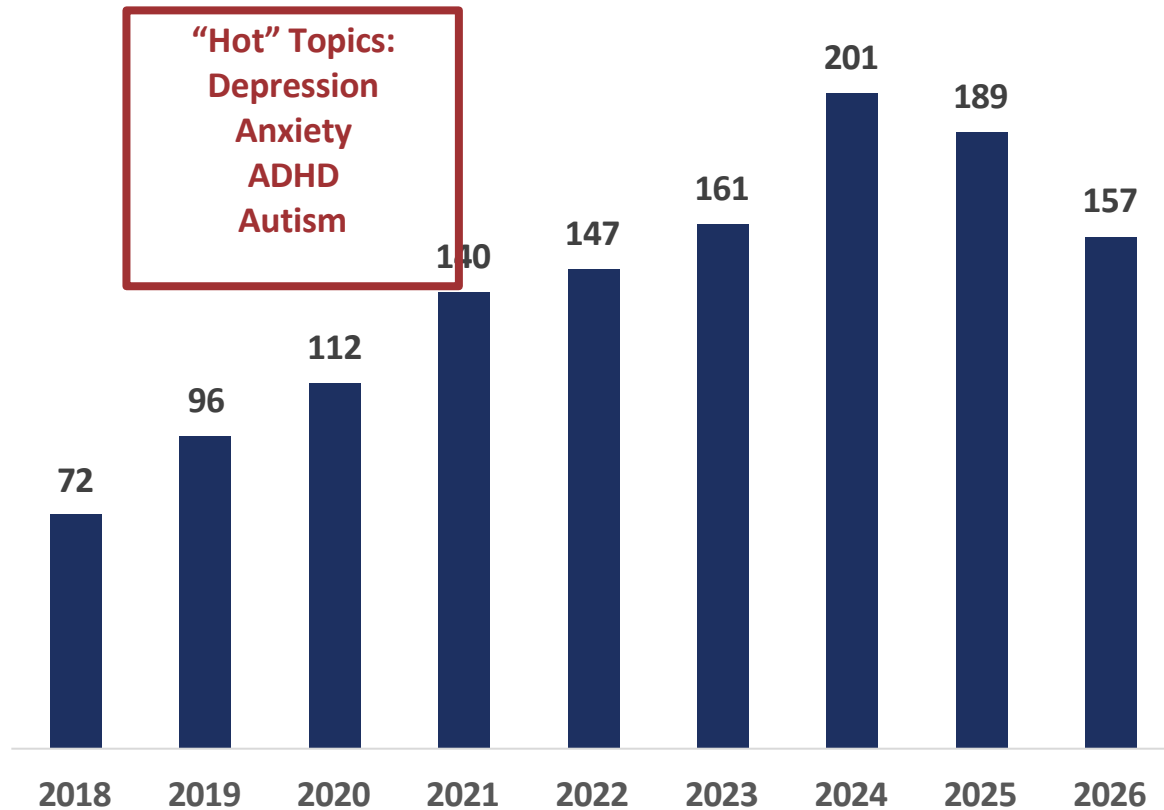
Informed legislative decisions and **resource allocation** for school-based mental health, early identification, and intervention.

States use NSCH data to identify needs, target resources, and strengthen programs for children and families.

National Survey of Children's Health

INFORMING RESEARCH

Number of NSCH Peer-Reviewed Publications



Learn more at <https://mchb.hrsa.gov>

National Survey of Children's Health ACCESSING THE DATA

MCHB Website

<https://mchb.hrsa.gov/data/national-surveys>

Census Bureau Website

<https://www.census.gov/programs-surveys/nsch.html>

Data Resource Center

www.childhealthdata.org

Data Resource Center for Child & Adolescent Health
A project of the Child & Adolescent Health Measurement Initiative

CAHMI The Child & Adolescent Health Measurement Initiative

Learn About the NSCH | **Explore the Data** | Spread the Word | About Us

National Survey of Children's Health Interactive Data Query

Video Tour of the Interactive Data Query

2021-2022 (two years combined)

Nationwide

Note: For the most reliable estimates, use the two-year combined data (e.g. 2021-2022).

Continue

Archived Data Query for NSCH and NS-CSHCN (prior to 2016)

How to Use the DRC Website

The DRC advances the use of the National Survey of Children's Health, led by HRSA MCHB. Find more resources here:

- About the DRC
- DRC Video Overview
- DRC Frequently Asked Questions
- Data available in the online data query
- Request NSCH datasets
- Download NSCH codebooks
- Ask Us a Question

For Title V

The DRC focuses on data and resources for Title V programs and partners. For over 75 years, the HRSA Maternal and Child Health Bureau (MCHB) has funded the Title V program to ensure the health of the nation's mothers, women, children and youth.

- Ways to Compare Data Across States on the DRC
- HRSA MCHB Title V Information System
- Issue Brief: Health Disparities and Health Equity
- Tell us what TA would be most useful to you!

Compare Data Across States

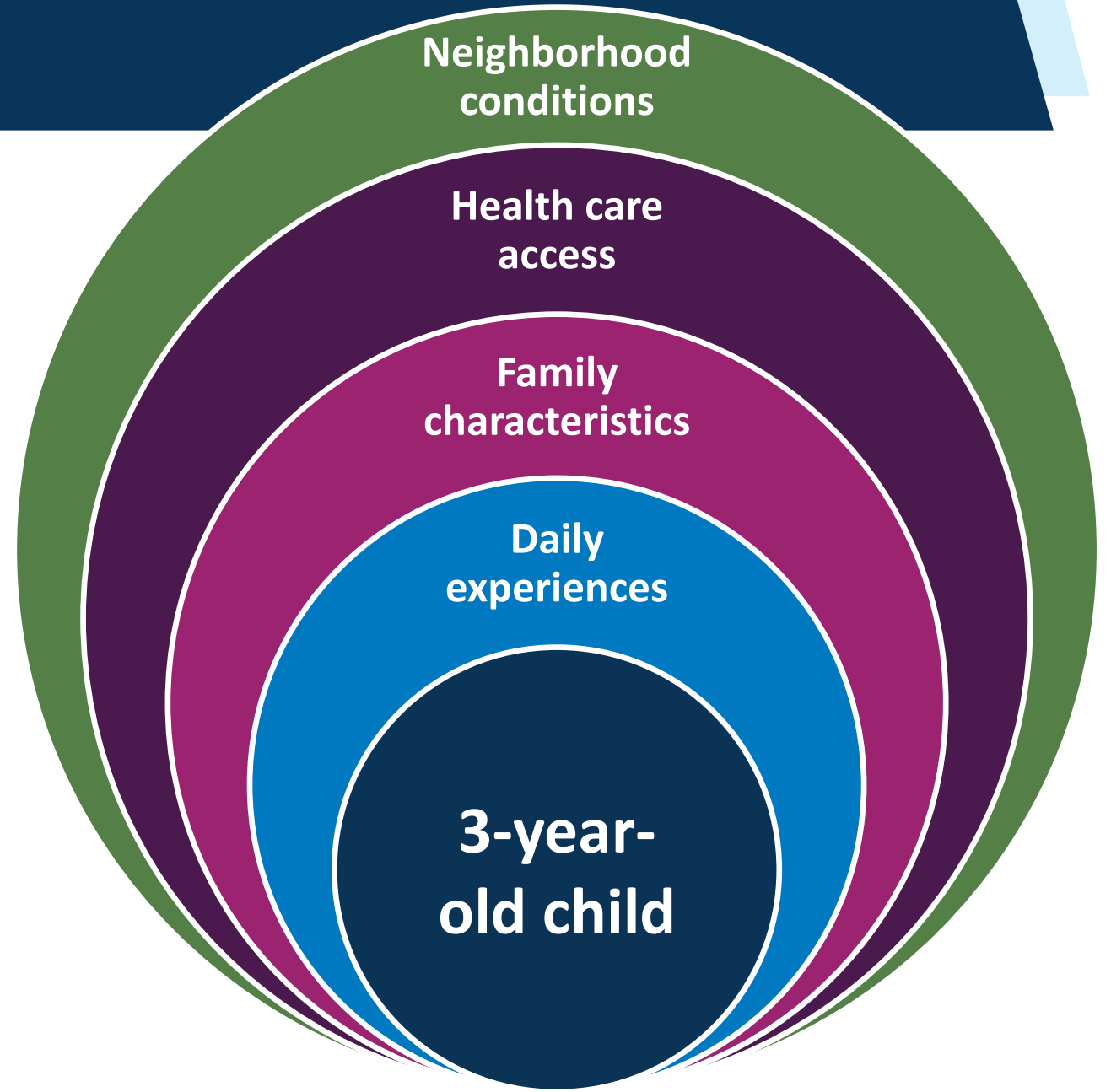
Why we focus first on 3-year-olds



- **Data on this age group can be used to:**
 - Inform how well prenatal-to-three investments are working
 - Guide decisions regarding how best to support preschoolers to have a successful start to school
 - Understand how family, community, and policy contexts influence developmental well-being.

Our analysis

- Understand how factors in the ecology of young children's lives relate to how likely they are to be "on track" developmentally, at age 3.
- Included several social, demographic, and early risk variables as controls.
- *Logistic regression analyses with p-value corrections to reduce the risk finding significance by chance.*



What we analyzed about daily experiences

- Outdoor time
- Preschool enrollment
- Screen time
- Singing songs or telling stories
- Eating fruit and vegetables
- Being read to
- Sufficient sleep
- Consuming sugary drinks
- Eating meals together as a family



What we analyzed about families

- Family resilience
- Parent aggravation
- Parental mental health
- Parent physical health
- Housing instability
- Food sufficiency



What we analyzed about neighborhoods

- **Neighborhood supports:** community members look out for one another and families know where and how to access help
- **Neighborhood amenities:** sidewalks, parks or playgrounds, recreation centers, and libraries or bookmobiles
- **Neighborhood problems:** litter, vandalism, or abandoned buildings



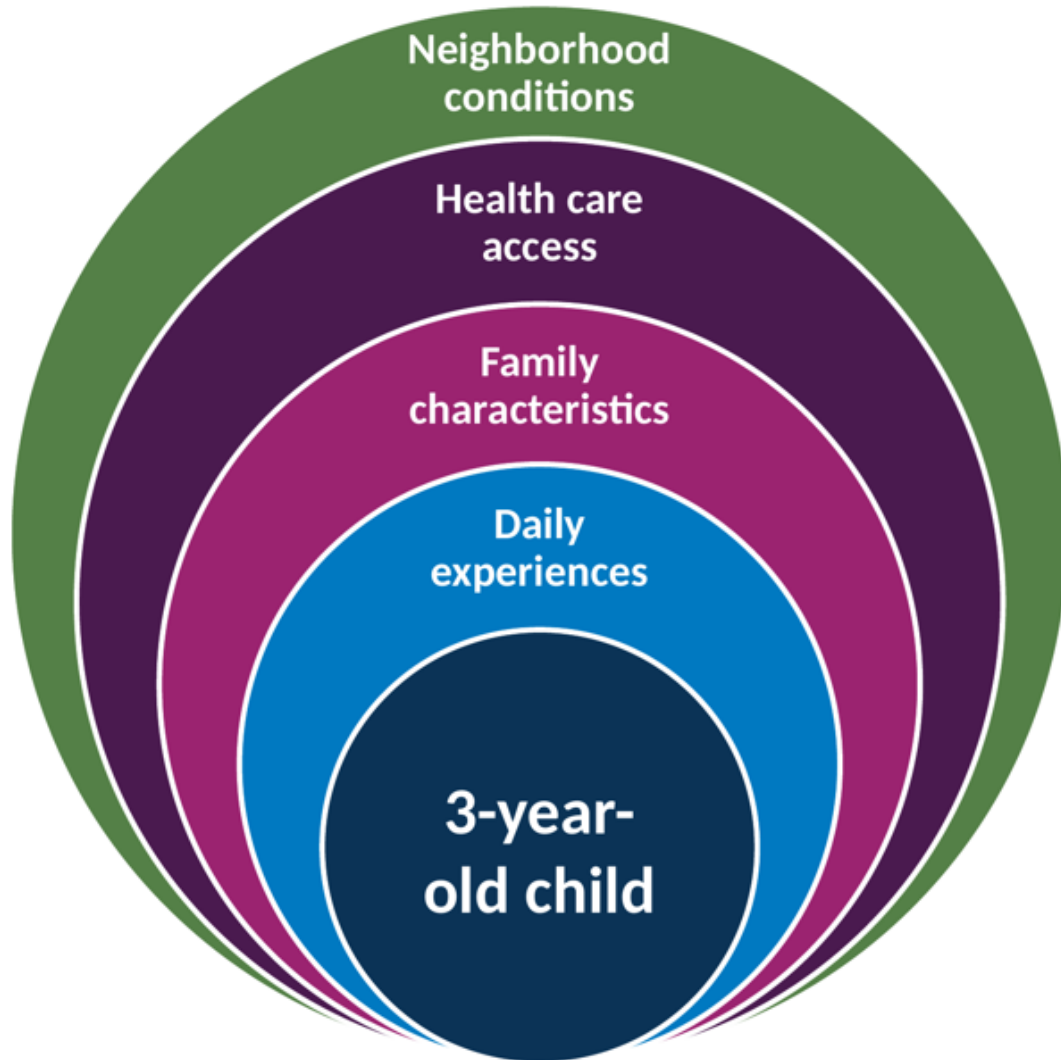
What we analyzed about health care access

- Adequate and continuous insurance coverage
- Medical home: having a personal doctor or nurse, usual source for sick care, no difficulty getting referrals, coordinated care, and family-centered care

Analyzed separately by special health care needs



Findings: Factors related to HRTL Overall



61%

Report 2+ hours of outdoor time a day

Everyday experiences matter

Outdoor time, preschool, limited screen time, and singing or storytelling are positively linked to development, overall.

71%

of parents report low aggravation

Parental mental health and coping matter

Low parental aggravation was linked to being on track overall, and in every developmental domain.

38%

live in high support neighborhoods

Positive neighborhood factors matter

Support & amenities were positively associated with development.

< 50%

have access to a medical home

Health care access matters

A medical home was linked to being on track overall for all children

Findings by domain



HRTL DOMAIN				
FINDINGS	Early Learning Skills			
	Preschool enrollment			
	Daily reading & singing			
	High family resilience			
	High neighborhood support			

Findings by domain



FINDINGS	HRTL DOMAIN			
	Early Learning Skills	Social-Emotional		
	Preschool enrollment	Outdoor play		
	Daily reading & singing	Limited screen time		
	High family resilience	Good parental mental health		
	High neighborhood support	High neighborhood support		
		Family-centered care		

Findings by domain



FINDINGS	HRTL DOMAIN				
	Early Learning Skills	Social-Emotional	Self-Regulation		
	Preschool enrollment	Outdoor play	Daily fruits & vegetables		
	Daily reading & singing	Limited screen time	Sleep		
	High family resilience	Good parental mental health	Low parental aggravation		
	High neighborhood support	High neighborhood support	High neighborhood support		
		Family-centered care	Care coordination (for children with special health care needs)		

Findings by domain



FINDINGS	HRTL DOMAIN				
	Early Learning Skills	Social-Emotional	Self-Regulation	Motor Skills	
	Preschool enrollment	Outdoor play	Daily fruits & vegetables	Outdoor play	
	Daily reading & singing	Limited screen time	Sleep	Preschool enrollment	
	High family resilience	Good parental mental health	Low parental aggravation	Limited screen time	
	High neighborhood support	High neighborhood support	High neighborhood support	No neighborhood problems	
		Family-centered care	Care coordination (for children with special health care needs)		

Findings by domain



FINDINGS	HRTL DOMAIN				
	Early Learning Skills	Social-Emotional	Self-Regulation	Motor Skills	Physical Health
	Preschool enrollment	Outdoor play	Daily fruits & vegetables	Outdoor play	Sleep
	Daily reading & singing	Limited screen time	Sleep	Preschool enrollment	Good parental physical health
	High family resilience	Good parental mental health	Low parental aggravation	Limited screen time	Neighborhood amenities
	High neighborhood support	High neighborhood support	High neighborhood support	No neighborhood problems	Adequate insurance (for children without special health care needs)
		Family-centered care	Care coordination (for children with special health care needs)		

What about social and demographic factors?

We asked whether each factor is associated with development over and above who family characteristics and early life risks.

- Child sex
- Child race/ethnicity
- Household language
- Birthweight (low vs. normal)
- ACE exposure
- Family structure
- Family income as % of federal poverty line
- Parent education level

After accounting for all other factors:

Child sex

Girls more likely to be on track than boys on all six domains

ACEs

The presence of any adverse childhood experience linked to *not* being on track across all domains

Income

Higher income linked to being on track in Physical Health

Parent education

Higher parental education linked to being on track Overall and in Motor

HRTL Data Dashboard & State Data

Percentage of children Healthy and Ready to Learn in the U.S., 2022-2024

63.7% of 3-year-olds in the United States were on track overall

SELECT A STATE

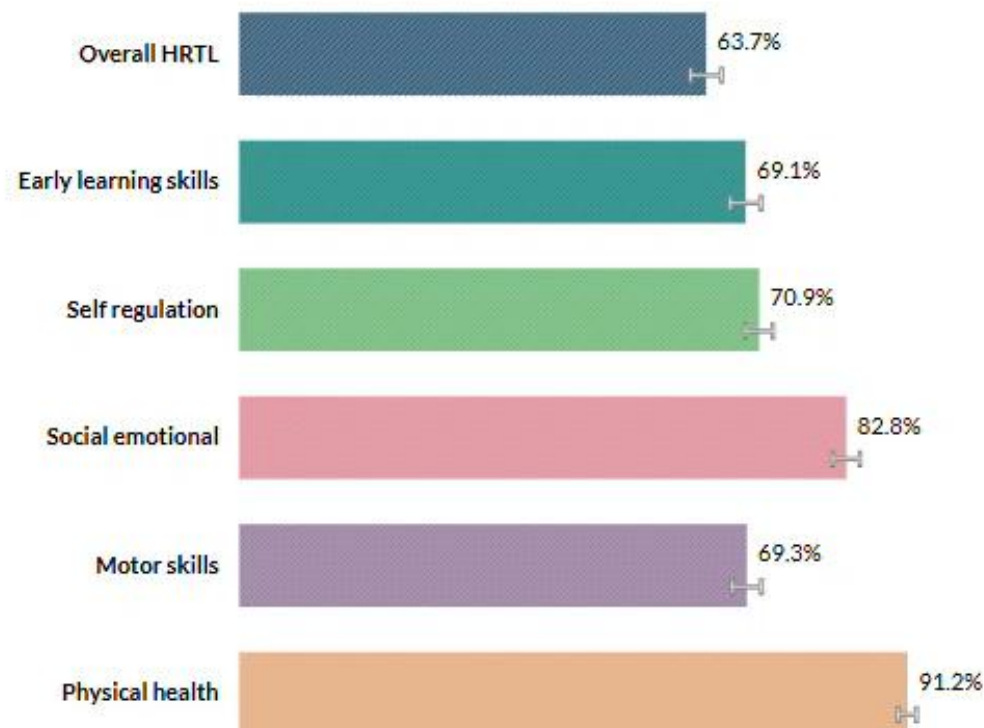
National

AGE GROUP

3-year-olds

SELECT A DOMAIN

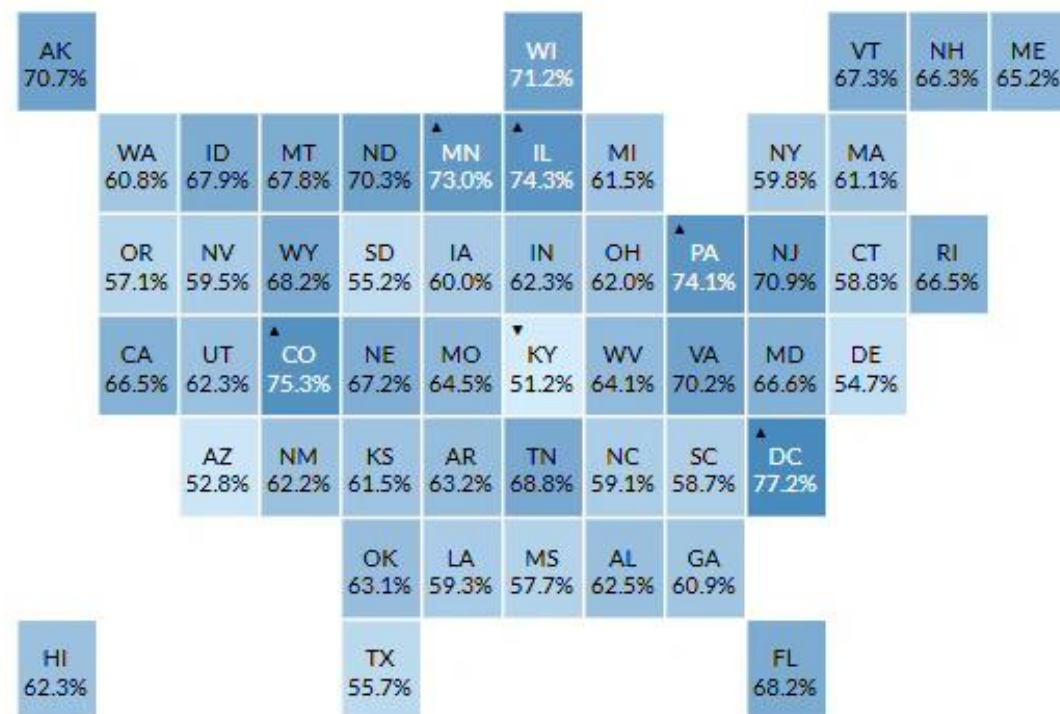
Overall HRTL



Key: Percentage of 3-year-olds who are On Track.



95% confidence interval

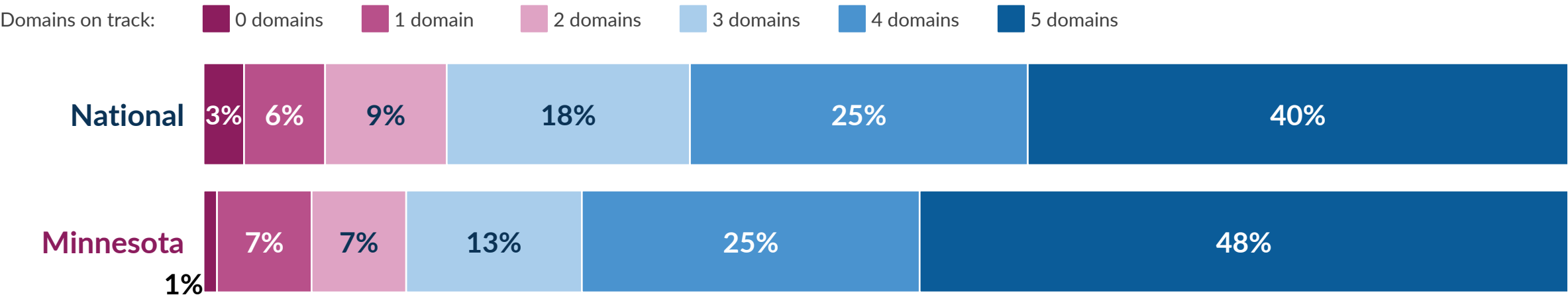


Indicates the state is statistically higher or lower than the national average

Looking beyond % On Track Overall

Minnesota 3-year-olds

Number of domains on track



Needs support in 2+ domains

6.3%

National

2.6%

Minnesota

What correlates with the % of children on track?

State indices and policies

Moderate-Strong	Child Opportunity Index: social & economic More state-average opportunity, more children on track
Moderate-Strong	Child Opportunity Index: overall More state-average opportunity, more children on track
Moderate-Strong	KIDS COUNT 2020: family & community ranking Better rank, more children on track
Moderate	KIDS COUNT 2020: overall well-being ranking Better rank, more children on track
Moderate	KIDS COUNT 2020: education ranking Better rank, more children on track
Moderate	State of Babies 2019: Strong Families tier Higher tier, more children on track

State demographics and well-being

Moderate-Strong	Children sung/told stories to daily Higher rate, more children on track
Moderate	Children read to daily Higher rate, more children on track
Moderate	Screened for developmental delays Higher rate, more children on track
Moderate	Access to Early Head Start Higher rate, more children on track
Moderate	Children ever breastfed Higher rate, more children on track
Moderate	Child poverty rate Higher rate, fewer children on track
Moderate	Teen birth rate Higher rate, fewer children on track
Moderate	Child maltreatment rate Higher rate, fewer children on track

This is just the beginning



Future possibilities:

- Trends over time – nationally, within state
 - How trends track with contextual changes, such as policies
- Subgroups
 - Children with special health care needs
 - Are gaps between social groups widening or closing? Where? What might explain changes?

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We want to hear from you!

Please reach out to our team at:
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Discussion

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