B.

Title V MCH Services Block Grant
National Performance Measures

No.	National Performance Measure
1	Percent of women with a past year preventive medical visit
2	Percent of cesarean deliveries among low-risk first births
3	Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)
4	A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months
5	Percent of infants placed to sleep on their backs
6	Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool
7	Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19
8	Percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day
9	Percent of adolescents, ages 12 through 17, who are bullied or who bully others
10	Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
11	Percent of children with and without special health care needs having a medical home
12	Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care
13	A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
14	A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes
15	Percent of children ages 0 through 17 who are adequately insured

PERFORMANCE MEASURE 1 Percent of women with a past year preventive medical visit

GOAL	To increase the number of women who have a preventive medical visit.
DEFINITION	**Numerator:** Number of women, ages 18 through 44, who had a preventive medical visit in the past year **Denominator:** Number of women, ages 18 through 44 **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	Related to Maternal, Infant, and Child Health (MICH) Developmental Objective 16.1: Increase the percentage of women delivering a live birth who discussed preconception health with a health care worker prior to pregnancy Related to Access to Health Services (AHS) Developmental Objective 7.0: Increase the proportion of persons who receive appropriate clinical preventive services
DATA SOURCES and DATA ISSUES	Behavioral Risk Factor Surveillance System (BRFSS)
MCH POPULATION DOMAIN	Women/Maternal Health
SIGNIFICANCE	A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies. For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight and smoking cessation, can be advanced within a well woman visit to promote women's health prior to and between pregnancies and improve subsequent maternal and perinatal outcomes. The annual well-woman visit has been endorsed by the American College of Obstetrics and Gynecologists (ACOG) and was also identified among the women's preventive services required by the Affordable Care Act (ACA) to be covered by private insurance plans without cost-sharing.

PERFORMANCE MEASURE 2 Percent of cesarean deliveries among low-risk first births

GOAL	To reduce the number of cesarean deliveries among low-risk first births.
DEFINITION	**Numerator:** Number of cesarean delivery among term (37+ weeks), singleton, vertex births to nulliparous women **Denominator:** Number of term (37+ weeks), singleton, vertex births to nulliparous women **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	Related to Maternal, Infant, and Child Health (MICH) Objective 7.1. Reduce cesarean births among low-risk women with no prior cesarean (Baseline: 26.5%, Target: 23.9%)
DATA SOURCES and DATA ISSUES	National Vital Statistics System (NVSS)
MCH POPULATION DOMAIN	Women/Maternal Health
SIGNIFICANCE	Cesarean delivery can be a life-saving procedure for certain medical indications. However, for most low-risk pregnancies, cesarean delivery poses avoidable maternal risks of morbidity and mortality, including hemorrhage, infection, and blood clots—risks that compound with subsequent cesarean deliveries. Much of the temporal increase in cesarean delivery (over 50% in the past decade), and wide variation across states, hospitals, and practitioners, can be attributed to first-birth cesareans. Moreover, cesarean delivery in low-risk first births may be most amenable to intervention through quality improvement efforts. This low-risk cesarean measure, also known as nulliparous term singleton vertex (NTSV) cesarean, is endorsed by the ACOG, The Joint Commission (PC-02), National Quality Forum (#0471), Center for Medicaid and Medicare Services (CMS) – CHIPRA Child Core Set of Maternity Measures, and the American Medical Association-Physician Consortium for Patient Improvement.

PERFORMANCE MEASURE 3 Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)

GOAL	To ensure that higher risk mothers and newborns deliver at appropriate level hospitals.
DEFINITION	**Numerator:** Number of VLBW infants born in a hospital with a level III or higher NICU **Denominator:** Number of VLBW infants (< 1500 grams) **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	Related to Maternal, Infant, and Child Health (MICH) Objective 33: Increase the proportion of VLBW infants born at level III hospitals or subspecialty perinatal centers (Baseline: 75%, Target: 83.7%)
DATA SOURCES and DATA ISSUES	Linked birth certificate and hospital data on NICU levels from American Academy of Pediatrics (AAP)
MCH POPULATION DOMAIN	Perinatal/Infant Health
SIGNIFICANCE	Very low birth weight infants (<1,500 grams or 3.25 pounds) are the most fragile newborns. Although they represented less than 2% of all births in 2010, VLBW infants accounted for 53% of all infant deaths, with a risk of death over 100 times higher than that of normal birth weight infants (≥2,500 grams or 5.5 pounds). VLBW infants are significantly more likely to survive and thrive when born in a facility with a level-III Neonatal Intensive Care Unit (NICU), a subspecialty facility equipped to handle high-risk neonates. In 2012, the AAP provided updated guidelines on the definitions of neonatal levels of care to include Level I (basic care), Level II (specialty care), and Levels III and IV (subspecialty intensive care) based on the availability of appropriate personnel, physical space, equipment, and organization. Given overwhelming evidence of improved outcomes, the AAP recommends that VLBW and/or very preterm infants (<32 weeks' gestation) be born in only level III or IV facilities. This measure is endorsed by the National Quality Forum (#0477).

PERFORMANCE MEASURE 4

A) Percent of infants who are ever breastfed and
B) Percent of infants breastfed exclusively through 6 months

GOAL

To increase the proportion of infants who are breastfed and who are breastfed at six months

DEFINITION

Numerator:
A) Number of infants who were ever breastfed
B) Number of infants breastfed exclusively through 6 months

Denominator:
A) Number of infants born in a calendar year
B) Number of infants born in a calendar year

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

Related to Maternal, Infant, and Child Health (MICH) Objective 21.1: Increase the proportion of children who are ever breastfed (Baseline: 74% in 2006, Target: 81.9%)

Related to Maternal, Infant, and Child Health (MICH) Objective 21.5: Increase the proportion of children who are breastfed exclusively at (Baseline: 14.1% in 2006, Target: 25.5%)

DATA SOURCES and DATA ISSUES

A) National Immunization Survey (NIS)
B) National Immunization Survey (NIS)

MCH POPULATION DOMAIN

Perinatal/Infant Health

SIGNIFICANCE

Advantages of breastfeeding are indisputable. The American Academy of Pediatrics recommends all infants (including premature and sick newborns) exclusively breastfeed for about six months as human milk supports optimal growth and development by providing all required nutrients during that time. Breastfeeding strengthens the immune system, improves normal immune response to certain vaccines, offers possible protection from allergies, and reduces probability of SIDS. Research demonstrates breastfed children may be less likely to develop juvenile diabetes; and may have a lower risk of developing childhood obesity, and asthma; and tend to have fewer dental cavities throughout life. The bond of a nursing mother and child is stronger than any other human contact. A woman's ability to meet her child's nutritional needs improves confidence and bonding with the baby and reduces feelings of anxiety and post natal depression. Increased release of oxytocin while breastfeeding, leads to a reduction in post-partum hemorrhage and quicker return to a normal sized uterus over time, mothers who breastfeed may be less likely to develop breast, uterine and ovarian cancer and have a reduced risk of developing

osteoporosis.

PERFORMANCE MEASURE 5 Percent of infants placed to sleep on their backs

GOAL	To increase the number of infants placed to sleep on their backs
DEFINITION	**Numerator:** Number of mothers reporting that they most often place their baby to sleep on their back only **Denominator:** Number of live births **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	Identical to Maternal, Infant, and Child Health (MICH) Objective 20: Increase the proportion of infants placed to sleep on their backs (Baseline: 69.0%, Target: 75.9%)
DATA SOURCES and DATA ISSUES	Pregnancy Risk Assessment Monitoring System (PRAMS)
MCH POPULATION DOMAIN	Perinatal/Infant Health
SIGNIFICANCE	Sleep-related infant deaths, also called Sudden Unexpected Infant Deaths (SUID), are the leading cause of infant death after the first month of life and the third leading cause of infant death overall. Sleep-related SUIDs include Sudden Infant Death Syndrome (SIDS), unknown cause, and accidental suffocation and strangulation in bed. Due to heightened risk of SIDS when infants are placed to sleep in side (lateral) or stomach (prone) sleep positions, the AAP has long recommended the back (supine) sleep position. However, in 2011, AAP expanded its recommendations to help reduce the risk of all sleep-related deaths through a safe sleep environment that includes use of the back-sleep position, on a separate firm sleep surface (room-sharing without bed sharing), and without loose bedding. Among others, additional higher-level recommendations include breastfeeding and avoiding smoke exposure during pregnancy and after birth. These expanded recommendations have formed the basis of the National Institute of Child Health and Development (NICHD) Safe to Sleep Campaign.

PERFORMANCE MEASURE 6 Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

GOAL	To increase the number of children who receive a developmental screening.
DEFINITION	**Numerator:** Number of children 10 months through 71 months (5 years) who had a health care visit in the past 12 months and whose parents completed a Standardized Developmental Screening tool in the past 12 months **Denominator:** Number of children ages 10 through 71 months who had a health care visit in the past 12 months **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	Related to Maternal, Infant, and Child Health (MICH) Objective 29-1: Increase the proportion of children (aged 10-35 months) who have been screened for an Autism Spectrum Disorder and other developmental delays. (Baseline: 22.6%, Target: 24.9%)
DATA SOURCES and DATA ISSUES	The National Survey of Children's Health (NSCH).
MCH POPULATION DOMAIN	Child Health
SIGNIFICANCE	Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percent of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics recommends screening tests begin at the nine month visit.

PERFORMANCE MEASURE 7 Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

GOAL	To decrease the number of hospital admissions for non-fatal injury among children ages 0 through 19.
DEFINITION	**Numerator:** Number of hospital admissions with a primary diagnosis of unintentional or intentional injury among children ages 0 through 19. (excludes in-hospital deaths) **Denominator:** Number of children and adolescents ages 0 through 19 **Units:** 100,000 **Text:** Rate
HEALTHY PEOPLE 2020 OBJECTIVE	Related to Injury and Violence Prevention (IVP) Objective 1.2: Reduce hospitalizations for nonfatal injuries. (Baseline: 617.6 per 100,000. Target: 555.8 per 100,000.)
DATA SOURCES and DATA ISSUES	State Inpatient Databases (SID); U.S. Census Bureau
MCH POPULATION DOMAIN	Child Health and/or Adolescent Health
SIGNIFICANCE	Injury is the leading cause of child mortality. For those who suffer non-fatal severe injuries, many will become children with special health care needs. Effective interventions to reduce injury exist but are not fully implemented in systems of care that serve children and their families. Reducing the burden of nonfatal injury can greatly improve the life course trajectory of infants, children, and adolescents resulting in improved quality of life and cost savings.

PERFORMANCE MEASURE 8 Percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day

GOAL	To increase the number of children and adolescents who are physically active.
DEFINITION	**Numerator:** Number of children, ages 6 through 11, and adolescents, ages 12 through 17, who are reported by their parents to be physically active at least 60 minutes per day in the past week (NSCH) and adolescents in grades 9 through 12 who report being physically active at least 60 minutes per day in the past week (YRBSS) **Denominator:** Number of children ages 6 through 11 and adolescents ages 12 through 17 (NSCH) and number of adolescents in grades 9 through 12 (YRBSS) **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	Related to Physical Activity (PA) Objective 4.1: Increase the proportion of the Nation's public and private elementary schools that require daily physical education for all students. (Baseline: 3.8%, Target: 4.2%) Related to Physical Activity (PA) Objective 3: Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity. (Baseline: 18.4%, Target: 20.2% for adolescents to meet current physical activity guidelines for aerobic physical activity)
DATA SOURCES and DATA ISSUES	National Survey of Children's Health (NSCH) and Youth Risk Behavior Surveillance System (YRBSS). The revised NSCH will capture physical activity of at least 60 minutes per day with baseline NSCH data reflecting at least 20 minutes per day.
MCH POPULATION DOMAIN	Child Health and/or Adolescent Health
SIGNIFICANCE	Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Physical activity in children and adolescents reduces the risk of early life risk factors for cardiovascular disease, hypertension, Type II diabetes, and osteoporosis. In addition to aerobic and muscle-strengthening activities, bone-strengthening activities are especially important for children and young adolescents because the majority of peak bone mass is obtained by the end of adolescence.

PERFORMANCE MEASURE 9 Percent of adolescents, ages 12 through 17, who are bullied or who bully others

GOAL	To reduce the number of adolescents who are bullied or who bully others.
DEFINITION	**Numerator:** Number of adolescents in grades 9 through 12 who report that they are bullied on school property or electronically in the past year (YRBSS) and adolescents ages 12 through 17 who are reported by a parent/guardian to bully others in the past month (NSCH) **Denominator:** Number of adolescents ages 12 through 17 (NSCH) and adolescents in grades 9 through 12 (YRBSS) **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	Related to Injury and Violence Prevention (IVP) Objective 35: Reduce bullying among adolescents. (Baseline: 19.9%, Target: 17.9%)
DATA SOURCES and DATA ISSUES	Youth Risk Behavior Surveillance System (YRBSS) and the revised National Survey of Children's Health (NSCH) will also capture bullying victimization
MCH POPULATION DOMAIN	Adolescent Health
SIGNIFICANCE	Bullying, particularly among school-age children, is a major public health problem. Current estimates suggest nearly 30% of American adolescents reported at least moderate bullying experiences as the bully, the victim, or both. Specifically, of a nationally representative sample of adolescents, 13% reported being a bully, 11% reported being a victim of bullying, and 6% reported being both a bully and a victim. Studies indicate bullying experiences are associated with a number of behavioral, emotional, and physical adjustment problems. Adolescents who bully others tend to exhibit other defiant and delinquent behaviors, have poor school performance, be more likely to drop-out of school, and are more likely to bring weapons to school. Victims of bullying tend to report feelings of depression, anxiety, low self-esteem, and isolation; poor school performance; suicidal ideation; and suicide attempts. Evidence further suggests that people who are the victims of bullying and who also perpetrate bullying (i.e., bully-victims) may exhibit the poorest functioning, in comparison with either victims or bullies. Emotional and behavioral problems experienced by victims, bullies, and bully-victims may continue into adulthood and produce long-term negative outcomes, including low self-esteem and self-worth, depression, antisocial behavior, vandalism, drug use and abuse, criminal behavior, gang membership, and suicidal ideation.

PERFORMANCE MEASURE 10	Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
GOAL	To increase the number of adolescents who have a preventive medical visit.
DEFINITION	**Numerator:** Number of adolescents, ages 12 through 17, with a preventive medical visit in the past year **Denominator:** Number of adolescents, ages 12 through 17 **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	Related to Adolescent Health (AH) Objective 1: Increase the proportion of adolescents who have had a wellness checkup in the past 12 months. (Baseline: 68.7%, Target: 75.6%)
DATA SOURCES and DATA ISSUES	The National Survey of Children's Health (NSCH) beginning in 2017. States can use data from the 2011-2012 NSCH as a baseline.
MCH POPULATION DOMAIN	Adolescent Health
SIGNIFICANCE	Adolescence is a period of major physical, psychological, and social development. As adolescents move from childhood to adulthood, they assume individual responsibility for health habits, and those who have chronic health problems take on a greater role in managing those conditions. Initiation of risky behaviors is a critical health issue during adolescence, as adolescents try on adult roles and behaviors. Risky behaviors often initiated in adolescence include unsafe sexual activity, unsafe driving, and use of substances, including tobacco, alcohol, and illegal drugs. Receiving health care services, including annual adolescent preventive well visits, helps adolescents adopt or maintain healthy habits and behaviors, avoid health-damaging behaviors, manage chronic conditions, and prevent disease. Receipt of services can help prepare adolescents to manage their health and health care as adults. The Bright Futures guidelines recommends that adolescents have an annual checkup starting at age 11. The visit should cover a comprehensive set of preventive services, such as a physical examination, discussion of health-related behaviors, and immunizations. It recommends that the annual checkup include discussion of several health-related topics, including healthy eating, physical activity, substance use, sexual behavior, violence, and motor vehicle safety.

PERFORMANCE MEASURE 11	Percent of children with and without special health care needs having a medical home
GOAL	To increase the number of children with and without special health care needs who have a medical home
DEFINITION	**Numerator:** Number of children with and without special health care needs, ages 0 through 17, who meet the criteria for having a medical home **Denominator:** Number of children and adolescents, ages 0 through 17 **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	Related to Maternal, Infant, and Child Health (MICH) Objectives 30.1: Increase the proportion of children who have access to a medical home, (Baseline: 57.5%, Target: 63.3%) and 30.2: Increase the proportion of children with special health care needs who have access to a medical home. (Baseline: 49.8%, Target: 54.8%) Related to Objective Maternal, Infant, and Child Health (MICH) Objective 31: Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems. (Baseline: 20.4% for children aged 0-11, Target: 22.4%; Baseline: 13.8% for children aged 12 through 17, Target 15.2%)
DATA SOURCES and DATA ISSUES	National Survey of Children's Health (NSCH)
MCH POPULATION DOMAIN	Children with Special Health Care Needs
SIGNIFICANCE	The American Academy of Pediatrics (AAP) specifies seven qualities essential to medical home care: accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective. Ideally, medical home care is delivered within the context of a trusting and collaborative relationship between the child's family and a competent health professional familiar with the child and family and the child's health history. Providing comprehensive care to children in a medical home is the standard of pediatric practice. Research indicates that children with a stable and continuous source of health care are more likely to receive appropriate preventive care and immunizations, are less likely to be hospitalized for preventable conditions, and are more likely to be diagnosed early for chronic or disabling conditions. The Maternal and Child Health Bureau uses the AAP definition of medical home.

PERFORMANCE MEASURE 12	**Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care**
GOAL	To increase the percent of adolescents with and without special health care needs who have received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.
DEFINITION	**Numerator:** Number of adolescents with and without special health care needs, ages 12 through 17, whose families report that they received the services necessary to transition to adult health care **Denominator:** Number of adolescents, ages 12 through 17 **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	Related to Disability and Health (DH) Objective 5: Increase the proportion of youth with special health care needs whose health care provider has discussed transition planning from pediatric to adult health care. (Baseline: 41.2%, Target: 45.3%)
DATA SOURCES and DATA ISSUES	The revised National Survey of Children's Health (NSCH) beginning in 2017. States can use data from the 2009-2010 NS-CSHCN as a baseline.
MCH POPULATION DOMAIN	Children with Special Health Care Needs
SIGNIFICANCE	The transition of youth to adulthood has become a priority issue nationwide as evidenced by the clinical report and algorithm developed jointly by the AAP, American Academy of Family Physicians and American College of Physicians to improve healthcare transitions for all youth and families. Over 90 percent of children with special health care needs now live to adulthood, but are less likely than their non-disabled peers to complete high school, attend college or to be employed. Health and health care are cited as two of the major barriers to making successful transitions.

PERFORMANCE MEASURE 13	**A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17, who had a preventive dental visit in the past year**
GOAL	A) To increase the number of pregnant women who have a dental visit during pregnancy and B) To increase the number of children, ages 1 through 17, who had a preventive dental visit in the past year.
DEFINITION	**Numerator:** A) Number of women who had a dental visit during pregnancy B) Number of infant or child, ages 1 through 17, who had a preventive dental visit in the past year **Denominator:** A) Number of live births B) Number of infants and children, ages 1 through 17 **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	Related to Oral Health (OH) Objective 7. Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year. (Baseline: 44.5%, Target: 49.0%) Related to Oral Health (OH) Objective 8. Increase the proportion of low-income children and adolescents who receive any preventive dental service during the past year. (Baseline: 30.2%, Target: 33.2%)
DATA SOURCES and DATA ISSUES	This is an integrated measure with two data sources: A) Pregnancy Risk Assessment Monitoring System (PRAMS); B) National Survey of Children's Health (NSCH) If a state has access to both PRAMS and the NSCH, the state needs to address both parts (A & B) of the measure. If a state does not have access to PRAMS, the state will need to address part B of the measure.
MCH POPULATION DOMAIN	Cross-cutting/Life course
SIGNIFICANCE	Oral health is a vital component of overall health. Access to oral health care, good oral hygiene, and adequate nutrition are essential component of oral health to help ensure that children, adolescents, and adults achieve and maintain oral health. People with limited access to preventive oral health services are at greater risk for oral diseases. Oral health care remains the greatest unmet health need for children. Insufficient access to oral health care and effective preventive services affects children's health, education, and ability to prosper. Early dental visits teach children that oral health is important. Children who receive oral health care early

in life are more likely to have a good attitude about oral health professionals and dental visits. Pregnant women who receive oral health care are more likely to take their children to get oral health care.

State Title V Maternal Child Health programs have long recognized the importance of improving the availability and quality of services to improve oral health for children and pregnant women. States monitor and guide service delivery to assure that all children have access to preventive oral health services. Strategies for promoting oral health include providing preventive interventions, such as dental sealants and use of fluoride, increasing the capacity of State oral health programs to provide preventive services, evaluating and improving methods of monitoring oral diseases and conditions, and increasing the number of community health centers with an oral health component.

PERFORMANCE MEASURE 14	A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes
GOAL	A) To decrease the number of women who smoke during pregnancy and B) To decrease the number of households where someone smokes.
DEFINITION	**Numerator:** A) Number of women who report smoking during pregnancy B) Number of children who live in households where there is household member who smokes **Denominator:** A) Number of live births B) Number of children, ages 0 through 17 **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	Related to Tobacco Use (TU) Objective 6: Increase smoking cessation during pregnancy (Target: 30.0%) and related to Tobacco Use (TU) Objective 11.1: Reduce the proportion of children aged 3 to 11 years exposed to secondhand smoke. (Baseline: 52.2% , Target 47%) Related to Respiratory Diseases (RD) Objective 7.5: Increase the proportion of persons with current asthma who have been advised by a health professional to change things in their home, school, and work environments to reduce exposure to irritants or allergens to which they are sensitive according to National Asthma Education and prevention Program guidelines. (Baseline: 50.8%, Target: 54.5%)
DATA SOURCES and DATA ISSUES	This is an integrated measure with the following data sources: A) National Vital Statistics System (NVSS) for smoking during pregnancy and B) National Survey of Children's Health (NSCH) If selected, the state needs to address both parts (A & B) of the measure.
MCH POPULATION DOMAIN	Cross-cutting/Life course
SIGNIFICANCE	Women who smoke during pregnancy are more likely to experience a fetal death or deliver a low birth weight baby. Further, secondhand smoke (SHS) is a mixture of mainstream smoke (exhaled by smoker) and the more toxic side stream smoke (from lit end of nicotine product) which is classified as a “known human carcinogen” by the US Environmental Protection Agency, the US National Toxicology Program, and the

International Agency for Research on Cancer. Adverse effects of parental smoking on children have been a clinical and public health concern for decades and were documented in the 1986 U.S. Surgeon General Report. The only way to fully protect non-smokers from indoor exposure to SHS is to prevent all smoking in the space; separating smokers from non-smokers, cleaning the air, and ventilating buildings do not eliminate exposure. Unfortunately, millions (more than 60%) of children are exposed to SHS in their homes. These children have an increased frequency of ear infections; acute respiratory illnesses and related hospital admissions during infancy; severe asthma and asthma-related problems; lower respiratory tract infections leading to 7,500 to 15,000 hospitalizations annually in children under 18 months; and sudden infant death syndrome (SIDS). Higher intensity medical services are also required by children of parents who smoke including an increased need for intensive care unit services when admitted for flu, longer hospital stays; and more frequent use of breathing tubes during admissions.

PERFORMANCE MEASURE 15	Percent of children ages 0 through 17 who are adequately insured
GOAL	To increase the number of children who are adequately insured
DEFINITION	**Numerator:** Number of children, ages 0 through 17, who were reported to be adequately insured, based on 3 criteria: whether their children's insurance covers needed services and providers, and reasonably covers costs. If a parent answered "always" or "usually" to all three dimensions of adequacy, then the child was considered to have adequate insurance coverage. (No out-of-pocket costs were considered to be "always" reasonable.) **Denominator:** Number of children, ages 0 through 17 **Units:** 100 **Text:** Percent
HEALTHY PEOPLE 2020 OBJECTIVE	Related to Access to Health Services (AHS) Objective 1: Increase the proportion of persons with health insurance Related to Access to Health Services (AHS) Objective 6: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines
DATA SOURCES and DATA ISSUES	National Survey of Children's Health (NSCH)
MCH POPULATION DOMAIN	Cross-cutting/Life course
SIGNIFICANCE	Almost one-quarter of American children with continuous insurance coverage are not adequately insured. Inadequately insured children are more likely to have delayed or forgone care, lack a medical home, be less likely to receive needed referrals and care coordination, and receive family-centered care. The American Academy of Pediatrics highlighted the importance of this issue with a policy statement. The major problems cited were cost-sharing requirements that are too high, benefit limitations, and inadequate coverage of needed services.