



# MCH 2020: Child Health

Provide and assure children access to quality MCH services (1 to 11 years)

## **PRIORITY 3: Developmentally appropriate care and services are provided across the lifespan.**

- 3.1 Infants, children and adolescents are in environments where there are safeguards against preventable injury and harm.
- 3.2 Children receive immunizations according to the recommended schedule.
- 3.3 Multi-sector (individual, health care/social service provider, community, organization) approaches are in place to reduce SIDS and Sudden Unexplained Infant Death (SUID) rates.
- 3.4 Oral health care and preventive services are integrated into programs and services for MCH populations in order to promote overall good health and desirable outcomes.
- 3.5 All children receive an age-appropriate developmental screening at least annually with a valid and reliable tool.

## **^PRIORITY 2: Services and supports promote healthy family functioning.**

- 2.2 Provide opportunities that promote and support informed, engaged, and empowered families as evidenced by increased referral and service delivery as collected in annual program data.

## **°PRIORITY 4: Families are empowered to make educated choices about nutrition and physical activity.**

- 4.1 Infants, children, and adolescents ages 0-17 years of age and older have access to healthy foods and increased knowledge of opportunities for physical activity in order to adhere to and achieve optimum lifelong health.

## **\*PRIORITY 5: Communities and providers support physical, social, and emotional health.**

- 5.1 All children and adolescents receive comprehensive preventive health care that addresses social and emotional aspects of health at annual child and adolescent well visits, promoted through a developed cross-system partnership (schools, community partners, health care providers).
- 5.2 Adults, children, and adolescents are aware of and have access to prevention and intervention programs that educate, empower, and equip them to practice protective factors to reduce the impact of bullying through MCH community and school trainings provided annually.

## **^PRIORITY 6: Professionals have the knowledge and skills to address the needs of maternal and child health populations.**

- 6.1 Build MCH capacity and support the development of a trained, qualified workforce serving Kansas children and families by providing professionals with up-to-date best practices and evidence-based services using a multi-faceted approach (referral network, mid-level training for home visitors, partnership support).
- 6.2 Deliver annual training and education to ensure that providers have the ability to promote diversity, inclusion, and integrate supports in the provision of services for the Special Health Care Needs population into adulthood.
- 6.3 Ensure availability of ongoing, up to date education and training opportunities that promote consistent messages and curriculums aimed at the social-emotional development of children for child care providers.

## **\*PRIORITY 7: Services are comprehensive and coordinated across systems and providers.**

- 7.1 Improve communication and outreach among service providers, individuals, and families to help with coordination of care.
- 7.2 Systems that support age and developmentally appropriate, universal behavioral health are integrated, increasing collaboration among systems of care.
- 7.3 Assist and empower individuals and families to navigate systems for optimal health outcomes throughout the life course.

## **^PRIORITY 8: Information is available to support informed health decisions and choices.**

- 8.2 Collaborate with local school districts to implement and provide youth-focused initiatives and curriculums that include progress measures so families are better equipped to advocate for all needed services, supports, and family/professional partnerships to achieve successful and healthy transitions.

\*Special Health Care Needs

°Perinatal/Infant

\*Adolescent

^Cross-cutting / Life course

**NATIONAL PERFORMANCE MEASURE(S):** NPM 6 - Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool; NPM 7 - Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9

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

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**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.

