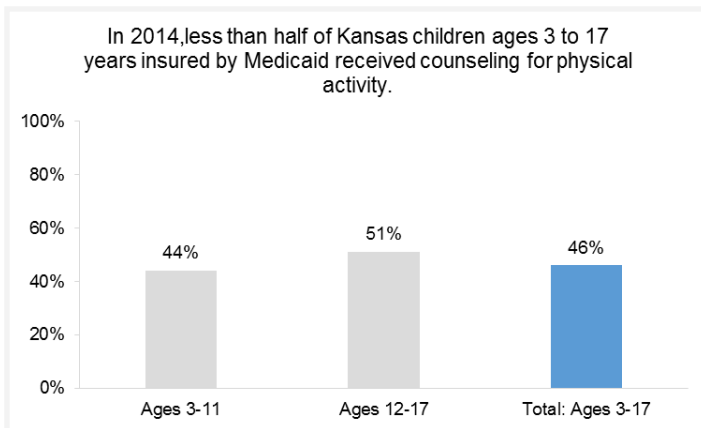


Physical Activity for Children and Adolescents: Kansas

Regular physical activity can improve the health and quality of life for Kansans of all ages, regardless of the presence of 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.

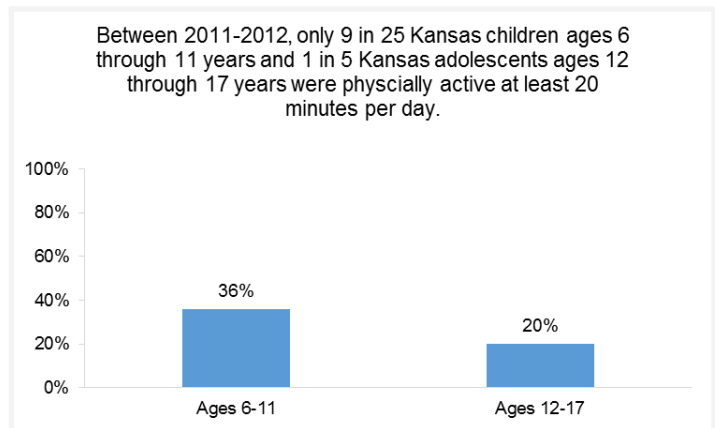


Medicaid Measure	Title V MCH Measure
Percentage of children ages 3 to 17 years who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) and had evidence of counseling for physical activity	Percent of children 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes/day



Source: KanCare Annual Report to CMS, 2015

Measure is part of the Child Core Set for the Centers for Medicare & Medicaid Services. Data represent a random sampling of medical records. The medical record needed to show documentation of counseling for physical activity or referral for physical activity.



Source: National Survey of Children's Health, 2011-2012

Currently, data represent the percent of children (ages 6-11 years) and adolescents (ages 12-17 years) whose parents reported are physically active at least 20 minutes a day. In the future, the data will reflect physical activity for at least 60 minutes a day.

Making a Difference

Kansas Medicaid has adopted the *Bright Futures/American Academy of Pediatrics Periodicity Schedule* as a standard for pediatric preventive services through Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) programs. The schedule recommends a comprehensive health history and health education for all children. Local Maternal & Child Health (MCH) Programs follow *Bright Futures* guidelines and schedules.

The Kansas Title V program is working towards increasing the percent of children and adolescents (K-12 students) participating in 60 minutes of daily activity. Supporting schools, health departments, and community centers in local initiatives that promote physical activity is a central focus.

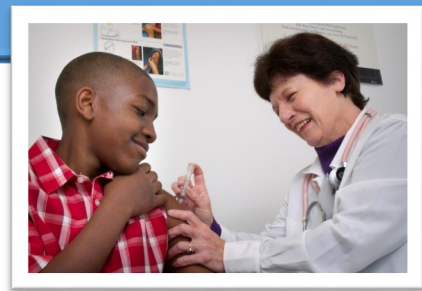


This fact sheet, created by the Kansas Department of Health and Environment Bureau of Epidemiology and Public Health Informatics and Bureau of Family Health demonstrates the alignment of the Title V Maternal & Child Health (MCH) and Medicaid measures. The Title V Block Grant was authorized in 1935 as part of the Social Security Act. Title V's mission is to improve the health and well-being of the nation's mothers, infants, children and youth, including children and youth with special health care needs and their families.

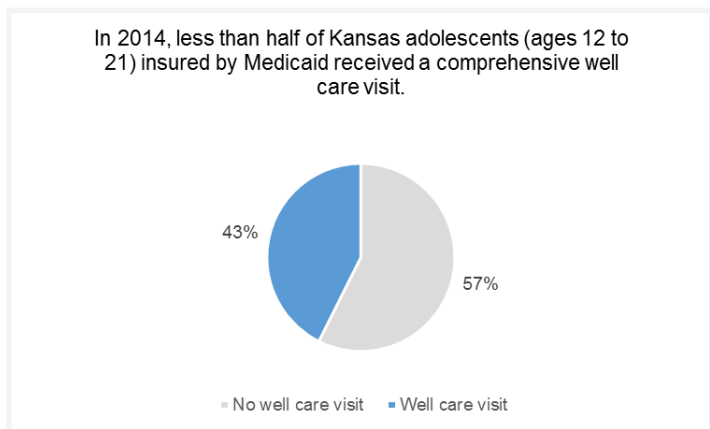


Adolescent Well Visit: Kansas

Adolescence is an important period of physical, psychological, and social development. As adolescents move from childhood to adulthood, they assume individual responsibility for their health habits. 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 diseases.

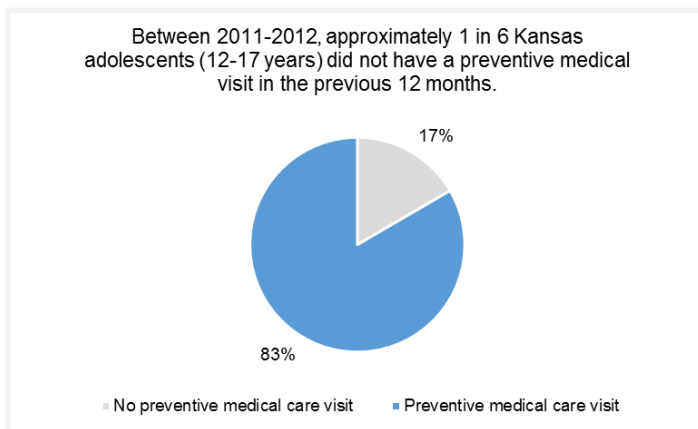


Medicaid Measure	Title V MCH Measure
The percentage of enrolled adolescents and young adults 12-21 years of age who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.	Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year



Source: KanCare Annual Report to CMS, 2015

Data represent administrative claims for a comprehensive well-care visit.



Source: National Survey of Children's Health, 2011-2012

Data are from a parent-completed survey.

Making a Difference

Kansas Medicaid has adopted the *Bright Futures/American Academy of Pediatrics Periodicity Schedule* as a standard of care for pediatric preventive services through Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) programs. The schedule recommends adolescents receive yearly physical examination, depression screening, and anticipatory guidance. Local Maternal & Child Health (MCH) Programs follow *Bright Futures* guidelines and schedules.

The Kansas Title V program is leading the development of a model for school-based health centers to increase access to preventive health services and comprehensive well-visits for adolescents. The model will provide guidance and information to stakeholder and partners to support local implementation.



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