



PRIORITY 8
CROSS-CUTTING/LIFE COURSE

Information is available to support informed health decisions and choices

- OBJECTIVE 8.1** Increase the proportion of MCH grantees that provide health information education to clients to improve health decision making among women, pregnant women, children, adolescents, and children and youth with special health care needs annually.
- OBJECTIVE 8.2** Partner with Health Literacy Kansas (HLK) to provide training to improve the knowledge of parents and teens as to the importance of making informed health decisions by 2020.
- OBJECTIVE 8.3** By 2020, create and disseminate a toolkit for preschool through school-aged providers with a curriculum and activities designed to teach children and adolescents about healthy habits and choices.
- OBJECTIVE 8.4** Increase youth-focused and youth-driven initiatives to support successful transition, self-determination, and advocacy by 2020.
- OBJECTIVE 8.5** Incorporate information regarding changes to the health care system into existing trainings and technical assistance by 2020.

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	<p>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</p> <p>Denominator: Number of children ages 10 through 71 months who had a health care visit in the past 12 months</p> <p>Units: 100 Text: Percent</p>
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.