

**CH 1 Performance Measure**  
**Edited for Clarity and Consistency**  
**Goal: Well-Child Visit**  
**Level: Grantee**  
**Domain: Child Health**

The percent of programs promoting and/ or facilitating well-child visits.

**GOAL**

To ensure supportive programming for well-child visits.

**MEASURE**

The percent of MCHB funded projects promoting and/ or facilitating well-child visits.

**DEFINITION**

**Tier 1:** Are you promoting and/ or facilitating well-child visits in your program?

- Yes
- No

**Tier 2:** Through what activities are you promoting and/ or facilitating well-child visits?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-reviewed publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ care coordination
- Direct Service
- Quality improvement initiatives

**Tier 3:** How many are reached through those activities?

*(Report in Table 1: Activity Data Collection Form)*

- # receiving TA
- # receiving training
- # products developed
- # peer-reviewed publications published
- # receiving information and education through outreach
- # receiving screening/ assessment
- # referred/care coordinated
- # received direct service
- # participating in quality improvement initiatives

**Tier 4:** What are the related outcomes in the reporting year?

% of children who received recommended well child visits.<sup>1</sup>

**Numerator:** Number of child program participants whose parent/ caregiver reports that they received the last recommended well child visit based on the AAP schedule well child visit as of the last assessment within the reporting period.

**Denominator:** Total number of child program participants in the reporting period.

**Definition:** A participant is considered to have received the last recommended a well child visit based on the AAP schedule when they have been seen by a healthcare provider for preventive care, generally to include age-appropriate developmental screenings and milestones, and immunizations, in the month recommended by AAP. The AAP recommends children be seen by a healthcare provider for preventive care at each of the following ages: by 1 month, 2 months, 4 months, 6 months, 9 months, 1 year, 15 months, 18 months, 24 months/ 2 years, 30 months, 3 years, and then annually thereafter.<sup>2</sup>

<sup>1</sup> Consistent with Healthy Start Benchmark 11: The percent of Healthy Start child participants who receive well child visits.

<sup>2</sup> [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)

% of children enrolled in Medicaid/ CHIP with at least one well care visit in the past year

**Numerator:** Medicaid/ CHIP-enrolled child program participants who received a well-child visit in the reporting year.

**Denominator:** Medicaid/ CHIP-enrolled child program participants in the reporting year

**BENCHMARK DATA SOURCES**

National Survey of Children's Health K4Q20

**GRANTEE DATA SOURCES**

Title V National Performance Measure #10,

**SIGNIFICANCE**

As childhood is a time of growth and development, it is important that children are seeing their pediatrician on a regular basis.

**CH 2 Performance Measure**  
**Edited for Consistency**  
**Goal: Quality of Well Child Visit**  
**Level: Grantee**  
**Domain: Child Health**

The percent of programs promoting and/ or facilitating quality of well-child visits.

**GOAL**

To ensure supportive programming for quality of well child visits.

**MEASURE**

The percent of MCHB funded projects promoting or facilitating quality of well child visits.

**DEFINITION**

**Tier 1:** Are you addressing the quality of well child visits in your program?

- Yes
- No

**Tier 2:** Through what activities are you addressing quality of well child visits?

- Technical Assistance
- Training
- Product Development
- Guideline Setting
- Research/ Peer-reviewed publications
- Outreach/ Information Dissemination/ Education
- Quality improvement initiatives

**Tier 3:** How many are reached through those activities?

- # receiving TA
- # receiving training
- # product disseminated
- # reached through guideline setting
- # peer-reviewed publications published
- # receiving information and education through outreach
- # participating in quality improvement initiatives

[See data collection form below.](#)

**Tier 4:** What are the related outcomes in the reporting year?

% providers trained in conducting a quality well-child visit

**Numerator:** # of providers trained

**Denominator:** # of providers targeted through the program

**BENCHMARK DATA SOURCES**

N/A

**GRANTEE DATA SOURCES**

Grantee self-reported.

**SIGNIFICANCE**

Children grow and develop very rapidly so it is important they see a pediatrician on a regular basis. Each visit should include a complete physical examination, record of height and weight, and information regarding hearing, vision, and annual screenings.

	<b>Providers/ Health Care Professionals</b>	<b>Community/ Local Partners</b>	<b>State or National Partners</b>
<b>Technical Assistance</b>			
<b>Training</b>			
<b>Product Development</b>			
<b>Research/ Peer-reviewed publications</b>			
<b>Guideline Setting</b>			
<b>Outreach/ Information Dissemination/ Education</b>			
<b>Quality improvement initiatives</b>			

<b>CH 3 Performance Measure</b>	Percent of programs promoting developmental screenings and follow-up for children.
<b>Goal: Developmental Screening</b>	
<b>Level: Grantee</b>	
<b>Domain: Child Health</b>	
<b>GOAL</b>	To ensure supportive programming for developmental screenings.
<b>MEASURE</b>	The percent of MCHB funded projects promoting and/ or facilitating developmental screening and follow-up for children.
<b>DEFINITION</b>	<p><b>Tier 1:</b> Are you promoting and/or facilitating developmental screening and follow-up in your program?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li></ul> <p><b>Tier 2:</b> Through what processes/ mechanisms are you promoting or facilitating developmental screening and follow-up?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Technical Assistance</li><li><input type="checkbox"/> Training</li><li><input type="checkbox"/> Product Development</li><li><input type="checkbox"/> Research/ Peer-reviewed publications</li><li><input type="checkbox"/> Outreach/ Information Dissemination/ Education</li><li><input type="checkbox"/> Tracking/ Surveillance</li><li><input type="checkbox"/> Screening/ Assessment</li><li><input type="checkbox"/> Referral/ care coordination</li><li><input type="checkbox"/> Direct Service</li><li><input type="checkbox"/> Quality improvement initiatives</li></ul> <p><b>Tier 3:</b> How many are reached through those activities? <i>(Report in Table 1: Activity Data Collection Form)</i></p> <ul style="list-style-type: none"><li># receiving TA</li><li># receiving training</li><li># products developed</li><li># peer-reviewed publications published</li><li># receiving information and education through outreach</li><li># receiving screening/ assessment</li><li># referred/care coordinated</li><li># received direct service</li><li># participating in quality improvement initiatives</li></ul> <p><b>Tier 4:</b> What are the related outcomes in the reporting year?</p> <p>% of children 9 through 71 months receiving a developmental screening using a parental-completed tool?</p> <p><b>Numerator:</b> Children of program participants aged 9 to 71 months who have received a developmental screening using a parent/ caretaker-completed tool</p> <p><b>Denominator:</b> Children, aged 9 to 71 months, of program participants</p>
<b>BENCHMARK DATA SOURCES</b>	National Survey of Children's Health Indicator 4.16: Developmental screening during health care visit, age 10 months-5 years (2011/2012)
<b>GRANTEE DATA SOURCES</b>	Title V National Performance Measure #6, Title V National Outcome Measure #12

**CH 3 Performance Measure**

Percent of programs promoting developmental screenings and follow-up for children.

**Goal: Developmental Screening**

**Level: Grantee**

**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 and an appropriate responsibility of all pediatric health care professionals. The early identification of developmental problems should lead to further developmental and medical evaluation, diagnosis, and treatment, including early developmental intervention. Children diagnosed with developmental disorders should be identified as children with special health care needs, and chronic-condition management should be initiated. Identification of a developmental disorder and its underlying etiology may also drive a range of treatment planning, from medical treatment of the child to family planning for his or her parents.

**CH 4 Performance Measure**

The percent of programs promoting and/ or facilitating injury prevention among children.

**Goal: Injury Prevention**

**Level: Grantee**

**Domain: Child Health**

**GOAL**

To ensure supportive programming for injury prevention among children.

**MEASURE**

The percent of MCHB funded projects addressing injury prevention and through what processes.

**DEFINITION**

**Tier 1:** Are you promoting and/ or facilitating injury prevention among children in your program?

- Yes
- No

**Tier 2:** Through what processes/ mechanisms are you addressing injury-prevention? *See data collection form.*

- Technical Assistance
- Training
- Research/ dissemination
- Peer-reviewed publications
- Outreach/ Information Dissemination/ Education
- Referral/ care coordination
- Quality improvement initiatives
- Use of fatality review data

Please check which child safety domains which program activities were designed to impact:

- Motor Vehicle Traffic
- Suicide/ Self-Harm
- Falls
- Bullying
- Child Maltreatment
- Unintentional Poisoning
- Prescription drug overdose
- Traumatic Brain Injury
- Drowning
- Other

**Tier 3:** How many are reached through those activities?

- # receiving TA
  - # receiving professional/organizational development training
  - # of peer-reviewed publications published
  - # receiving information and education through outreach
  - # referred/ managed
  - % using fatality review data
- See data collection form.*

**Tier 4:** What are the related outcomes in the reporting year?

Rate of injury-related hospitalization to children ages 1-9.

**Numerator:** Injury-related hospitalizations to children ages 1-9

**Denominator:** Children ages 1-9 in the target population

Target Population: \_\_\_\_\_

Percent of children ages 6-11 missing 5 or more days of school because of illness or injury.

**Numerator:** # of children ages 6-11 missing 5 or more days of school

**Denominator:** Total number of children ages 6-11 represented in National Survey of Children's Health results Dataset reporting from: \_\_\_\_\_

**CH 4 Performance Measure**

The percent of programs promoting and/ or facilitating injury prevention among children.

**Goal: Injury Prevention**

**Level: Grantee**

**Domain: Child Health**

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**BENCHMARK DATA SOURCES**

Related to Healthy People 2020 Injury and Violence Prevention objectives 1 through 39.

**GRANTEE DATA SOURCES**

Title V National Performance Measure #7 Child Injury, AHRQ Healthcare Cost and Utilization Project: National Inpatient Sample or State Inpatient Database; National Survey of Children's Health, Question G1 in the 6-11 year old survey

**SIGNIFICANCE**

Two dozen children die every day in the United States from an unintentional or intentional injury. In addition, millions of children survive their injury and have to live the rest of their lives with negative health effects. Although there has been much progress in the United States in reducing child injuries, more is needed.



**Data Collection Form for Detail Sheet # CH 4**

Please use the form below to report what services you provided in which safety domains, and how many received those services. Please use the space provided for notes to specify the recipients of each type of service.

	Motor Vehicle Traffic	Suicide/ Self-Harm	Falls	Bullying	Child Maltreatment	Unintentional Poisoning	Prescription drug overdose	Traumatic Brain Injury	Drowning	Other (Specify)
Technical Assistance										
Training										
Research/ dissemination										
Peer-reviewed publications										
Outreach/ Information Dissemination/ Education										
Referral/ care coordination										
Quality improvement initiatives										
Use of fatality review data										
Notes:										

