

CH 1 PERFORMANCE MEASURE	The percent of programs promoting and/ or facilitating well-child visits.
Goal: Well Child Visit	
Level: Grantee	
Domain: Child Health	
GOAL	To ensure supportive programming for well-child visits.
MEASURE	The percent of MCHB funded projects promoting and/ or facilitating well-child visits.
DEFINITION	<p>Tier 1: Are you promoting and/ or facilitating well-child visits in your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Through what activities are you promoting and/ or facilitating well-child visits?</p> <ul style="list-style-type: none"><input type="checkbox"/> Technical Assistance<input type="checkbox"/> Training<input type="checkbox"/> Product Development<input type="checkbox"/> Research/ Peer-reviewed publications<input type="checkbox"/> Outreach/ Information Dissemination/ Education<input type="checkbox"/> Tracking/ Surveillance<input type="checkbox"/> Screening/ Assessment<input type="checkbox"/> Referral/ care coordination<input type="checkbox"/> Direct Service<input type="checkbox"/> Quality improvement initiatives <p>Tier 3: How many are reached through those activities? <i>(Report in Table 1: Activity Data Collection Form)</i></p> <ul style="list-style-type: none"># 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 <p>Tier 4: What are the related outcomes in the reporting year? % of children who received recommended well child visits.¹</p> <p>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.</p> <p>Denominator: Total number of child program participants in the reporting period.</p> <p>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</p>

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

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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.²

% 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.

² https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

CH 2 PERFORMANCE MEASURE	The percent of programs promoting and/ or facilitating quality of well-child visits.
Goal: Quality of Well Child Visit	
Level: Grantee	
Domain: Child Health	
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	<p>Tier 1: Are you addressing the quality of well child visits in your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Through what activities are you addressing quality of well child visits?</p> <ul style="list-style-type: none"><input type="checkbox"/> Technical Assistance<input type="checkbox"/> Training<input type="checkbox"/> Product Development<input type="checkbox"/> Research/ Peer-reviewed publications<input type="checkbox"/> Outreach/ Information Dissemination/ Education<input type="checkbox"/> Quality improvement initiatives <p>Tier 3: How many are reached through those activities?</p> <ul style="list-style-type: none"># receiving TA# receiving training# product disseminated# reached while guideline setting# peer-reviewed publications published# receiving information and education through outreach# participating in quality improvement initiatives <p><i>See data collection form below.</i></p> <p>Tier 4: What are the related outcomes in the reporting year?</p> <ul style="list-style-type: none">% providers trained in conducting a quality well-child visit <p>Numerator: # of providers trained Denominator: # of providers targeted through the program</p>
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.

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

CH 3 PERFORMANCE MEASURE	Percent of programs promoting developmental screenings and follow-up for children.
Goal: Developmental Screening Level: Grantee Domain: Child Health	
GOAL	To ensure supportive programming for developmental screenings.
MEASURE	The percent of MCHB funded projects promoting and/ or facilitating developmental screening and follow-up for children.
DEFINITION	<p>Tier 1: Are you promoting and/or facilitating developmental screening and follow-up in your program?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No <p>Tier 2: Through what processes/ mechanisms are you promoting or facilitating developmental screening and follow-up?</p> <ul style="list-style-type: none"><input type="checkbox"/> Technical Assistance<input type="checkbox"/> Training<input type="checkbox"/> Product Development<input type="checkbox"/> Research/ Peer-reviewed publications<input type="checkbox"/> Outreach/ Information Dissemination/ Education<input type="checkbox"/> Tracking/ Surveillance<input type="checkbox"/> Screening/ Assessment<input type="checkbox"/> Referral/ care coordination<input type="checkbox"/> Direct Service<input type="checkbox"/> Quality improvement initiatives <p>Tier 3: How many are reached through those activities? <i>(Report in Table 1: Activity Data Collection Form)</i></p> <ul style="list-style-type: none"># 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 <p>Tier 4: What are the related outcomes in the reporting year?</p> <ul style="list-style-type: none">% of children 9 through 71 months receiving a developmental screening using a parental-completed tool? Numerator: Children of program participants aged 9 to 71 months who have received a developmental screening using a parent/ caretaker-completed tool Denominator: Children, aged 9 to 71 months, of program participants
BENCHMARK DATA SOURCES	National Survey of Children's Health Indicator 4.16: Developmental screening during health care visit, age 10 months-5 years (2011/2012)
GRANTEE DATA SOURCES	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	<p>Tier 1: Are you promoting and/ or facilitating injury prevention among children in your program?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Tier 2: Through what processes/ mechanisms are you addressing injury-prevention? <i>See data collection form.</i></p> <p><input type="checkbox"/> Technical Assistance</p> <p><input type="checkbox"/> Training</p> <p><input type="checkbox"/> Research/ dissemination</p> <p><input type="checkbox"/> Peer-reviewed publications</p> <p><input type="checkbox"/> Outreach/ Information Dissemination/ Education</p> <p><input type="checkbox"/> Referral/ care coordination</p> <p><input type="checkbox"/> Quality improvement initiatives</p> <p><input type="checkbox"/> Use of fatality review data</p> <p>Please check which child safety domains which program activities were designed to impact:</p> <p><input type="checkbox"/> Motor Vehicle Traffic</p> <p><input type="checkbox"/> Suicide/ Self-Harm</p> <p><input type="checkbox"/> Falls</p> <p><input type="checkbox"/> Bullying</p> <p><input type="checkbox"/> Child Maltreatment</p> <p><input type="checkbox"/> Unintentional Poisoning</p> <p><input type="checkbox"/> Prescription drug overdose</p> <p><input type="checkbox"/> Traumatic Brain Injury</p> <p><input type="checkbox"/> Drowning</p> <p><input type="checkbox"/> Other</p> <p>Tier 3: How many are reached through those activities?</p> <p># receiving TA</p> <p># receiving professional/organizational development training</p> <p># of peer-reviewed publications published</p> <p># receiving information and education through outreach</p> <p># referred/ managed</p> <p>% using fatality review data</p> <p><i>See data collection form.</i></p> <p>Tier 4: What are the related outcomes in the reporting year?</p> <p>Rate of injury-related hospitalization to children ages 1-9.</p> <p>Numerator: Injury-related hospitalizations to children ages 1-9</p> <p>Denominator: Children ages 1-9 in the target population</p> <p>Target Population: _____</p> <p>Percent of children ages 6-11 missing 5 or more days of school because of illness or injury.</p>

CH 4 PERFORMANCE MEASURE

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

Goal: Injury Prevention

Level: Grantee

Domain: Child Health

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: _____

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:										

