

<b>LC 1 PERFORMANCE MEASURE</b>	The percent of programs promoting and/ or facilitating adequate health insurance coverage.
<b>Goal: Adequate Health Insurance Coverage</b>	
<b>Level: Grantee</b>	
<b>Domain: Life Course/ Cross Cutting</b>	
<b>GOAL</b>	To ensure supportive programming for adequate health insurance coverage.
<b>MEASURE</b>	The percent of MCHB funded projects promoting and/ or facilitating adequate health insurance coverage.
<b>DEFINITION</b>	<p><b>Tier 1:</b> Are you promoting and/ or facilitating adequate health insurance coverage 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 activities are you promoting and/ or facilitating adequate health insurance coverage?</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 to insurance enrollment</li><li><input type="checkbox"/> Quality improvement initiatives</li></ul> <p><b>Tier 3:</b> How many are reached through those activities? <i>See data LC 1 Data Collection Form.</i></p> <p><b>Tier 4:</b> What are the related outcomes?</p> <p>% with health insurance<sup>1</sup></p> <p><b>Numerator:</b> Number of program participants with health insurance as of the last assessment during the reporting period.</p> <p><b>Denominator:</b> Number of program participants during the reporting period.</p> <p>Participants are identified as not insured if they report not having any of the following: private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), State-sponsored or other government-sponsored health plan, or military plan at the time of the interview. A participant is also defined as uninsured if he or she reported having only Indian Health Service coverage, or only a private plan that paid for one type of service such as family planning, accidents, or dental care. For more information regarding health insurance questions please refer to Section VII (page 35) of the <a href="#">2014 National Health Interview Survey (NHIS) Survey Description</a></p> <p>% with adequate health insurance in the reporting year</p> <p><b>Numerator:</b> Program participants who reported having adequate insurance coverage during the reporting period.</p> <p><b>Denominator:</b> Program participants during the reporting period.</p>

<sup>1</sup> Consistent with Healthy Start Benchmark 1: The percent of Healthy Start women and child participants with health insurance.

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<b>Level: Grantee</b>	
<b>Domain: Life Course/ Cross Cutting</b>	
<b>BENCHMARK DATA SOURCES</b>	Related to HP2030 AHS-01: Increase the proportion of people with health insurance (Baseline: 89.0% of persons under 65 years had medical insurance in 2018; Target: 92.1%)
<b>GRANTEE DATA SOURCES</b>	Grantee data systems
<b>SIGNIFICANCE</b>	Inadequately insured children are more likely to have delayed or forgone care, lack a medical home, be less likely to receive needed referrals and care coordination, and receive family-centered care. <sup>2</sup> Approximately 27% of American children were not adequately insured in 2018-2019. <sup>3</sup>

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<sup>2</sup> Kogan MD, Newacheck PW, Blumberg SJ, Ghandour RM, Singh GK, Strickland BB, van Dyck PC. Underinsurance among children in the United States. N Engl J Med. 2010 Aug 26;363(9):841-51. <http://www.nejm.org/doi/full/10.1056/NEJMsa0909994>

<sup>3</sup> Child and Adolescent Health Measurement Initiative. 2018-2019 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 11/09/2021 from <https://www.childhealthdata.org/browse/survey/results?q=7888&r=1>

**Data Collection form for #LC 1**

Please check all population domains that you engage in each activity listed in Tier 2 related to adequate health insurance coverage. For those activities or population domains that do not pertain to you, please leave them blank.

	<b>Pregnant/ Perinatal Women (Col 1)</b>	<b>Infants (Col 2)</b>	<b>Children (Col3)</b>	<b>CSHCN (Col 4)</b>	<b>Adolescents (Col 5)</b>	<b>Non-pregnant Adults (Col 5)</b>	<b>Providers/ Health Care Professionals (Col 6)</b>	<b>Community/ Local Partners (Col 7)</b>	<b>State or National Partners (Col 8)</b>	<b>Other Specify _____ (Col 9)</b>
<b>Technical Assistance</b>										
<b>Training</b>										
<b>Product Development</b>										
<b>Research/ Peer-reviewed publications</b>										
<b>Outreach/ Information Dissemination/ Education</b>										
<b>Tracking/ Surveillance</b>										
<b>Screening/ Assessment</b>										
<b>Referral</b>										
<b>Direct Service</b>										
<b>Quality improvement initiatives</b>										

<b>LC 2 PERFORMANCE MEASURE</b>	The percent of programs promoting and/ or facilitating tobacco and eCigarette cessation.
<b>Goal: Tobacco and eCigarette Use</b>	
<b>Level: Grantee</b>	
<b>Domain: Life Course/ Cross Cutting</b>	
<b>GOAL</b>	To ensure supportive programming promoting and/ or facilitating tobacco and eCigarette cessation.
<b>MEASURE</b>	The percent of MCHB funded projects promoting and/ or facilitating tobacco and eCigarette cessation, and through what processes.
<b>DEFINITION</b>	<p><b>Tier 1:</b> Are you addressing tobacco and eCigarette cessation 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 activities are you promoting and/ or facilitating tobacco and eCigarette cessation?</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>See data LC 2 Data Collection Form.</i></p> <p><b>Tier 4:</b> What are the related outcomes in the reporting year?</p> <p>% of prenatal program participants who abstain from smoking</p> <p><b>Numerator:</b> Number of prenatal program participants who do not smoke cigarettes as of their last contact in the reporting year.</p> <p><b>Denominator:</b> Number of prenatal program participants during the reporting year.</p> <p>% of prenatal program participants that abstain from smoking cigarettes in their third trimester.</p> <p><b>Numerator:</b> Number of prenatal program participants who abstained from using any tobacco products during the last 3 months (third trimester) of pregnancy.</p> <p><b>Denominator:</b> Total number of prenatal program participants who were enrolled at least 90 days before delivery.</p> <p>Smoking includes all tobacco products and e-cigarettes.</p>
<b>BENCHMARK DATA SOURCES</b>	Related to HP2030 MICH-10: Increase abstinence from cigarette smoking among pregnant women. (Baseline: 93.5% in 2018, Target: 95.7%). Related to HP2030 TU-15: Increase smoking cessation success during pregnancy among females. (Baseline: 20.2% in 2018, Target 24.4%)

**LC 2 PERFORMANCE MEASURE**

The percent of programs promoting and/ or facilitating tobacco and eCigarette cessation.

**Goal: Tobacco and eCigarette Use**

**Level: Grantee**

**Domain: Life Course/ Cross Cutting**

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**GRANTEE DATA SOURCES**

Grantee data systems

**SIGNIFICANCE**

Women who smoke during pregnancy are more likely to experience a fetal death or deliver a low birth weight baby. Adverse effects of parental smoking on children have been a clinical and public health concern for decades.<sup>1</sup> Children have an increased frequency of ear infections; acute respiratory illnesses and related hospital admissions during infancy; severe asthma and asthma-related problems; lower respiratory tract infections; and SIDS.

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<sup>1</sup> U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Printed with corrections, January 2014. [https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf\\_NBK179276.pdf](https://www.ncbi.nlm.nih.gov/books/NBK179276/pdf/Bookshelf_NBK179276.pdf)

**Data Collection form for #LC 2**

Please check all population domains that you engage in each activity listed in Tier 2 related to tobacco cessation. For those activities or population domains that do not pertain to you, please leave them blank.

	<b>Pregnant/ Perinatal Women (Col 1)</b>	<b>Infants (Col 2)</b>	<b>Children (Col3)</b>	<b>CSHCN (Col 4)</b>	<b>Adolescents (Col 5)</b>	<b>Non-pregnant Adults (Col 5)</b>	<b>Providers/ Health Care Professionals (Col 6)</b>	<b>Community/ Local Partners (Col 7)</b>	<b>State or National Partners (Col 8)</b>	<b>Other Specify _____ (Col 9)</b>
<b>Technical Assistance</b>										
<b>Training</b>										
<b>Product Development</b>										
<b>Research/ Peer-reviewed publications</b>										
<b>Outreach/ Information Dissemination/ Education</b>										
<b>Tracking/ Surveillance</b>										
<b>Screening/ Assessment</b>										
<b>Referral</b>										
<b>Direct Service</b>										
<b>Quality improvement initiatives</b>										

<b>LC 3 PERFORMANCE MEASURE</b>	The percent of programs promoting and/ or facilitating oral health.
<b>Goal: Oral Health</b> <b>Level: Grantee</b> <b>Domain: Life Course/ Cross Cutting</b>	
<b>GOAL</b>	To ensure supportive programming for oral health.
<b>MEASURE</b>	The percent of MCHB funded projects promoting and/ or facilitating oral health, and through what activities.
<b>DEFINITION</b>	<p><b>Tier 1:</b> Are you promoting and/ or facilitating oral health 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 activities are you promoting and/ or facilitating oral health?</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</li><li><input type="checkbox"/> Direct Service</li><li><input type="checkbox"/> Quality improvement initiatives</li></ul> <p><b>Tier 3:</b> How many from each population are reached through each of the activities? <i>See data LC 3 Data Collection Form.</i></p> <p><b>Tier 4:</b> What are the related outcomes in the reporting year?</p> <p>% of program participants receiving an oral health risk assessment</p> <p><b>Numerator:</b> Number of program participants who received an oral health risk assessment in the reporting year.</p> <p><b>Denominator:</b> All program participants.</p> <p>% of women in program population who had a dental visit during pregnancy</p> <p><b>Numerator:</b> Program participants who were pregnant during the reporting year who had a dental visit.</p> <p><b>Denominator:</b> Program participants who were pregnant during the reporting year.</p> <p>% of those aged 1 through 17 who had preventative oral health visit during the last year</p> <p><b>Numerator:</b> Infants and children involved with the program who received a preventative oral health visit in the reporting year.</p> <p><b>Denominator:</b> Infants and children involved with the program during the reporting year.</p>
<b>BENCHMARK DATA SOURCES</b>	Related to HP2030 OH-8: Increase the proportion of children, adolescents, and adults who use the oral health care system (Baseline: 43.3% in 2016; Target: 45.0%). Related to HP2030 OH-9: Increase the proportion of low income youth who have a preventive dental visit (Baseline: 78.8% of children aged 1

<b>LC 3 PERFORMANCE MEASURE</b>	The percent of programs promoting and/ or facilitating oral health.
<b>Goal: Oral Health</b>	
<b>Level: Grantee</b>	
<b>Domain: Life Course/ Cross Cutting</b>	
	through 17 years who reside in households with income less than 200 percent of the federal poverty level received a preventive dental service in 2016-17; Target: 82.7%).
<b>GRANTEE DATA SOURCES</b>	Title V National Performance Measure #13
<b>SIGNIFICANCE</b>	Oral health is a vital component of overall health and oral health care remains the greatest unmet health need for children. Insufficient access to oral health care and effective preventive services affects children’s health, education, and ability to prosper. To prevent tooth decay and oral infection, the American Academy of Pediatric Dentistry (AAPD) recommends preventive dental care for all children after the eruption of the first tooth or by 12 months of age, usually at intervals of every 6 months. <sup>1</sup> Preventive dental care in pregnancy is also recommended by the American College of Obstetricians and Gynecologists (ACOG) to improve lifelong oral hygiene habits and dietary behavior for women and their families. <sup>2</sup>

<sup>1</sup> American Academy of Pediatric Dentistry. Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Health Treatment for Infants, Children, and Adolescents. 2018. Reference Manual of Pediatric Dentistry. [https://www.aapd.org/globalassets/media/policies\\_guidelines/bp\\_periodicity.pdf](https://www.aapd.org/globalassets/media/policies_guidelines/bp_periodicity.pdf)

<sup>2</sup> National Maternal and Child Oral Health Resource Center. Oral Health During Pregnancy: A National Consensus Statement. (n.d.) [https://www.mchoralhealth.org/materials/consensus\\_statement.php](https://www.mchoralhealth.org/materials/consensus_statement.php)



**Data Collection Form for #LC 3**

Please use the form below to identify what services you provide to each population. For those that you provide the service to, please provide the number reached by the services provided (i.e. number of children receiving referrals), for those that you do not, please leave blank.

	<b>Pregnant/ Perinatal Women (Col 1)</b>	<b>Infants (Col 2)</b>	<b>Children (Col3)</b>	<b>CSHCN (Col 4)</b>	<b>Adolescents (Col 5)</b>	<b>Non-pregnant Adults (Col 5)</b>	<b>Providers/ Health Care Professionals (Col 6)</b>	<b>Community/ Local Partners (Col 7)</b>	<b>State or National Partners (Col 8)</b>	<b>Other Specify _____ (Col 9)</b>
<b>Technical Assistance</b>										
<b>Training</b>										
<b>Product Development</b>										
<b>Research/ Peer-reviewed publications</b>										
<b>Outreach/ Information Dissemination/ Education</b>										
<b>Tracking/ Surveillance</b>										
<b>Screening/ Assessment</b>										
<b>Referral</b>										
<b>Direct Service</b>										
<b>Quality improvement initiatives</b>										