

Outcome #4

CSHCN who are screened early and continuously for special health care needs in North Dakota

Effective promotion of health and health services for children with special health care needs (CSHCN) in North Dakota (N.D.) requires a system of care that is integrated, comprehensive, coordinated, family centered and consistent across the life course (or lifespan). Ideally, families of CSHCN can easily navigate such a system, leading to positive experiences seeking care and interacting with service providers. Advancing integrated care systems for CSHCN and their families is a national mandate under Public Law 101-239 as well as a priority reflected in the Healthy People goals set forth by the U.S. Department of Health and Human Services from 2000 to 2020. To determine progress toward an integrated system of care for all CSHCN, the Federal Maternal and Child Health Bureau established the following six core outcomes:

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|--------------------------------|--|
| 1. Partners in Decision-Making | 4. Early and Continuous Screening |
| 2. Medical Home | 5. Ease of Community-Based Service Use |
| 3. Adequate Health Insurance | 6. Transition to Adulthood |

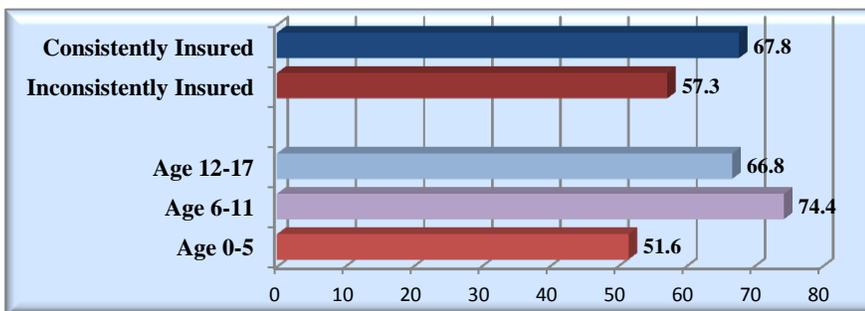
The National Survey of Children with Special Health Care Needs (NS-CSHCN) is designed to provide information on the CSHCN population and to assist in the measurement of these core outcomes. Since 2001, the NS-CSHCN has been conducted every four years. The NS-CSHCN measures each core outcome with low-threshold criteria. Outcome #4 assesses early and continuous screening for CSHCN. Early and continuous screening is the precursor to early identification, diagnosis and treatment of special health care needs, which leads to more efficient and comprehensive care. In N.D., only 66.8% of CSHCN receive early and continuous screening compared to 78.6 % nationally, with states ranging from 64.9% - 89.1%, as measured in the 2009/10 NS-CSHCN.

Measurement

For CSHCN to meet Outcome# 4 in N.D., they must have had preventive medical and dental care in the prior 12 months (visits where screening may have occurred). It is based on the following two questions:

- [During the past 12 months / Since [his/her] birth], how many times did [child] receive a well-child check-up, that is a general check-up, when [he/she] was not sick or injured? **(79.6%)**
- [During the past 12 months / Since [his/her] birth], how many times did [child] see a dentist for preventive dental care, such as check-ups and dental cleanings? (age 1-17 years, **(83.2%)**)

Prevalence of Outcome #4 by Age and Consistency of Insurance in N.D. (Percentage)



- In N.D., CSHCN age birth through 5 years are least likely to receive at least one preventive medical visit and one preventive dental visit in the past 12 months, which is due to the low rates of preventive dental visits among CSHCN age 1 through 5 years.
- In N.D., CSHCN with one or more periods of uninsurance in the past year are significantly less likely to meet Outcome #4

63.3%	61.3%	65.3%	66.8%	70.7%
Publicly insured CSHCN	CSHCN with more complex needs	CSHCN with one or more EBD* issues	All CSHCN	Privately insured CSHCN

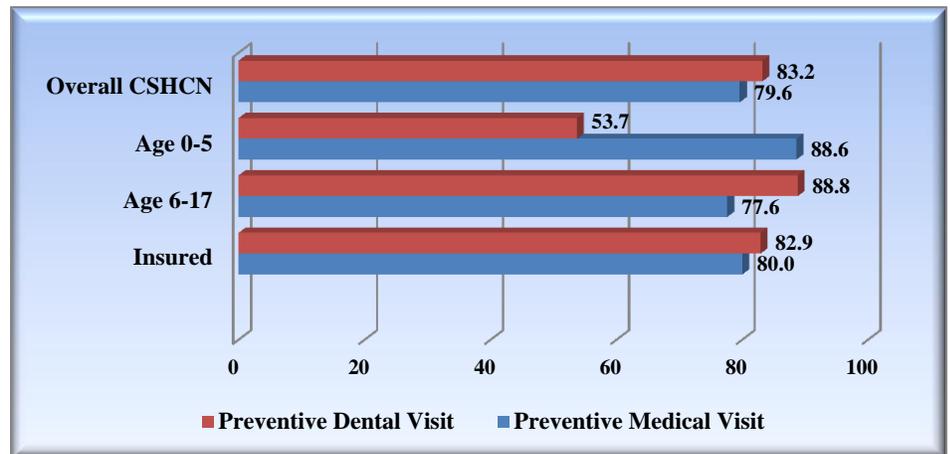
*Emotional, behavioral or developmental (EBD) issues

improve health outcomes
early identification
avoid missed opportunities
timely treatment
identify stressors
minimize negative impact
support
early determinants of lifelong health
maximize assets
minimize negative impact
decrease risk
OUTCOME 4: EARLY AND CONTINUOUS SCREENING
proper care
address concerns
protect future

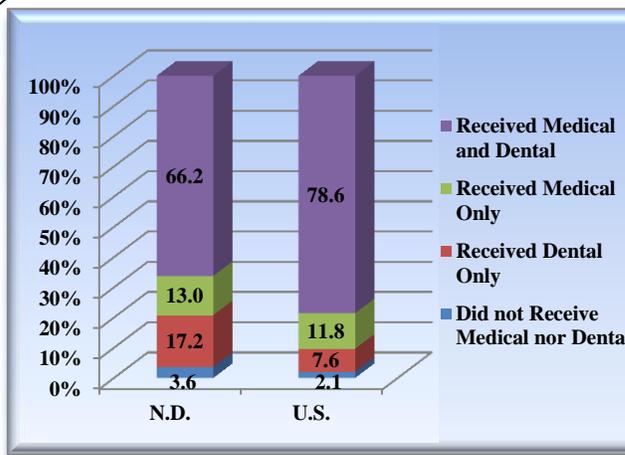
Using timing as an advantage.

Special health care needs arise during different stages of development, from infancy through adolescence. Early and continuous screening allows emerging needs to be identified as early as possible, which is critical to addressing them appropriately and minimizing long term consequences. These ongoing assessments ensure that children receive proper care and support for their existing needs and help prevent secondary conditions. Ongoing assessments also allow each family's strengths to be identified and best utilized. However, many children do not receive this necessary screening. Less than half of CSHCN living below the federal poverty level meet Outcome 4 and CSHCN with public insurance are much less likely to than those with private insurance.

Breakdown of Outcome #4: Preventive Medical and Preventive Dental Visits in past 12 months, by Age and Insurance Status in N.D.



- The prevalence of the preventive dental visit component of Outcome #4 is lower among young CSHCN (age 1 through 5) receiving dental care.
- Approximately 20 percent of uninsured will not receive both preventive medical and dental care.



In N.D., only 3.6% of CSHCN did not receive preventive medical or preventive dental care, with states ranging from 0.4% - 4.4%.

Trending Across Survey Years: Measurement changed significantly for 2009/10 NS-CSHCN, and therefore cannot be compared to 2001 and 2005/06 NS-CSHCN prevalence rates.

Taking it a Step Further:

The following are questions relating to Outcome #4 that cannot be answered by this national survey data but are important to consider when evaluating how early and continuous screening can best work to improve the health and well-being of CSHCN:

1. Was the child screened for factors related to physical, mental/emotional, and environmental health?
2. Are families included in the screening process and are their concerns addressed during preventive visits?
3. When needs are identified, are proper steps taken for diagnosis, treatment and follow-up?