

## Healthy People 2010 Operational Definition

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### **16-22. Increase the proportion of children with special health care needs who have access to a medical home.**

<b>National Data Source</b>	National Survey of Children with Special Health Care Needs (NS-CSHCN), HRSA, MCHB and CDC, NCHS.
<b>State Data Source</b>	National Survey of Children with Special Health Care Needs (NS-CSHCN), HRSA, MCHB and CDC, NCHS.
<b>Healthy People 2000 Objective</b>	Not applicable.
<b>Changes since the 2000 Publication</b>	None.
<b>Measure</b>	Percent.
<b>Baseline (Year)</b>	47 (2005-06)
<b>Target</b>	100
<b>Target-Setting Method</b>	Total coverage.  For a discussion of target-setting methods, see Part A, section 4.
<b>Numerator</b>	Number of children under 18 years of age with special health care needs receiving care in medical homes.
<b>Denominator</b>	Number of children under 18 years of age with special health care needs.
<b>Population Targeted</b>	U.S. civilian noninstitutionalized population with telephones.
<b>Questions Used to Obtain the National Baseline Data</b>	See Comments.
<b>Expected Periodicity</b>	Periodic.
<b>Comments</b>	Historically, services for children with special health care needs have been difficult for families to access and for providers to coordinate. Families must navigate a variety of organizations and providers

and often face geographic and financial barriers to care. Primary care providers in the community are not always comfortable providing care to children with complex needs, nor do they have time to coordinate the variety of resources families need. A lack of knowledge—of comprehensive needs and corresponding community-based resources and of payment mechanisms—presents a challenge for both families and providers. Poor communication between families and providers and cross-cultural misunderstandings are additional concerns for both families and providers.

Care for children with special health care needs should be provided and coordinated through a “medical home” that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally competent and linguistically appropriate. Physicians and parents share responsibility for ensuring that children and their families have access to all the medical and non-medical services needed to help them achieve their maximum potential. The attributes of such a medical home are defined and measured using the criteria below for children with special health care needs:

1. Child has a usual source of care for sick care and routine preventive care, and
2. Child has a personal doctor or nurse.
3. Child receives all needed health and related services, including: preventive care, specialty care, dental care, medications, physical, occupational or speech therapies, mental health services, substance abuse treatment, home health care, vision care , hearing care, mobility aids, communication aids, medical supplies, medical equipment.
4. Family receives all needed support services, including: care coordination, respite care, genetic counseling, family mental health services.
5. When needed, child's doctors and other health care providers do an excellent or very good job of communicating with child's early intervention

program, school, child care providers, or vocational rehabilitation program.

6. Child's doctors and other health care providers usually or always spend enough time with the child, listen carefully, are sensitive to family's values and customs, provide needed information about child's care, and make family feel like a partner in child's care.

The National Survey of Children with Special Health Care Needs assesses the prevalence and impact of special health care needs among children in all 50 States and the District of Columbia. This survey explored the extent to which children with special health care needs have medical homes, adequate health insurance, and access to needed services between October 2000 and April 2002. Other topics include care coordination and satisfaction with care.

This objective moved from developmental to measurable status in May 2004 as a result of availability of data from the National Survey of Children with Special Health Care Needs.

The original baseline (53%) was revised as a result of changes in methodology. The target remained the same

See Appendix A for focus area contact information.