

Healthy People 2020 Summary of Objectives

Maternal, Infant, and Child Health

Number Objective Short Title

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Topic Area: Maternal, Infant, and Child Health

Morbidity and Mortality

MICH–1: Reduce the rate of fetal and infant deaths.

MICH–1.1 Fetal deaths at 20 or more weeks of gestation.

Target: 5.6 fetal deaths per 1,000 live births and fetal deaths.

Baseline: 6.2 fetal deaths at 20 or more weeks of gestation per 1,000 live births and fetal deaths occurred in 2005.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–1.2 Fetal and infant deaths during perinatal period (28 weeks of gestation to 7 days after birth).

Target: 5.9 perinatal deaths per 1,000 live births and fetal deaths.

Baseline: 6.6 fetal and infant deaths per 1,000 live births and fetal deaths occurred during the perinatal period (28 weeks of gestation to 7 days after birth) in 2005.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–1.3 All infant deaths (within 1 year).

Target: 6.0 infant deaths per 1,000 live births.

Baseline: 6.7 infant deaths per 1,000 live births occurred within the first year of life in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–1.4 Neonatal deaths (within the first 28 days of life).

Target: 4.1 neonatal deaths per 1,000 live births.

Baseline: 4.5 neonatal deaths per 1,000 live births occurred within the first 28 days of life in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–1.5 Postneonatal deaths (between 28 days and 1 year).

Target: 2.0 postneonatal deaths per 1,000 live births.

Baseline: 2.2 postneonatal deaths per 1,000 live births occurred between 28 days and 1 year of life in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–1.6 Infant deaths related to birth defects (all birth defects).

Target: 1.3 infant deaths per 1,000 live births.

Baseline: 1.4 Infant deaths per 1,000 live births were attributed to birth defects (all birth defects) in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–1.7 Infant deaths related to birth defects (congenital heart defects).

Target: 0.34 infant deaths per 1,000 live births.

Baseline: 0.38 infant deaths per 1,000 live births were attributed to congenital heart and vascular defects in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–1.8 Infant deaths from sudden infant death syndrome (SIDS).

Target: 0.50 infant deaths per 1,000 live births.

Baseline: 0.55 infant deaths per 1,000 live births were attributed to sudden infant death syndrome in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–1.9 Infant deaths from sudden unexpected infant deaths (includes SIDS, Unknown Cause, Accidental Suffocation, and Strangulation in Bed).

Target: 0.84 infant deaths per 1,000 live births.

Baseline: 0.93 infant deaths per 1,000 live births were attributed to sudden unexpected/unexplained causes in 2006.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–2: Reduce the 1-year mortality rate for infants with Down syndrome.

Target: 43.7 deaths within the first year of life per 1,000 infants with Down syndrome.

Baseline: 48.6 deaths within the first year of life per 1,000 infants diagnosed with Down syndrome occurred in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Birth Defects Prevention Network (NBDPN), CDC, NCBDDD.

MICH–3: Reduce the rate of child deaths.

MICH–3.1 Children aged 1 to 4 years.

Target: 25.7 deaths per 100,000 population.

Baseline: 28.6 deaths among children aged 1 to 4 years per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–3.2 Children aged 5 to 9 years.

Target: 12.3 deaths per 100,000 population.

Baseline: 13.7 deaths among children aged 5 to 9 years per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–4: Reduce the rate of adolescent and young adult deaths.

MICH–4.1 Adolescents aged 10 to 14 years.

Target: 15.2 deaths per 100,000 population.

Baseline: 16.9 deaths among adolescents aged 10 to 14 years per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH-4.2 Adolescents aged 15 to 19 years.

Target: 55.7 deaths per 100,000 population.

Baseline: 61.9 deaths among adolescents aged 15 to 19 years per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH-4.3 Young adults aged 20 to 24 years.

Target: 88.5 deaths per 100,000 population.

Baseline: 98.3 deaths among young adults aged 20 to 24 years per 100,000 population occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH-5: Reduce the rate of maternal mortality.

Target: 11.4 maternal deaths per 100,000 live births.

Baseline: 12.7 maternal deaths per 100,000 live births occurred in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH-6: Reduce maternal illness and complications due to pregnancy (complications during hospitalized labor and delivery).

Target: 28.0 percent.

Baseline: 31.1 percent of pregnant females suffered complications during hospitalized labor and delivery in 2007.

Target setting method: 10 percent improvement.

Data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

MICH-7: Reduce cesarean births among low-risk (full-term, singleton, vertex presentation) women.

MICH-7.1 Women giving birth for the first time.

Target: 23.9 percent.

Baseline: 26.5 percent of low-risk females giving birth for the first time had a cesarean birth in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH-7.2 Prior cesarean birth.

Target: 81.7 percent.

Baseline: 90.8 percent of low-risk females giving birth with a prior cesarean birth had a cesarean birth in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH-8: Reduce low birth weight (LBW) and very low birth weight (VLBW).

MICH-8.1 Low birth weight (LBW).

Target: 7.8 percent.

Baseline: 8.2 percent of live births were low birth weight in 2007.

Target setting method: 5 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH-8.2 Very low birth weight (VLBW).

Target: 1.4 percent.

Baseline: 1.5 percent of live births were very low birth weight in 2007.

Target setting method: 5 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH-9: Reduce preterm births.

MICH-9.1 Total preterm births.

Target: 11.4 percent.

Baseline: 12.7 percent of live births were preterm in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH-9.2 Late preterm or live births at 34 to 36 weeks of gestation.

Target: 8.1 percent.

Baseline: 9.0 percent of live births were late preterm or occurred at 34 to 36 weeks of gestation in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH-9.3 Live births at 32 to 33 weeks of gestation.

Target: 1.4 percent.

Baseline: 1.6 percent of live births occurred at 32 to 33 weeks of gestation in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH-9.4 Very preterm or live births at less than 32 weeks of gestation.

Target: 1.8 percent.

Baseline: 2.0 percent of live births occurred at less than 32 weeks of gestation in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

Pregnancy Health and Behaviors

MICH–10: Increase the proportion of pregnant women who receive early and adequate prenatal care.

MICH–10.1 Prenatal care beginning in first trimester.

Target: 77.9 percent.

Baseline: 70.8 percent of females delivering a live birth received prenatal care beginning in the first trimester in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–10.2 Early and adequate prenatal care.

Target: 77.6 percent.

Baseline: 70.5 percent of pregnant females received early and adequate prenatal care in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–11: Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women.

MICH–11.1 Alcohol.

Target: 98.3 percent.

Baseline: 89.4 percent of pregnant females aged 15 to 44 years reported abstaining from alcohol in the past 30 days in 2007–08.

Target setting method: 10 percent improvement.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MICH–11.2 Binge drinking.

Target: 100 percent.

Baseline: 95.0 percent of pregnant females aged 15 to 44 years reported abstaining from binge drinking during the past 30 days in 2007–08.

Target setting method: Total coverage.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MICH–11.3 Cigarette smoking.

Target: 98.6 percent.

Baseline: 89.6 percent of females delivering a live birth reported abstaining from smoking cigarettes during pregnancy in 2007.

Target setting method: 10 percent improvement.

Data source: National Vital Statistics System (NVSS), CDC, NCHS.

MICH–11.4 Illicit drugs.

Target: 100 percent.

Baseline: 94.9 percent of pregnant females aged 15 to 44 years reported abstaining from illicit drugs in the past 30 days in 2007–08.

Target setting method: Total coverage.

Data source: National Survey on Drug Use and Health (NSDUH), SAMHSA.

MICH–12: (Developmental) Increase the proportion of pregnant women who attend a series of prepared childbirth classes.

Potential data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California’s Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–13: (Developmental) Increase the proportion of mothers who achieve a recommended weight gain during their pregnancies.

Potential data source: National Vital Statistics System (NVSS), CDC, NCHS.

Preconception Health and Behaviors

MICH–14: Increase the proportion of women of childbearing potential with intake of at least 400 µg of folic acid from fortified foods or dietary supplements.

Target: 26.2 percent.

Baseline: 23.8 percent of non-pregnant females aged 15 to 44 years reported a usual daily total intake of at least 400 µg of folic acid from fortified foods or dietary supplements in 2003–06.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

MICH-15: Reduce the proportion of women of childbearing potential who have low red blood cell folate concentrations.

Target: 22.1 percent.

Baseline: 24.5 percent of non-pregnant females aged 15 to 44 years had low red blood cell folate concentrations in 2003–06.

Target setting method: 10 percent improvement.

Data source: National Health and Nutrition Examination Survey (NHANES) CDC, NCHS.

MICH-16: Increase the proportion of women delivering a live birth who received preconception care services and practiced key recommended preconception health behaviors.

MICH-16.1 (Developmental) Discussed preconception health with a health care worker prior to pregnancy.

Potential data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH-16.2 Took multivitamins/folic acid prior to pregnancy.

Target: 33.1 percent.

Baseline: 30.1 percent of females delivering a recent live birth took multivitamins/folic acid every day in the month prior to pregnancy as reported in 2007.

Target setting method: 10 percent improvement.

Data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH-16.3 Did not smoke prior to pregnancy.

Target: 85.4 percent.

Baseline: 77.6 percent of females delivering a recent live birth did not smoke in the 3 months prior to pregnancy as reported in 2007.

Target setting method: 10 percent improvement.

Data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–16.4 Did not drink alcohol prior to pregnancy.

Target: 56.4 percent.

Baseline: 51.3 percent of females delivering a recent live birth did not drink alcohol in the 3 months prior to pregnancy as reported in 2007.

Target setting method: 10 percent improvement.

Data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–16.5 Had a healthy weight prior to pregnancy.

Target: 53.4 percent.

Baseline: 48.5 percent of females delivering a recent live birth had a normal weight (i.e., a BMI of 18.5-24.9) prior to pregnancy as reported in 2007.

Target setting method: 10 percent improvement.

Data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–16.6 (Developmental) Used contraception to plan pregnancy.

Potential data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH–17: Reduce the proportion of persons aged 18 to 44 years who have impaired fecundity (i.e., a physical barrier preventing pregnancy or carrying a pregnancy to term).

MICH–17.1 Reduce the proportion of women aged 18 to 44 years who have impaired fecundity.

Target: 10.8 percent.

Baseline: 12.0 percent of females aged 18 to 44 years had impaired fecundity in 2006-08.

Target setting method: 10 percent improvement.

Data source: National Survey of Family Growth (NSFG), CDC, NCHS.

MICH–17.2 (Developmental) Reduce the proportion of men aged 18 to 44 years who have impaired fecundity.

Potential data source: National Survey of Family Growth (NSFG), CDC, NCHS.

Postpartum Health and Behavior

MICH-18: (Developmental) Reduce postpartum relapse of smoking among women who quit smoking during pregnancy.

Potential data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH-19: (Developmental) Increase the proportion of women giving birth who attend a postpartum care visit with a health worker.

Potential data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

Infant Care

MICH-20: Increase the proportion of infants who are put to sleep on their backs.

Target: 75.9 percent.

Baseline: 69.0 percent of infants were put to sleep on their backs in 2007.

Target setting method: 10 percent improvement.

Data sources: Pregnancy Risk Assessment Monitoring System (PRAMS), CDC, NCCDPHP; California's Maternal and Infant Health Assessment (MIHA), Maternal, Child and Adolescent Health Department, California State Health Department.

MICH-21: Increase the proportion of infants who are breastfed.

MICH-21.1 Ever.

Target: 81.9 percent.

Baseline: 74.0 percent of infants born in 2006 were ever breastfed as reported in 2007-09.

Target setting method: Modeling/projection.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

MICH-21.2 At 6 months.

Target: 60.6 percent.

Baseline: 43.5 percent of infants born in 2006 were breastfed at 6 months as reported in 2007-09.

Target setting method: Modeling/projection.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

MICH–21.3 At 1 year.

Target: 34.1 percent.

Baseline: 22.7 percent of infants born in 2006 were breastfed at 1 year as reported in 2007–09.

Target setting method: Modeling/projection.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

MICH–21.4 Exclusively through 3 months.

Target: 46.2 percent.

Baseline: 33.6 percent of infants born in 2006 were breastfed exclusively through 3 months as reported in 2007–09.

Target setting method: Modeling/projection.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

MICH–21.5 Exclusively through 6 months.

Target: 25.5 percent.

Baseline: 14.1 percent of infants born in 2006 were breastfed exclusively through 6 months as reported in 2007–09.

Target setting method: Modeling/projection.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

MICH–22: Increase the proportion of employers that have worksite lactation support programs.

Target: 38 percent.

Baseline: 25 percent of employers reported providing an on-site lactation/mother's room in 2009.

Target setting method: Modeling/projection.

Data source: Employee Benefits Survey, Society for Human Resource Management (SHRM).

MICH–23: Reduce the proportion of breastfed newborns who receive formula supplementation within the first 2 days of life.

Target: 14.2 percent.

Baseline: 24.2 percent of breastfed newborns born in 2006 received formula supplementation within the first 2 days of life as reported in 2007–09.

Target setting method: 10 percentage point improvement.

Data source: National Immunization Survey (NIS), CDC, NCIRD, and NCHS.

MICH–24: Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies.

Target: 8.1 percent.

Baseline: 2.9 percent of 2007 live births occurred in facilities that provide recommended care for lactating mothers and their babies as reported in 2009.

Target setting method: Modeling/projection.

Data source: Breastfeeding Report Card, CDC, NCCDPHP.

Disability and Other Impairments

MICH–25: Reduce the occurrence of fetal alcohol syndrome (FAS).

Target: Not applicable.

Baseline: 3.6 cases of fetal alcohol syndrome per 10,000 live births in 2006 were suspected or confirmed among children born in 2001–04.

Target setting method: This measure is being tracked for informational purposes. If warranted a target will be set during the decade.

Data source: Fetal Alcohol Syndrome Surveillance Network (FASSnet), CDC, NCBDDD.

MICH–26: Reduce the proportion of children diagnosed with a disorder through newborn blood spot screening who experience developmental delay requiring special education services.

Target: 13.6 percent.

Baseline: 15.1 percent of children aged 3 to 10 years diagnosed with a disorder through newborn bloodspot screening experienced developmental delay requiring special education services in 1991–2004.

Target setting method: 10 percent improvement.

Data sources: The Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP), CDC, NCBDDD.

MICH–27: Reduce the proportion of children with cerebral palsy born as low birth weight infants (less than 2,500 grams).

Target: 45.0 percent.

Baseline: 50.0 percent of children aged 8 years with cerebral palsy were born as low birth weight infants (less than 2,500 grams) as reported in 2006.

Target setting method: 10 percent improvement.

Data source: Autism and Developmental Disabilities Monitoring (ADDM) Network, CDC, NCBDDD.

MICH–28: Reduce occurrence of neural tube defects.

MICH–28.1 Reduce the occurrence of spina bifida.

Target: 30.8 live births and/or fetal deaths with spina bifida per 100,000 live births.

Baseline: 34.2 live births and/or fetal deaths with spina bifida per 100,000 live births were diagnosed in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Birth Defects Prevention Network (NBDPN), CDC, NCBDDD.

MICH–28.2 Reduce occurrence of anencephaly.

Target: 22.1 live births and/or fetal deaths with anencephaly per 100,000 live births.

Baseline: 24.6 live births and/or fetal deaths with anencephaly per 100,000 live births were diagnosed in 2005–06.

Target setting method: 10 percent improvement.

Data source: National Birth Defects Prevention Network (NBDPN), CDC, NCBDDD.

MICH–29: Increase the proportion of young children with an Autism Spectrum Disorder (ASD) and other developmental delays who are screened, evaluated, and enrolled in early intervention services in a timely manner.

MICH–29.1 Increase the proportion of young children who are screened for an Autism Spectrum Disorder (ASD) and other developmental delays by 24 months of age.

Target: 21.5 percent.

Baseline: 19.5 percent of children aged 10 to 36 months who were screened for an Autism Spectrum Disorder (ASD) and other developmental delays were screened by 24 months of age as reported in 2007.

Target setting method: 10 percent improvement.

Data source: National Survey on Children's Health (NSCH), HRSA, MCHB and CDC, NCHS.

MICH-29.2 Increase the proportion of children with an ASD with a first evaluation by 36 months of age.

Target: 42.9 percent.

Baseline: 39.0 percent of children aged 8 years with an ASD had a first evaluation by 36 months of age as reported in 2006.

Target setting method: 10 percent improvement.

Data source: The Autism and Developmental Disabilities Monitoring (ADDM) Network, CDC, NCBDDD.

MICH-29.3 Increase the proportion of children with an ASD enrolled in special services by 48 months of age.

Target: 57.6 percent.

Baseline: 52.4 percent of children aged 8 years with an ASD were enrolled in special services by 48 months of age as reported in 2006.

Target setting method: 10 percent improvement.

Data source: Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP), CDC, NCBDDD.

MICH-29.4 (Developmental) Increase the proportion of children with a developmental delay with a first evaluation by 36 months of age.

Potential data source: National Survey of Child's Health (NSCH), HRSA, MCHB and CDC, NCHS.

MICH-29.5 (Developmental) Increase the proportion of children with a developmental delay enrolled in special services by 48 months of age.

Potential data sources: National Survey of Child's Health (NSCH), HRSA, MCHB and CDC, NCHS.

Health Services

MICH-30: Increase the proportion of children, including those with special health care needs, who have access to a medical home.

MICH-30.1 Increase the proportion of children who have access to a medical home.

Target: 63.3 percent.

Baseline: 57.5 percent of children under age 18 years had access to a medical home in 2007.

Target setting method: 10 percent improvement.

Data source: National Survey of Children's Health (NSCH), HRSA, MCHB and CDC, NCHS.

MICH-30.2 Increase the proportion of children with special health care needs who have access to a medical home.

Target: 51.8 percent.

Baseline: 47.1 percent of children under age 18 years with special health care needs had access to a medical home in 2007.

Target setting method: 10 percent improvement.

Data source: National Survey of Children with Special Health Care Needs (NS-CSHCN), HRSA, MCHB and CDC, NCHS.

MICH-31: Increase the proportion of children with special health care needs who receive their care in family-centered, comprehensive, coordinated systems.

MICH-31.1 Children aged 0 to 11 years.

Target: 22.4 percent.

Baseline: 20.4 percent of children aged 0 through 11 years with special health care needs received their care in family-centered, comprehensive, coordinated systems in 2005-06.

Target setting method: 10 percent improvement.

Data source: National Survey of Children with Special Health Care Needs (NS-CSHCN), HRSA, MCHB and CDC, NCHS.

MICH-31.2 Children aged 12 to 17 years.

Target: 15.1 percent.

Baseline: 13.7 percent of children aged 12 through 17 years with special health care needs received their care in family-centered, comprehensive, coordinated systems in 2005-06.

Target setting method: 10 percent improvement.

Data source: National Survey of Children with Special Health Care Needs (NS-CSHCN), HRSA, MCHB and CDC, NCHS.

MICH-32: Increase appropriate newborn blood-spot screening and followup testing.

MICH-32.1 Increase the number of States and the District of Columbia that verify through linkage with vital records that all newborns are screened shortly after birth for conditions mandated by their State-sponsored screening program.

Target: 45 States (44 States and the District of Columbia).

Baseline: 21 States verified through linkage with vital records that all newborns were screened shortly after birth for conditions mandated by their State-sponsored screening program in 2010.

Target setting method: 115 percent improvement.

Data source: National Newborn Screening and Genetics Resource Center, HRSA, MCHB.

MICH-32.2 Increase the proportion of screen-positive children who receive follow-up testing within the recommended time period.

Target: 100 percent.

Baseline: 98.3 percent of screen-positive children received follow-up testing within the recommended time period in 2006-08.

Target setting method: Total coverage.

Data source: Title V Information System, HRSA, MCHB.

MICH-32.3 (Developmental) Increase the proportion of children with a diagnosed condition identified through newborn screening who have an annual assessment of services needed and received.

Potential data source: National Newborn Screening and Genetic Resource Center, HRSA, MCHB.

MICH-33: Increase the proportion of very low birth weight (VLBW) infants born at level III hospitals or subspecialty perinatal centers.

Target: 83.7 percent.

Baseline: 76.1 percent of VLBW infants were born at level III hospitals or subspecialty perinatal centers in 2008.

Target setting method: 10 percent improvement.

Potential data source: Title V Information System, HRSA, MCHB.