



# Hearing the Voices of Parents:

## Measuring and Improving Preventive and Developmental Services Provided to Young Children

Results from a Survey Assessing the Quality of Preventive and Developmental Services for Young Children Enrolled in Medicaid in Four States

Prepared by

**The Child and Adolescent Health Measurement Initiative**

June, 2004

Support for this research was provided by **The Commonwealth Fund**.

The views presented here are those of authors and should not be attributed to Oregon Health and Science University or The Commonwealth Fund or its directors, officers, or staff.

# Background Information

This report summarizes findings from the Child and Adolescent Health Measurement Initiative's (CAHMI) Promoting Healthy Development Survey-PLUS (PHDS-PLUS).

The PHDS-PLUS was administered as part of a larger project called the CAHMI Promoting Healthy Development State Learning (PHDSLNL) that involved the administration of the PHDS-PLUS to children continuously enrolled in four state Medicaid agencies. A total of eight-thousand (**n=8016**) completed surveys were obtained. The findings were then weighted to represent the **population of continuously enrolled children in each state** and the four-state sample combined and analyzed. The data presented represents a weighted sample of five hundred and forty two thousand (N=542250) continuously enrolled beneficiaries of Medicaid in these four states.

A detailed methodology report about the sampling and administration is available upon request.

# Overview of the Findings Presented

This report provides a wealth of information about the provision and quality of preventive and developmental services to low-income children insured through Medicaid. This report also examines issues surrounding the health of young children and their parents and about family health behaviors and routines.

There are six sections to this chartbook. The data is based on findings from the CAHMI's PHDS-PLUS survey. The six sections highlight the following:

1. Health Status of Low Income Children and Their Parents
2. Children's Access to and Utilization of Health Care Services
3. Overall Assessment of Preventive of Developmental Health Care for Young Children
4. Provision of Anticipatory Guidance and Parental Education
5. Assessment of Parental Well-Being and Safety within the Family
6. Parents Experiences with Pediatric Clinicians

## Part 1:

# Health Status of Low Income Children and Their Parents

# PHDS-PLUS Items Related to Health Status of Low Income Children and Their Parents

When assessing preventive and developmental care for young children, it is important to get a full picture of the health characteristics of the child and family.

The PHDS-PLUS examines **three distinct aspects** of a child's health:

- overall health status of the child; [\[i\]](#)
- whether adult/parent respondent has concerns about their child's development and behavior that indicate the child is at risk for a developmental/behavioral delay using the Parent's Evaluation of Development Status questionnaire; [\[ii\]](#) and
- whether the child has an ongoing health condition or special need, using the Children with Special Health Care Needs screener. [\[iii\]](#)

Questions focusing on the **health of the adult/parent respondent** include:

- two items asking about work days lost due to mental or physical health problems; [\[iv\]](#) and
- three items to identify mothers at high risk for depression. [\[v\]](#)

[\[i\]](#) Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

[\[ii\]](#) Glascoe, Frances Page. *Parents' Evaluation of Developmental Status*. Nashville, TN: Ellsworth & Vandermeer Press, 1998.

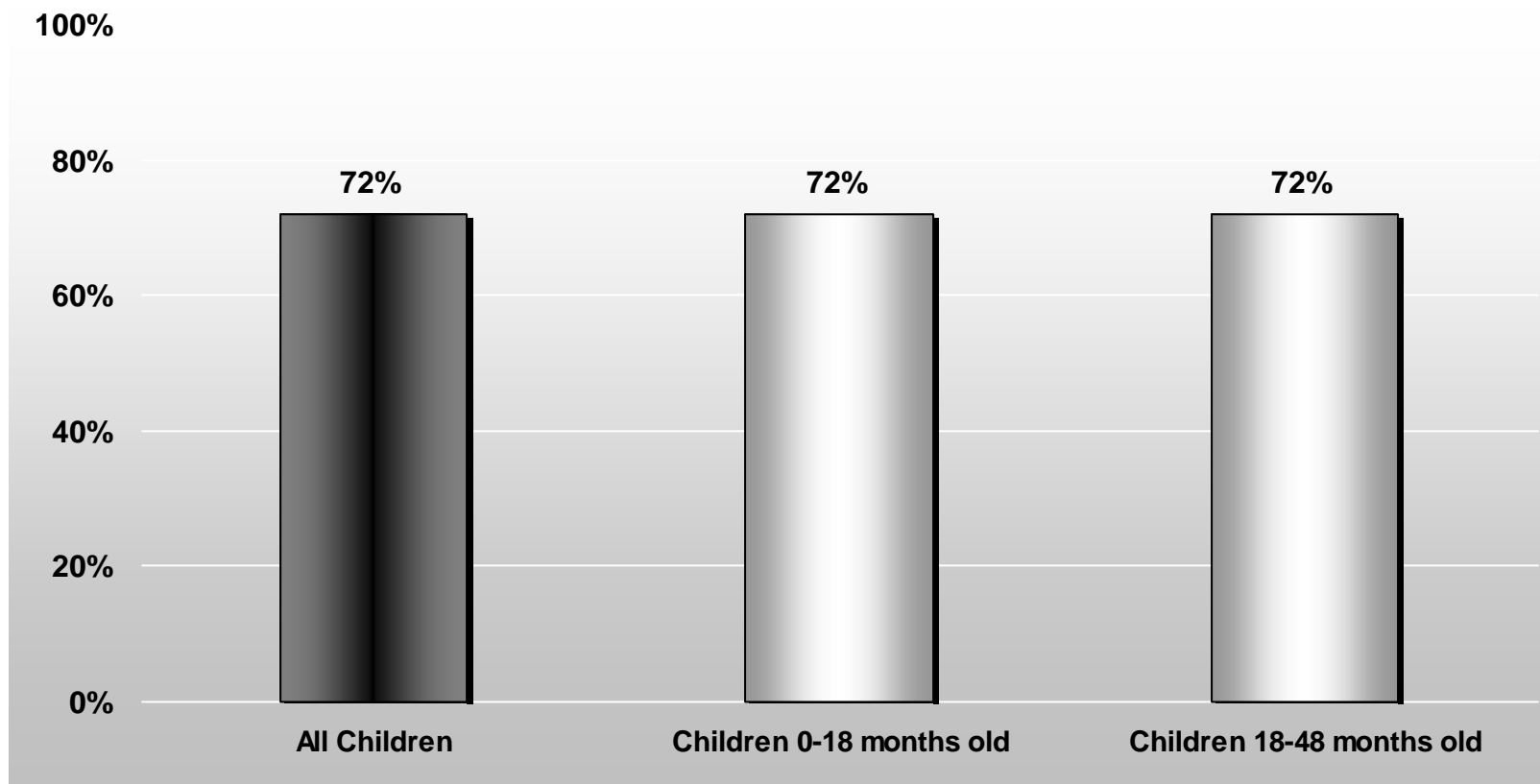
[\[iii\]](#) Bethell, Christina, Debra Read, Ruth Stein, Stephen Blumberg, Nora Wells, and Paul W Newacheck. "Identifying Children with Special Health Care Needs: Development and Evaluation of a Short Screening Instrument." *Ambulatory Pediatrics* vol. 2 no. 1 (January/February 2002): 38–48.

[\[iv\]](#) Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

[\[v\]](#) Kemper, Kathi. *AJDC*. 146 (July 1992): 876–878.

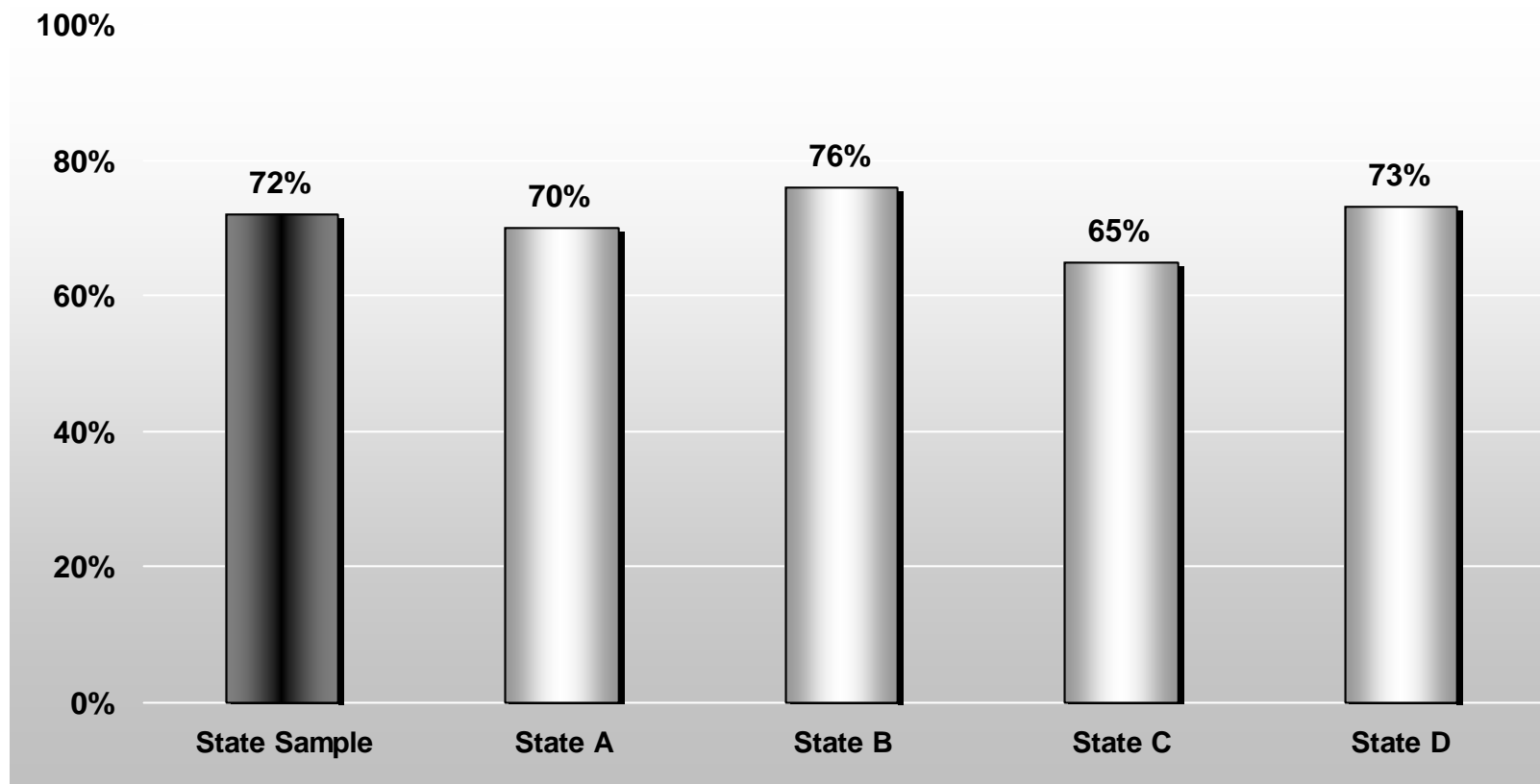
# Seven out of Ten Young Children in Medicaid Have “Excellent” or “Very Good” Health Status According to Parental Report

•Proportion of parents rating their child’s health status as “excellent” or “very good” in the last 12 months:



## Health Status According to Parental Report

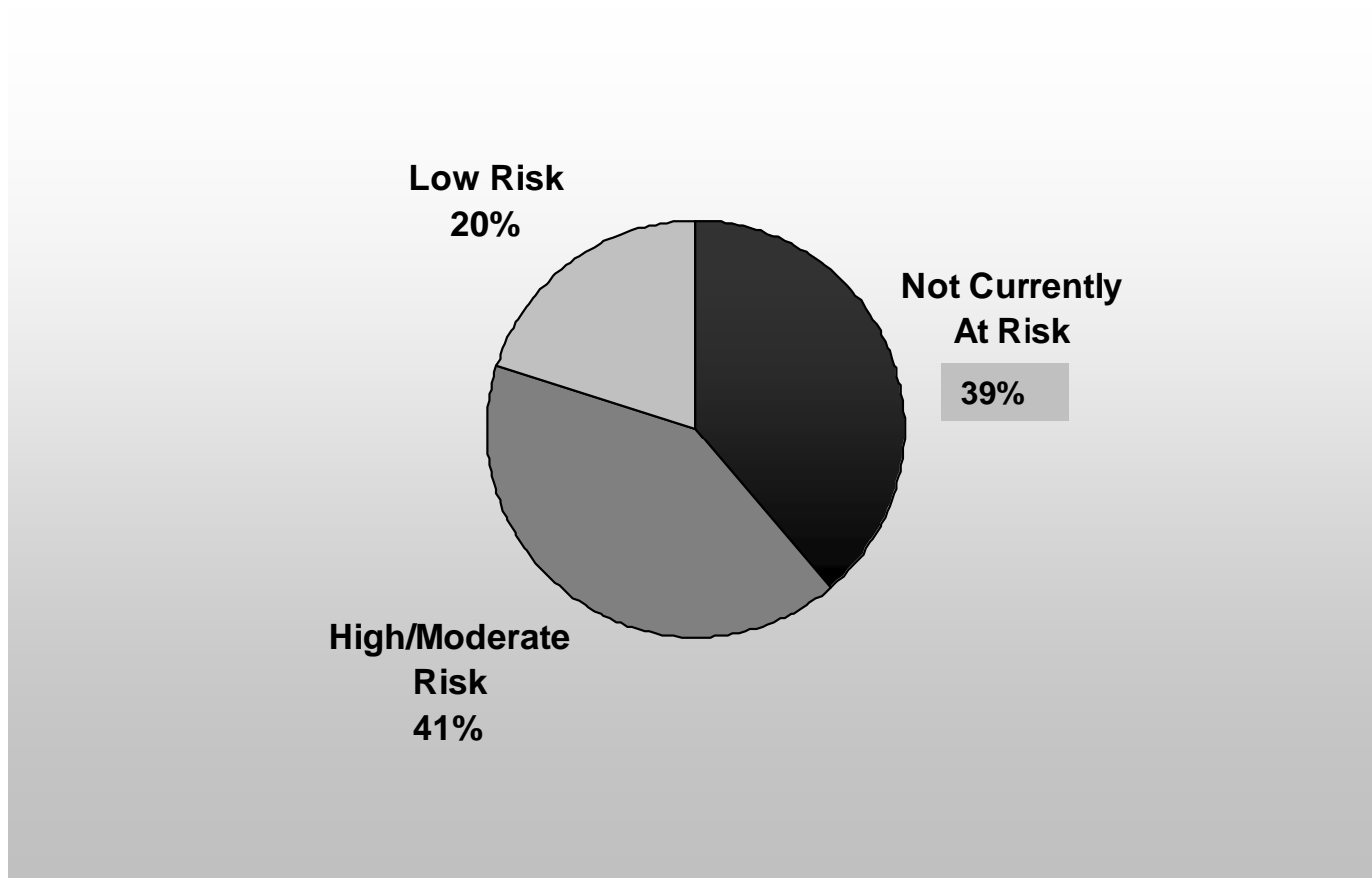
- *Proportion of parents rating their child's health status as "excellent" or "very good" in the last 12 months:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Two out Five Children in Medicaid are at a Significant Risk for Developmental, Behavioral or Social Delays

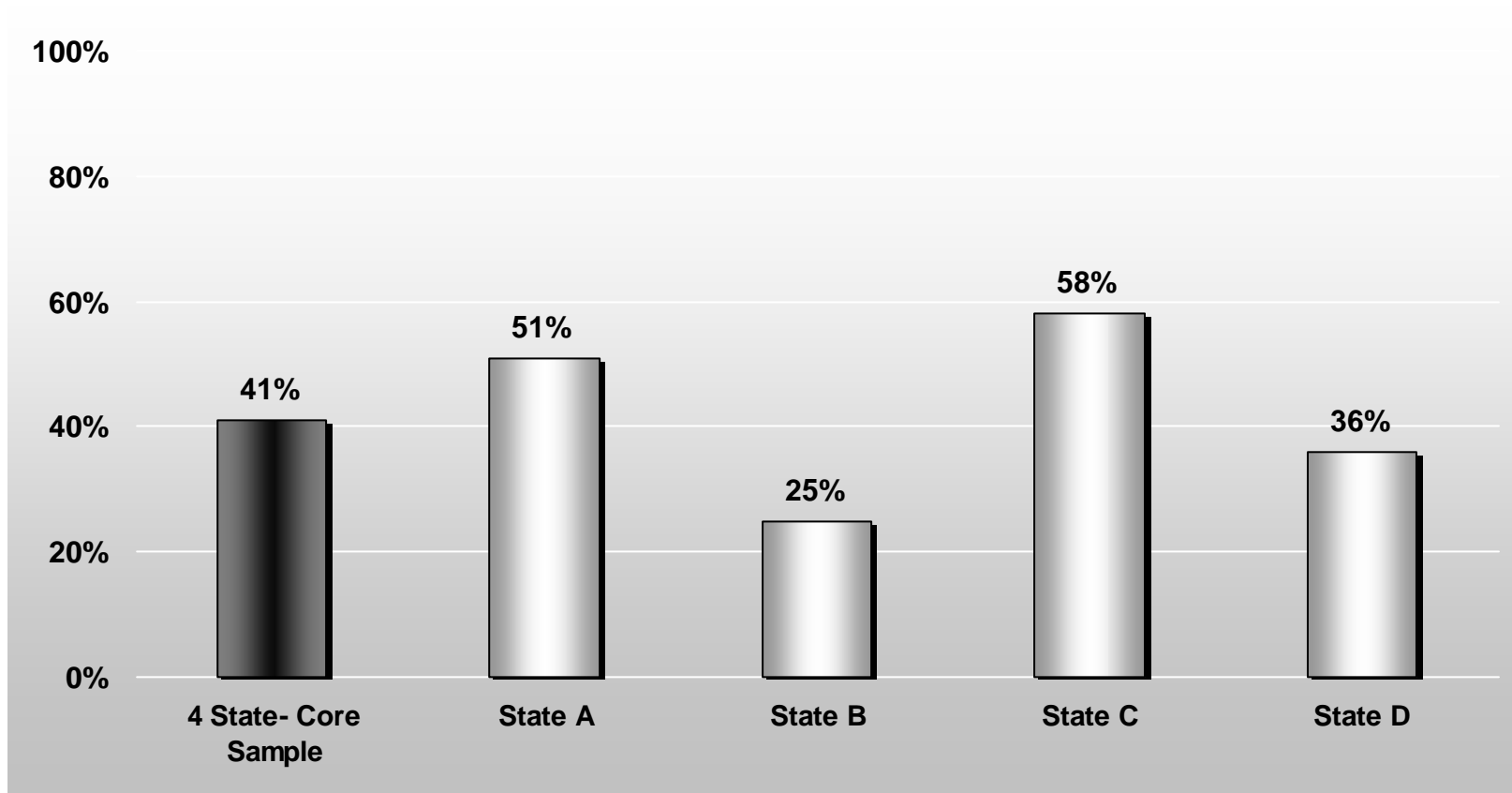
•Based on Parental Evaluation of Developmental Status (PEDS):



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Children in Medicaid are at a Significant Risk for Developmental, Behavioral or Social Delays

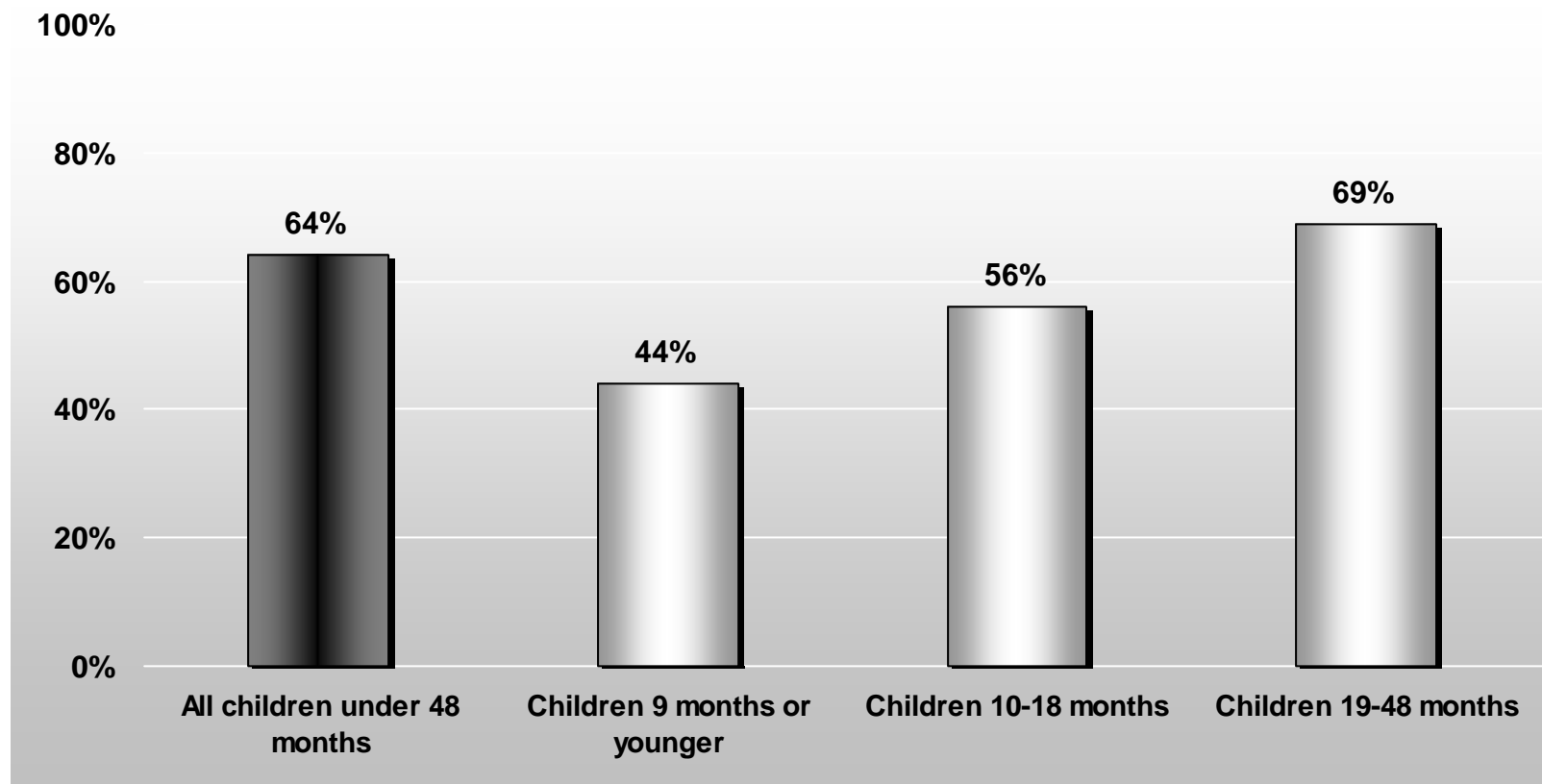
•Proportion of children at significant risk (high/moderate risk) based on the (PEDS):



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## More than One in Two Parents Have Concerns About Their Child's Learning, Development or Behavior

• *Proportion of parents reporting one or more concerns about their child's learning, development or behavior:*

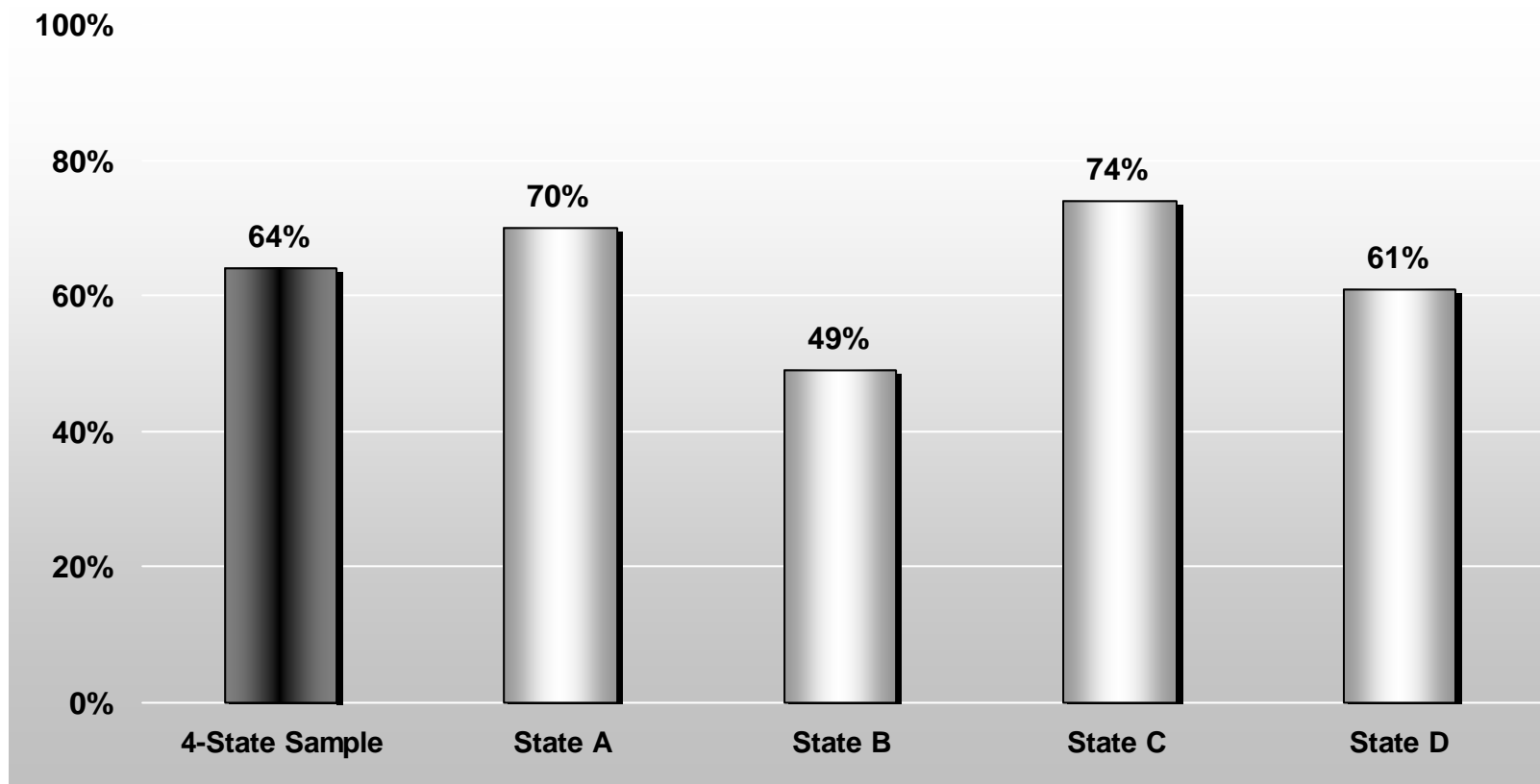


Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Parents Have Concerns About Their Child's Learning, Development or Behavior

• *Proportion of parents reporting one or more concerns about their child's learning, development or behavior:*

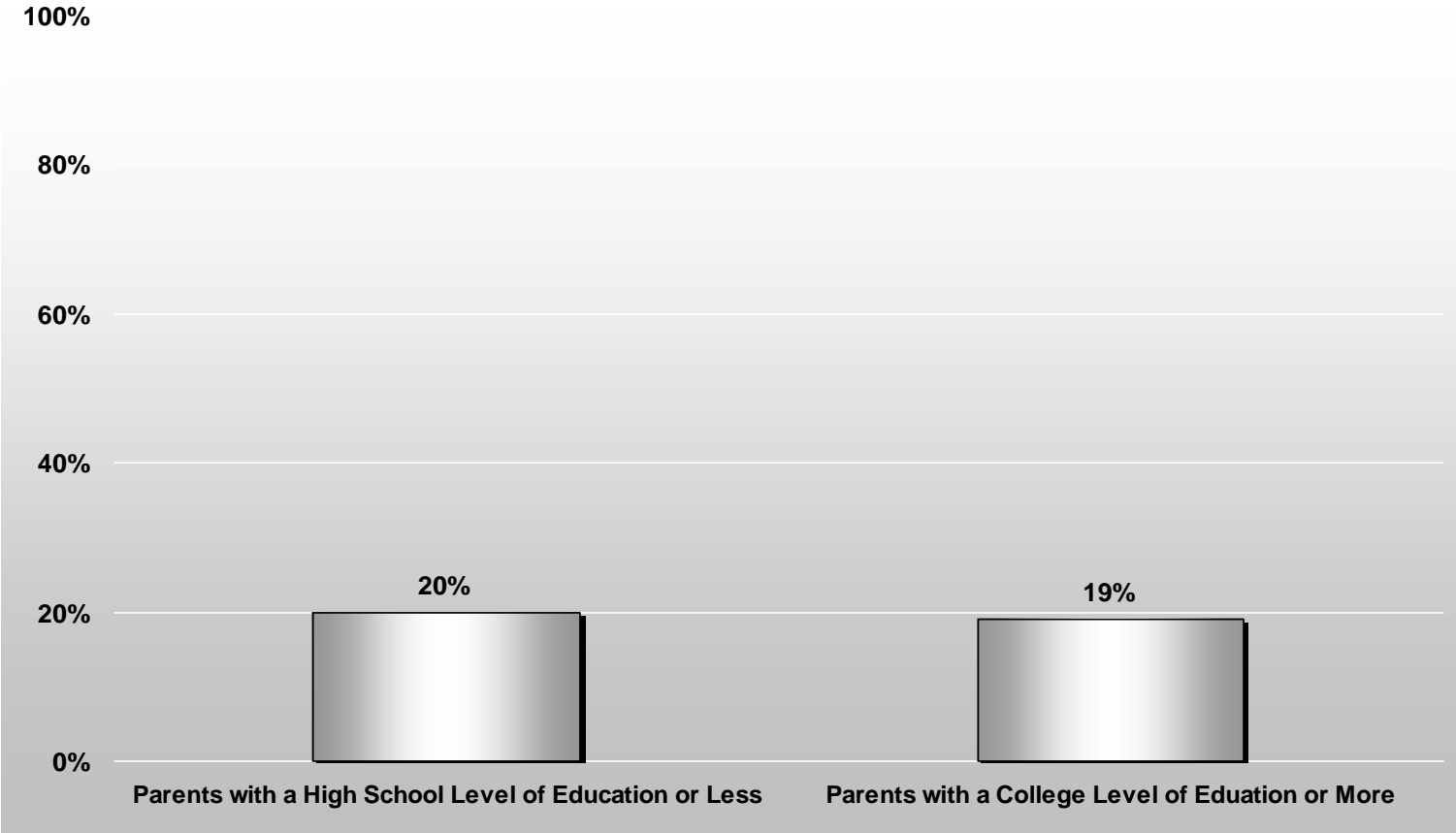
100%



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Parents' Poor Physical Health Days by Parents' Education

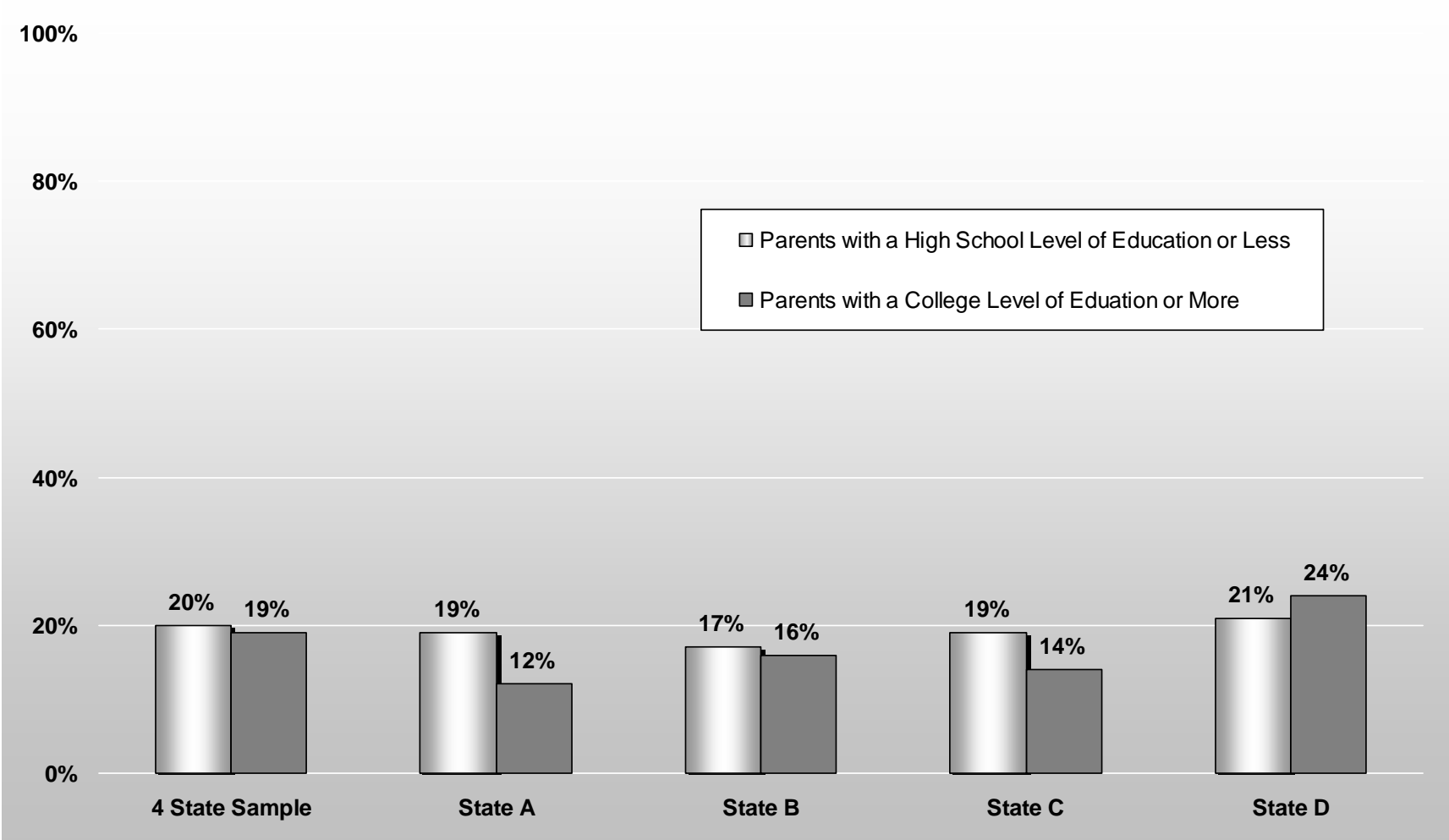
•Proportion of parents rating seven or more poor physical health days in the last 30 days



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Parents' Poor Physical Health Days by Parents' Education

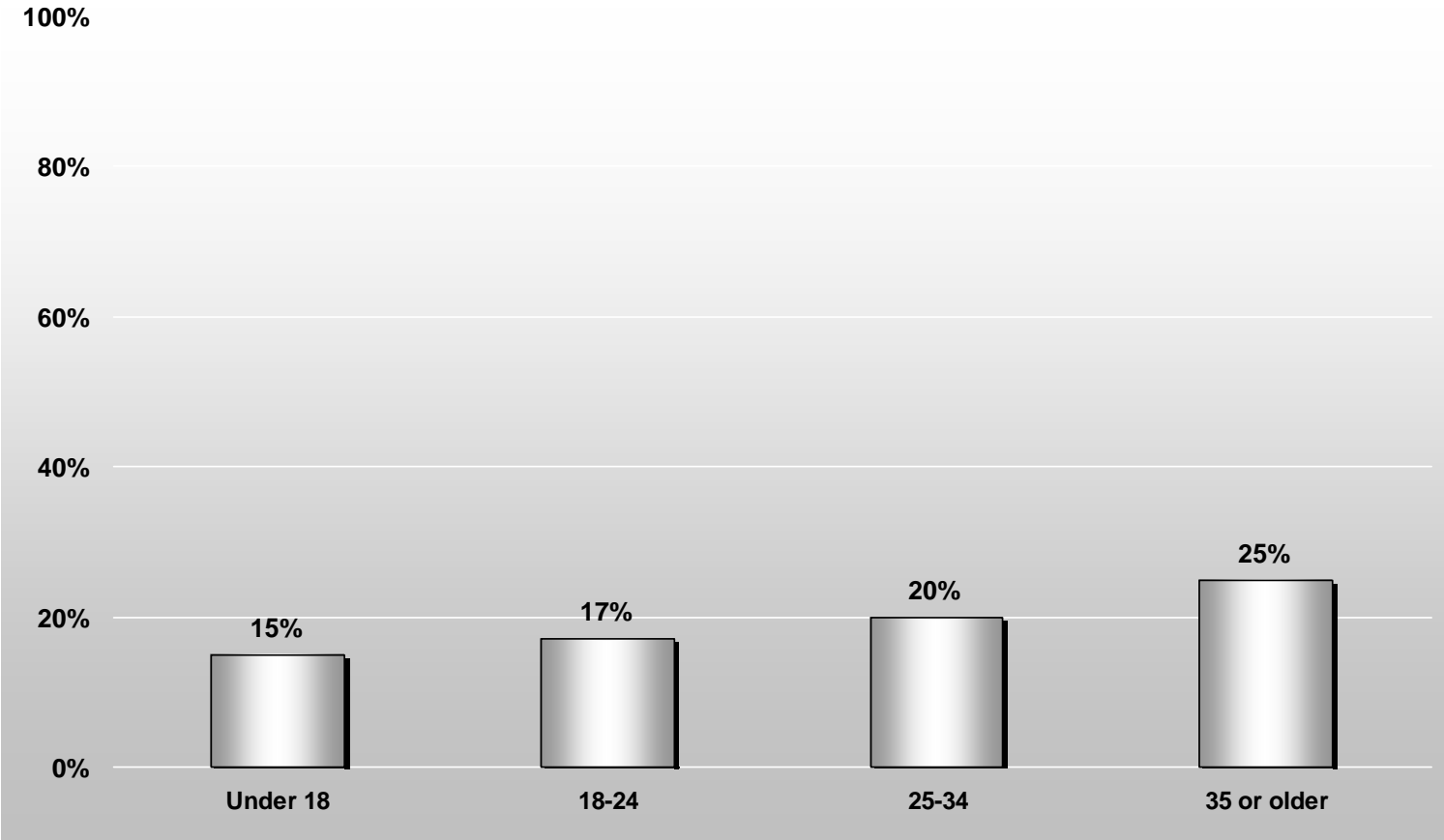
•Proportion of parents rating seven or more poor physical health days in the last 30 days



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Parents' Poor Physical Health Days by Parents' Age

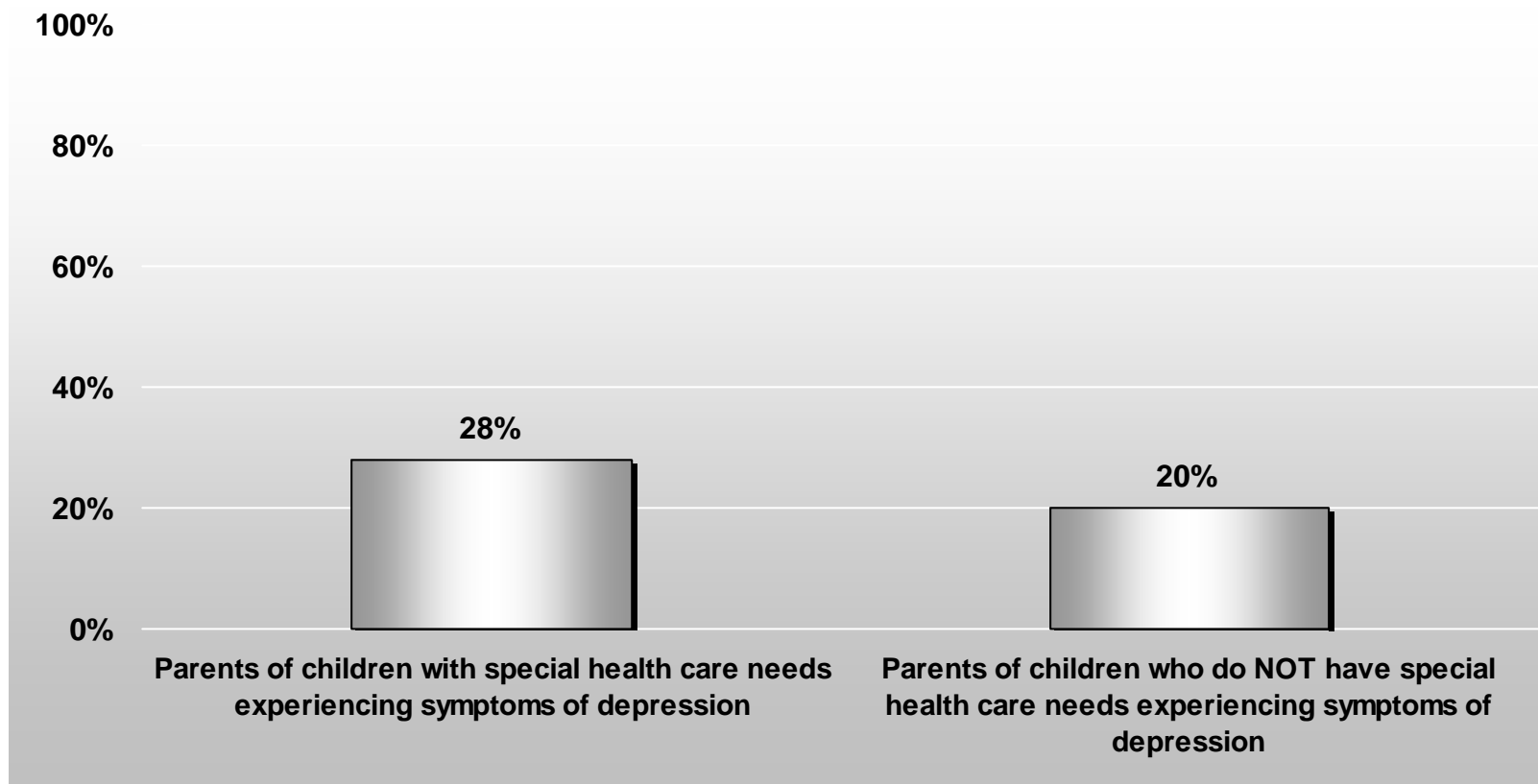
•Proportion of parents rating seven or more poor physical health days in the last 30 days



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Mothers of Children with Special Health Care Needs are More Likely to Experience Symptoms of Depression

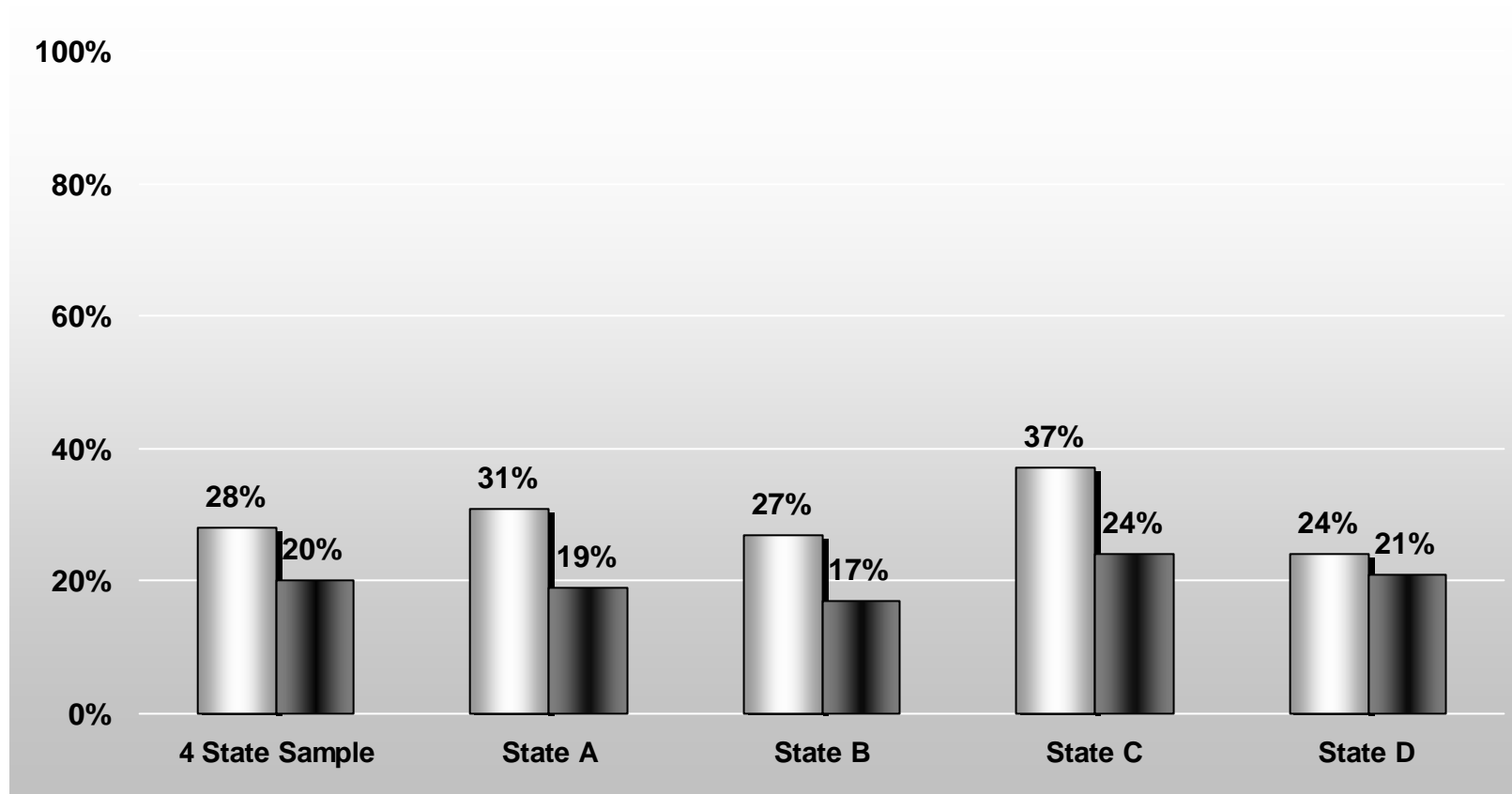
• *Proportion of mothers reporting symptoms of depression:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Mothers of Children with Special Health Care Needs are More Likely to Experience Symptoms of Depression

• *Proportion of mothers reporting symptoms of depression:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Part 2:

# Children's Access To and Utilization of Health Care Services

# PHDS-PLUS Items Related to Children's Access To and Utilization of Health Care Services

In assessing the quality of care received by young children covered by Medicaid, it is important to consider the pattern of health care service utilization and reported problems in getting care.

PHDS-PLUS items that ask the adult/parent respondents about the **child's access to and use of health care services** include:

- questions about the target child's use of the health care system (e.g., number, type, and settings of health care visits) and whether they have or had problems getting their child needed health care; [\[i\]](#), [\[ii\]](#)
- questions about problems accessing the health care system (e.g., care not received or delayed care), the reason for the lack of or delay in care, and the effect of lack of or delay in care on the parent/child;
- questions about whether adult/parent respondents have or had difficulty paying for health care services for themselves or their child; [\[iii\]](#) and
- questions relating to whether their child has a regular doctor and received a developmental assessment and whether their child's care was coordinated as needed. [\[iv\]](#)

[\[i\]](#) *Consumer Assessment of Health Plans (CAHPS)*. AHRQ Publication No. 00-PO47, April 2000. Rockville, MD: Agency for Healthcare Research and Policy. <http://www.ahrq.gov/qual/cahps.htm>

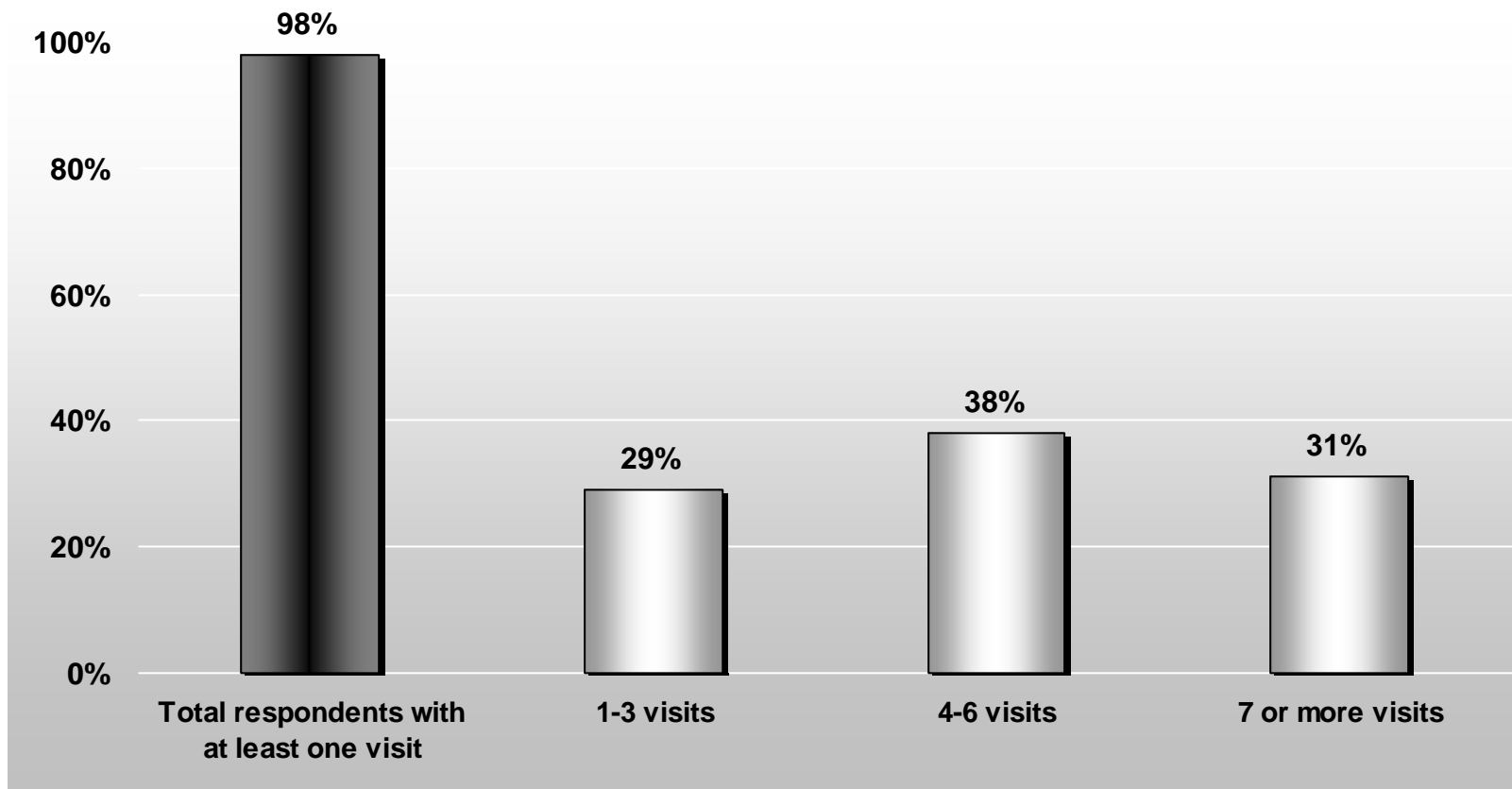
[\[ii\]](#) *Consumer Assessment of Health Plans (CAHPS)*. AHRQ Publication No. 00-PO47, April 2000. Rockville, MD: Agency for Healthcare Research and Policy. <http://www.ahrq.gov/qual/cahps.htm>

[\[iii\]](#) Halfon, N., L. Olson. M. Inkelas, et. al. Summary statistics from the "National Survey of Early Childhood Health, 2000." National Center for Health Statistics. *Vital Health Statistics* (forthcoming)..

[\[iv\]](#) Bethell, Christina, Colleen Peck, and Edward Schor. "Assessing Health System Provision of Well-Child Care: The Promoting Healthy Development Survey." *Pediatrics* vol. 107 no. 5 (May 2001): 1084–94.

## Nearly All Children Saw a Pediatric Clinician in the Last Year

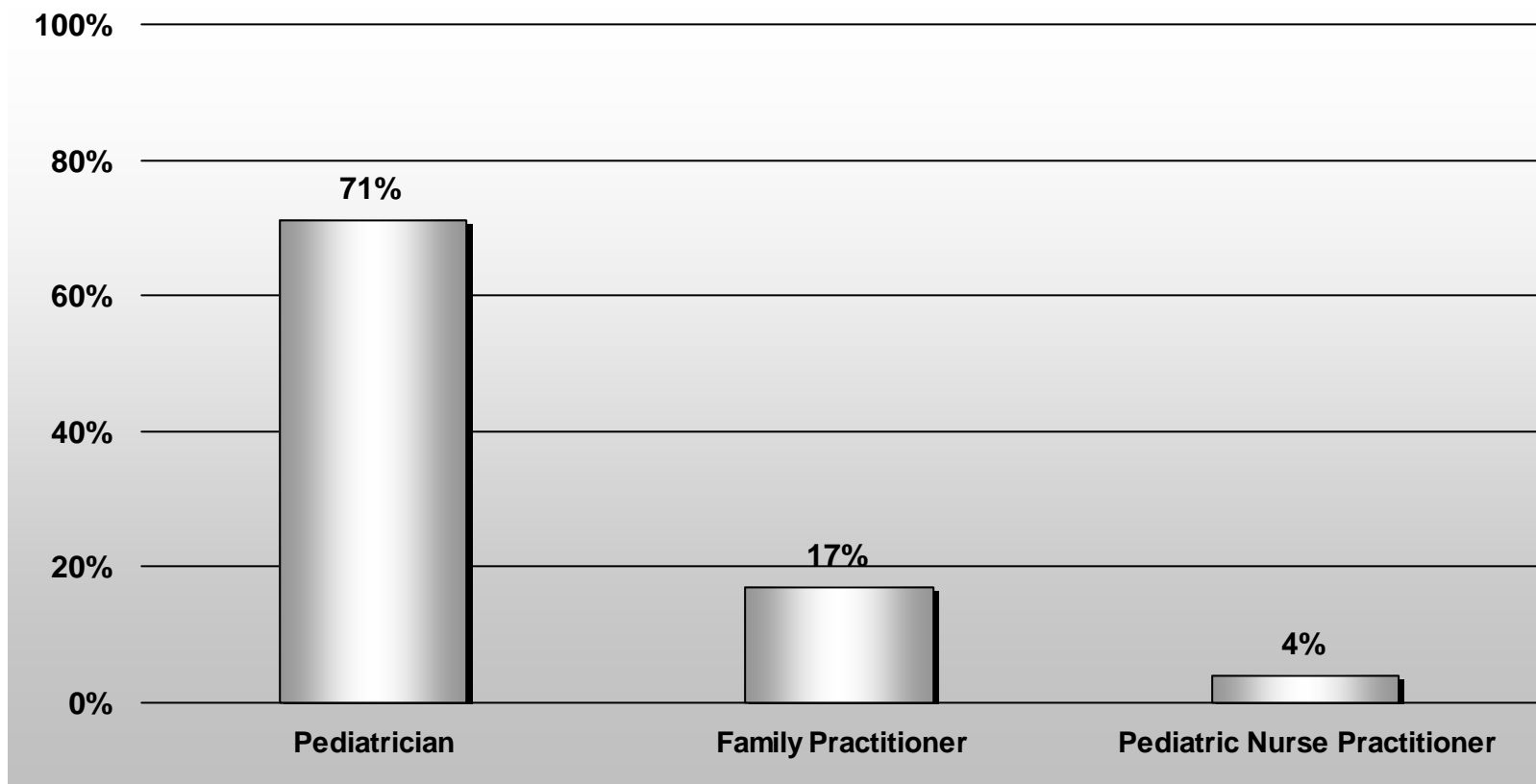
• *Proportion of parents reporting their child visited a doctor's office or clinic in the last year:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Parents Most Likely to Report a Pediatrician is Their Child's Pediatric Clinician

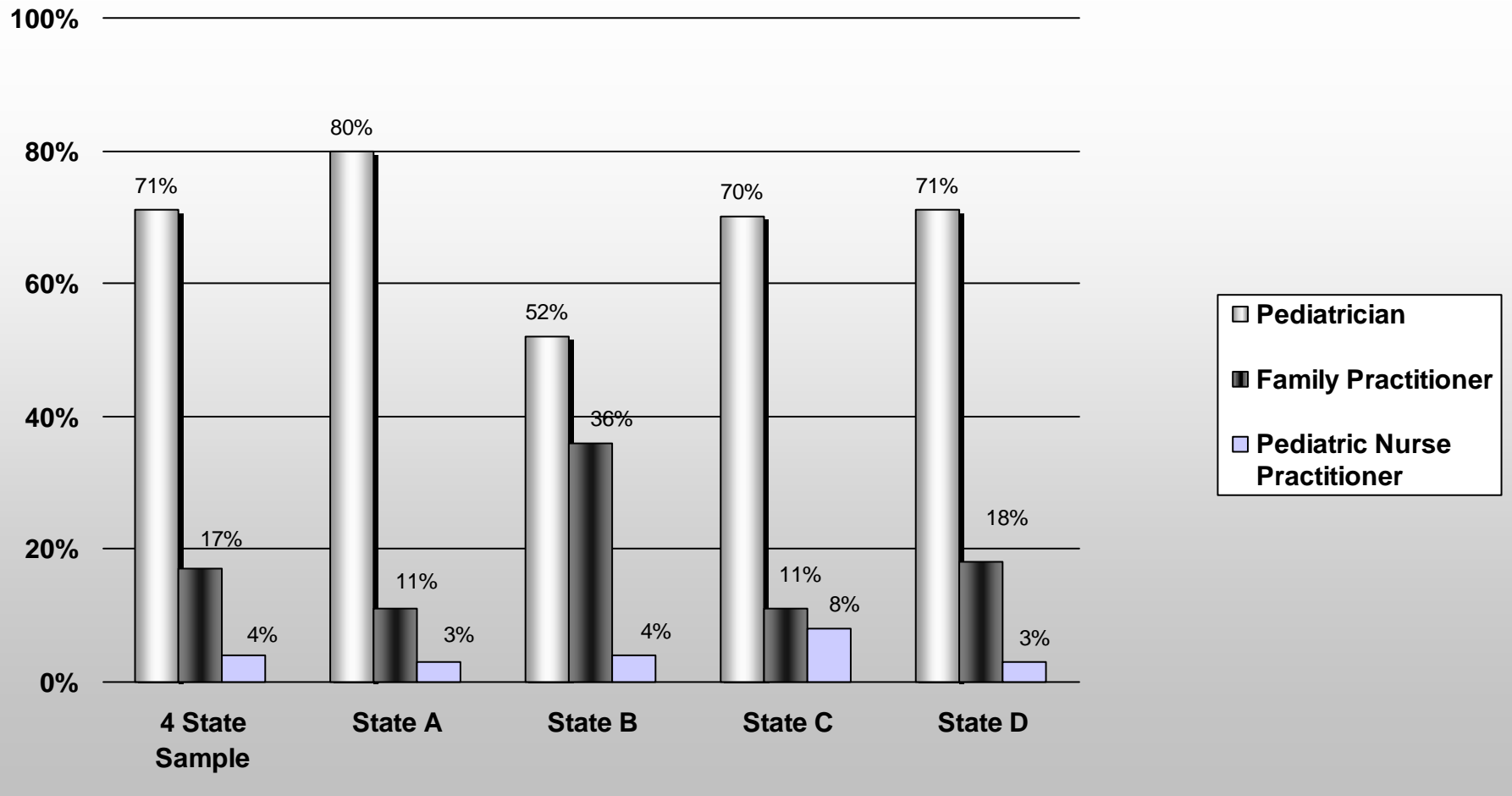
*(Of the 92% of parents who report their child has a personal pediatric clinician)  
Proportion by type of pediatric clinician:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

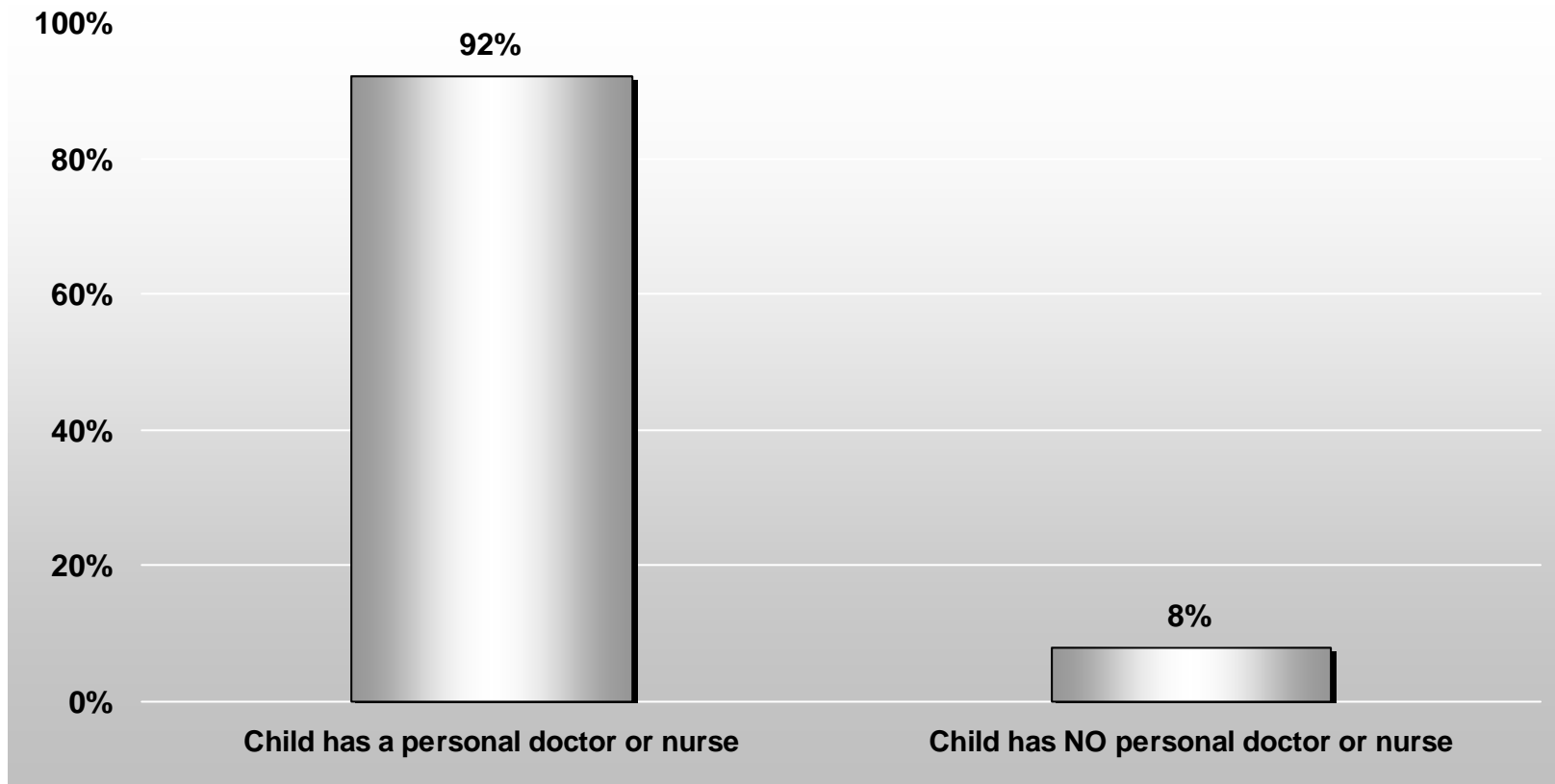
# Parents Most Likely to Report a Pediatrician is Their Child's Pediatric Clinician

*(Of the parents who report their child has a personal pediatric clinician)  
Proportion by type of pediatric clinician:*



# Most Continuously Enrolled Children in Medicaid have a Personal Doctor Or Nurse

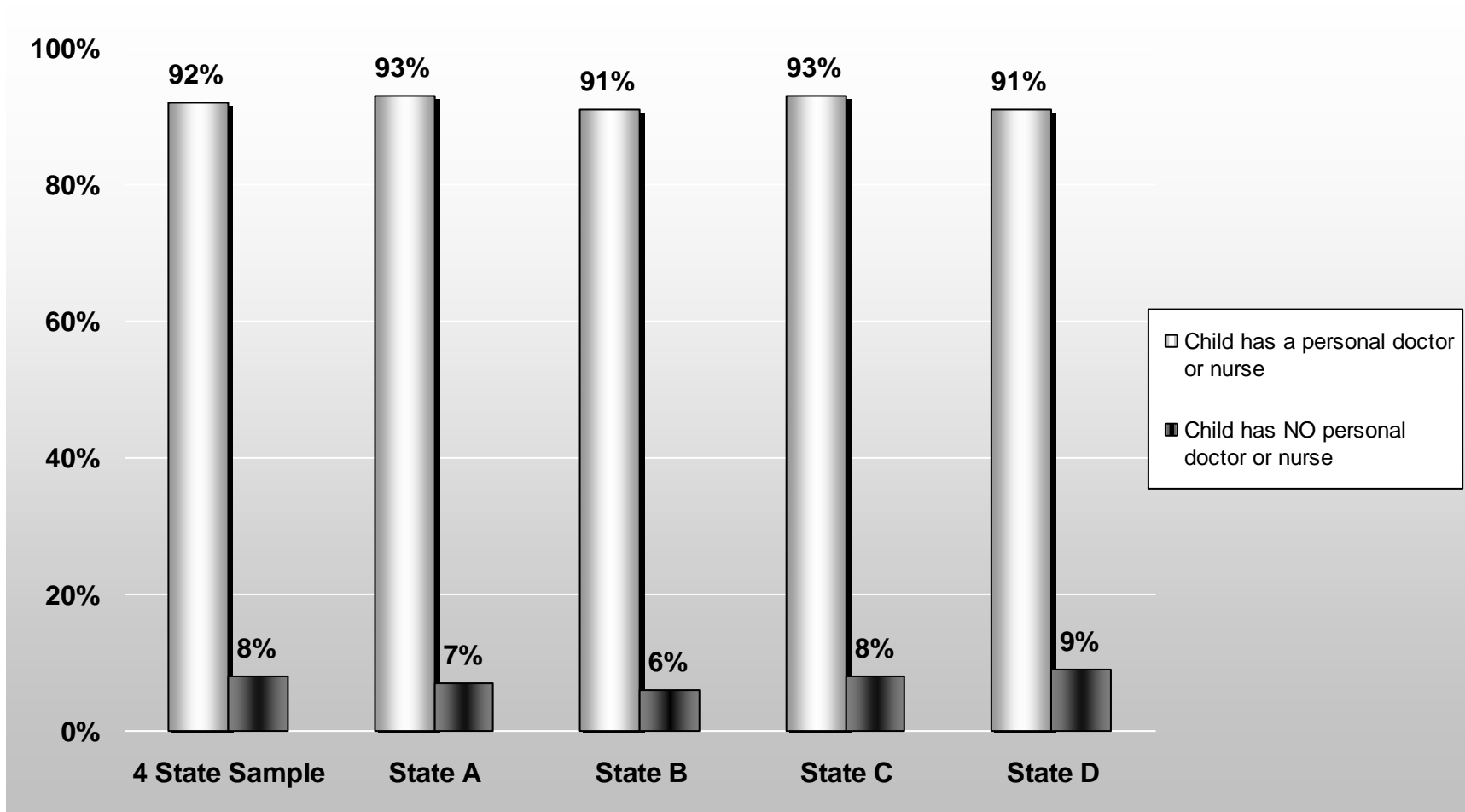
•*Proportion of parents reporting:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Most Continuously Enrolled Children have a Personal Doctor Or Nurse

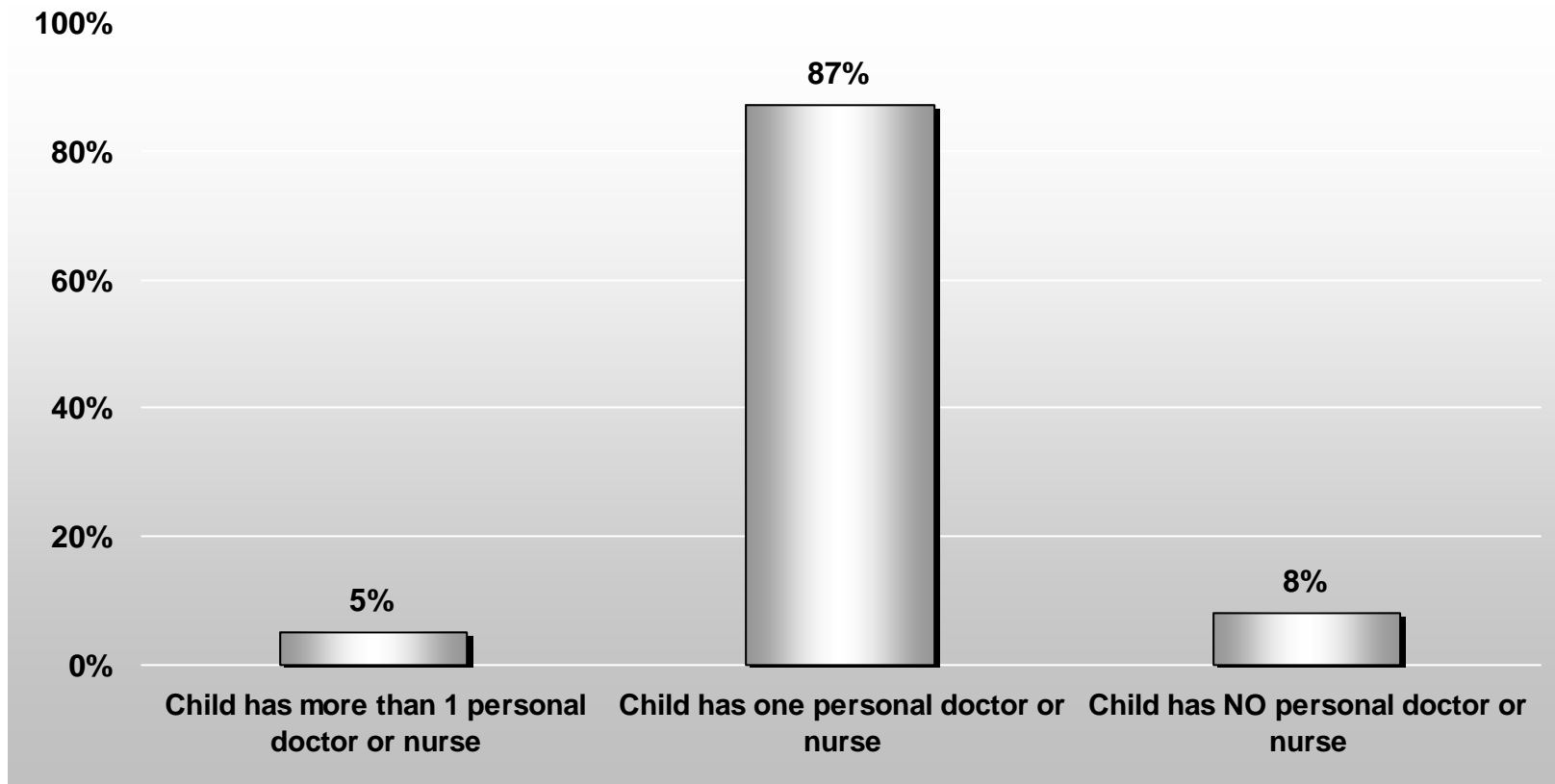
• *Proportion of parents reporting:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Most Children have a Personal Doctor Or Nurse

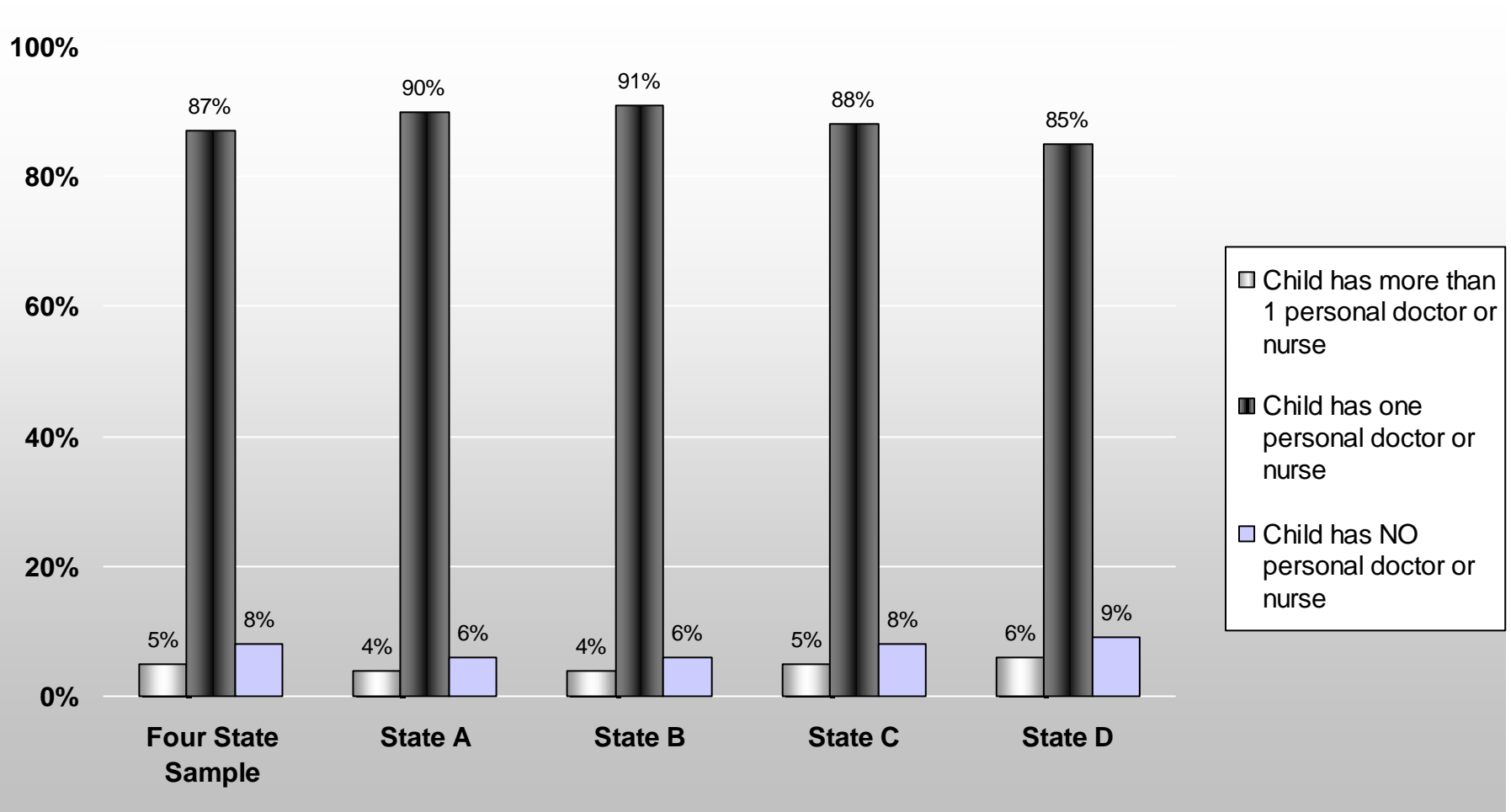
• *Proportion of parents reporting:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Most Children have a Personal Doctor Or Nurse

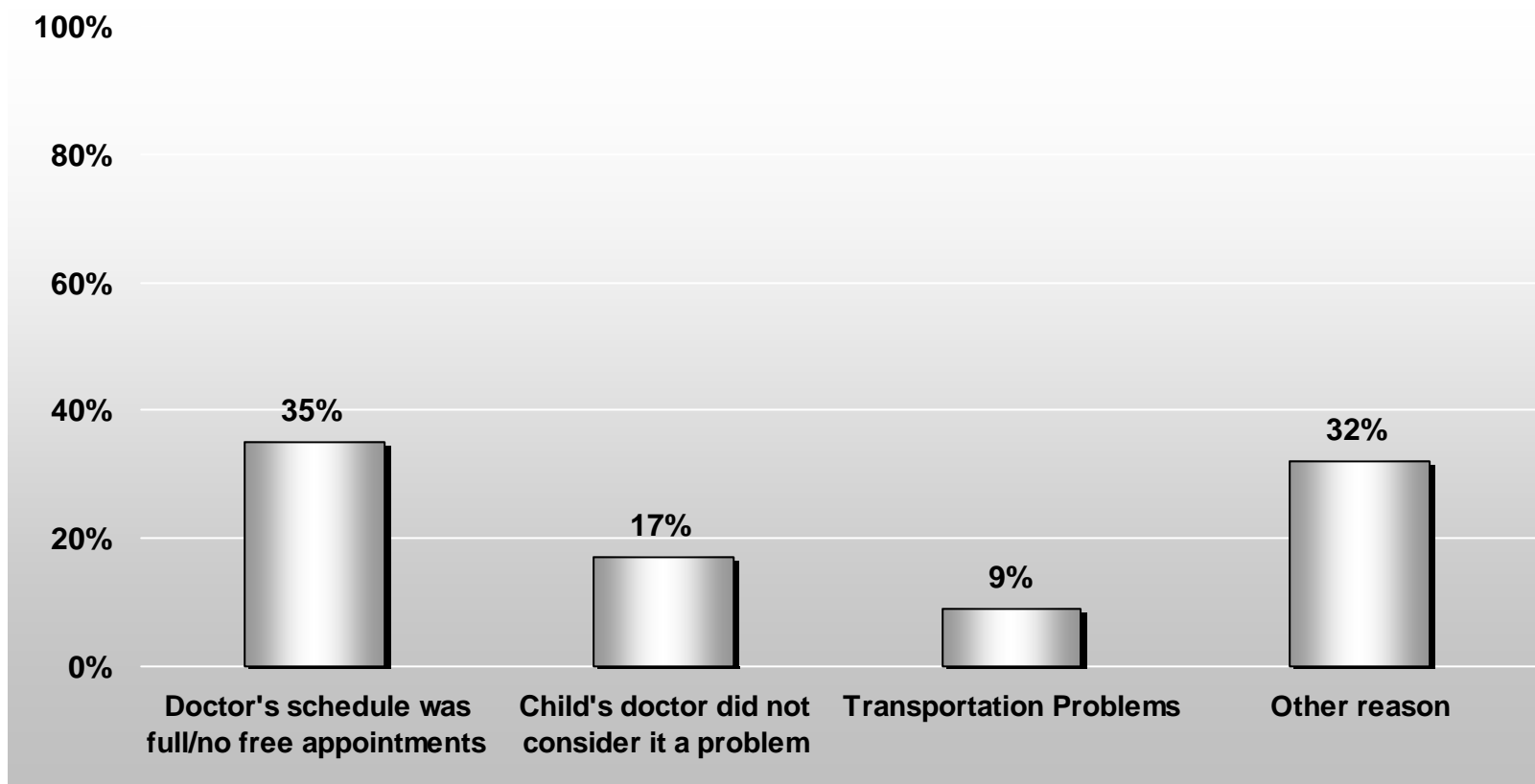
•Proportion of parents reporting:



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Reasons for Delayed or Lack of Care Received Among Parents Reporting Access Problems

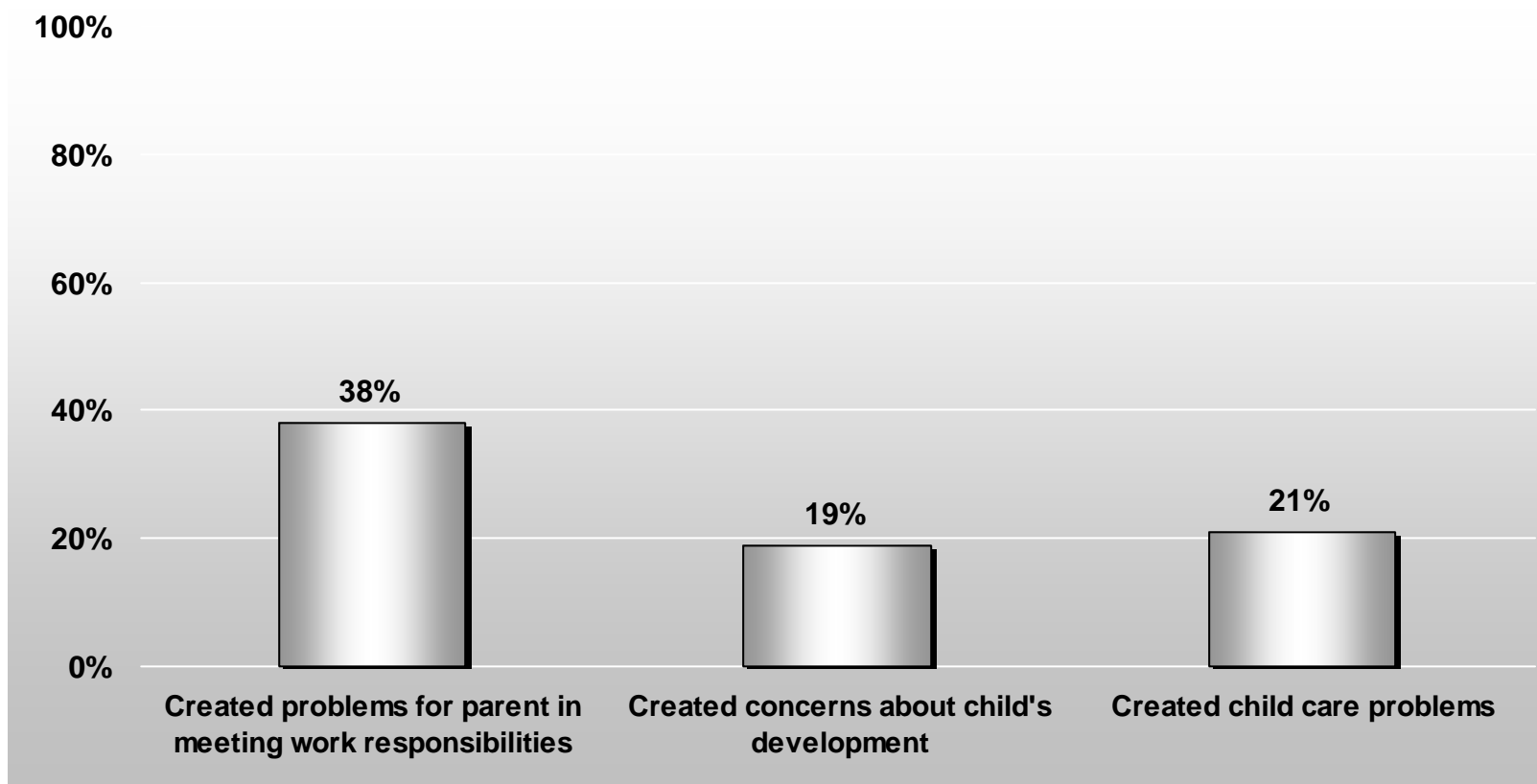
- Of the 12% of parents reporting access problems, proportion who noted the following:



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Concerns and Problems Created Due to a Lack of or Delay in Care Among Parents Reporting Access Problems

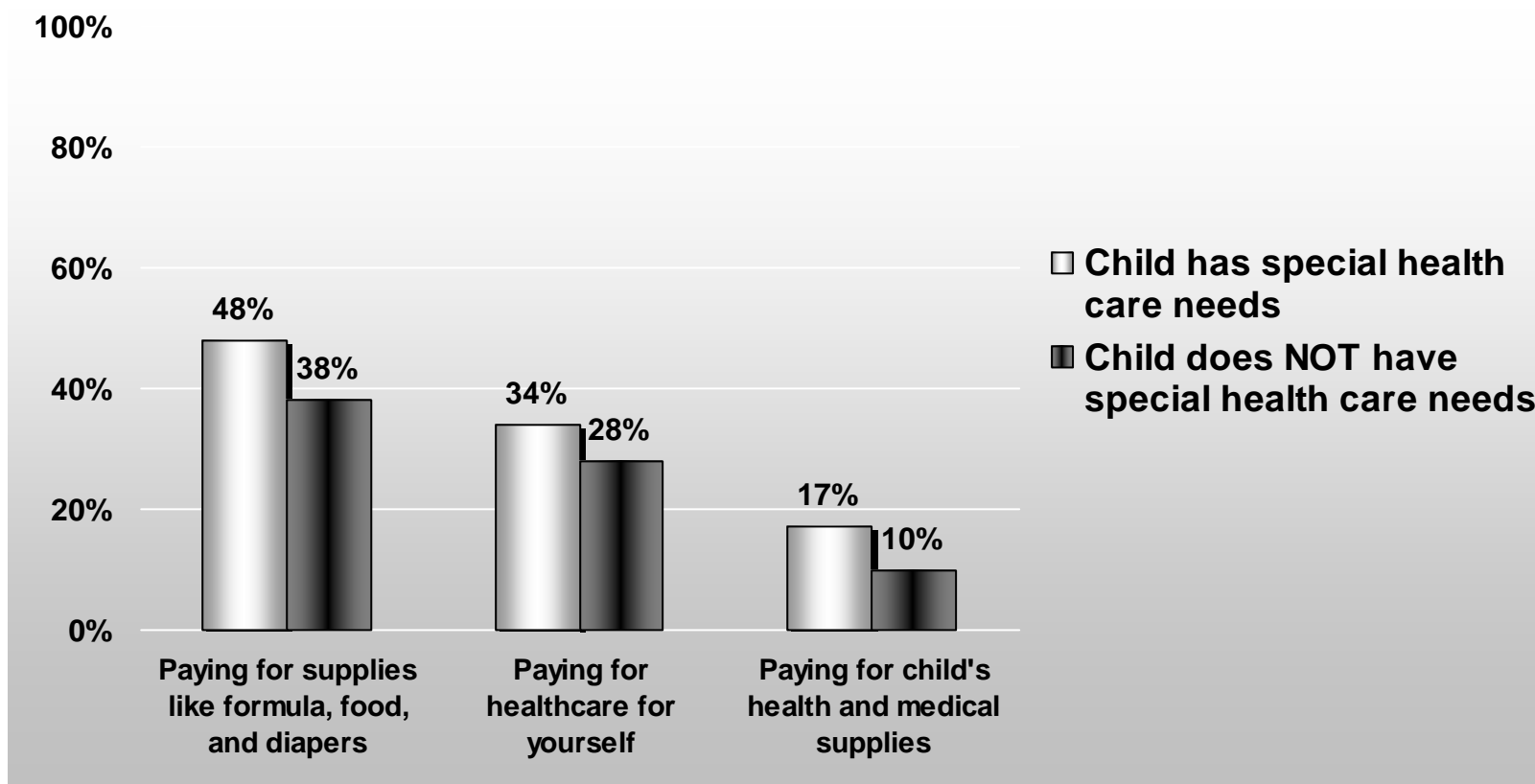
- Of the 12% of parents reporting access problems, proportion who noted the following:



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Parents of Children with Special Health Care Needs are More Likely to Report Financial Barriers to Care

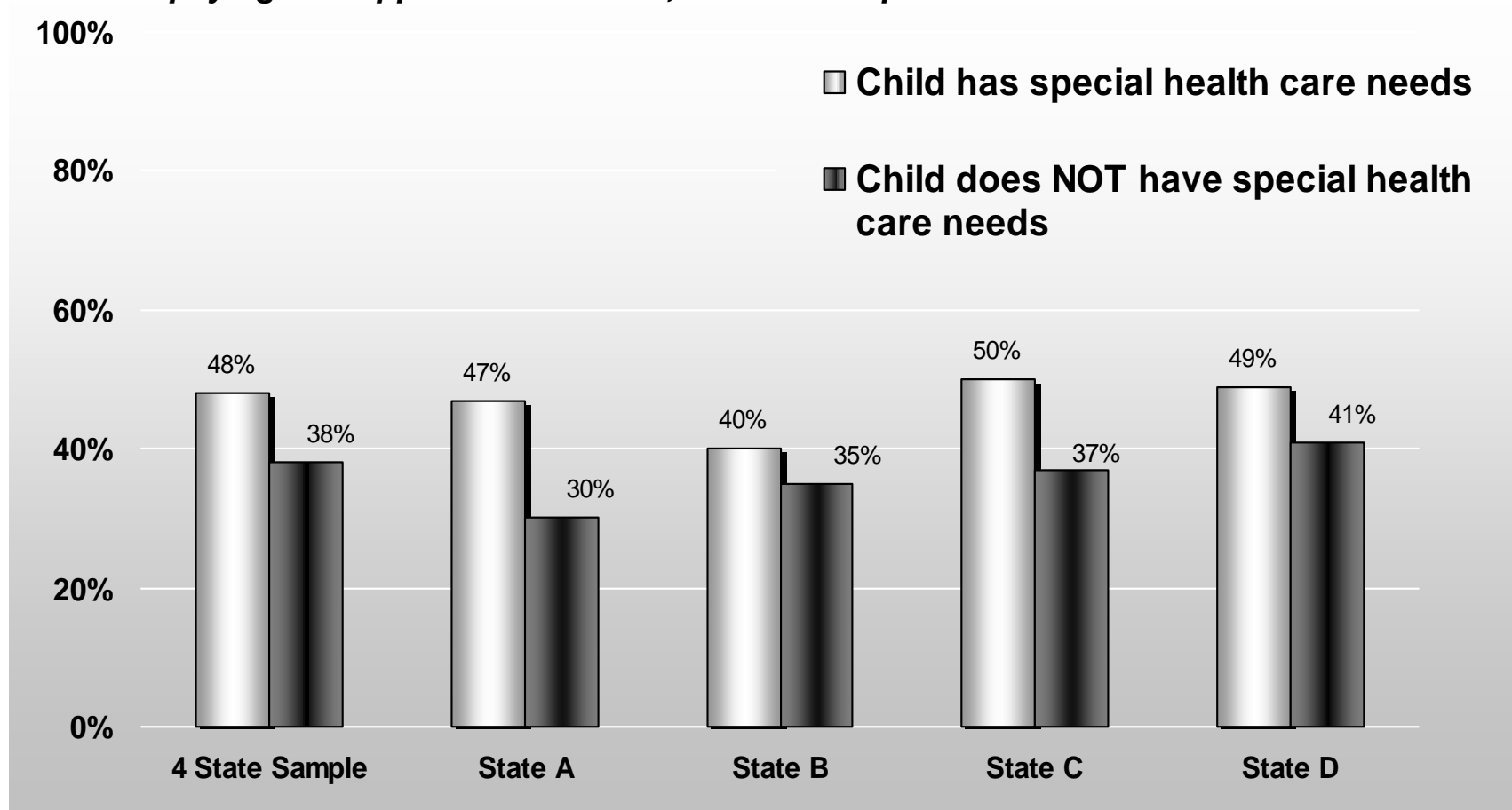
•Proportion of parents who noted “a lot” or “some” problems:



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Parents of Children with Special Health Care Needs are More Likely to Report Financial Barriers to Care

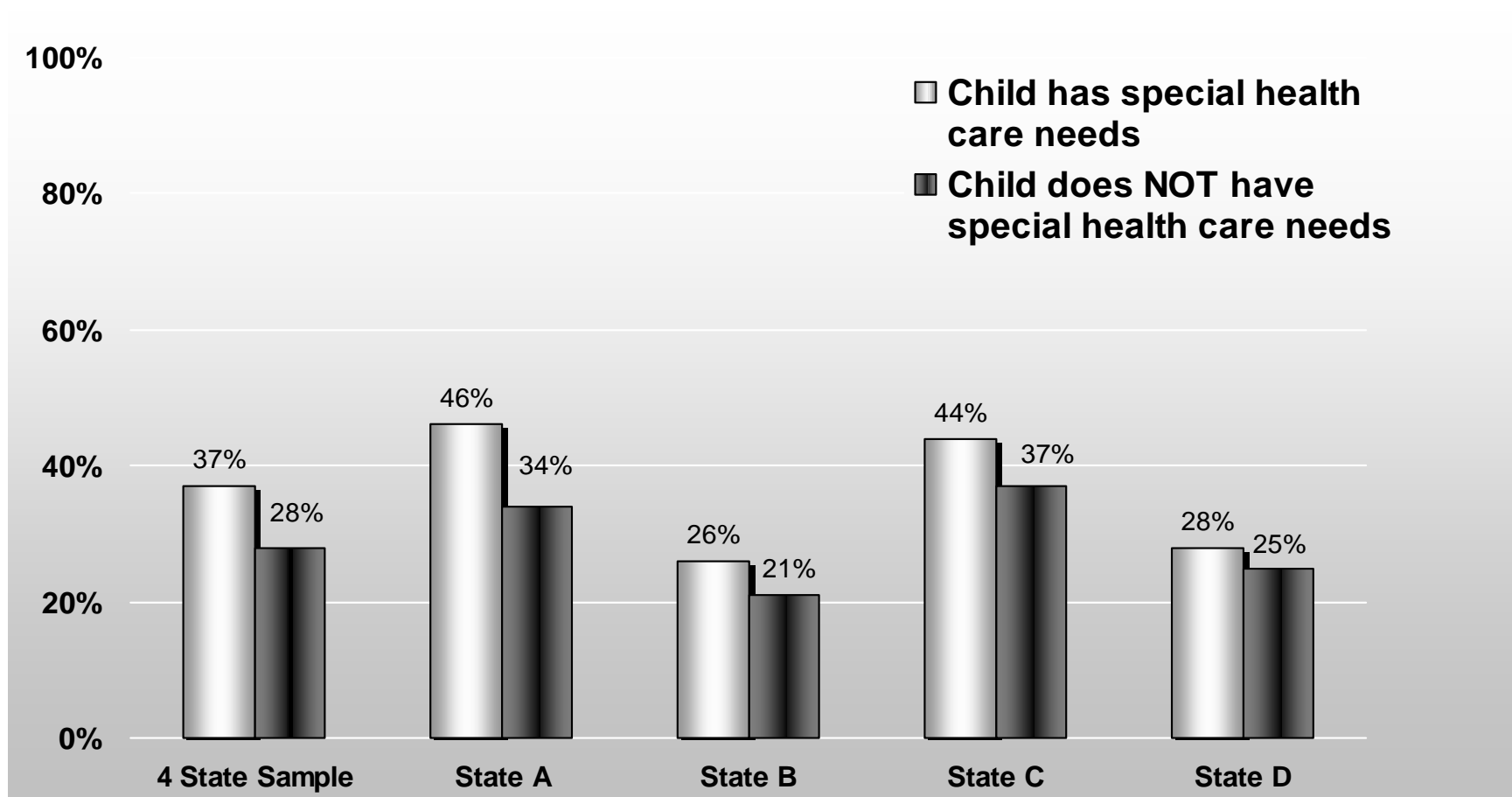
• *Proportion of parents who noted “a lot” or “some” problems paying for supplies like formula, food and diapers:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Parents of Children with Special Health Care Needs are More Likely to Report Financial Barriers to Care

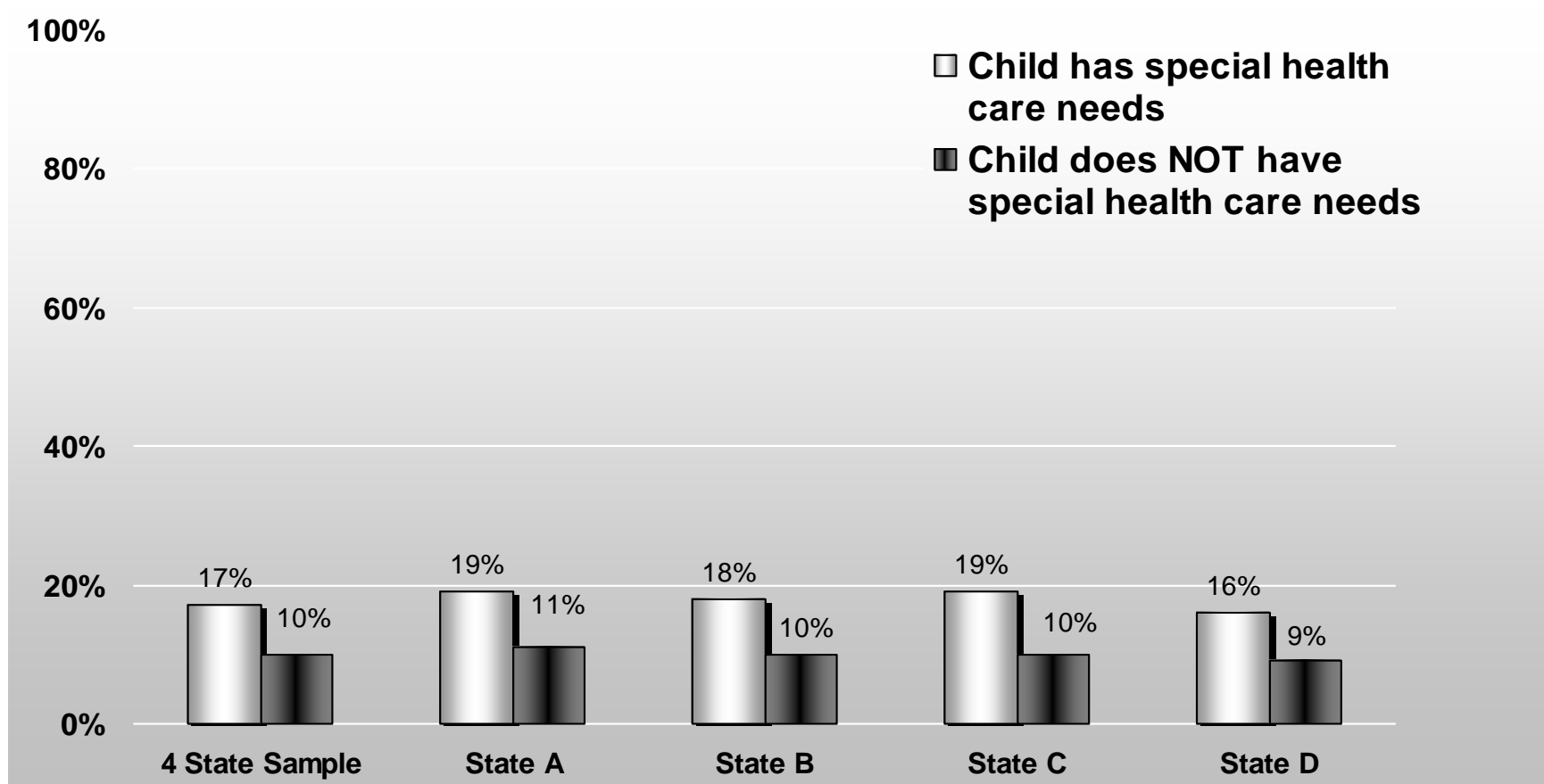
•Proportion of parents who noted “a lot” or “some” problems paying for *healthcare for themselves*:



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Parents of Children with Special Health Care Needs are More Likely to Report Financial Barriers to Care

• *Proportion of parents who noted “a lot” or “some” problems paying for child’s health and medical supplies::*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Part 3:

Overall assessment of Preventive  
and Developmental Health Care  
for Young Children

# PHDS-PLUS Items Related to Overall assessment of Preventive and Developmental Health Care for Young Children

PHDS-PLUS assesses the level and quality of comprehensive preventive and developmental care as recommended by the American Academy of Pediatrics and the Maternal and Child Health Bureau. Specifically, the PHDS-PLUS measures the following seven components:

1. provision of age-appropriate **anticipatory guidance and parental education**;
2. assessment of **psychosocial issues and safety** in the family;
3. assessment of **smoking, alcohol, and substance** abuse in the family;
4. provision of written and other **health information** to parents;
5. **family-centered care** (communication and partnership with pediatric clinicians);
6. provision of **follow-up care** for children at high or moderate risk for developmental/behavioral or social delays; and
7. **helpfulness of care** provided.

A **comprehensive** measure can then be created examining the proportion of children who received a basic or “threshold” level of quality care across all seven components of care.

# Threshold Scoring Model

- Based on the mean/average across topics scoring model
- Creates a binomial variable that is:
  - Child did or did not receive threshold level of quality of care for that specific aspect of care
- A “threshold” mean or average proportion of yes responses is set for each measure of care

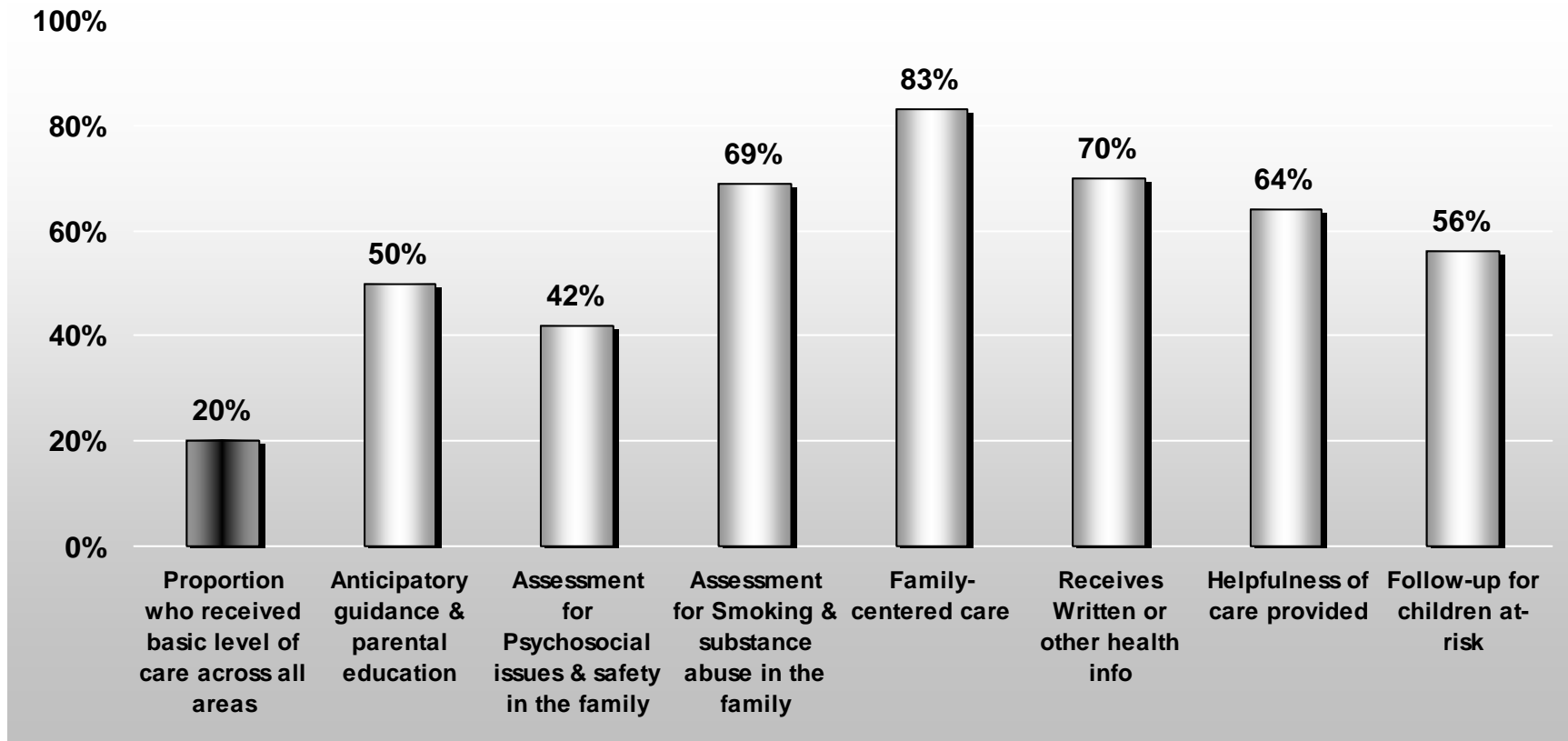
# Threshold Scoring Model

## *Scoring used:*

	Measure of Care Value Used to Determine Whether Child Received “Quality of Care”
Anticipatory Guidance and Parental Education	1) Score $\geq 80$ (Parent said “Yes, and my ?s ans.” to 80% of the items)
Assessment for psychosocial well-being and safety	Score $\geq 67$ (Parent said “Yes” to 67% of the items)
Family-Centered Care	Score $\geq 75$ (On average, parent said “Always” or “Usually”)

# Proportion of Children Receiving a Basic Level of Preventive and Developmental Care in Each Area Assessed

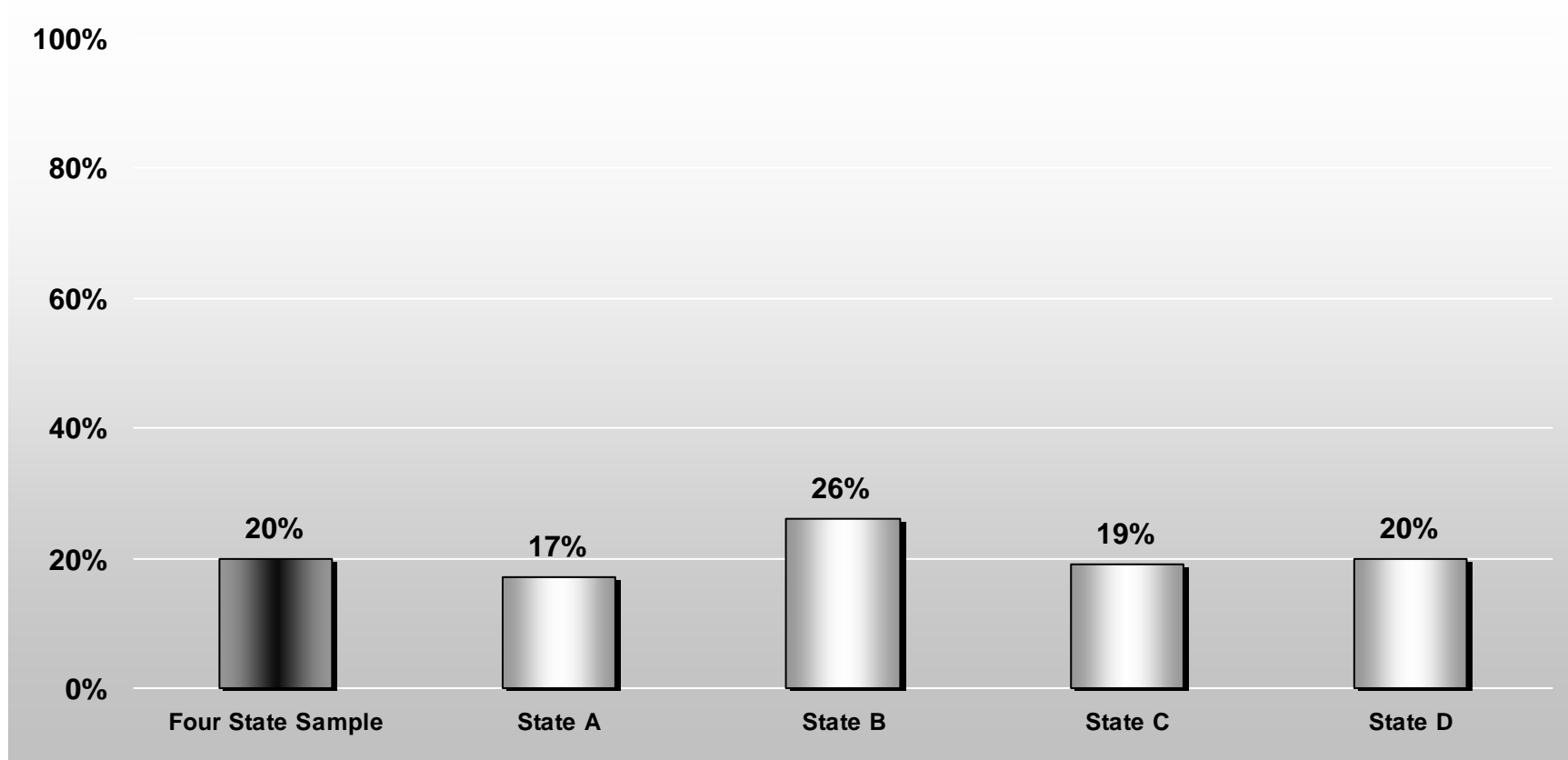
•Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:



•Version 1 Scoring: Anticipatory Guidance and Parental Education – 80% of topics discussed  
 Family Centered Care- On average, parent said usually/always to each item

# Proportion of Children Receiving a Basic Level of Preventive and Developmental Care in Each Area Assessed

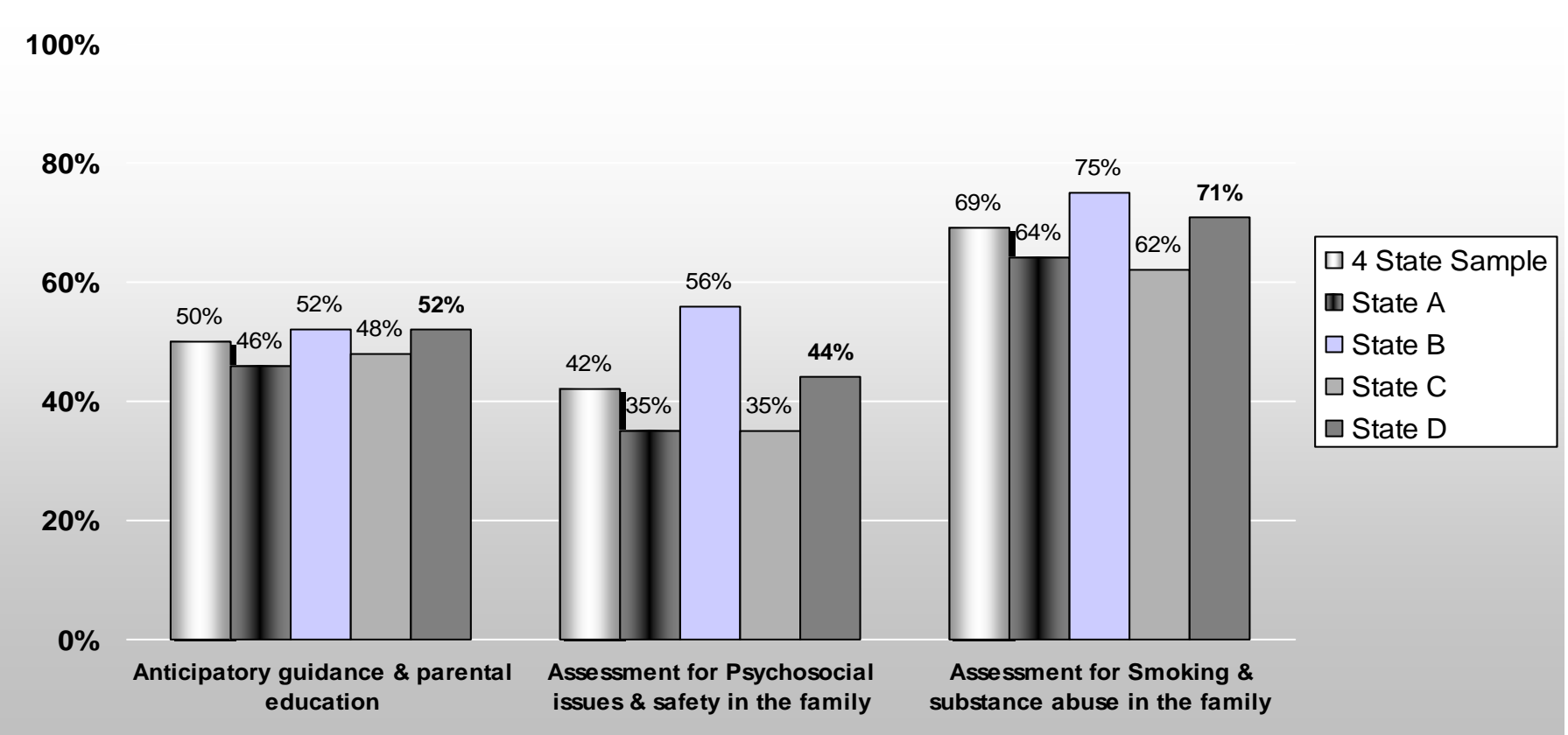
•*Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:*



•*Version 1 Scoring: Anticipatory Guidance and Parental Education – 80% of topics discussed  
Family Centered Care- On average, parent said usually/always to each item*

# Proportion of Children Receiving a Basic Level of Preventive and Developmental Care in Each Area Assessed

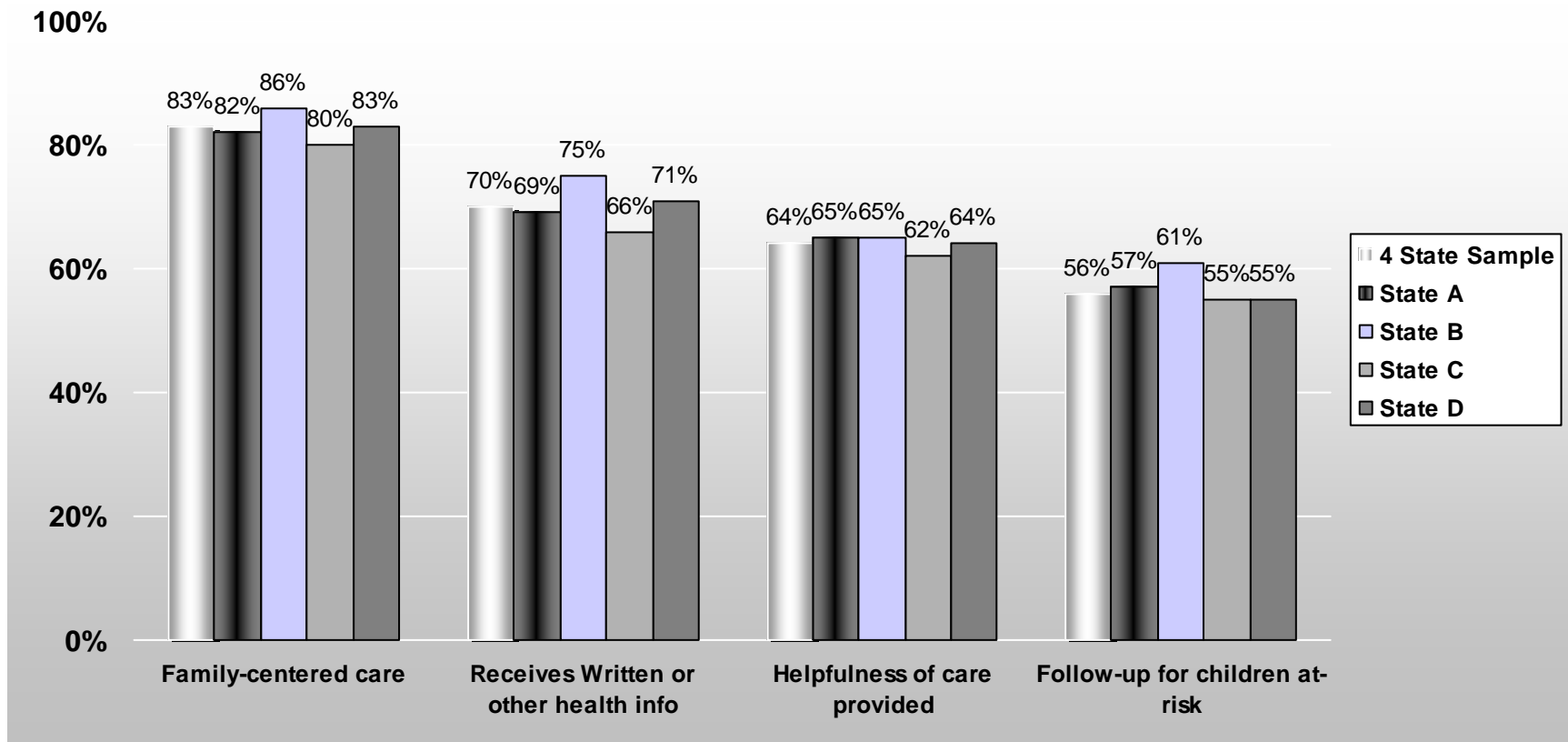
•Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:



•Version 1 Scoring: Anticipatory Guidance and Parental Education – 80% of topics discussed  
 Family Centered Care- On average, parent said usually/always to each item

# Proportion of Children Receiving a Basic Level of Preventive and Developmental Care in Each Area Assessed

•*Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:*



•*Version 1 Scoring: Anticipatory Guidance and Parental Education – 80% of topics discussed  
Family Centered Care- On average, parent said usually/always to each item*

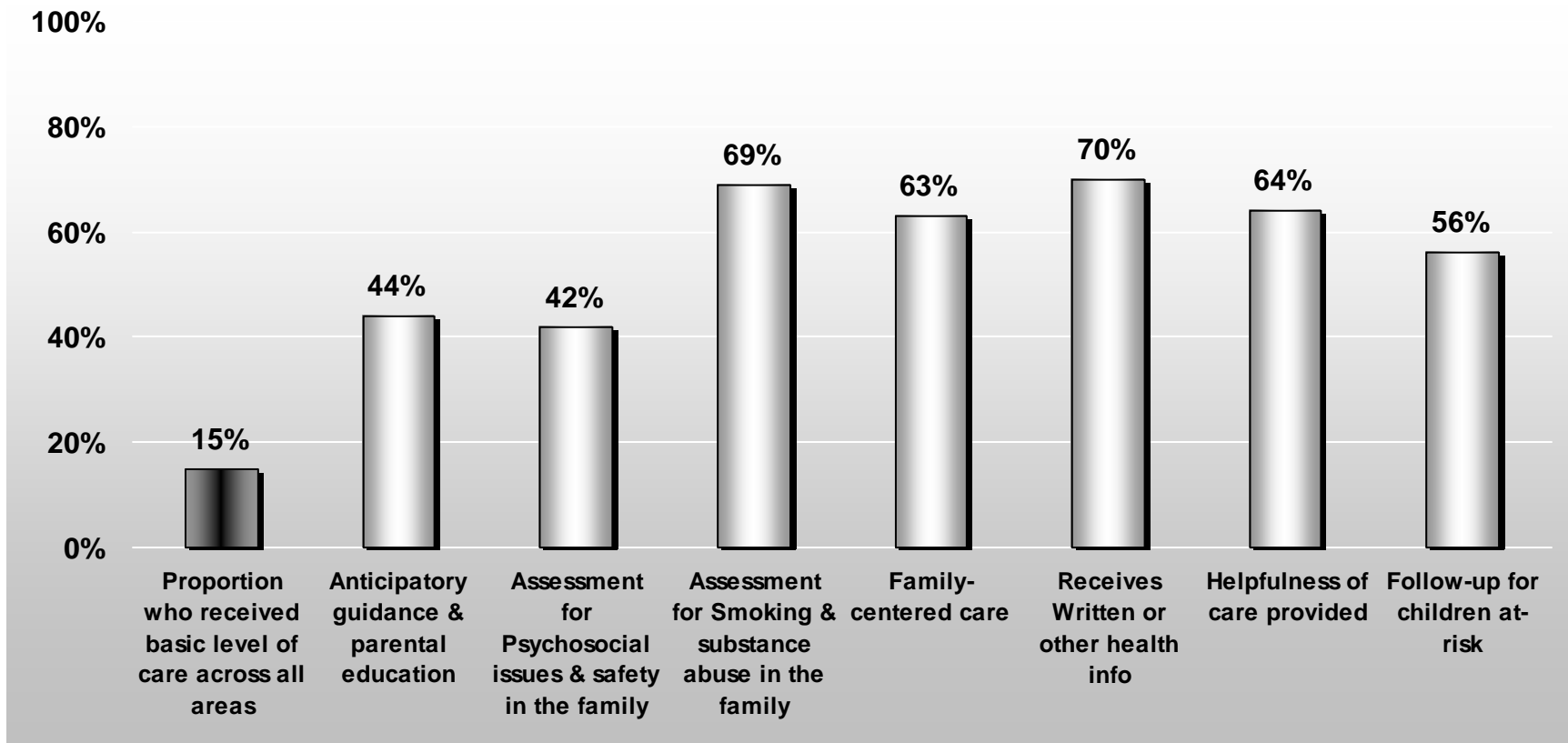
# Threshold Scoring Model: Version 2

*Scoring used:*

	Threshold Value Used to Determine Whether Child Received “Quality of Care”
Anticipatory Guidance and Parental Education	Parent said “yes” OR “no, but I did not wish to discuss it” to all items in the anticipatory guidance and parental education scale.
Family-Centered Care	Parent said “Always” or “Usually” to all items in the family-centered scale.

# Proportion of Children Receiving a Basic Level of Preventive and Developmental Care in Each Area Assessed

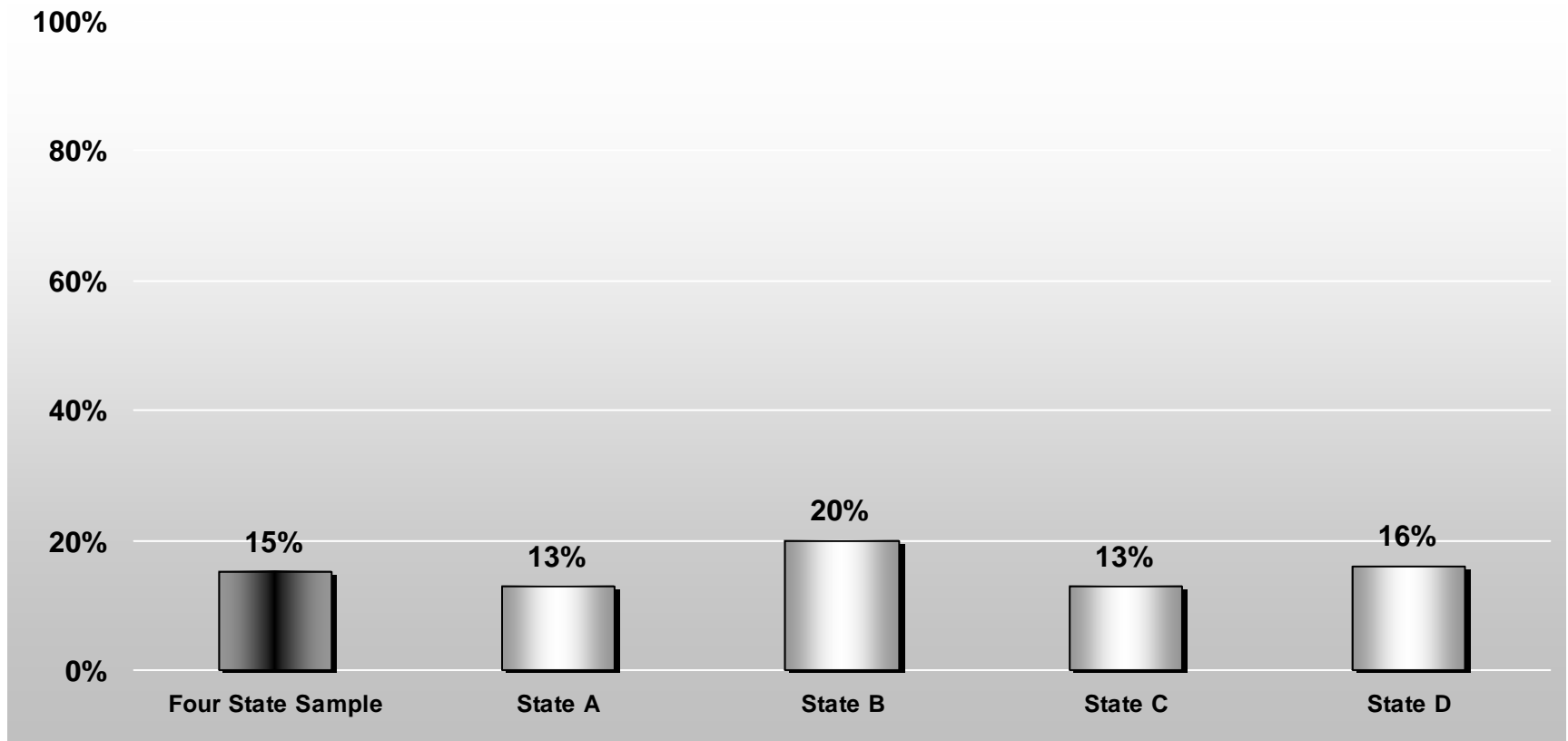
•*Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:*



•*Version 2 Scoring: Anticipatory Guidance and Parental Education – Parent reported “Yes, topic discussed” or “No, I did not want to discuss it” to all items. Family Centered Care- Parent reported usually/always to each item.*

# Proportion of Children Receiving a Basic Level of Preventive and Developmental Care in Each Area Assessed

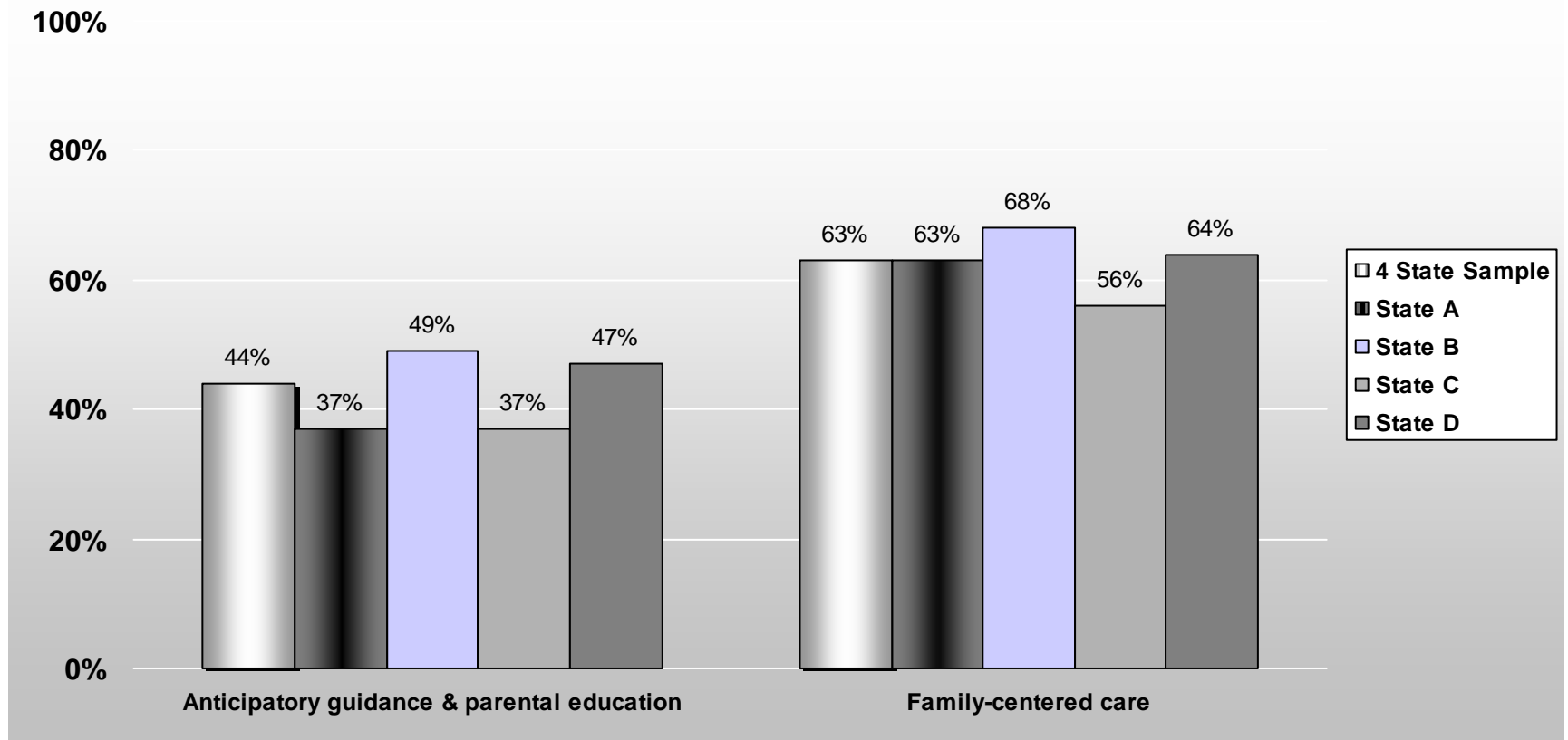
•*Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:*



•*Version 2 Scoring: Anticipatory Guidance and Parental Education – Parent reported “Yes, topic discussed” or “No, I did not want to discuss it” to all items. Family Centered Care- Parent reported usually/always to each item.*

# Proportion of Children Receiving a Basic Level of Preventive and Developmental Care in Each Area Assessed

•Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:



•Version 2 Scoring: Anticipatory Guidance and Parental Education – Parent reported “Yes, topic discussed” or “No, I did not want to discuss it” to all items. Family Centered Care- Parent reported usually/always to each item.

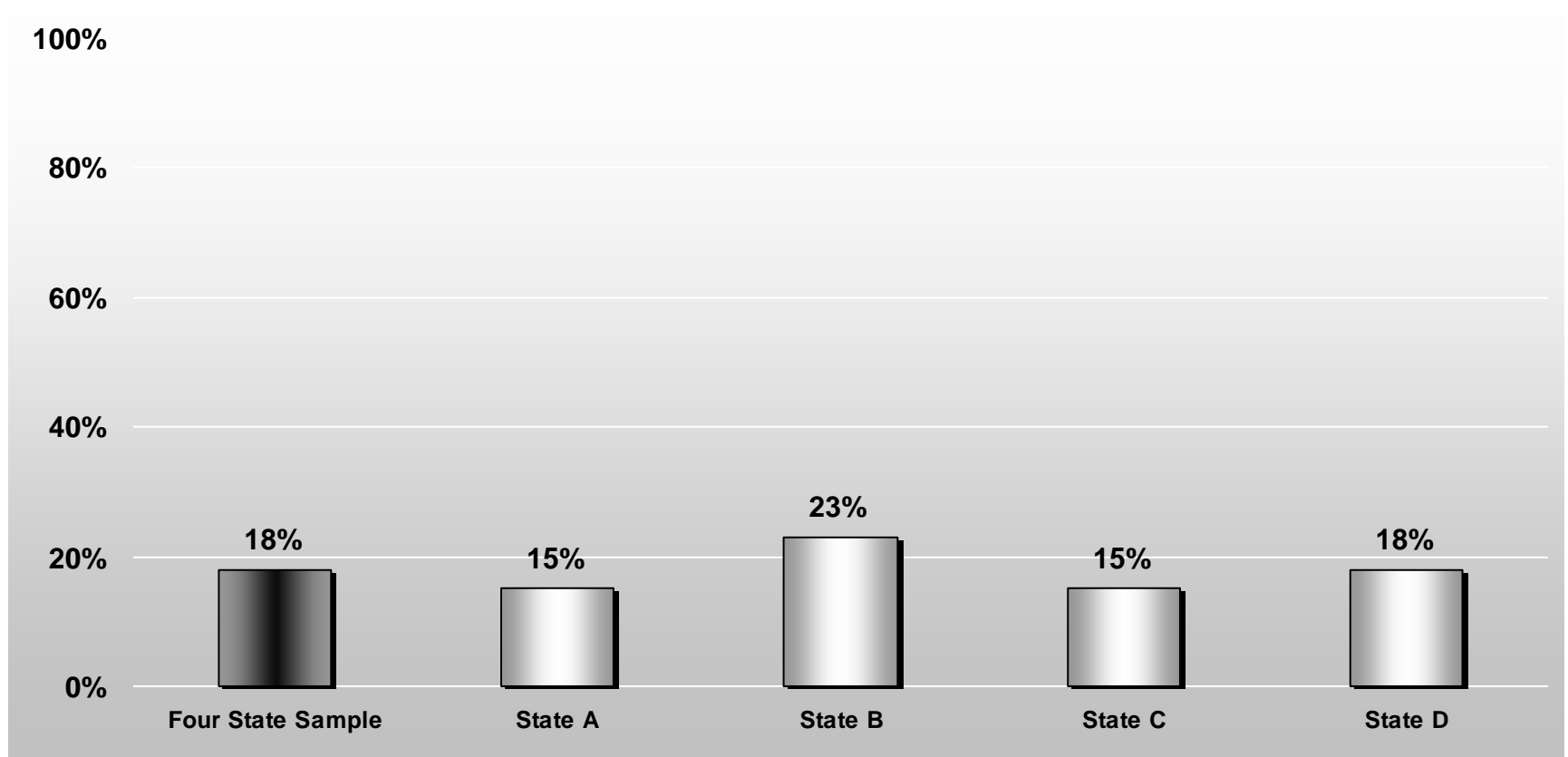
# Threshold Scoring Model: Version 3

*Scoring used:*

	Threshold Value Used to Determine Whether Child Received “Quality of Care”
Anticipatory Guidance and Parental Education	Score $\geq$ 80 (Parent said “Yes, and my ?s ans.” to 80% of the items
Family-Centered Care	Parent said “Always” or “Usually” to all items in the family-centered scale.

# Proportion of Children Receiving a Basic Level of Preventive and Developmental Care in Each Area Assessed

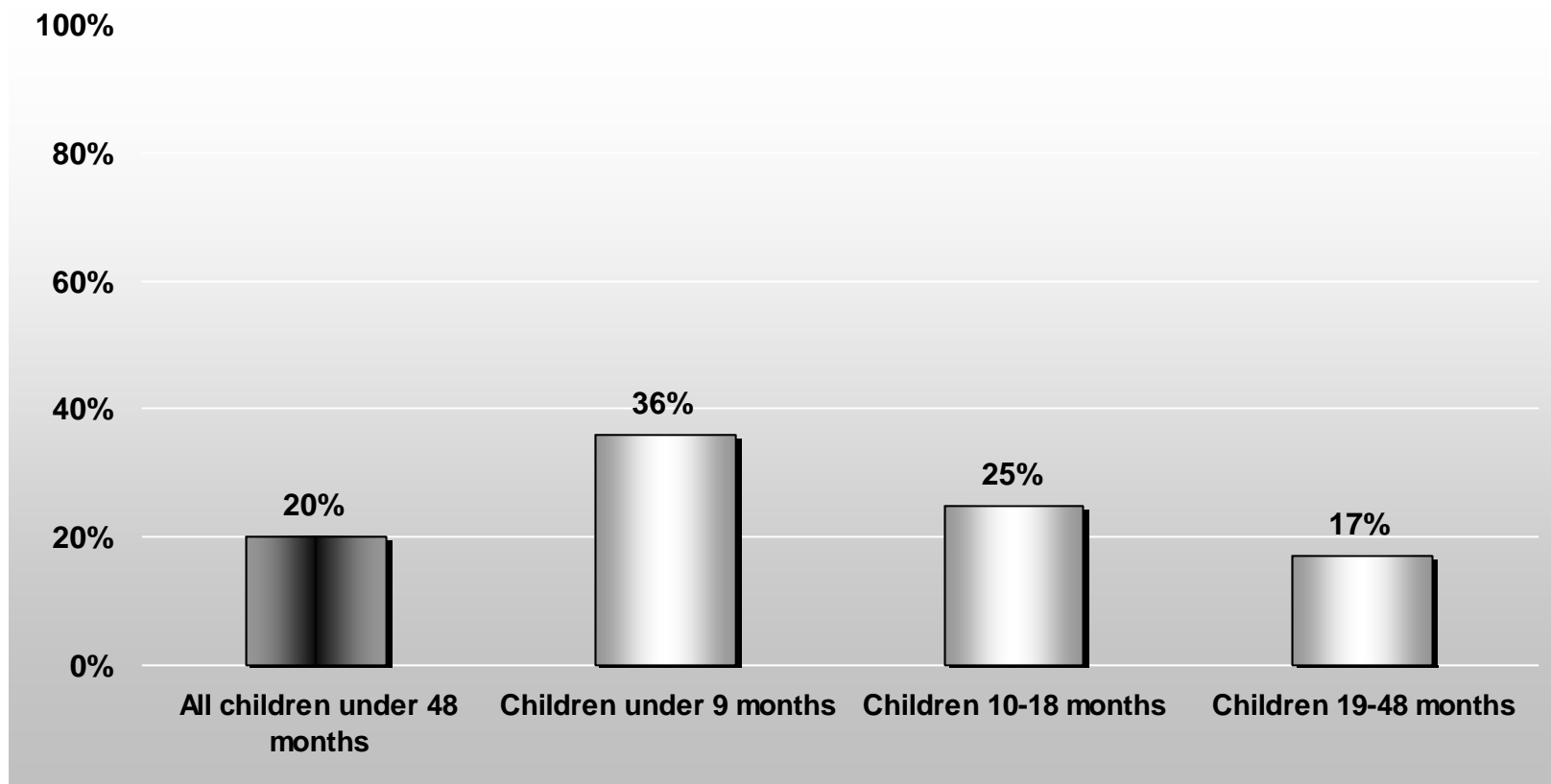
•*Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:*



•*Version 3 Scoring: Anticipatory Guidance and Parental Education – 80% of Topics Discussed. Family Centered Care- Parent reported usually/always to each item.*

# Infants are More Likely to Receive a Basic Level of Preventive and Developmental Care

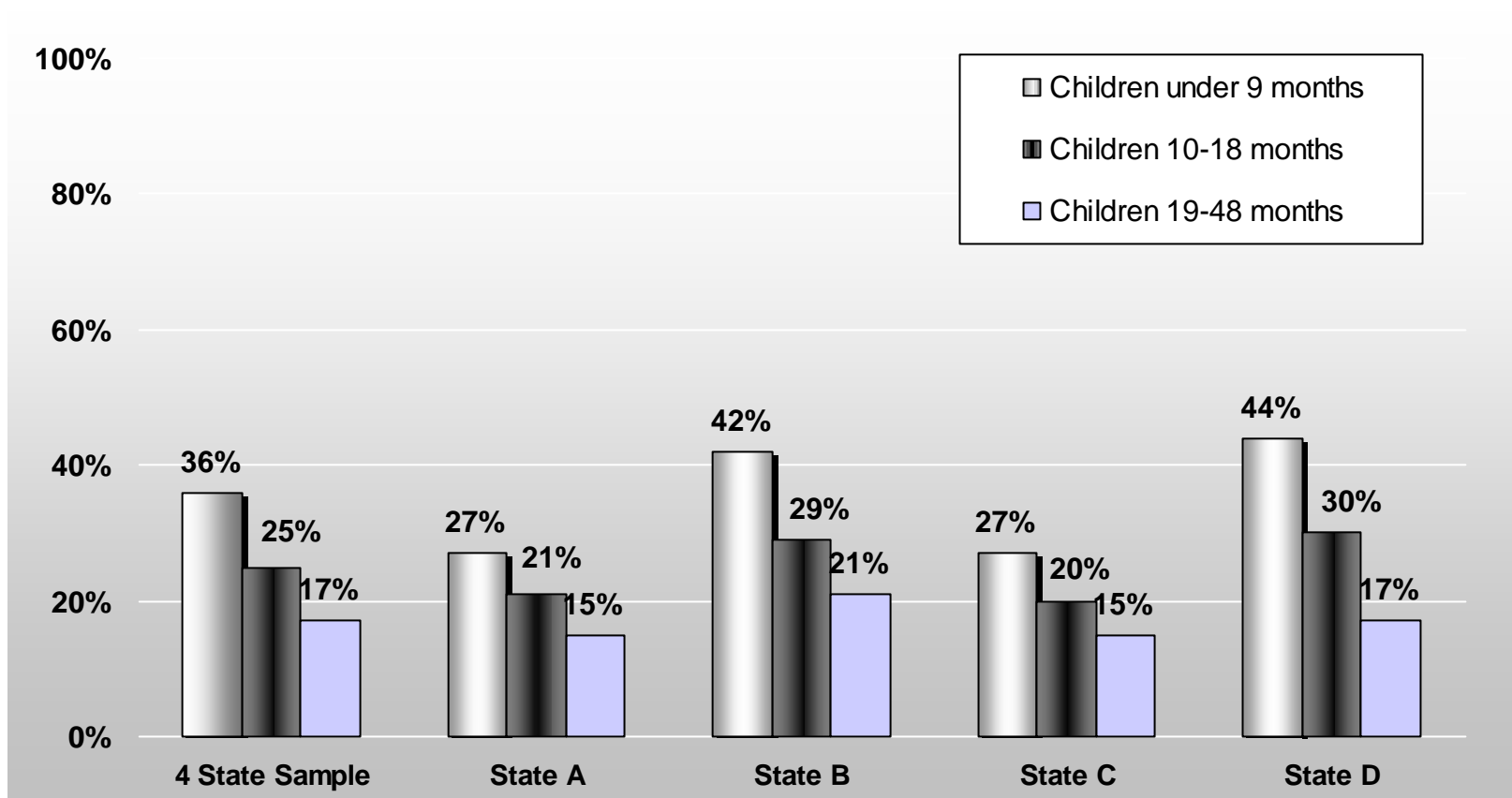
•Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:



•Version 1 Scoring: Anticipatory Guidance and Parental Education – 80% of topics discussed  
Family Centered Care- On average, parent said usually/always to each item

# Infants are More Likely to Receive a Basic Level of Preventive and Developmental Care

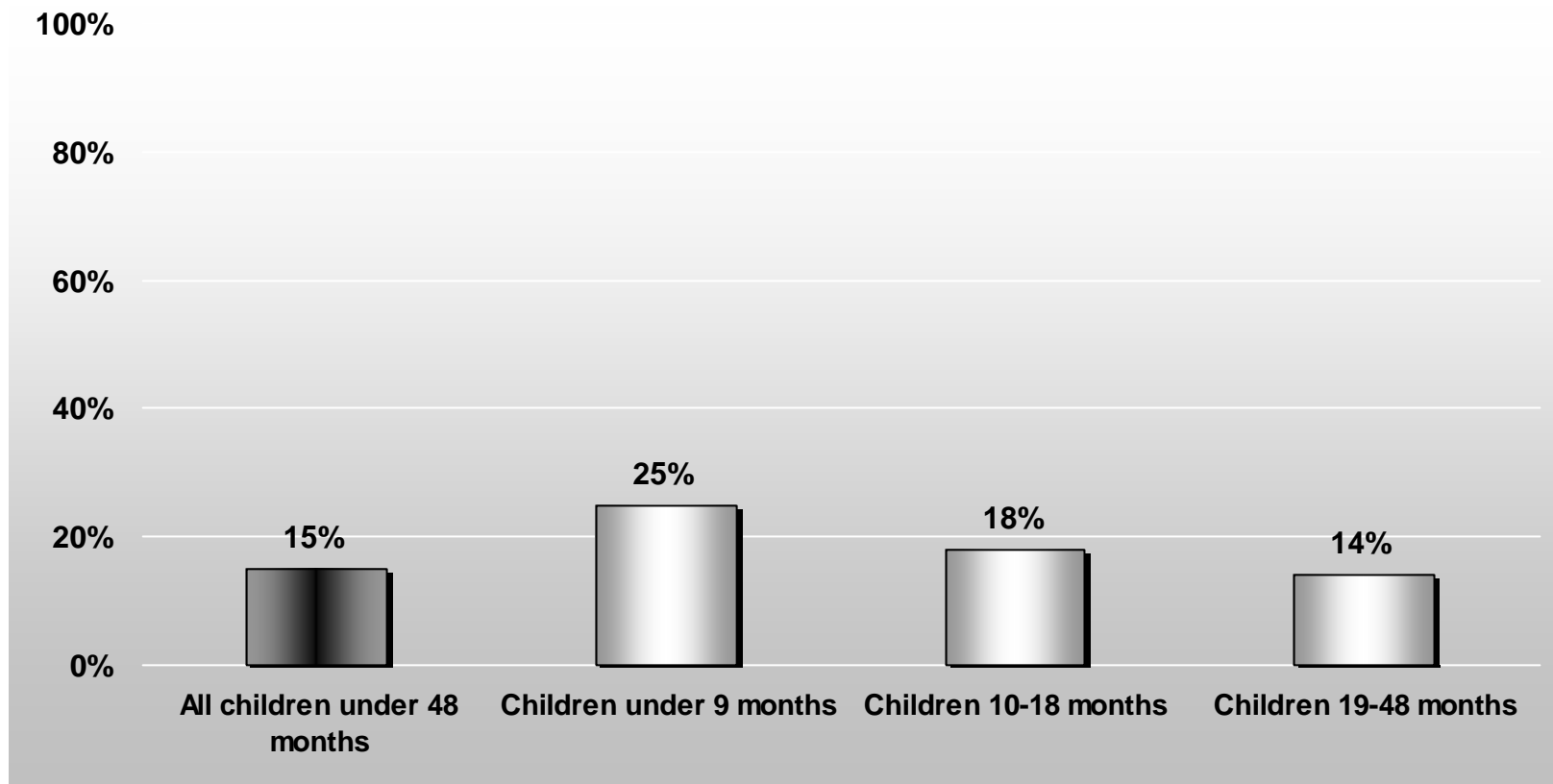
•Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:



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## Infants are More Likely to Receive a Basic Level of Preventive and Developmental Care

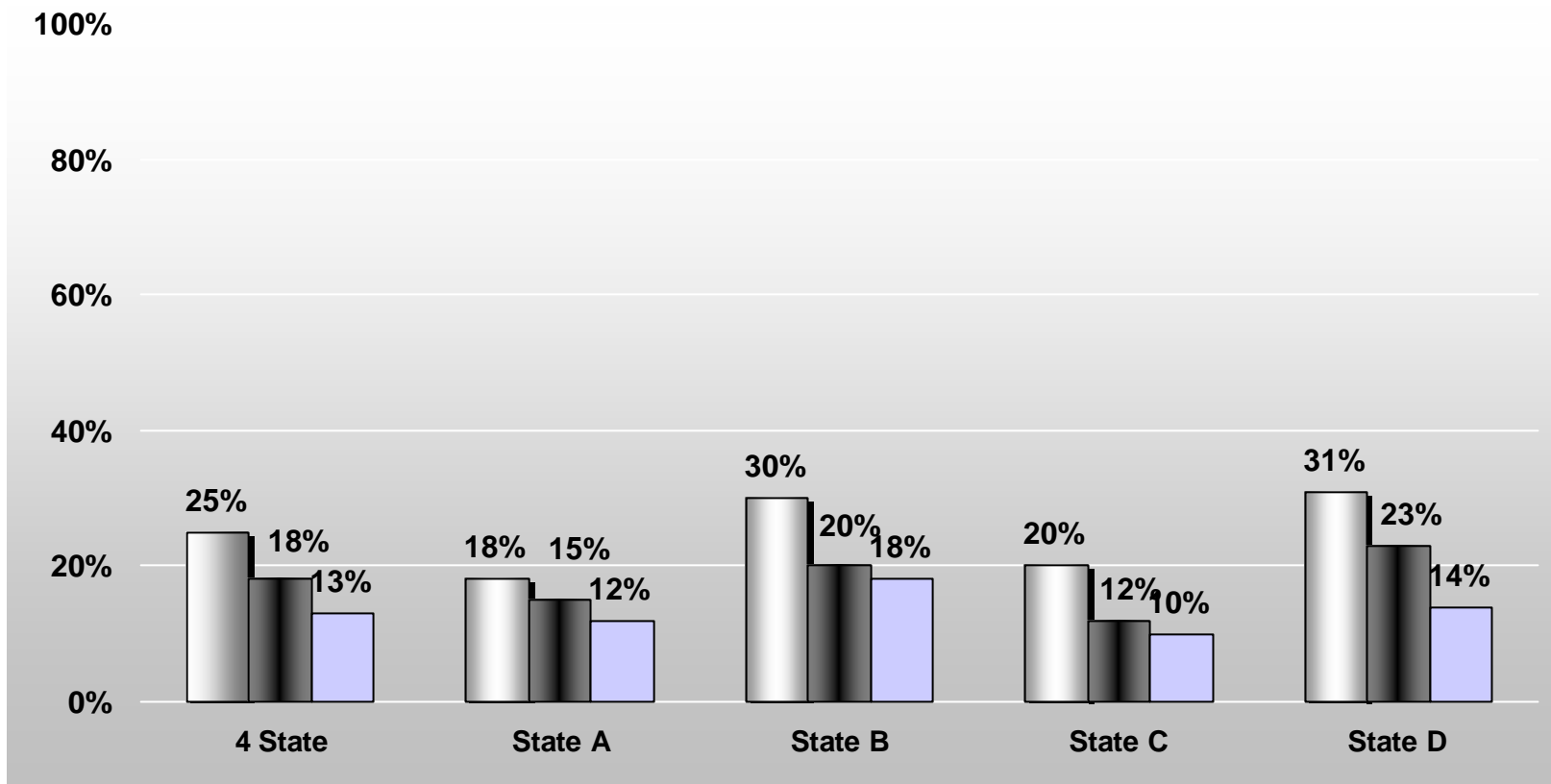
•*Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:*



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# Infants are More Likely to Receive a Basic Level of Preventive and Developmental Care

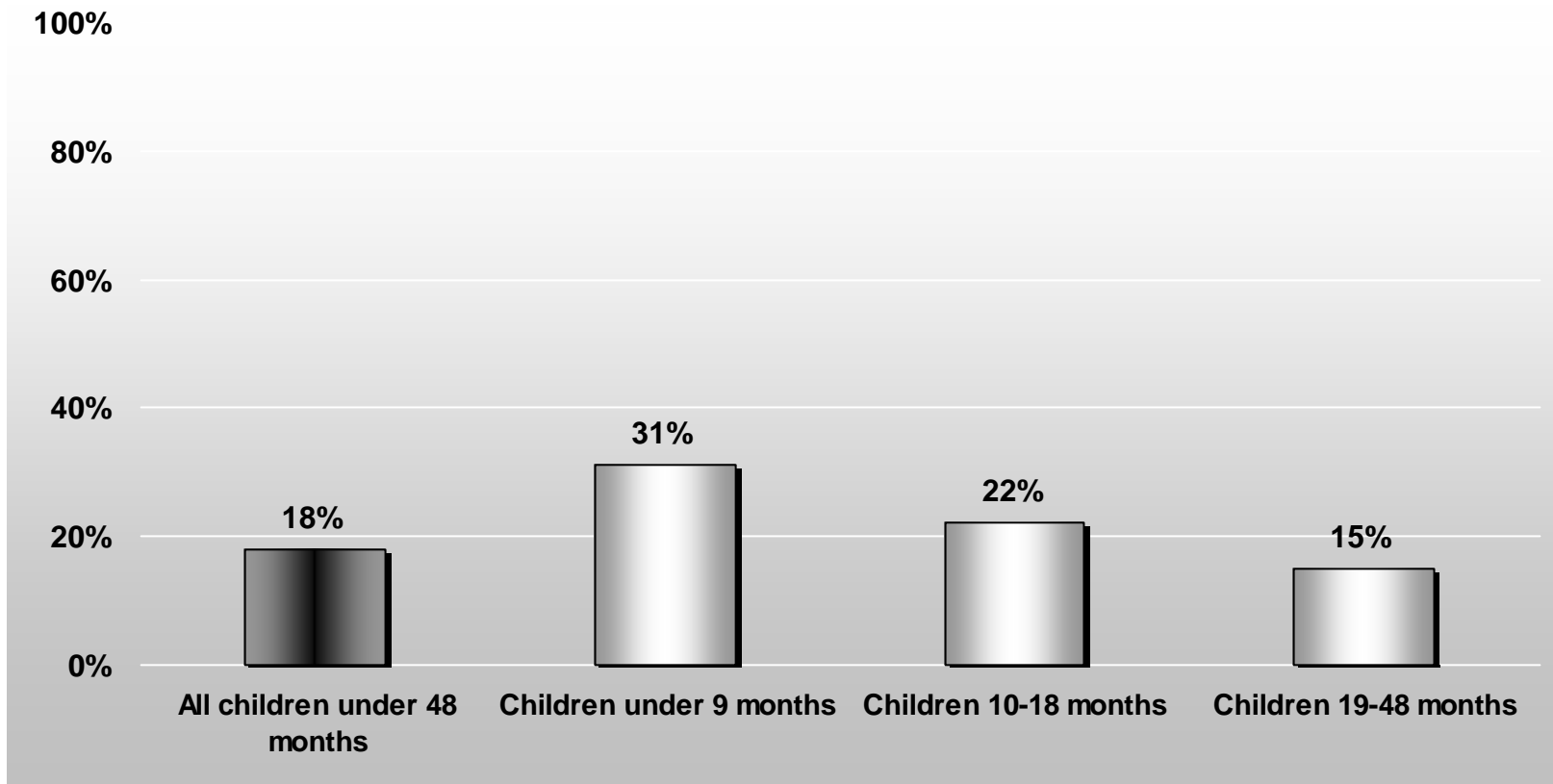
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# Infants are More Likely to Receive a Basic Level of Preventive and Developmental Care

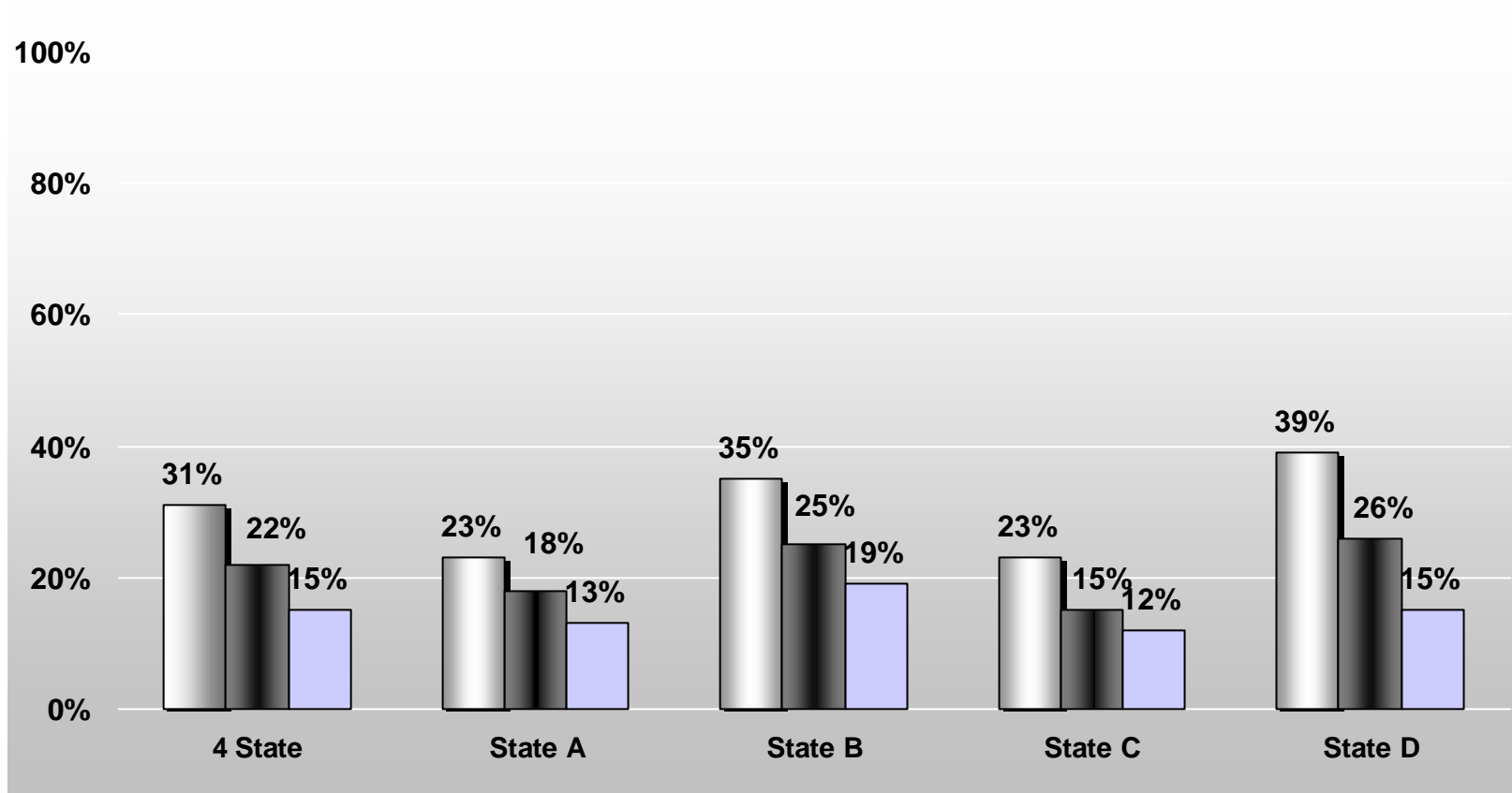
•Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:



•Version 3 Scoring: Anticipatory Guidance and Parental Education – 80% of Topics Discussed. Family Centered Care- Parent reported usually/always to each item.

# Infants are More Likely to Receive a Basic Level of Preventive and Developmental Care

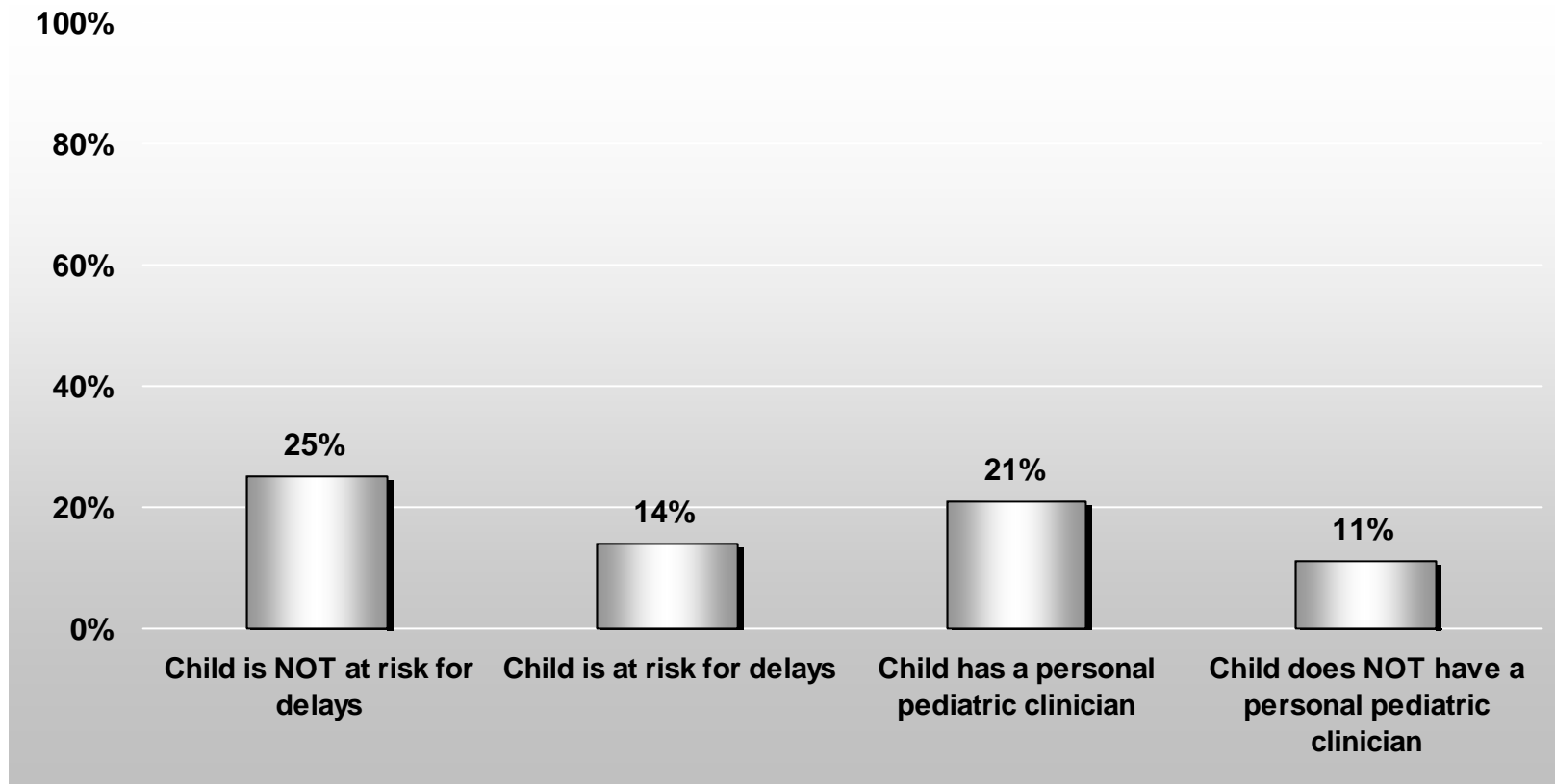
•Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:



•Version 3 Scoring: Anticipatory Guidance and Parental Education – 80% of Topics Discussed. Family Centered Care- Parent reported usually/always to each item.

# Children with No Personal Pediatric Clinician or Who are at Risk for Delays are Less Likely to Receive Preventive and Developmental Care

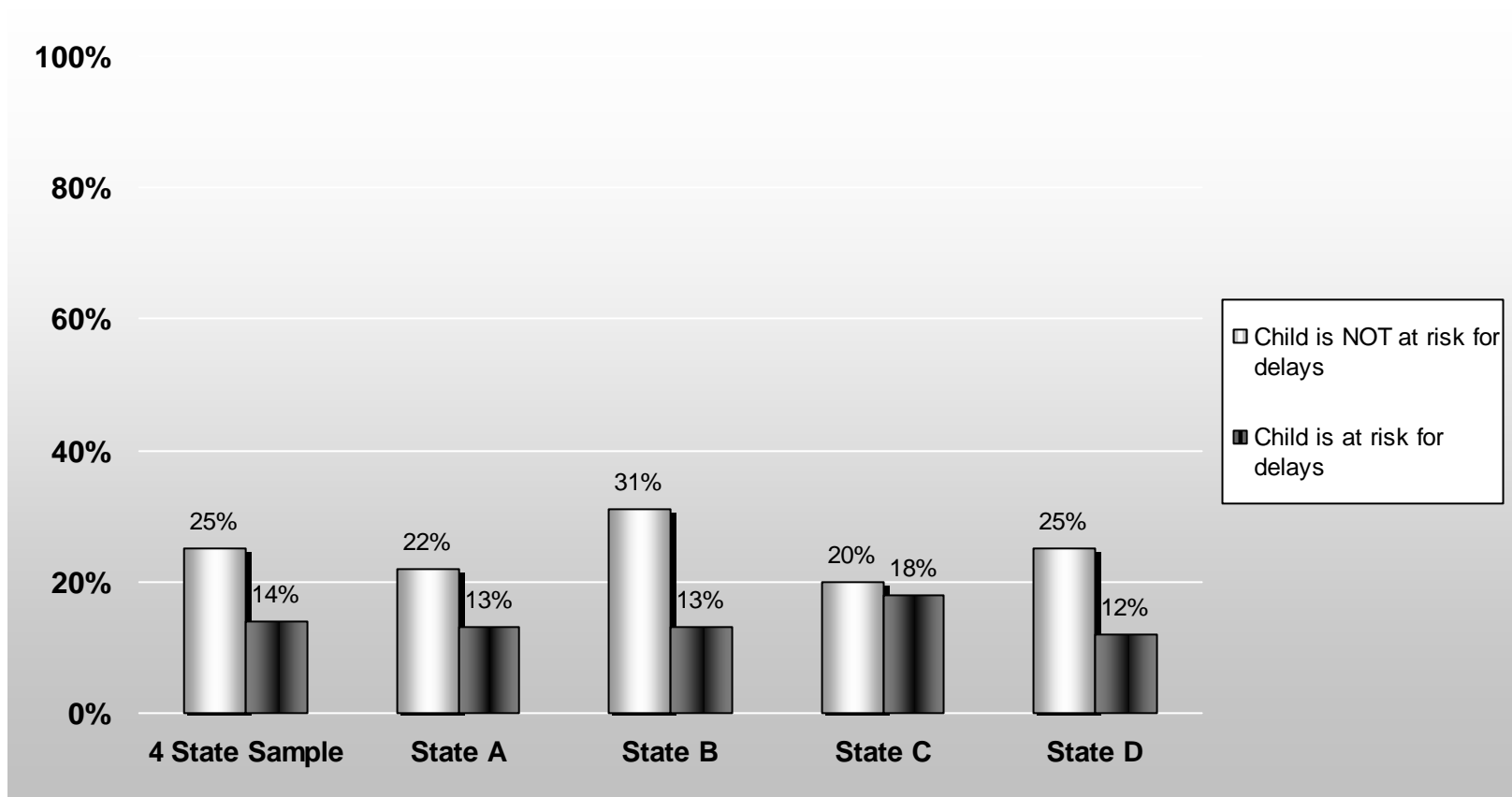
•*Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:*



•*Version 1 Scoring: Anticipatory Guidance and Parental Education – 80% of topics discussed  
Family Centered Care- On average, parent said usually/always to each item*

# Children Who are at Risk for Delays are Less Likely to Receive Preventive and Developmental Care

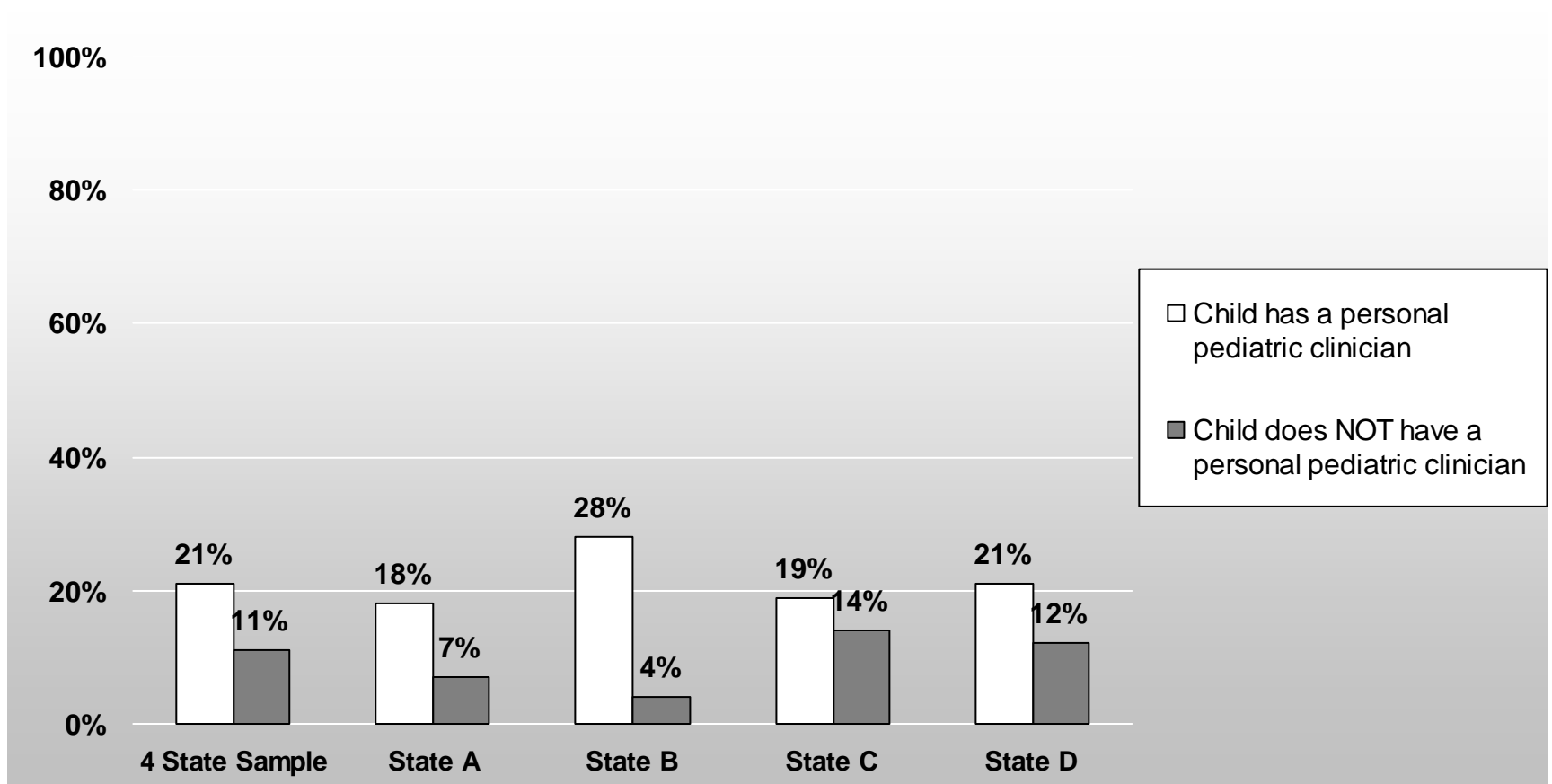
•*Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:*



•*Anticipatory Guidance and Parental Education – 80% of topics discussed*  
*Family Centered Care- On average, parent said usually/always to each item*

# Children with No Personal Pediatric Clinician or Who are at Risk for Delays are Less Likely to Receive Preventive and Developmental Care

•Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:

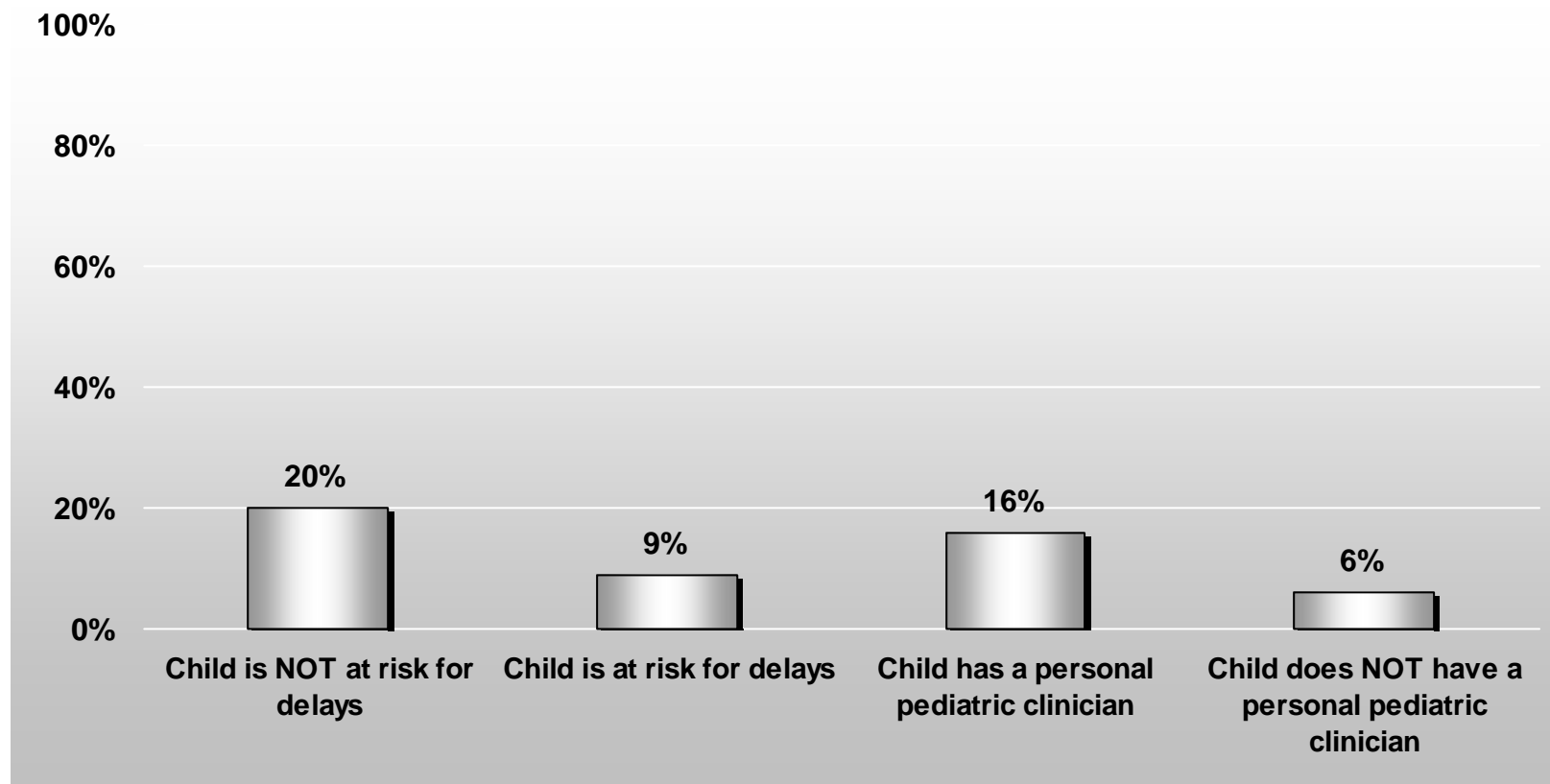


•Version 1 Scoring: Anticipatory Guidance and Parental Education – 80% of topics discussed  
 Family Centered Care- On average, parent said usually/always to each item

Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Children with No Personal Pediatric Clinician or Who are at Risk for Delays are Less Likely to Receive Preventive and Developmental Care

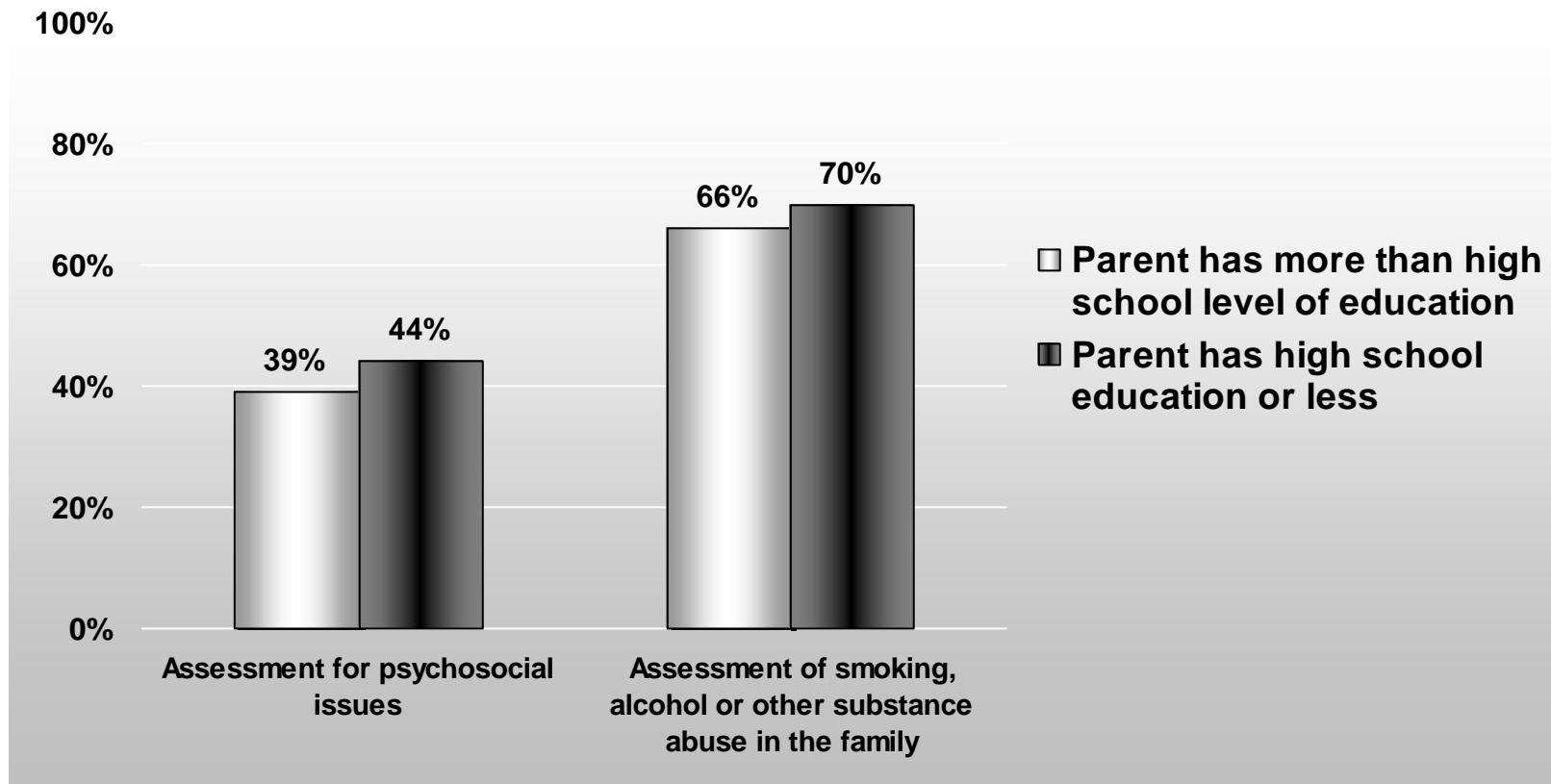
•Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:



•Version 2 Scoring: Anticipatory Guidance and Parental Education – Parent reported “Yes, topic discussed” or “No, I did not want to discuss it” to all items. Family Centered Care- Parent reported usually/always to each item.

## Parents with a Higher Level of Education are Less Likely to be Assessed for Psychosocial Issues

•Proportion of parents who report care that meets a basic threshold indicating acceptable quality care\*:

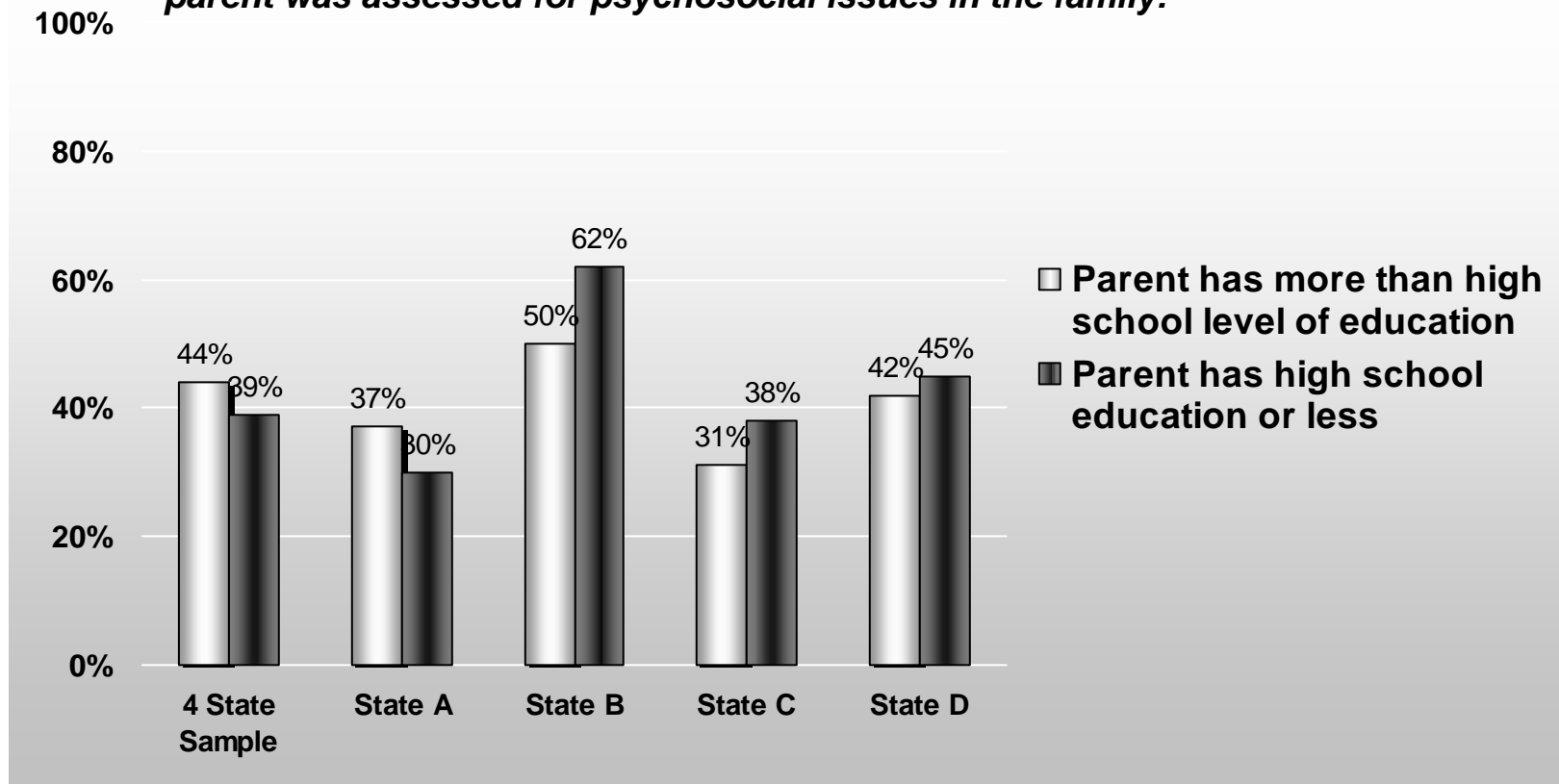


\*Note: See appendix for calculation of threshold values.

Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Parents with a Higher Level of Education are Less Likely to be Assessed for Psychosocial Issues

• *Proportion of parents who report care that meets a basic threshold indicating parent was assessed for psychosocial issues in the family:*

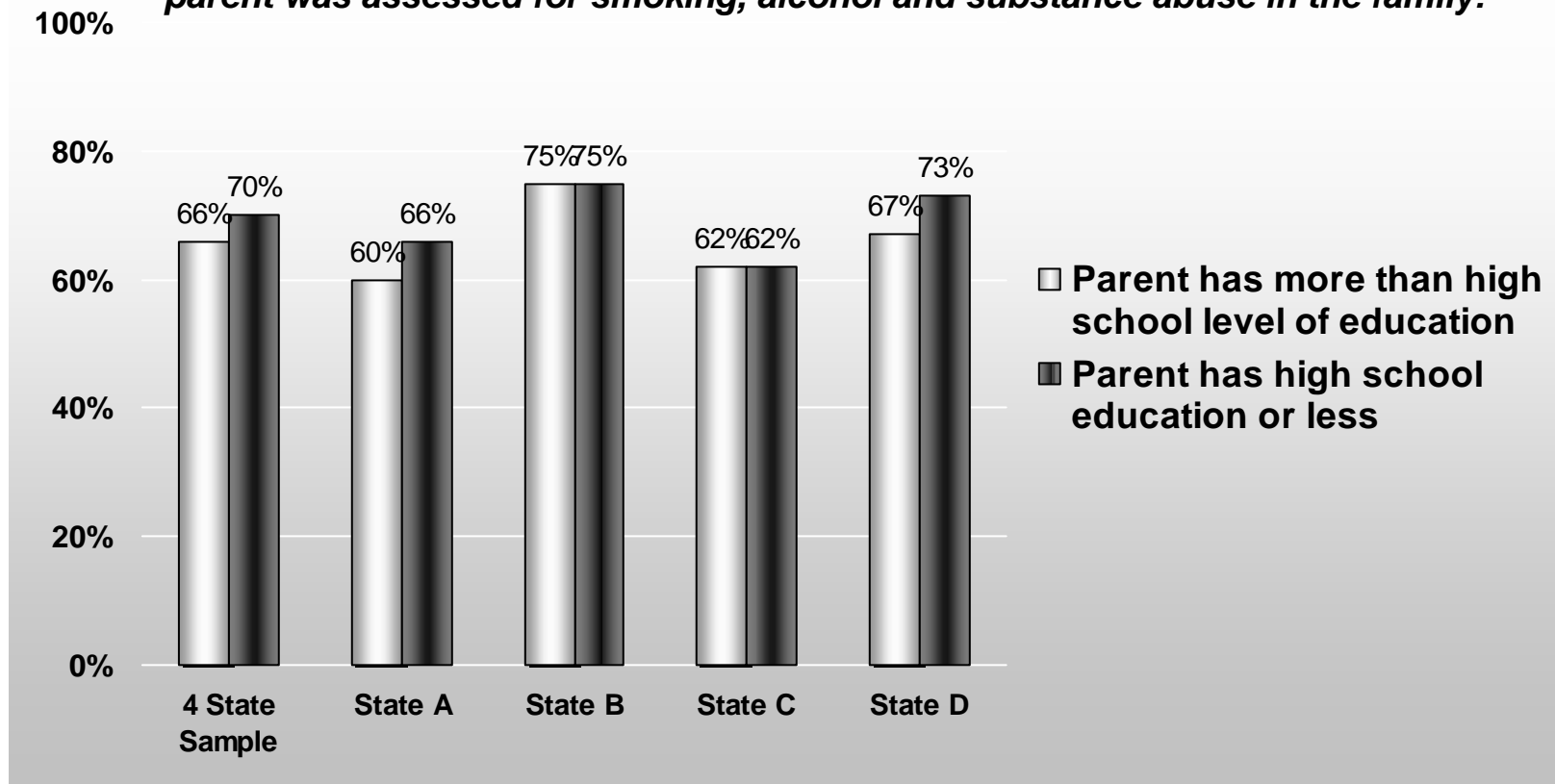


\*Note: See appendix for calculation of threshold values.

Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Assessment of Smoking, Alcohol or Other Substance Abuse in the Family by Respondent Education

•Proportion of parents who report care that meets a basic threshold indicating parent was assessed for smoking, alcohol and substance abuse in the family:

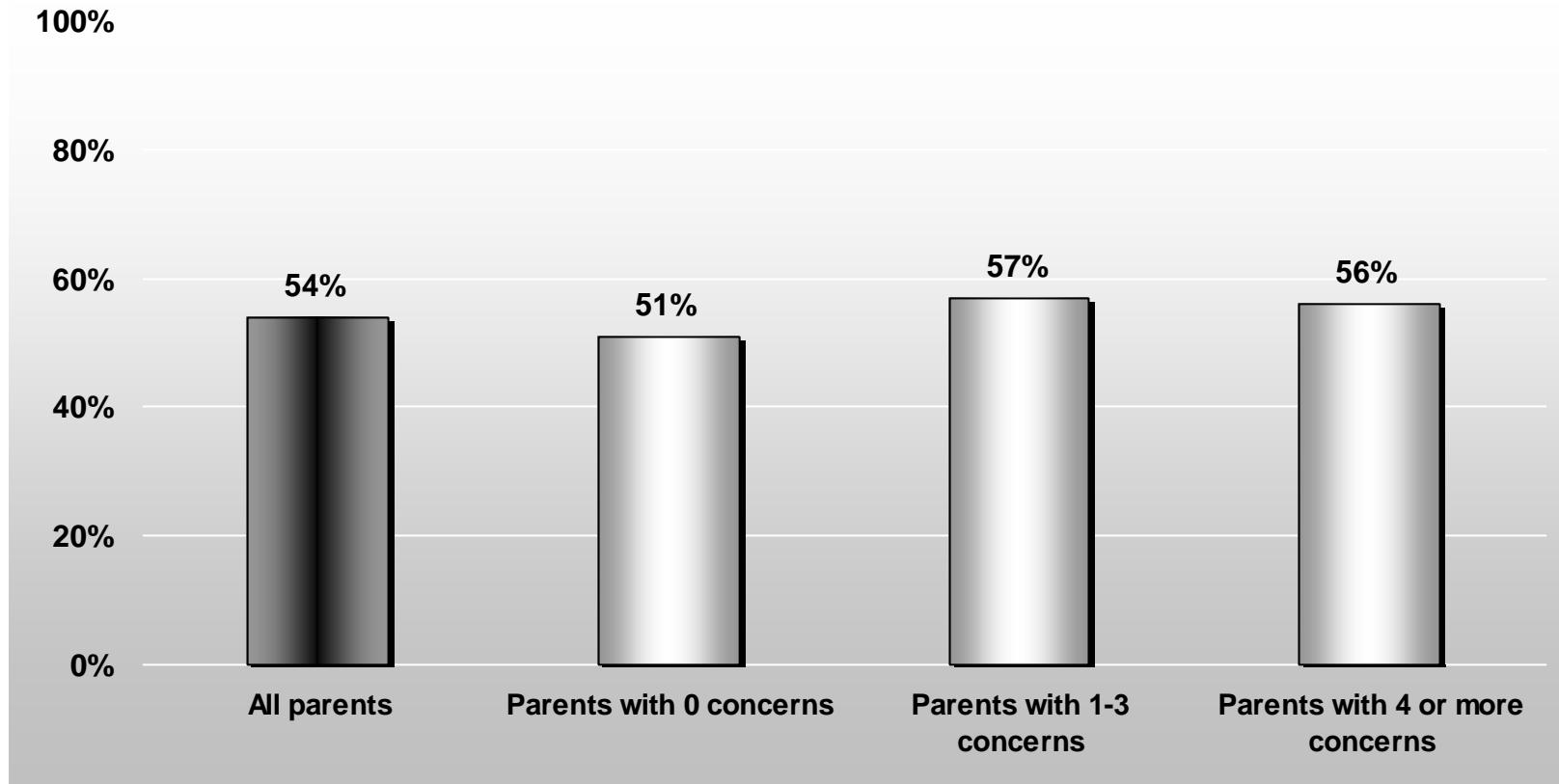


\*Note: See appendix for calculation of threshold values.

Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Many Parents are Not Asked if They Have Concerns About Their Child's Learning, Development or Behavior

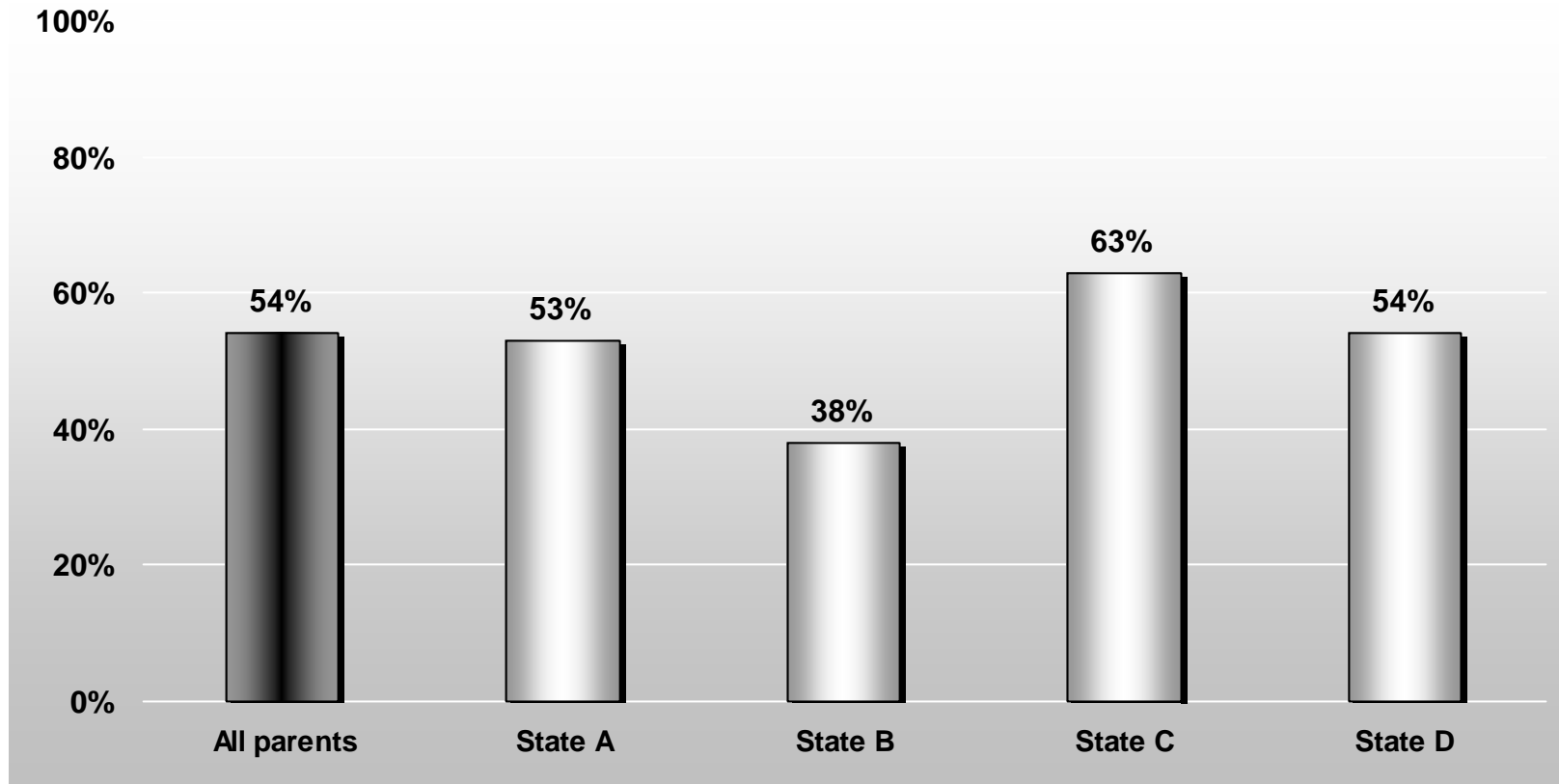
•Proportion of parents who are **NOT asked** by their child's pediatric clinician(s) if they have concerns about their child's learning, development or behavior:



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Many Parents are Not Asked if They Have Concerns About Their Child's Learning, Development or Behavior

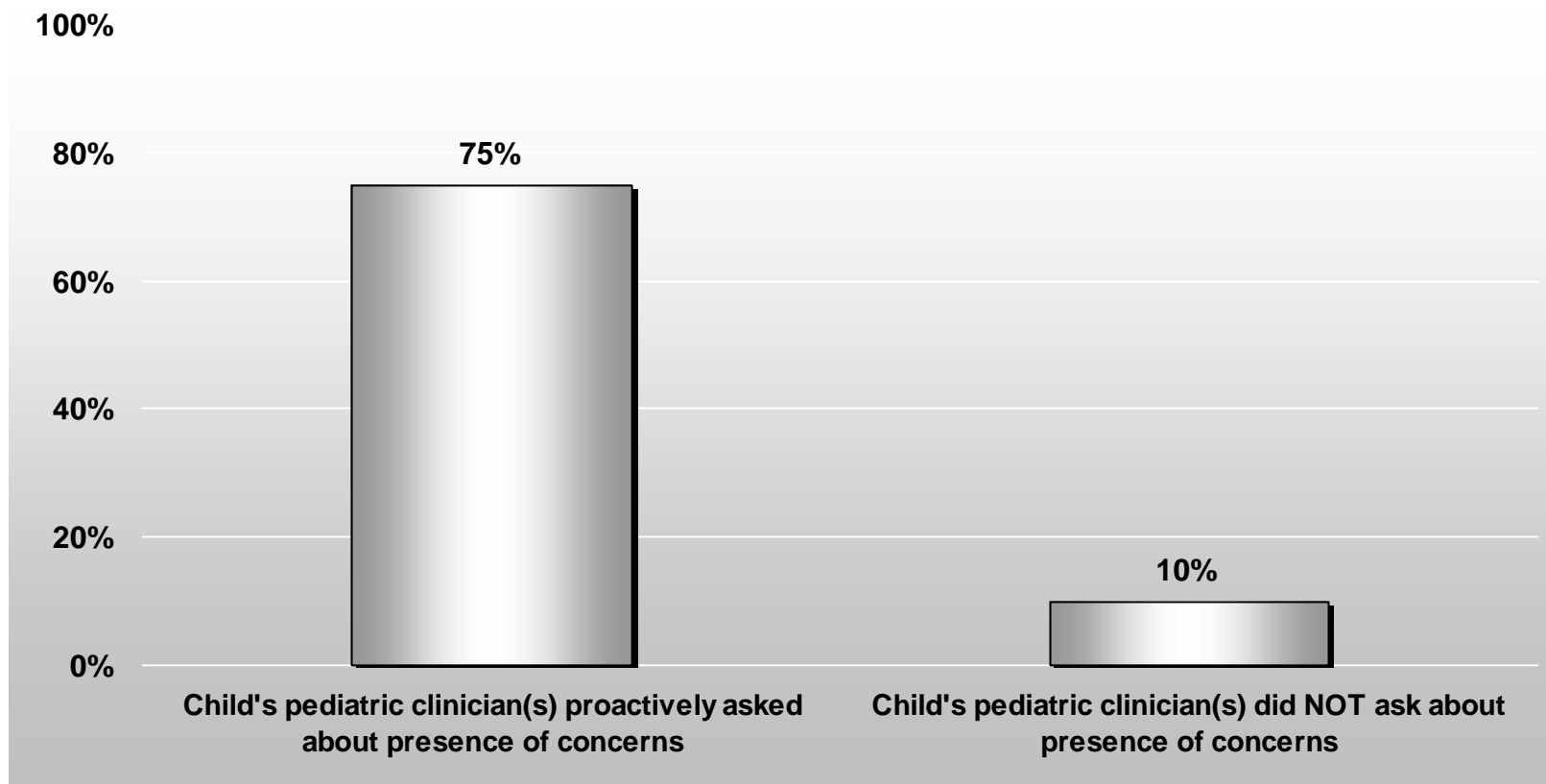
•Proportion of parents who are **NOT asked** by their child's pediatric clinician(s) if they have concerns about their child's learning, development or behavior:



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

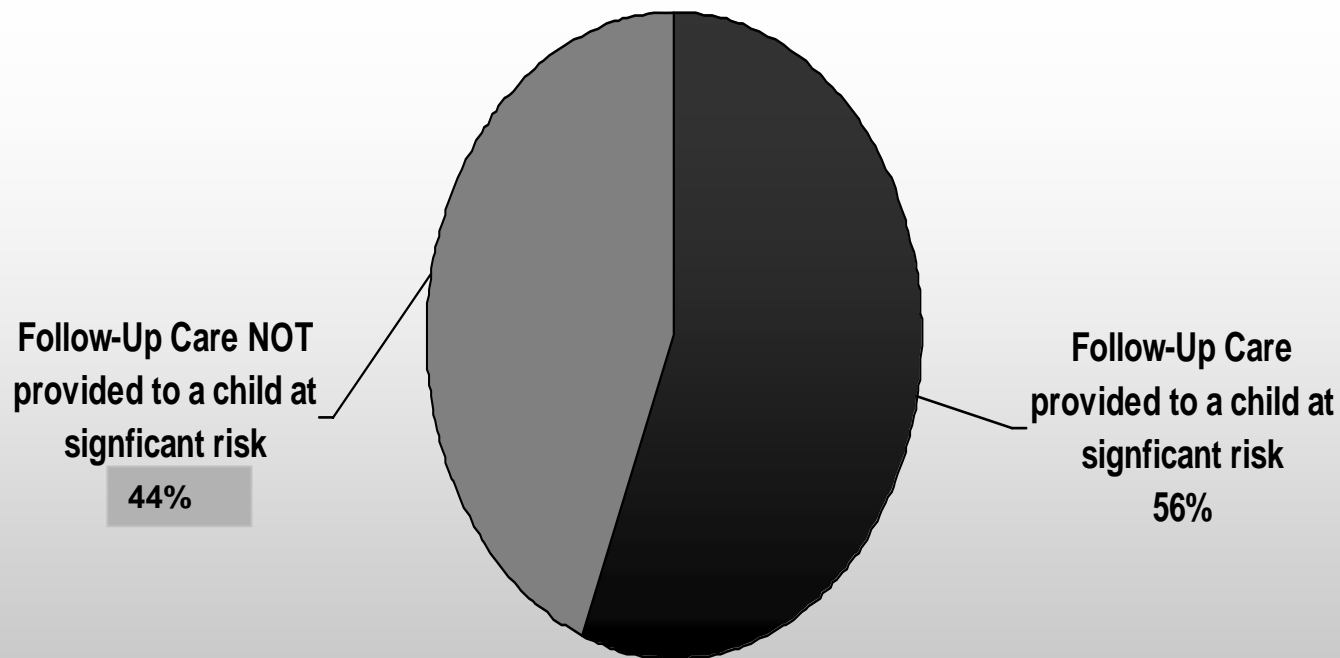
# Parents Whose Pediatric Clinicians Proactively Ask if They Have Concerns are More Likely to Get Needed Information to Address Their Concerns

• *Proportion of concerned parents who received specific information to address their concerns:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

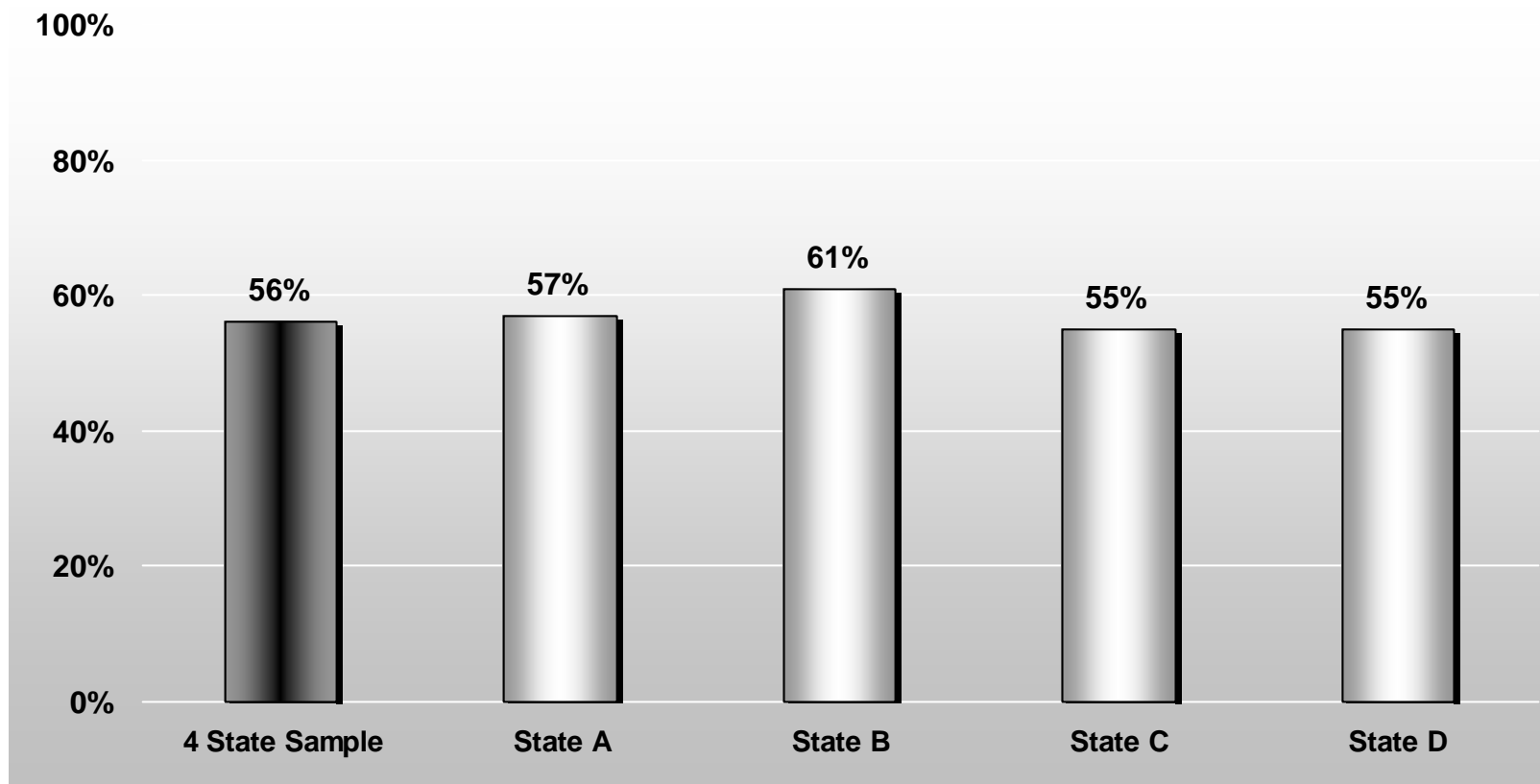
## Many Children At-Risk for Developmental, Behavioral or Social Delays do not Receive Follow-Up Care



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Many Children At-Risk for Developmental, Behavioral or Social Delays do not Receive Follow-Up Care

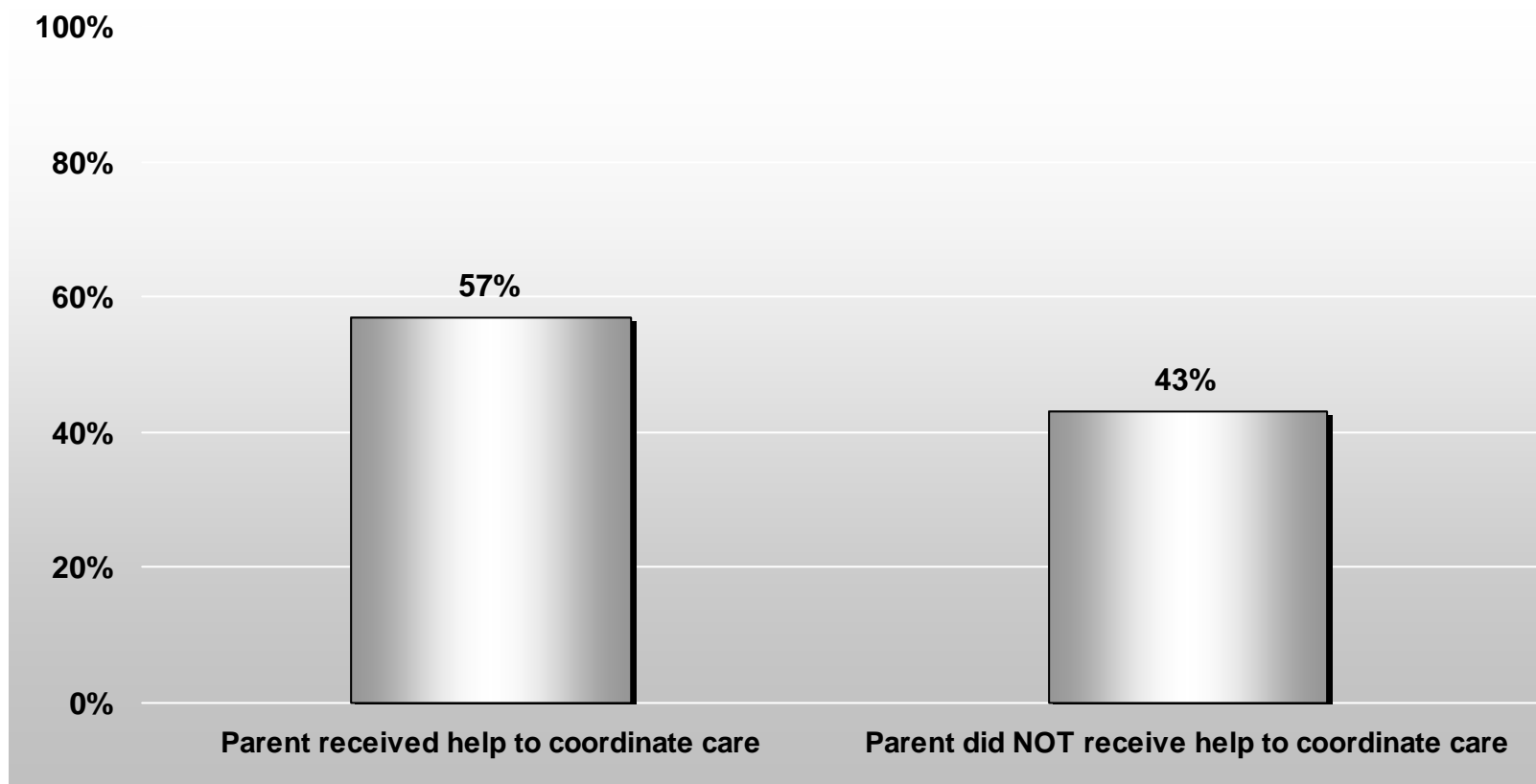
• *Proportion of children at significant risk for developmental, behavioral delays who received follow-up care.*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Care Coordination for Children Receiving Care from Multiple Pediatric Clinicians Often Does Not Occur

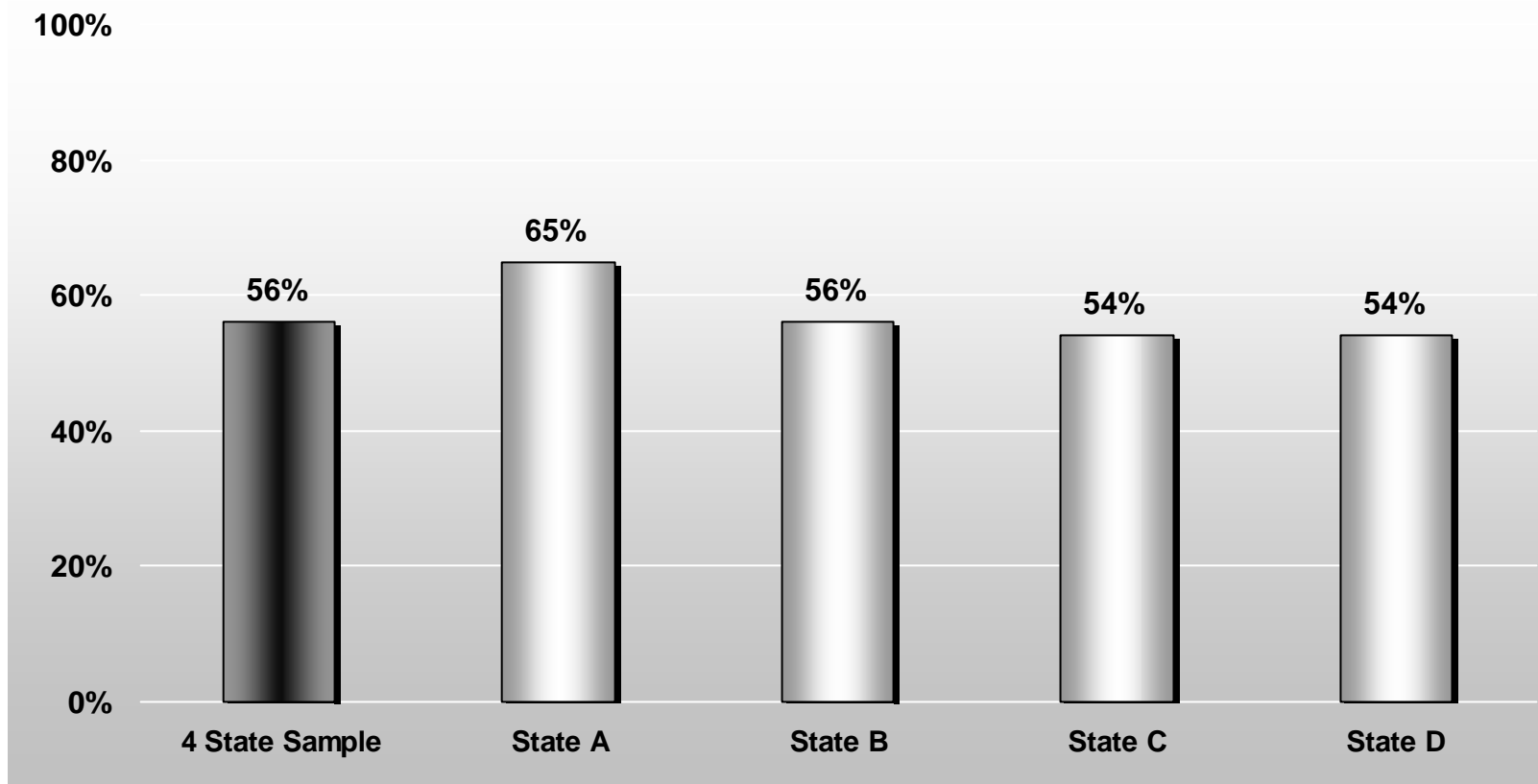
*Of the 29 percent of children receiving care from multiple pediatric clinicians, the proportion who receive care coordination services:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Care Coordination for Children Receiving Care from Multiple Pediatric Clinicians Often Does Not Occur

*Of the children receiving care from multiple pediatric clinicians, the proportion who receive care coordination services:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Part 4:

# Provision of Anticipatory Guidance and Parental Education

# PHDS-Plus Items Related to the Provision of Anticipatory Guidance and Parental Education

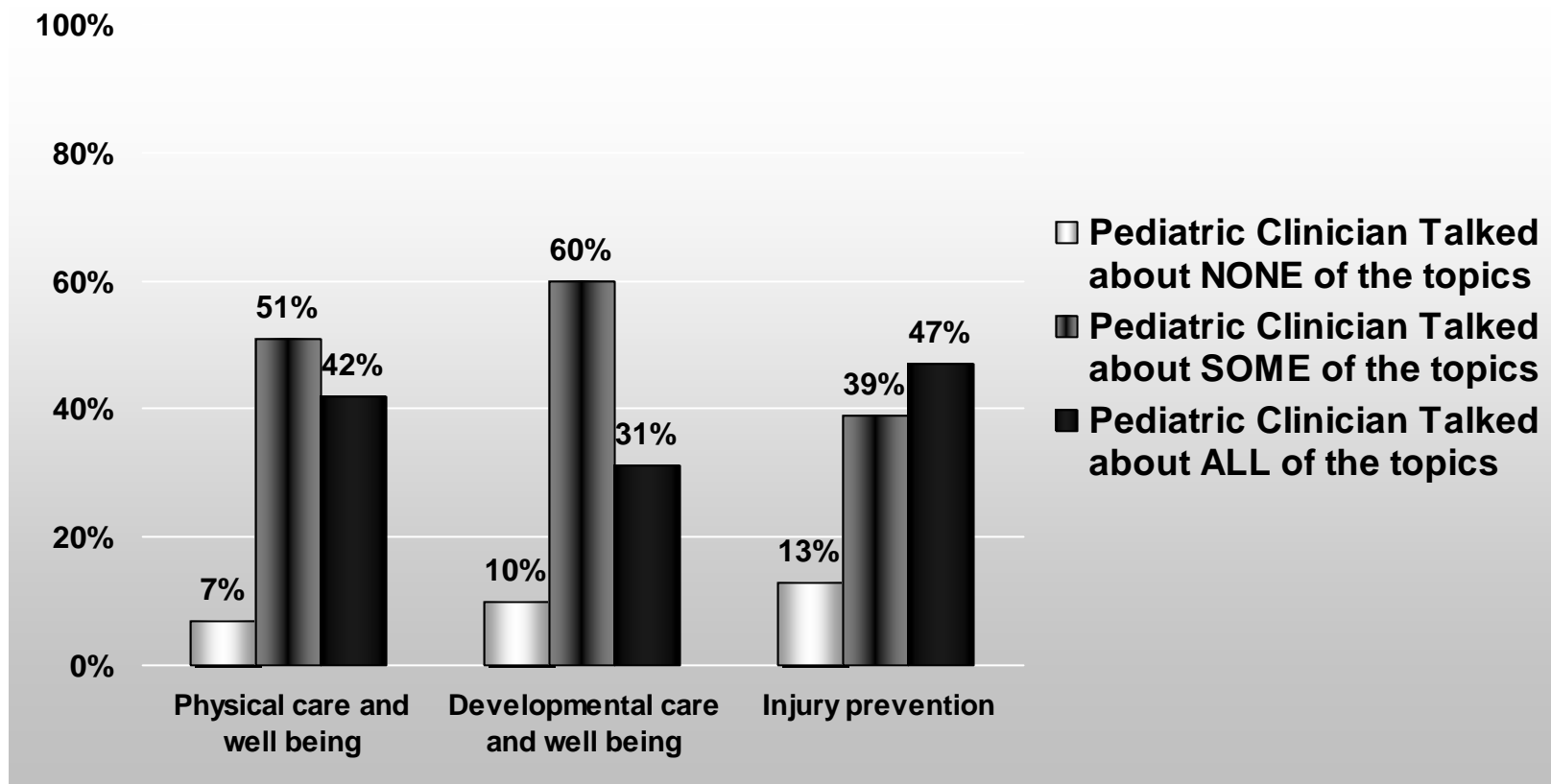
The PHDS-PLUS includes age-specific items that ask about the **anticipatory guidance and parental education** pediatric clinicians may have provided in the last 12 months.

These items focus on the following issues:

- **physical care and well-being**, such as nutrition, placing young children on their back to sleep, and bedtime routines;
- **developmental care and well-being**, such as how the child gets along with others, night waking and fussing, language development, toilet training, and the importance of reading to the child; and
- **injury prevention**, such as how to make the house and car safe for the child.

# Anticipatory Guidance and Parental Education: More Likely in Some Topics Than Others

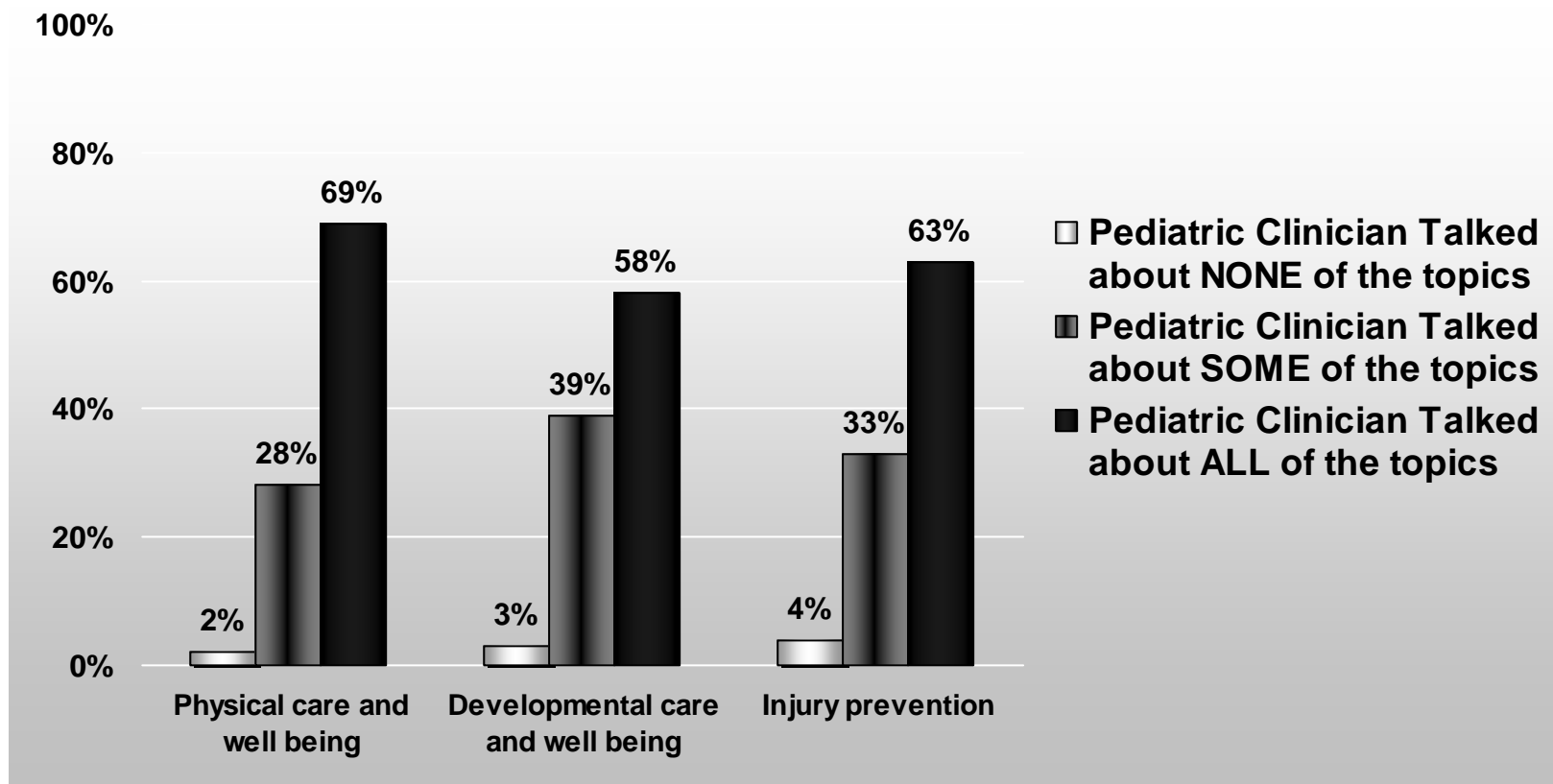
•Proportion of parents reporting discussion with pediatric clinician(s):



•Version 1 Scoring: Parent reported “yes, topic was discussed”

## Anticipatory Guidance and Parental Education: More Likely in Some Topics Than Others

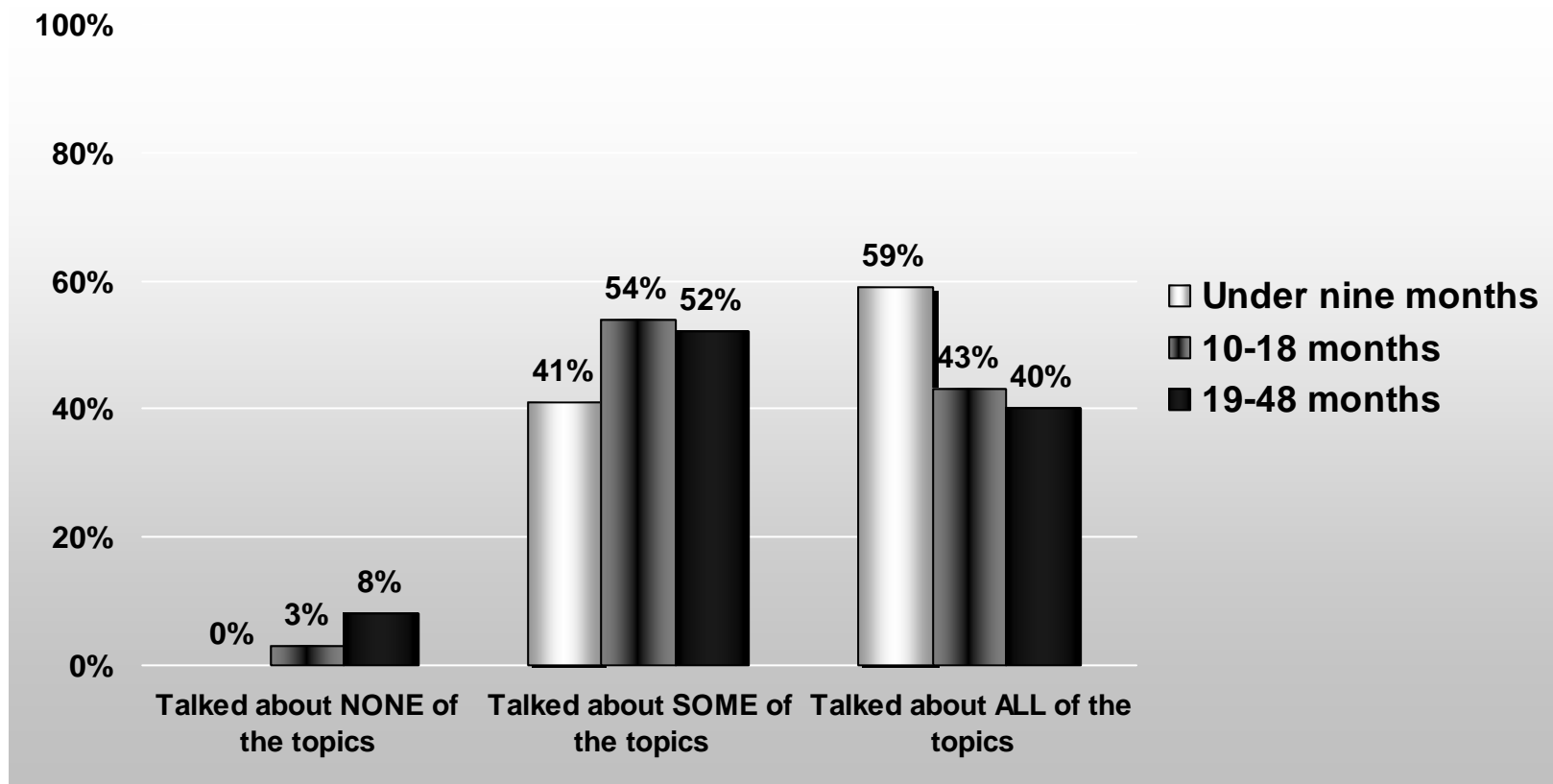
• *Proportion of parents reporting discussion with pediatric clinician(s):*



• *Version 2 Scoring: Parent reported “Yes, topic discussed” or “No, I did not want to discuss it”*

# Provision of Anticipatory Guidance and Parental Education about **Physical Care** and Well-Being Varies by Age

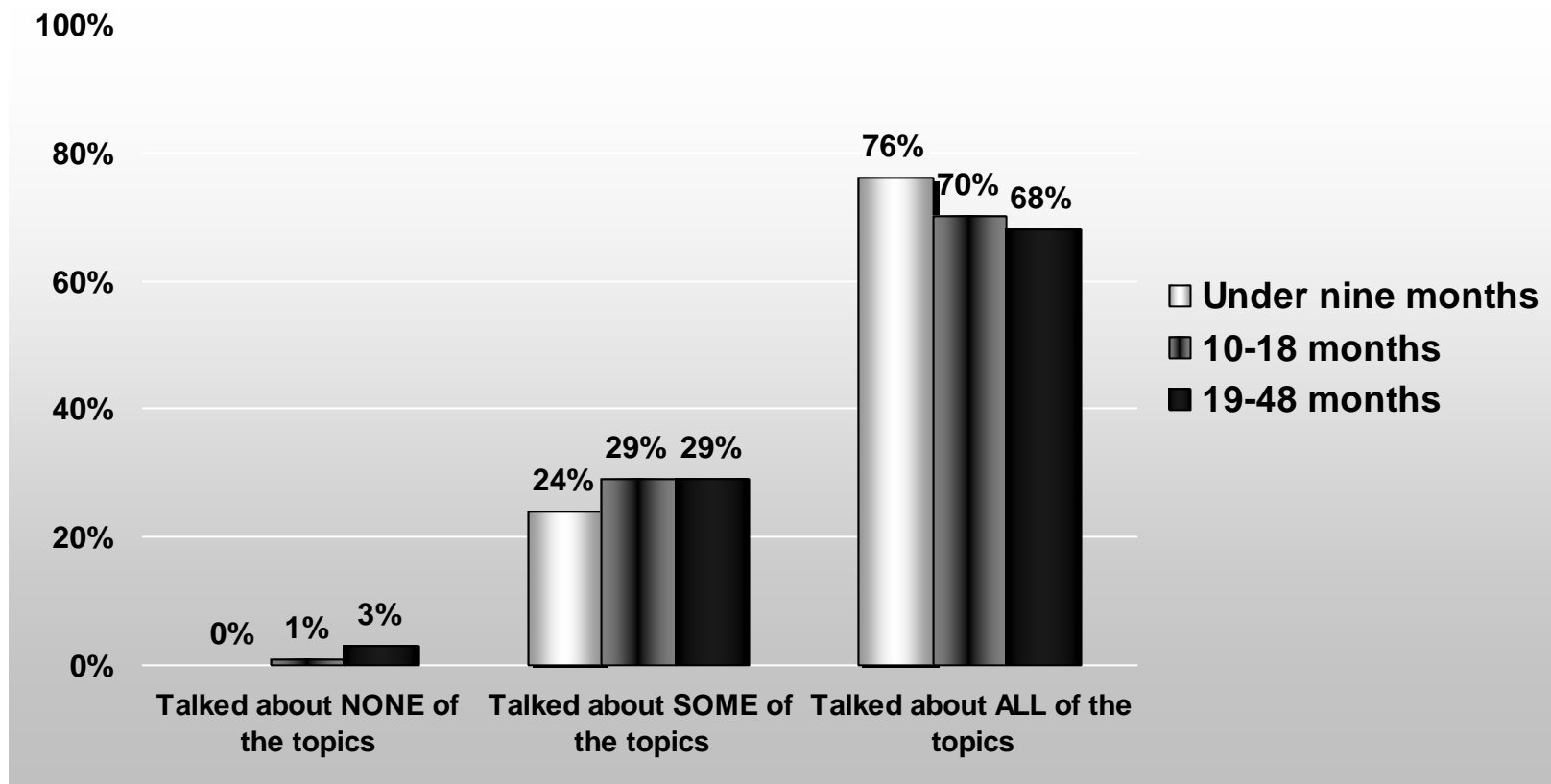
•Proportion of parents reporting discussion with pediatric clinician(s):



•Version 1 Scoring: Parent reported “yes, topic was discussed”

# Provision of Anticipatory Guidance and Parental Education about **Physical Care** and Well-Being Varies by Age

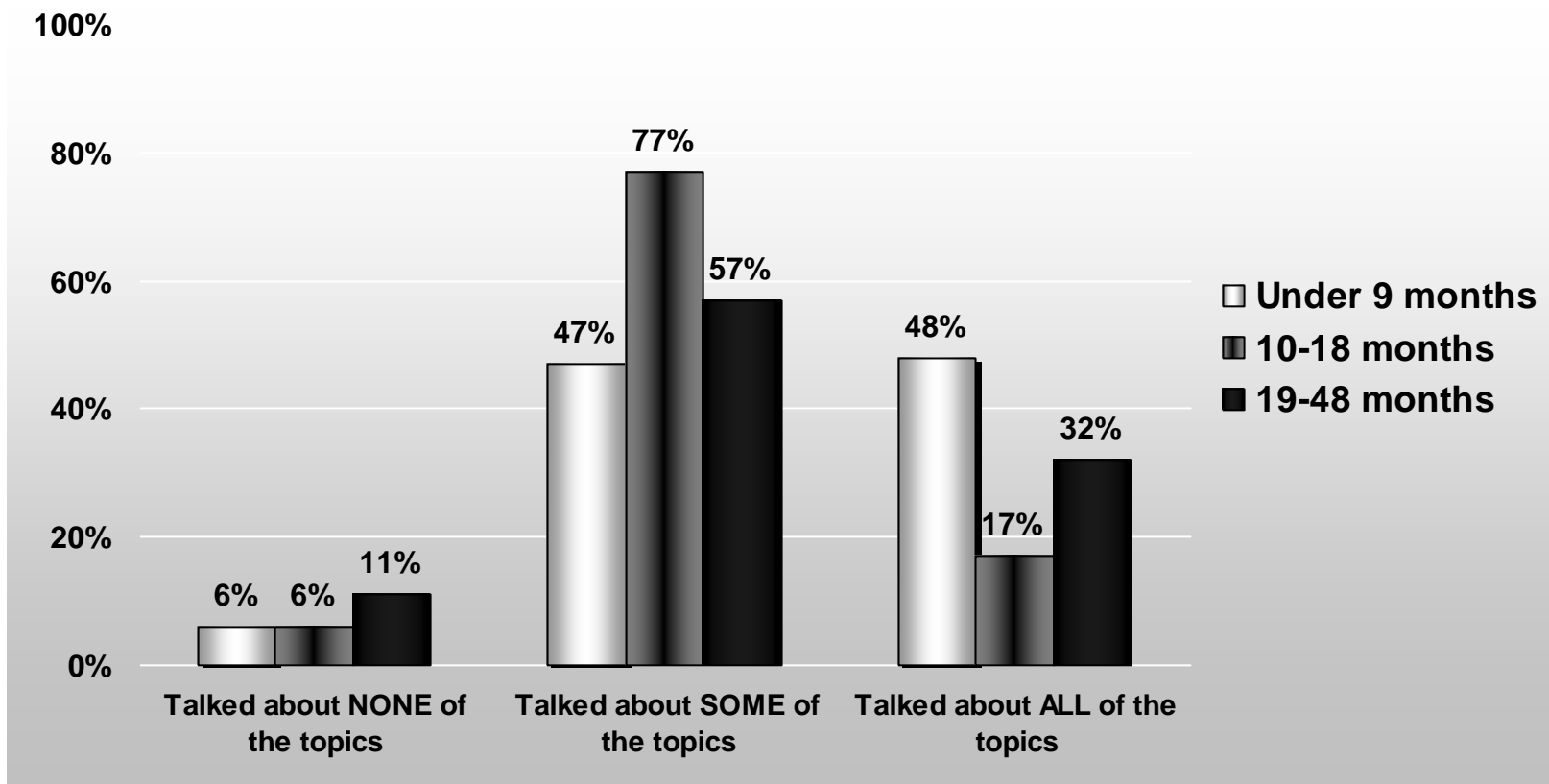
•Proportion of parents reporting discussion with pediatric clinician(s):



•Version 2 Scoring: Parent reported “Yes, topic discussed” or “No, I did not want to discuss it”

# Provision of Anticipatory Guidance and Parental Education about **Developmental Care** and Well-Being Varies by Age

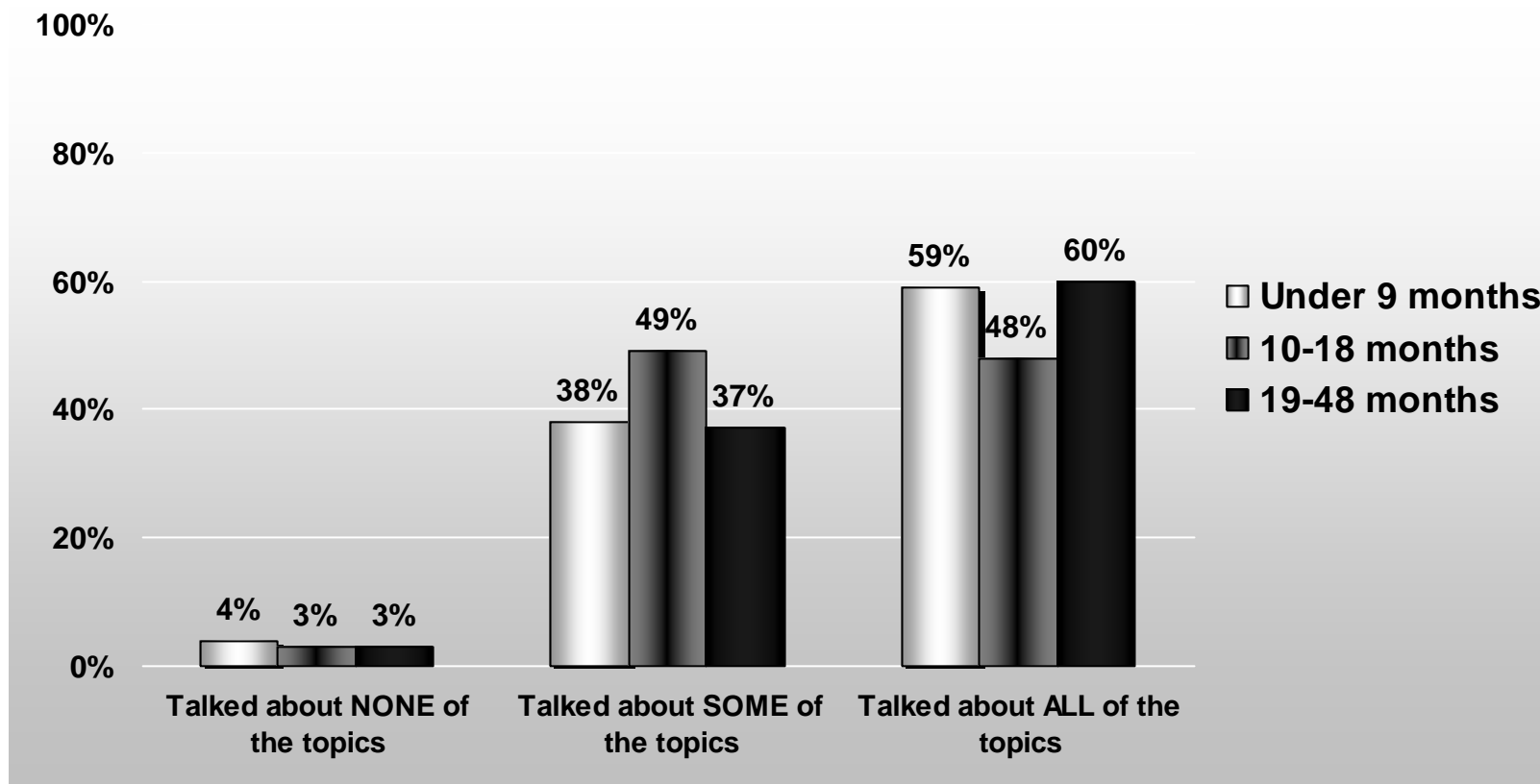
•Proportion of parents reporting discussion with pediatric clinician(s):



•Version 1 Scoring: Parent reported “yes, topic was discussed”

# Provision of Anticipatory Guidance and Parental Education about **Developmental Care** and Well-Being Varies by Age

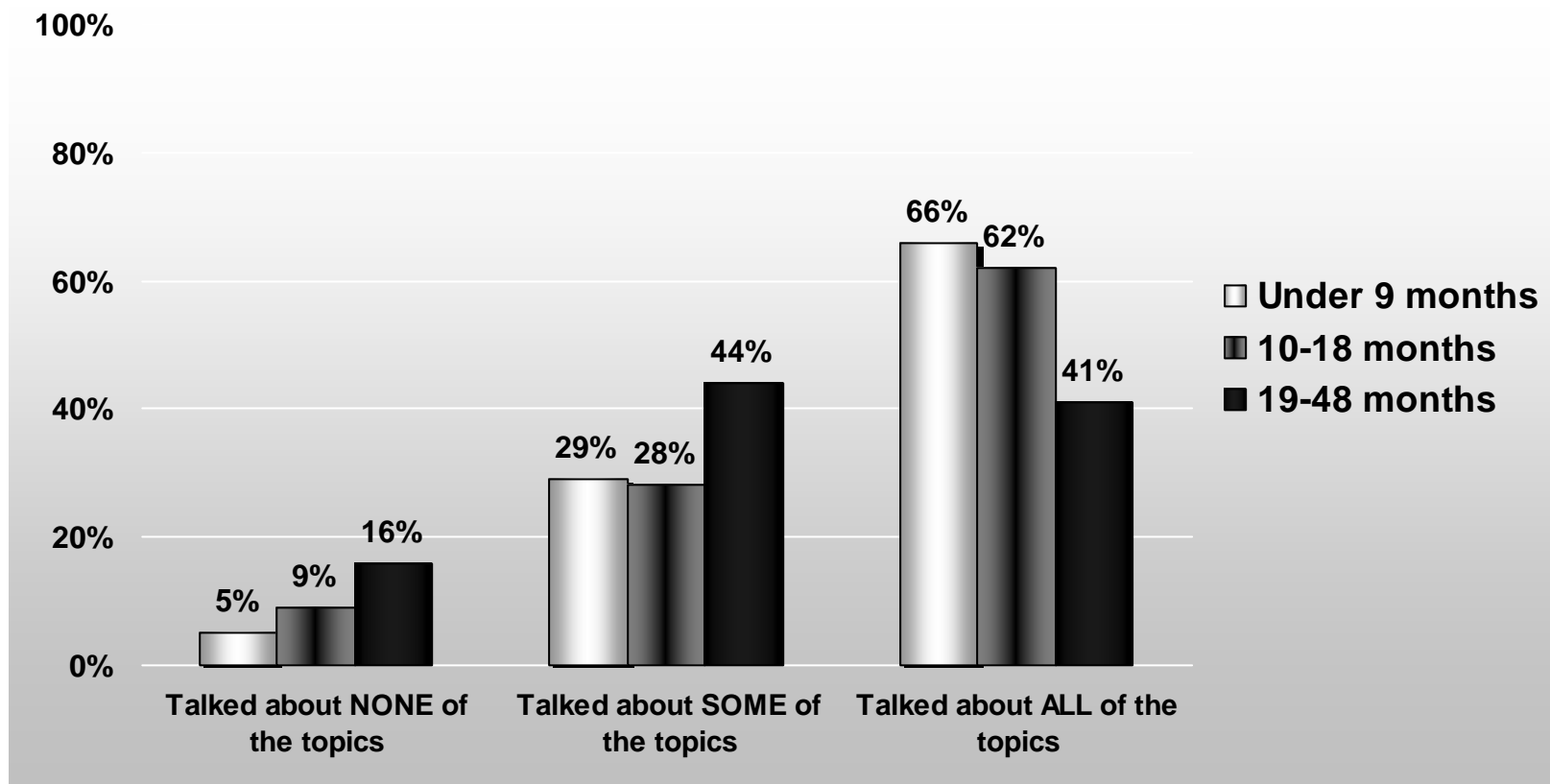
•Proportion of parents reporting discussion with pediatric clinician(s):



•Version 2 Scoring: Parent reported “Yes, topic discussed” or “No, I did not want to discuss it”

# Provision of Anticipatory Guidance and Parental Education about **Injury Prevention** Varies by Age

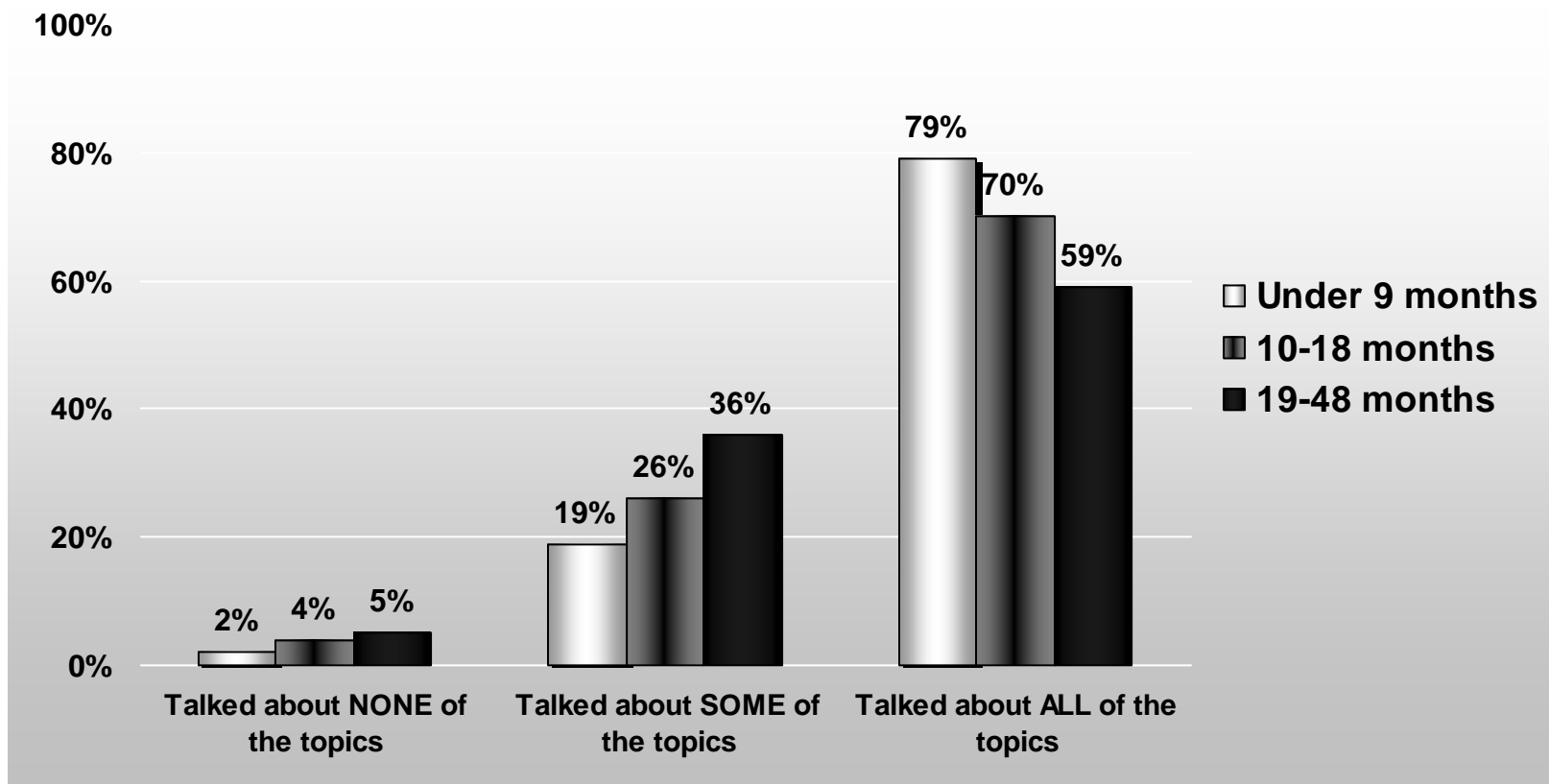
•Proportion of parents reporting discussion with pediatric clinician(s):



•Version 1 Scoring: Parent reported “yes, topic was discussed”

# Provision of Anticipatory Guidance and Parental Education about Injury Prevention Varies by Age

•Proportion of parents reporting discussion with pediatric clinician(s):



•Version 2 Scoring: Parent reported “Yes, topic discussed” or “No, I did not want to discuss it”

## Part 5:

# Assessment of Parental Well-Being and Safety within the Family

# PHDS-PLUS Items related to Assessment of Parental Well-Being and Safety within the Family

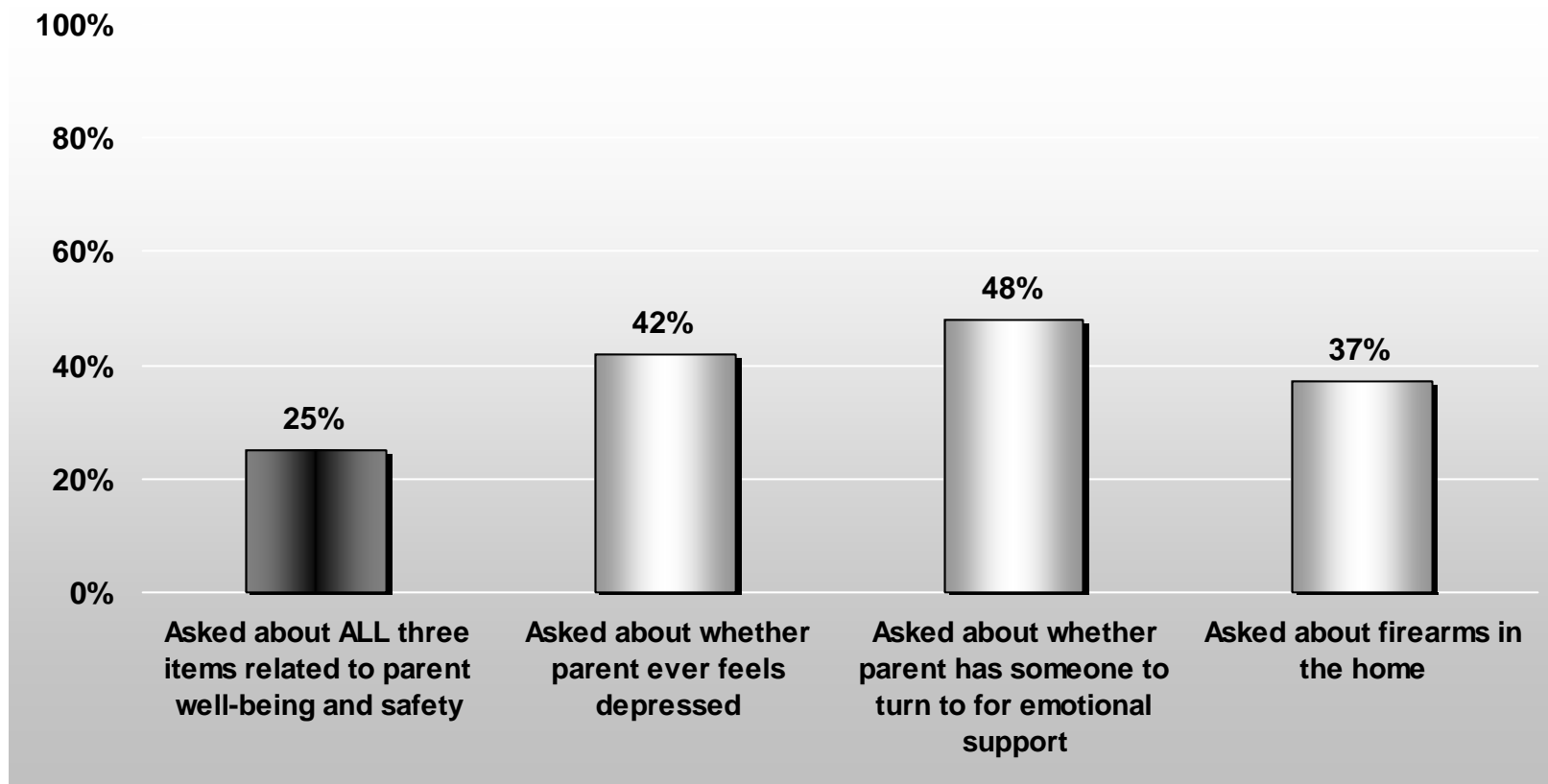
The stability of parents and homes are major determinants of the health and well-being of young children. National guidelines recommend that pediatric clinicians assess the well-being of parents and safety within the family.

PHDS-PLUS includes questions about whether the child's pediatric clinician assesses the parent and family for the following:

- depression of the parent;
- emotional support for the parent
- firearms in the home;
- smoking in the household; and
- alcohol and other substance abuse in the household.

# Many Parents are Not Asked About Psychosocial Well-Being and Safety Issues in the Family

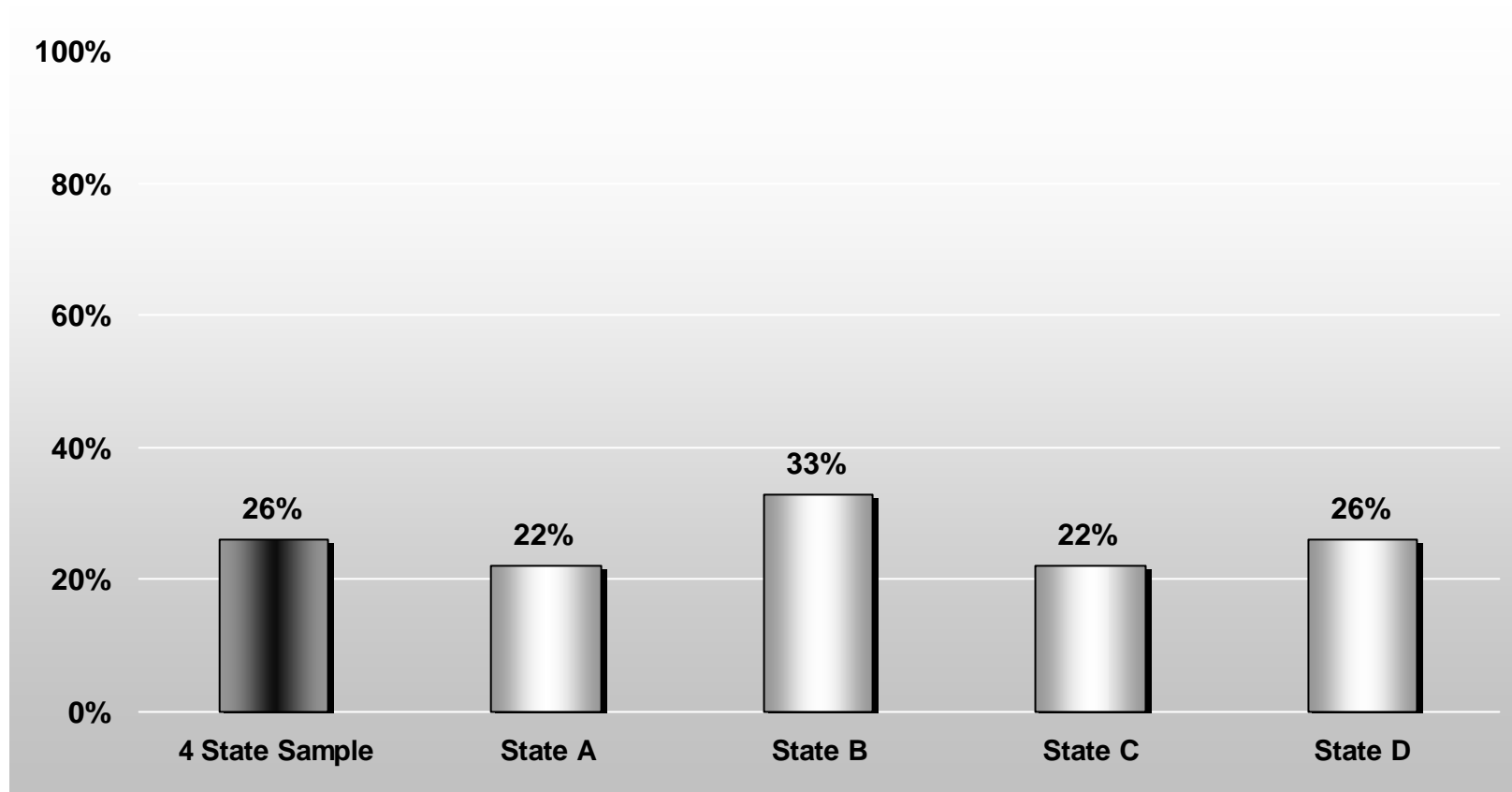
• *Proportion of parents asked in last 12 months:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Many Parents are Not Asked About Psychosocial Well-Being and Safety Issues in the Family

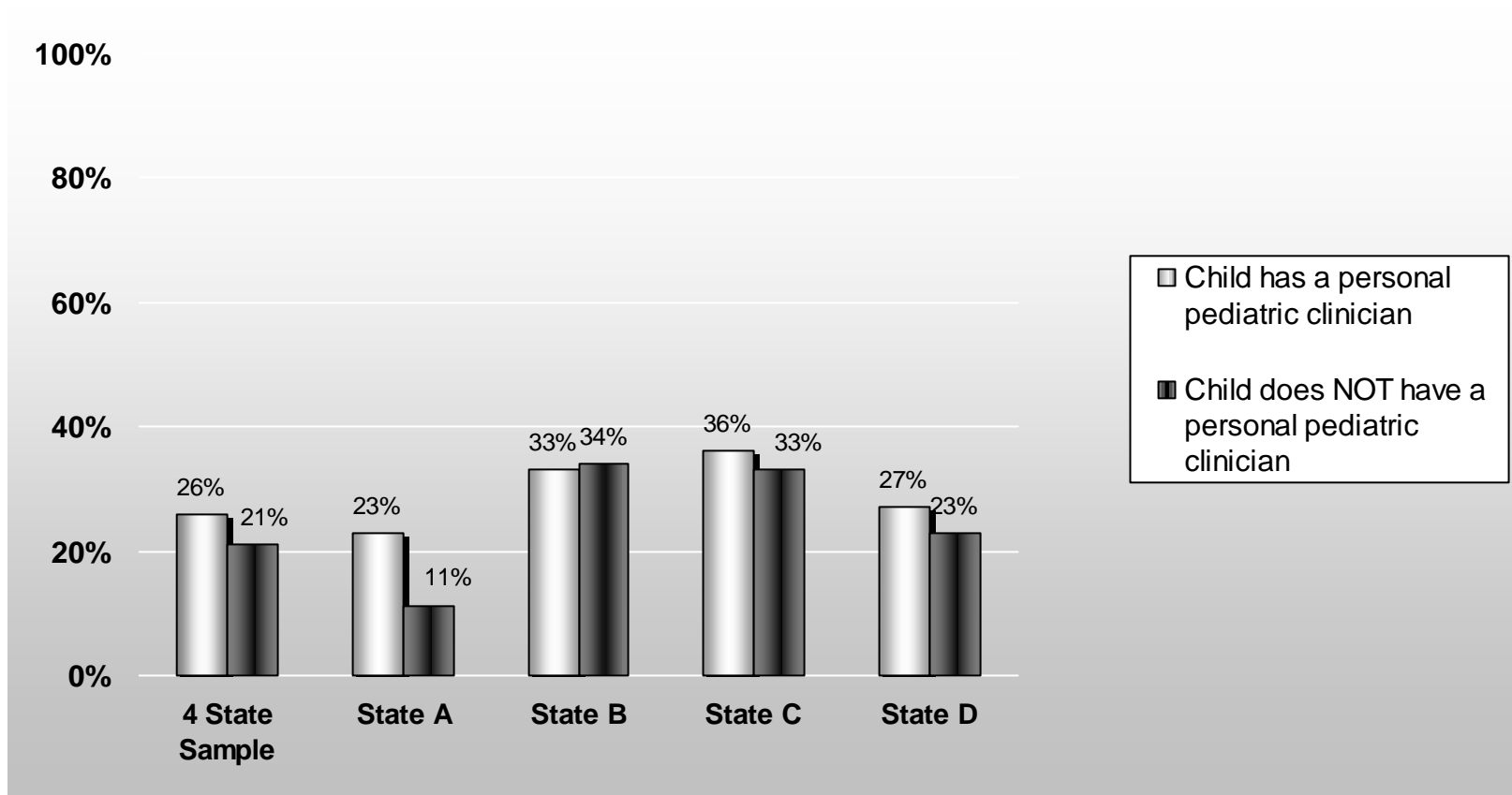
• *Proportion of parents asked about all three issues:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

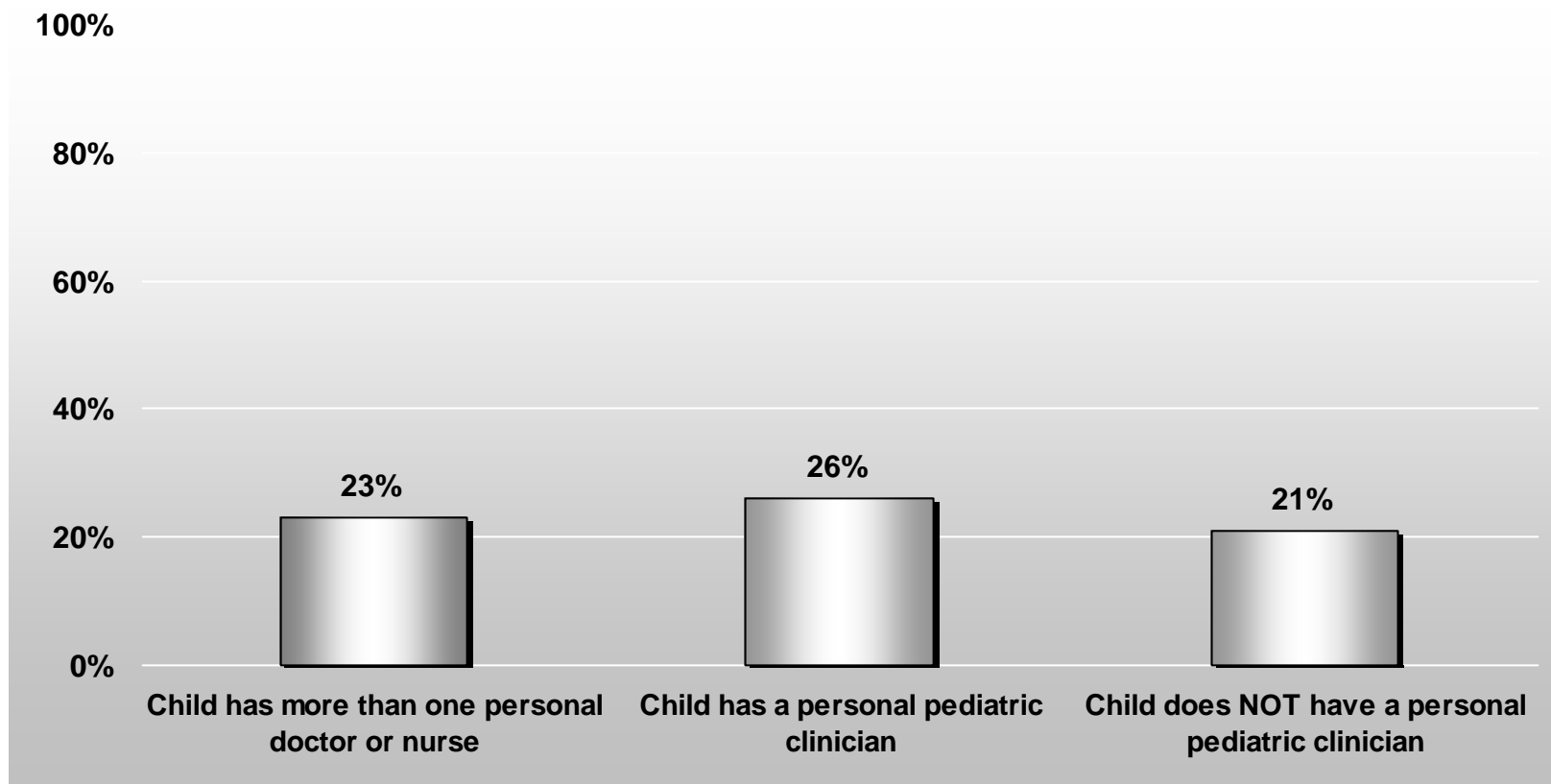
# Psychosocial Assessment is Slightly More Likely Among Children who Have a Personal Pediatric Clinician

•Proportion of parents reporting assessment on all three well-being and safety topics:



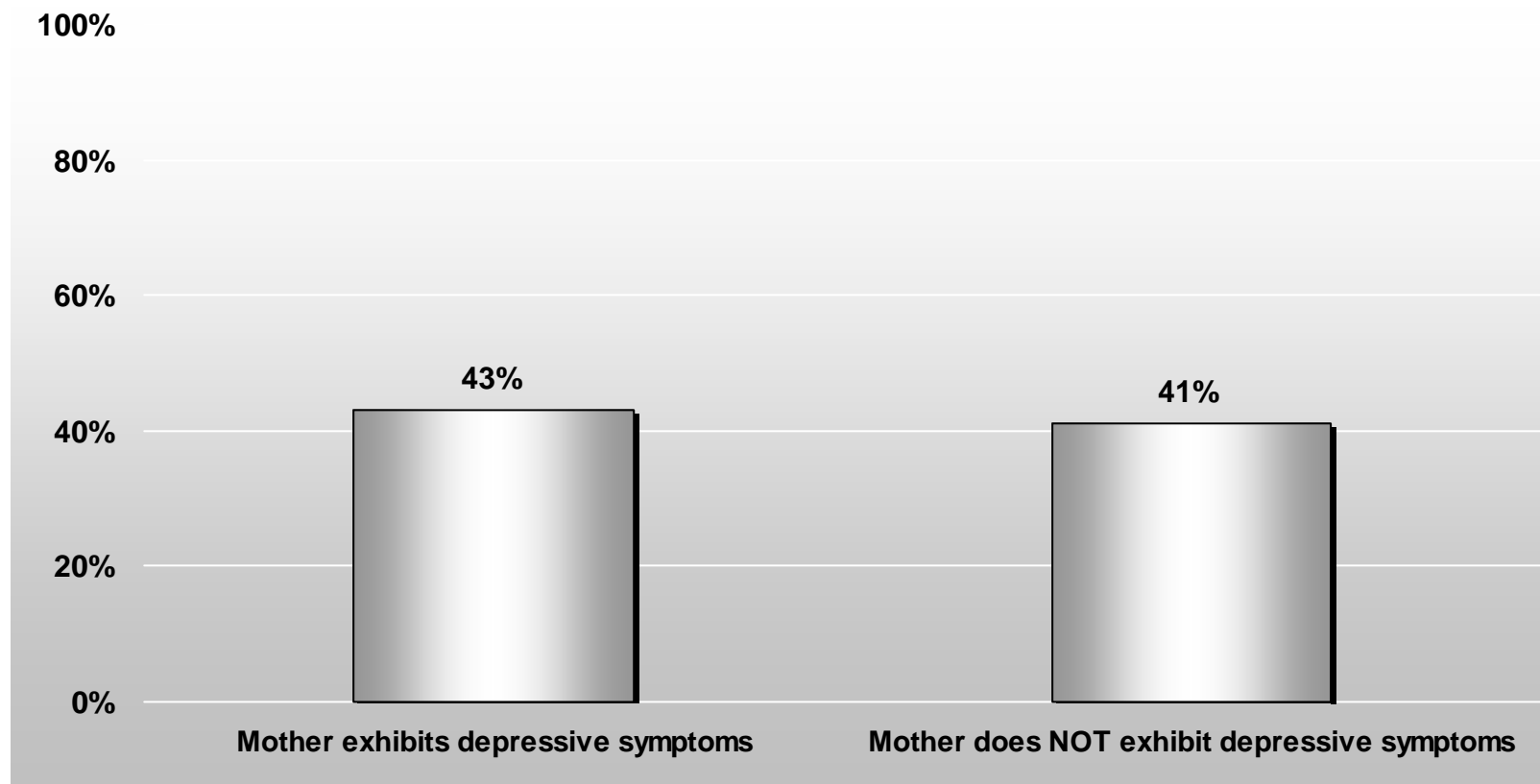
# Psychosocial Assessment is Slightly More Likely Among Children who Have One or More Personal Pediatric Clinician

• *Proportion of parents reporting assessment on all three well-being and safety topics:*



# Pediatric Clinicians are NOT More Likely to Talk With Mothers Who Exhibit Symptoms of Depression About Their Feelings and Moods

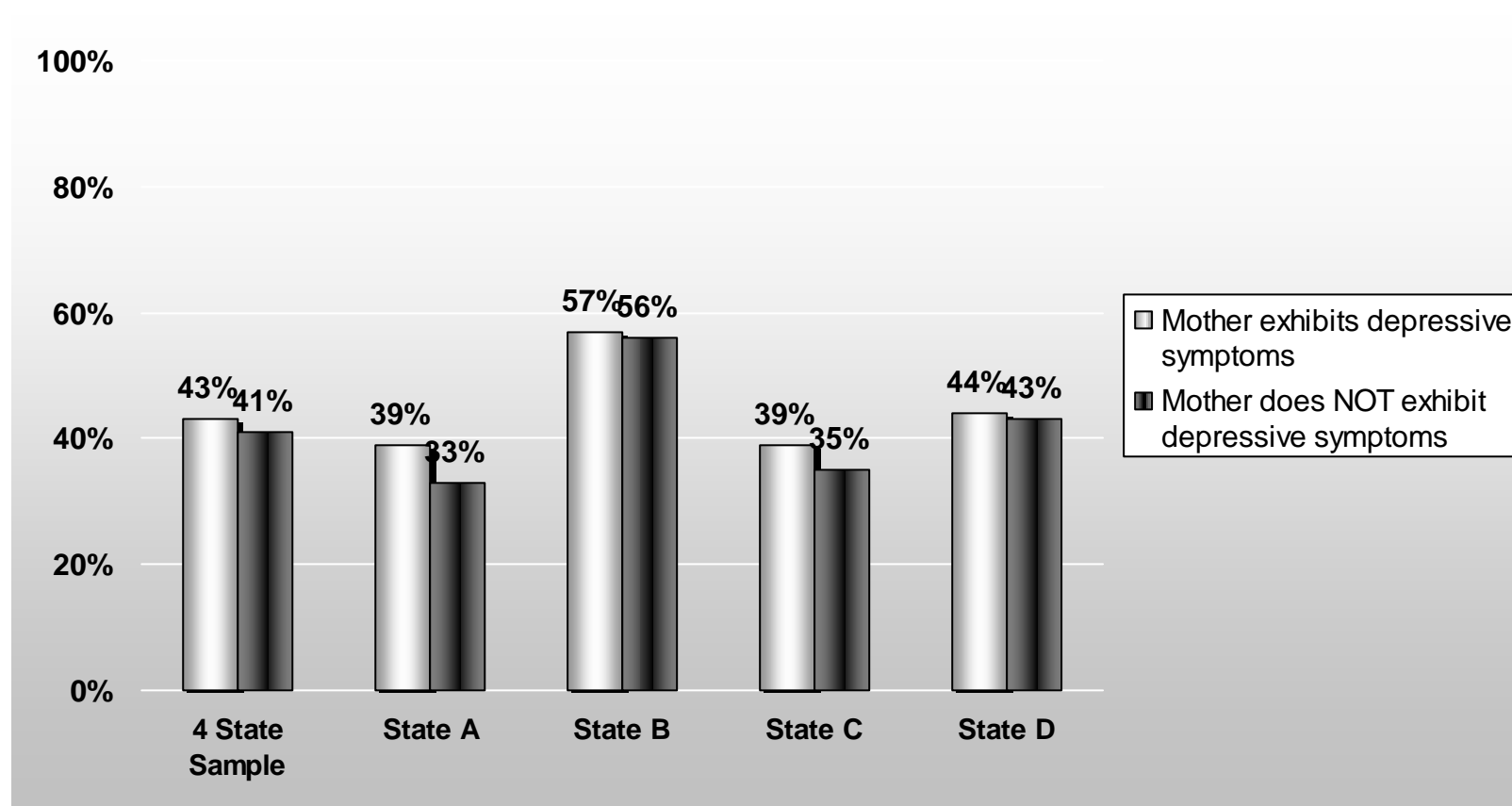
• *Proportion of mothers whose child's pediatric clinician talked with parents about depression:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Pediatric Clinicians are NOT More Likely to Talk With Mothers Who Exhibit Symptoms of Depression About Their Feelings and Moods

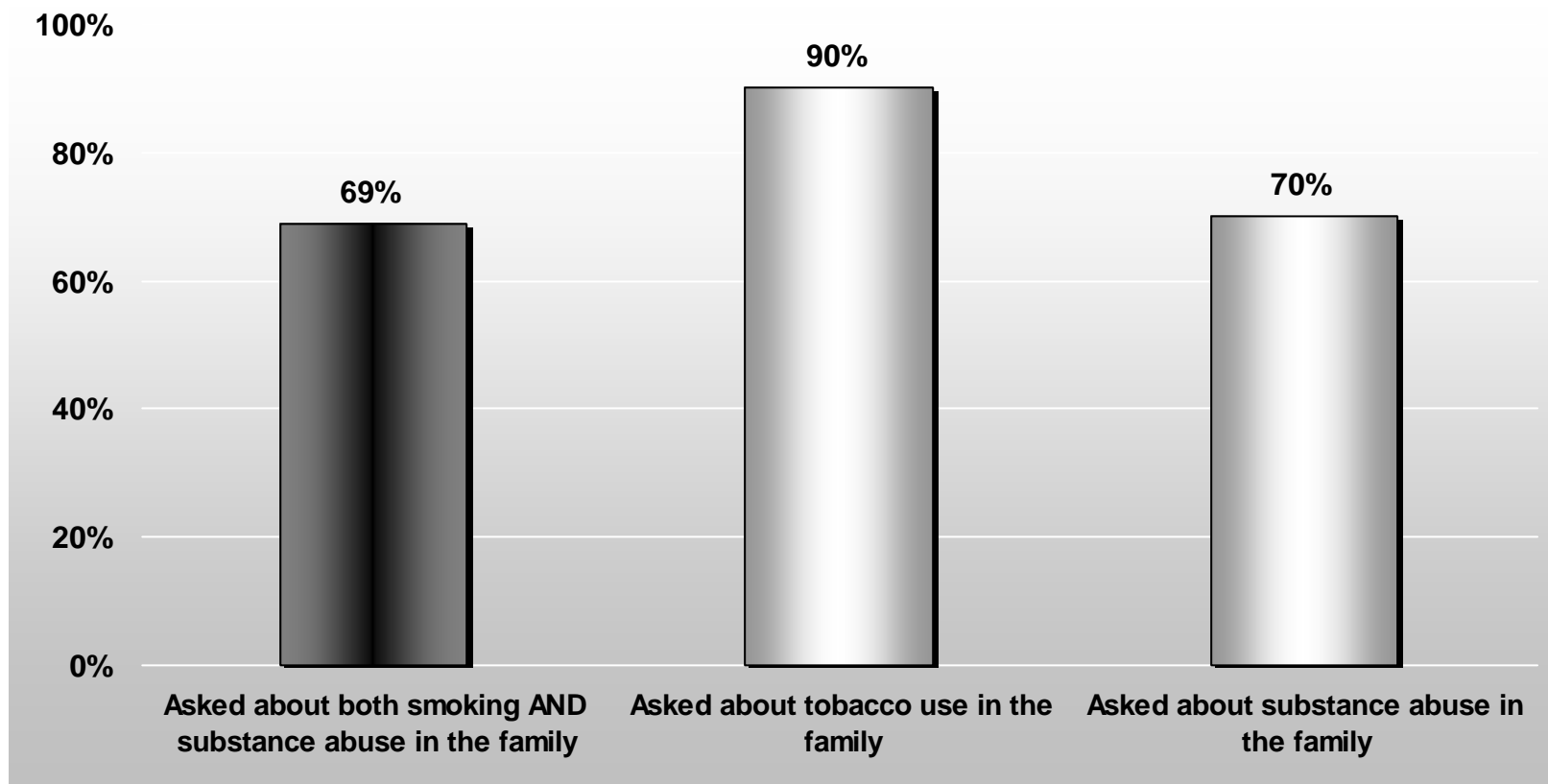
• *Proportion of mothers whose child's pediatric clinician talked with parents about depression:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Most Parents are Asked About Tobacco or Substance Abuse

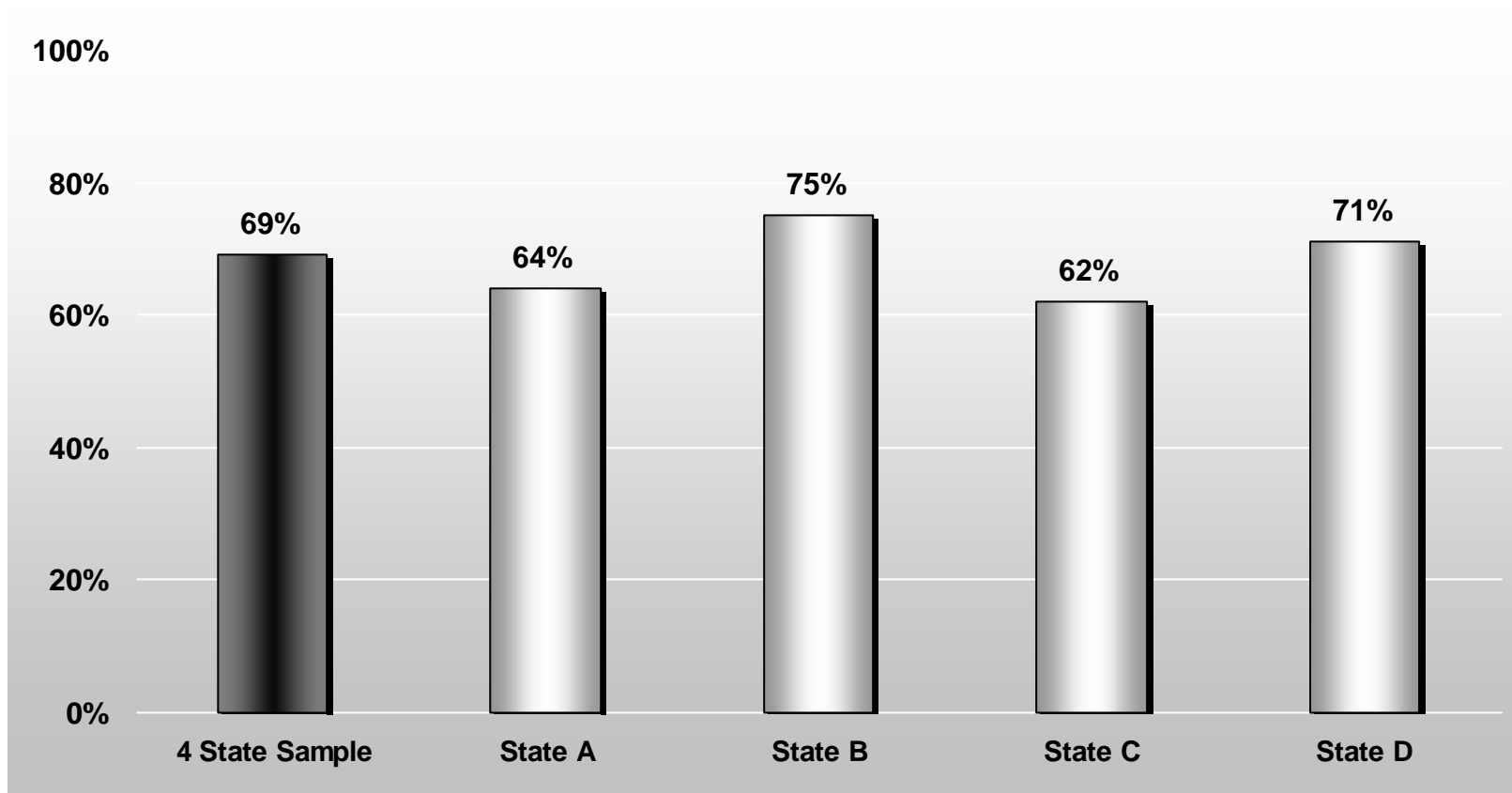
• *Proportion of parents asked about the following:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Most Parents are Asked About Tobacco or Substance Abuse

• *Proportion of parents asked about both topics:*

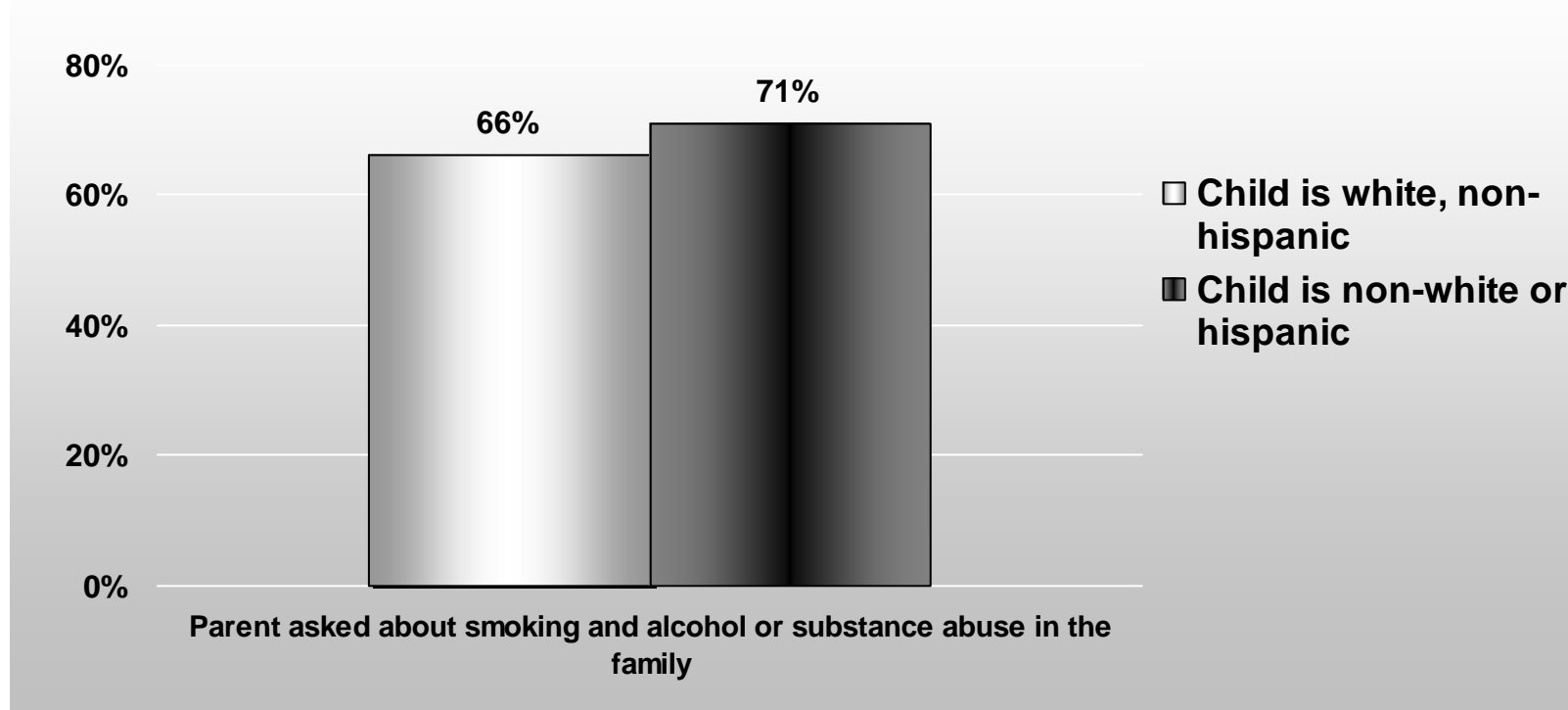


Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Mothers of White Children are Less Likely to be Assessed for Smoking and Alcohol or Substance Abuse in the Family

- *Proportion of parents who were asked about smoking and alcohol or substance abuse in the family in the last 12 months:*

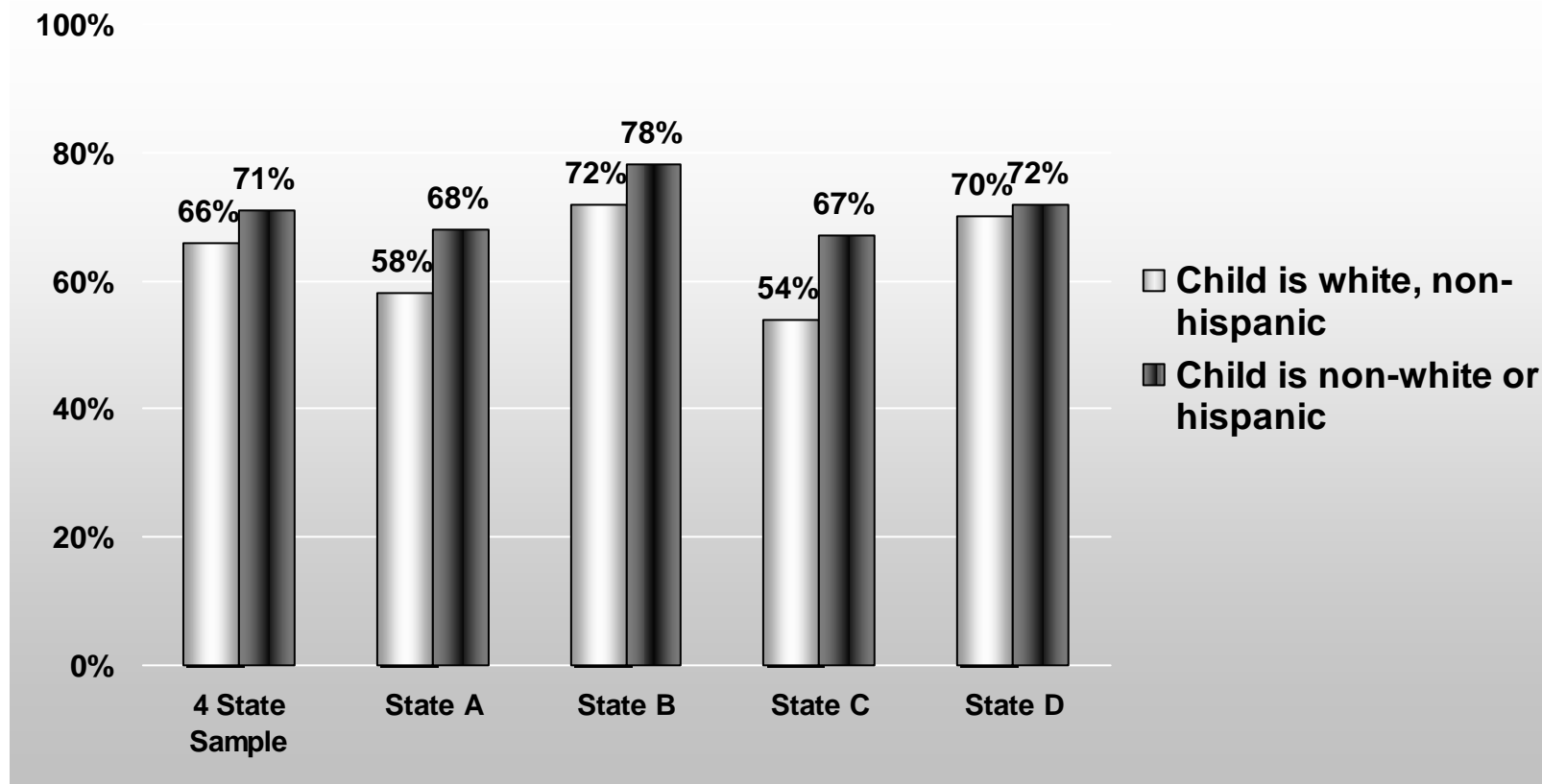
100%



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Mothers of White Children are Less Likely to be Assessed for Smoking and Alcohol or Substance Abuse in the Family

•Proportion of parents who were asked about smoking and alcohol or substance abuse in the family in the last 12 months:



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Part 6:

# Parents Experiences with Pediatric Clinicians

# PHDS-PLUS Items Related to Parent's Experiences with their Child's Health Care Providers

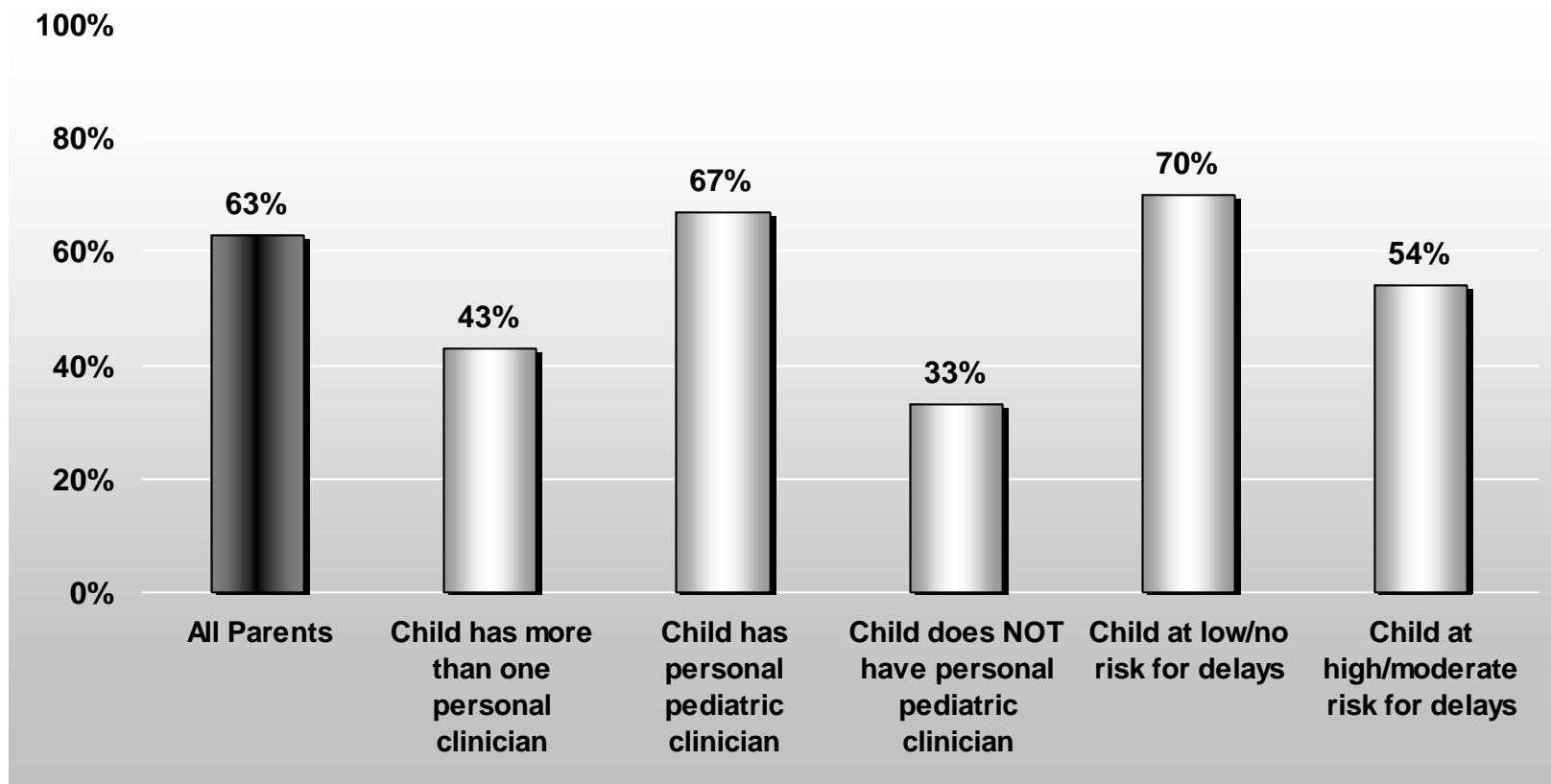
In order for parents to get the information and support they need to promote the healthy development of their children, they must have a true partnership with their child's pediatric clinicians.

Items in PHDS-PLUS that focus on the degree to which the care provided is family-centered include how often the child's pediatric clinicians do the following:

- take time to understand the specific needs of the child;
- respect the parent as an expert about their child;
- build the parents' confidence;
- Help parent feel like a partner in their child's care
- Explain things in way the parent can understand
- take time to understand the parent and the child's family and how the parent prefers to raise their child.

# Nearly Seven out Ten Parents Report Family-Centered Care Across All Topics

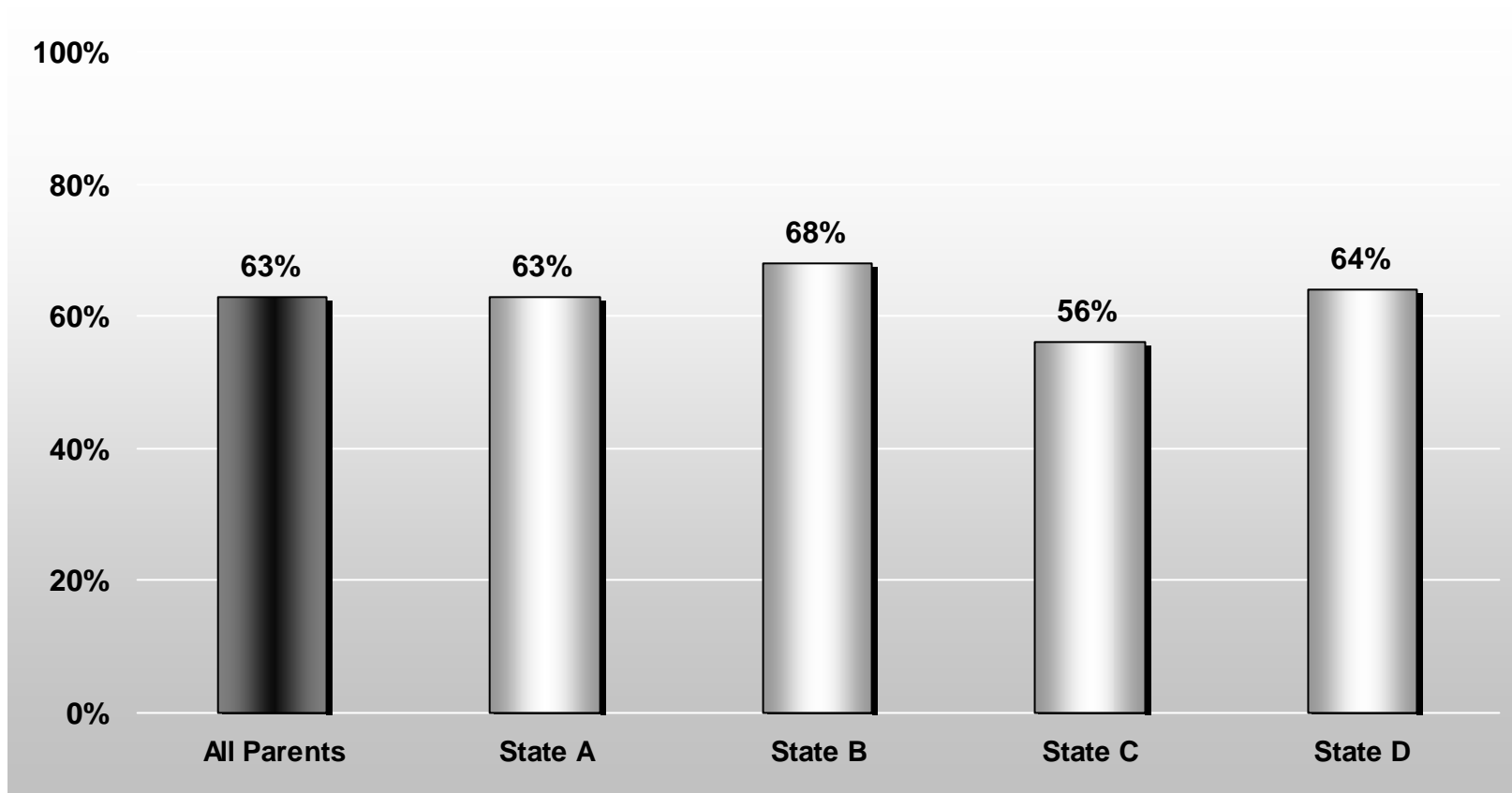
• *Proportion of parents reporting pediatric clinicians “usually or always” provide family-centered care:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Nearly Seven out Ten Parents Report Family-Centered Care Across All Topics

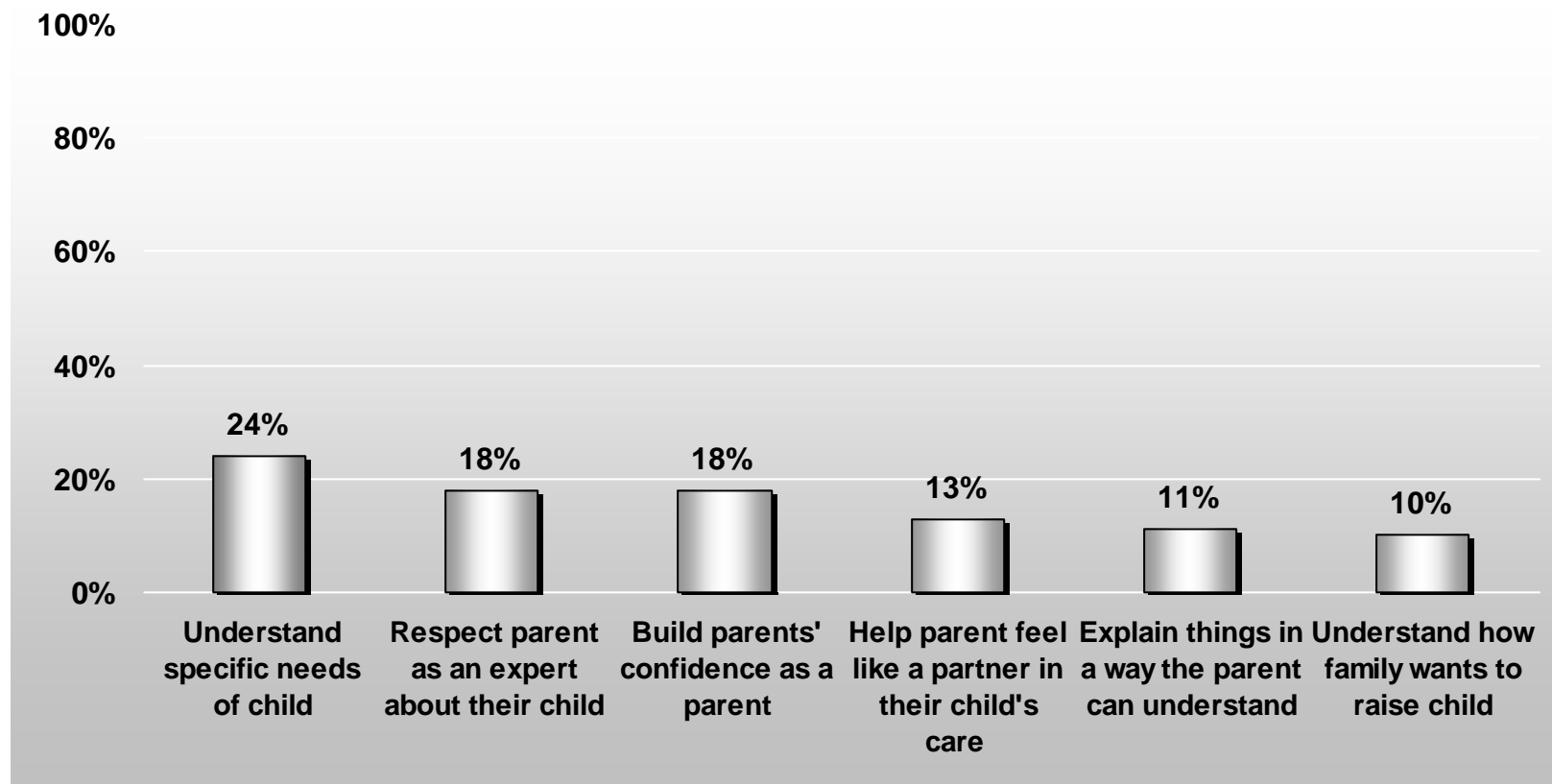
• *Proportion of parents reporting pediatric clinicians “usually or always” provide family-centered care:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Pediatric Care Could be More Family-Centered

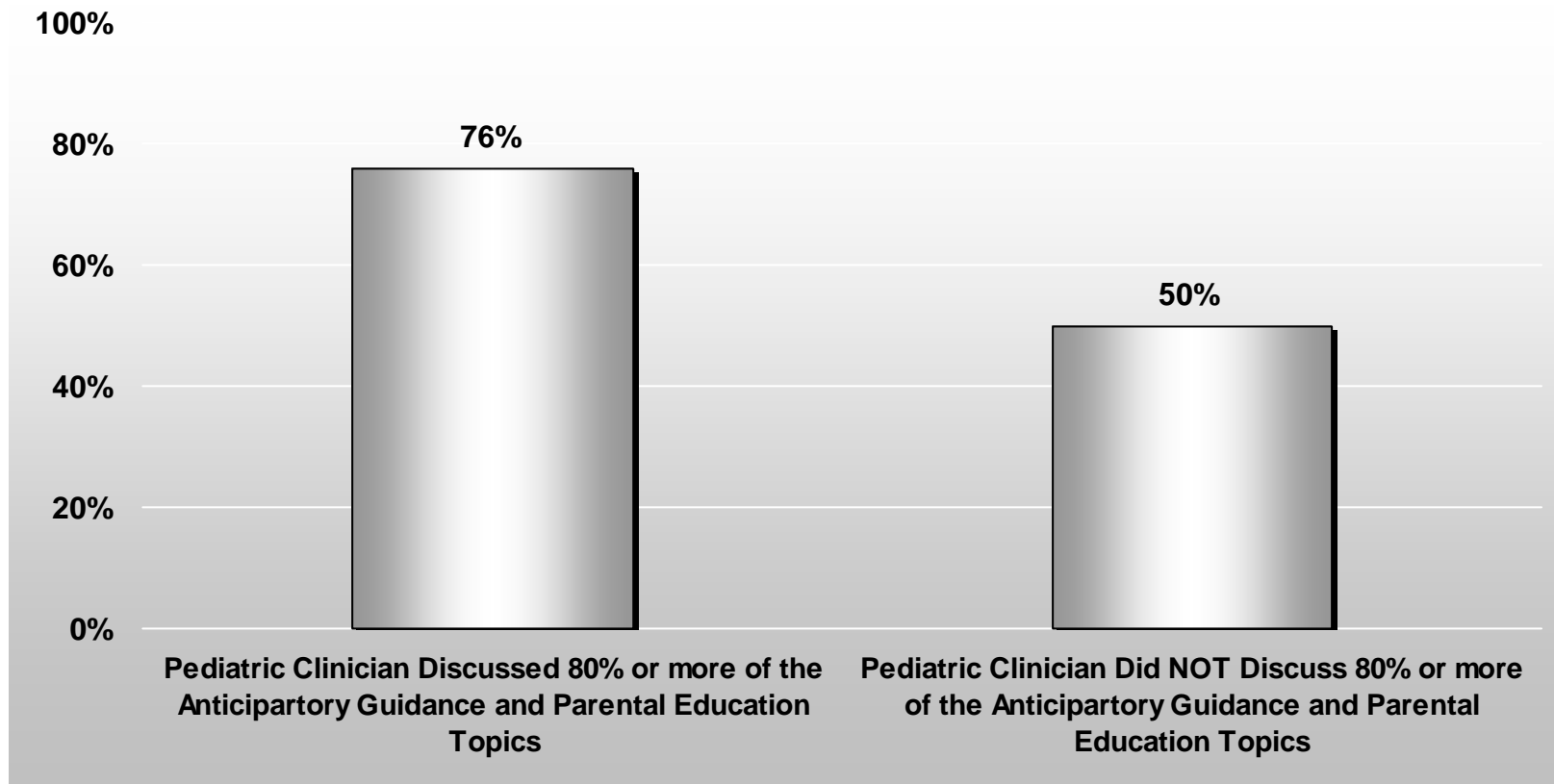
•Proportion of parents reporting their child's pediatric clinician(s) "never" or "sometimes" do the following:



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Parents Who Report Care As Being Family Centered Are More Likely to Receive Anticipatory Guidance

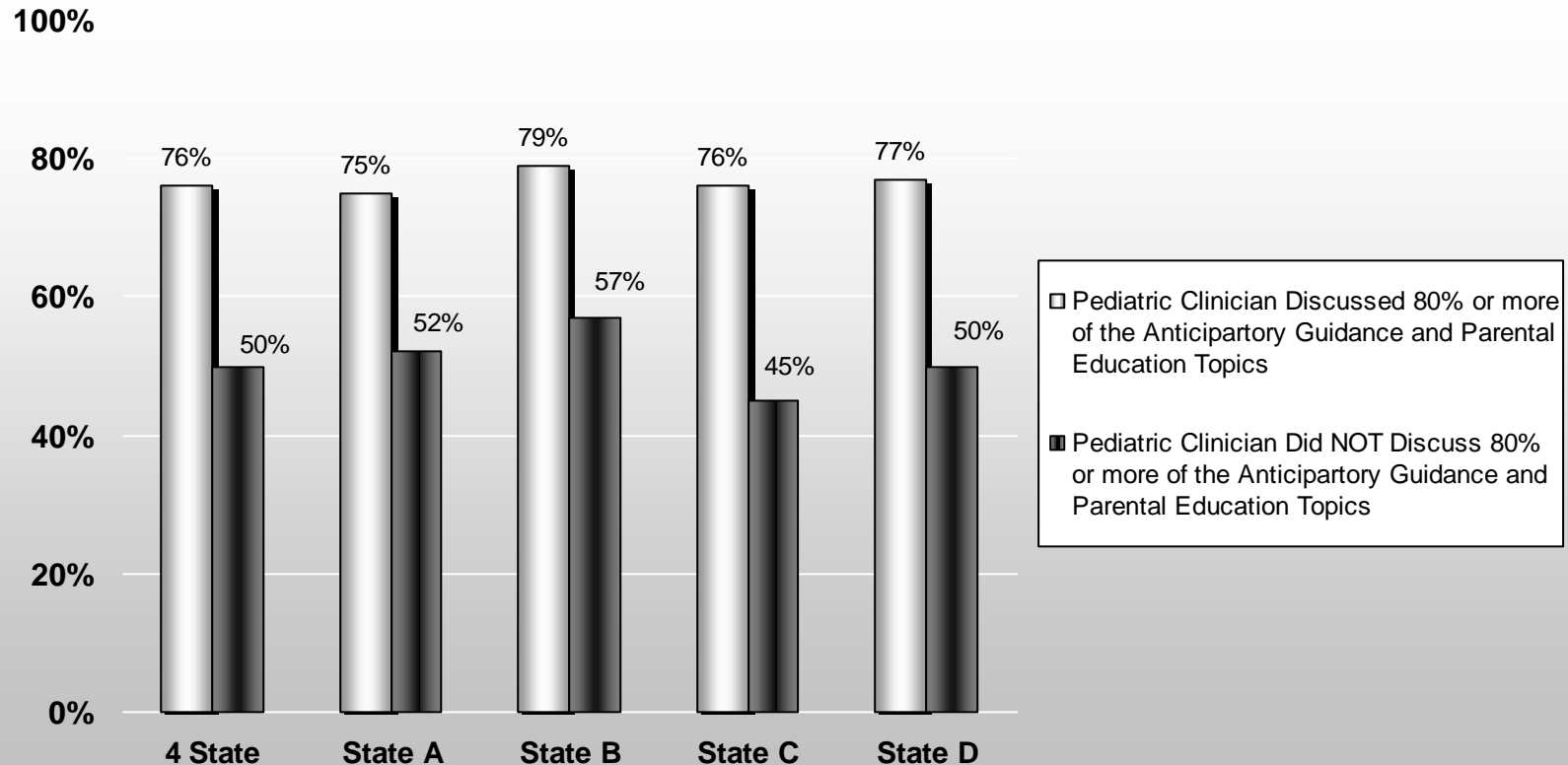
•Proportion of parents reporting pediatric clinicians “usually or always” provide all aspects of family-centered care:



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

# Parents Who Report Care As Being Family Centered Are More Likely to Receive Anticipatory Guidance

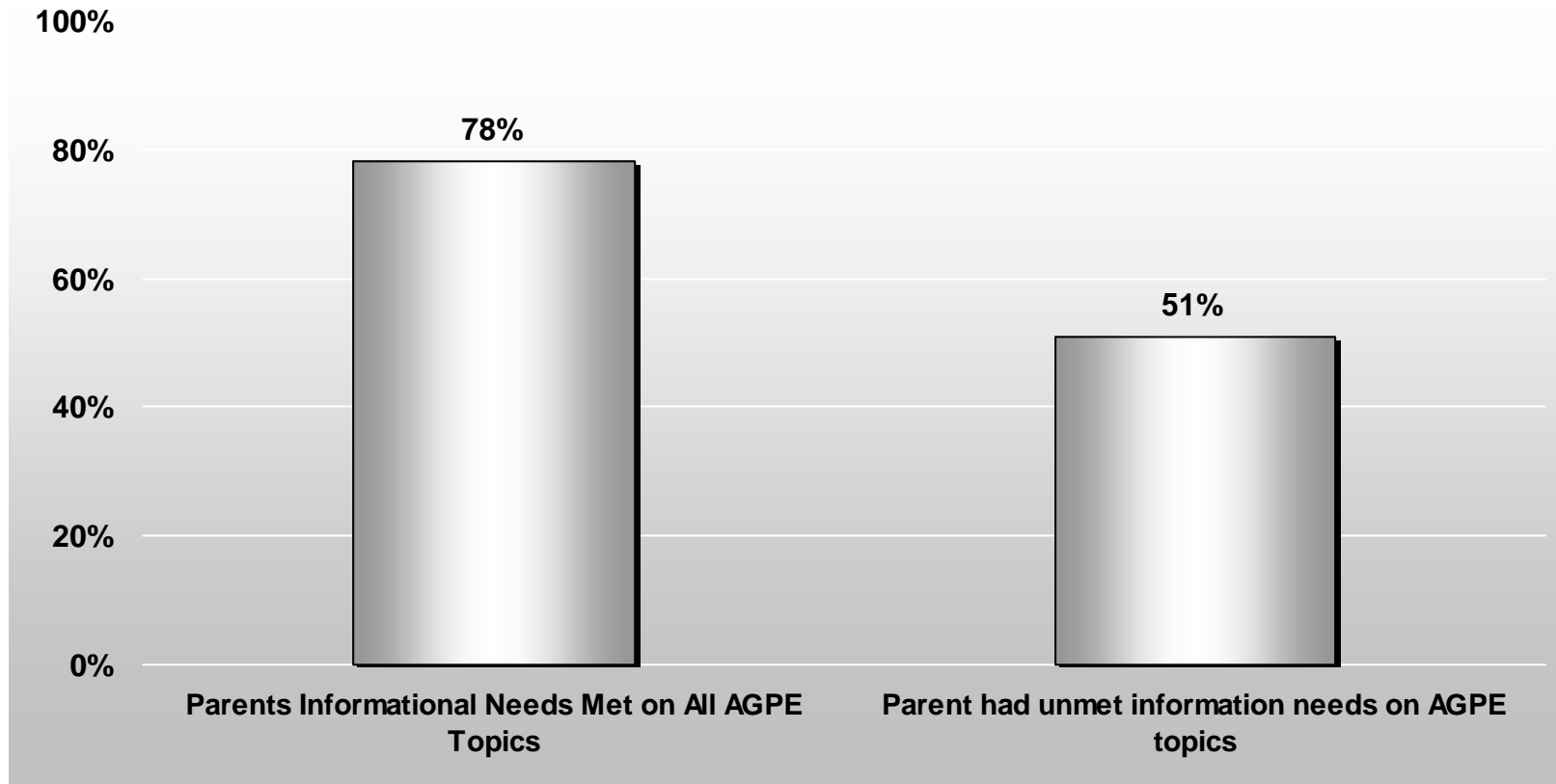
•Proportion of parents reporting pediatric clinicians “usually or always” provide all aspects of family-centered care:



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Parents Who Report Care As Being Family Centered Are More Likely to Receive Anticipatory Guidance

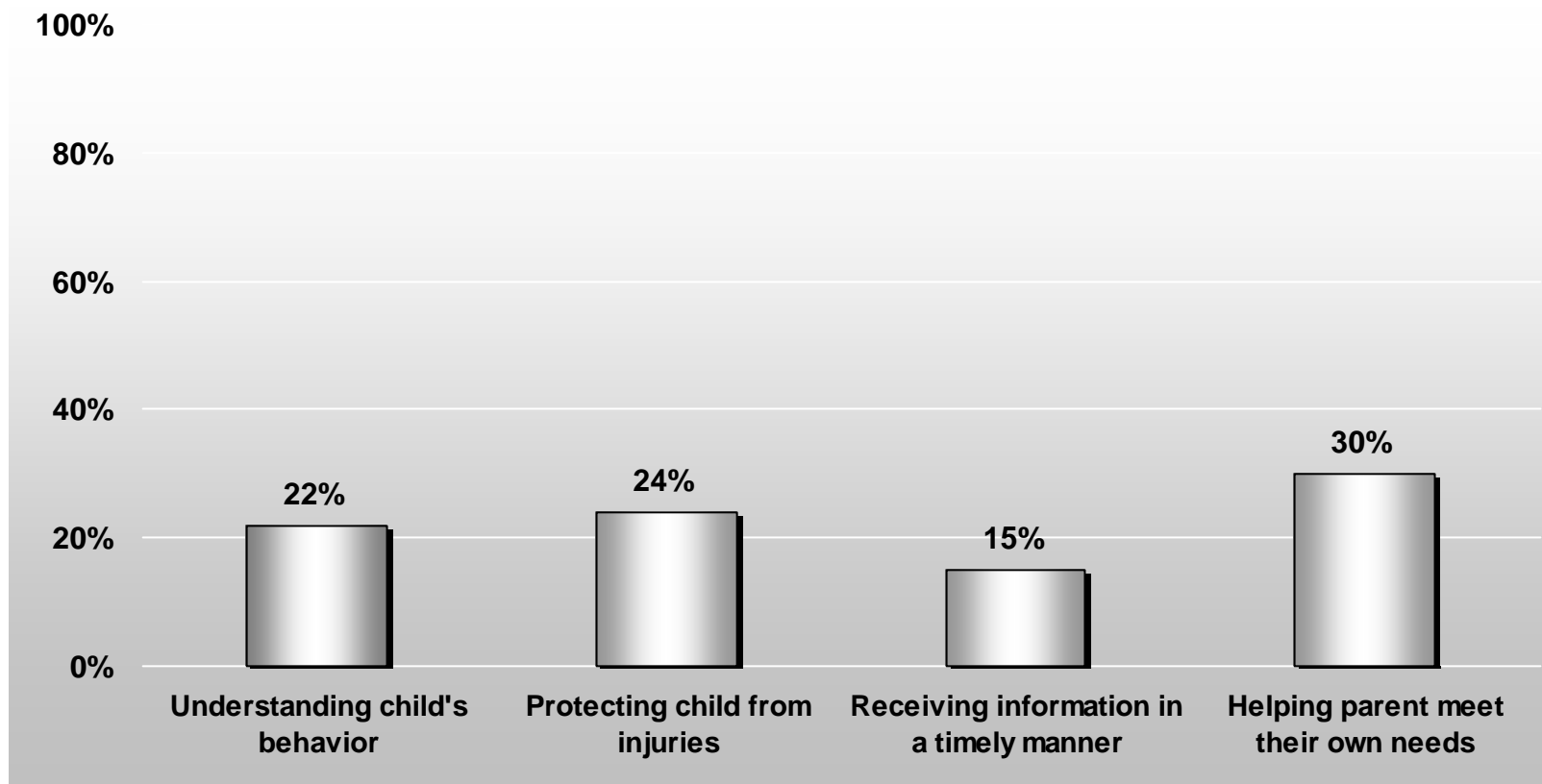
• *Proportion of parents reporting pediatric clinicians “usually or always” provide all aspects of family-centered care:*



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data

## Parents Indicate That the Health Care Provided to Their Children Could be More Helpful

•Proportion of parents who reported that the pediatric care provided was only “somewhat helpful” or “not at all helpful” in addressing the following parenting issues:



Source: 2004 CAHMI PHDS-PLUS Data, 4 State (LA, MN, MS, OH) Weighted Data



## FOR MORE INFORMATION:

CAHMI Website: [www.cahmi.org](http://www.cahmi.org)

This project was supported by The Commonwealth Fund (CMWF). For more information about CMWF visit [www.cmwf.org](http://www.cmwf.org).

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Christina Bethell, PhD, MPH, MBA [bethellc@ohsu.edu](mailto:bethellc@ohsu.edu)

