

# Development of Evidence-Based or Informed Strategy Measures

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# Objectives

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1. To review guiding principles for the new MCH Block Grant performance measure framework
2. To clarify the role of ESMs in advancing Title V program accountability and assessing the impact of Title V program efforts
3. To clarify the relationship between ESMs, National Performance Measures, and National Outcome Measures
4. To clarify the relationship between ESMs and state priority needs
5. To help states better understand expectations regarding development of ESMs



# To review guiding principles for the new MCH Block Grant performance measure framework



# Need for a Transformed Performance Measurement System

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- A comprehensive examination of the Block Grant performance measures had not been done since 1998.
- There was not reliable data for some measures.
- It was difficult to tie the national Title V measures to the State Title V programs.
- Comparability across States was impossible for many measures because of different data sources.
- Changes in MCH data systems, research, risk factors and outcomes.



# Objective of Transformed Performance Measurement System

To show the contributions of Title V programs more directly while still maintaining flexibility for the States and reducing their reporting burden.

## Improve Accountability and Document Impact

- Fewer performance measures, but more directly tied to Title V activities
- New framework that tracks performance in relation to activities

## Maintain Flexibility

- Choice in national performance measures (8 of 15)
- State-specific performance measures (3 to 5)
- State-developed evidence-based/informed strategy measures

## Reduce Reporting Burden

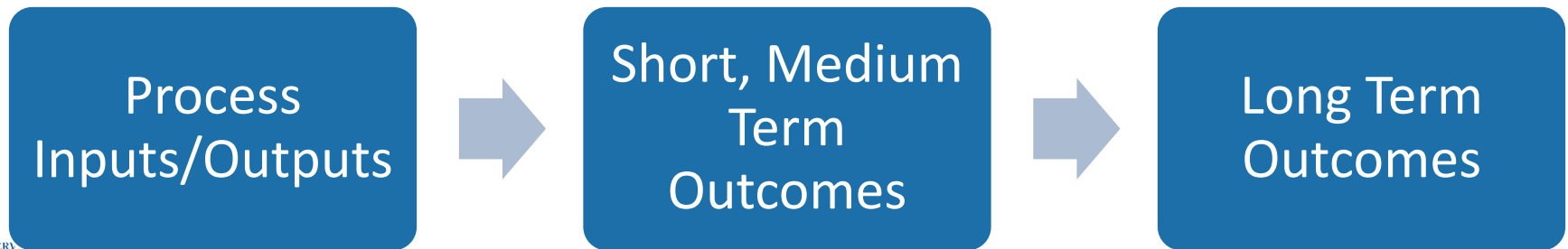
- Prepopulating data from federal sources, wherever possible



# Title V Measurement Framework



## Evaluation Logic Model



**To clarify the role of ESMs in  
advancing Title V program  
accountability and assessing the  
impact of Title V program efforts**



# ESM Purpose

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- **Quantifies state activities, practices, strategies to concisely describe how certain Title V dollars are used**
- **Facilitates ability to understand and demonstrate impact of Title V investments on NPMs and longer term NOMs**
  - Not just showing that NPMs/NOMs change but how Title V may influence those changes
- **Provides an opportunity to show and grow alignment between discretionary grants and state activities**
- **Bolsters collaborative learning for states to learn from one another and spread/scale effective practices**

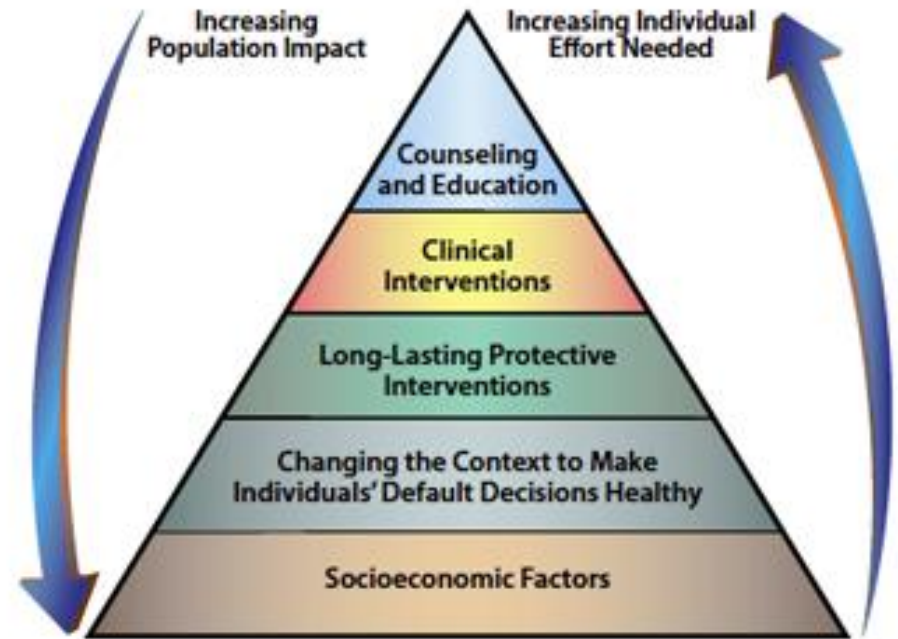




# Aligned Strategy Frameworks

## 10 Essential Public Health Services

## Health Impact Pyramid



# Primary ESM Selection Criteria

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- **Measurable (e.g., percentages, counts)**
  - Data available or planned to be collected
  - Can show incremental change over time
  - Valid, reliable
- **Meaningful**
  - Related to the NPM and state priority objective
  - Based or informed by evidence of effective practice
  - Involve stakeholders for feedback/buy-in



# ESM Examples

- **Assessment**

- % of hospitals classified according to 2012 AAP guidelines on levels of neonatal care
- % of schools with a bullying reporting system

- **Policy Development**

- # PSAs to promote well woman visit and ACA coverage
- % of birthing hospitals designated as Baby Friendly

- **Assurance**

- % of providers following Bright Futures guidelines
- #, % CSHCN served by state-hired care-coordinators



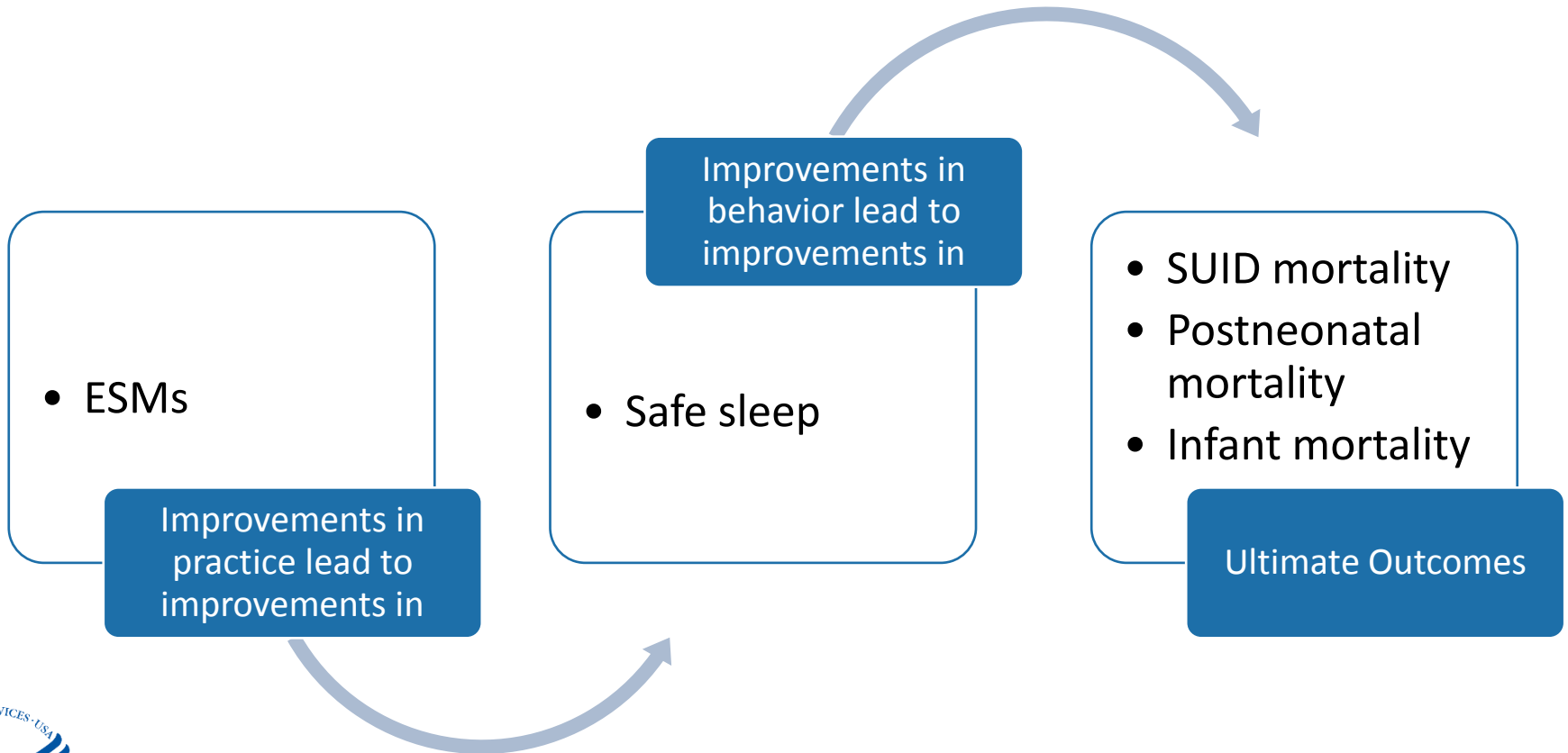
# What is meant by evidence-informed?

- **Many strategies may not have strong evidence of effectiveness with replicated and robust evaluation methods published in peer-reviewed journals**
- **Evidence-informed is meant to convey that there is information suggesting that a certain strategy could be effective in addressing a NPM but evaluation data are limited**
  - These strategies may incorporate a theoretical model from other effective public health practices or apply a novel approach grounded in scientific theory
- **In the categories used by JHU, evidence-informed strategies may include emerging practices and expert opinion**

# To clarify the relationship between ESMs, National Performance Measures, and National Outcome Measures



# NPM-5: Safe Sleep



# Example Strategies

## Assessment

- CDR follows CDC SUID classification system
- Analysis of PRAMS and SUID data to identify program targets, inform interventions, develop fact sheets

## Policy Development

- Implementing a media campaign
- Partnership with WIC or Home Visiting programs to provide safe sleep education and counseling
- Safe sleep protocols in all birthing hospitals

## Assurance

- Enforcing laws regarding mandatory training for childcare providers, medical professionals, EMTs
- Train-the-trainer programs for the various providers engaged pre and post-natally

# Example ESMs

## Assessment

- % of SUID cases reviewed and classified using CDC categories
- # of state-wide programs integrating PRAMS/SUID data to develop or target interventions

## Policy Development

- # of media advertisements, public transportation banners, etc
- #/% of WIC participants or home visiting clients that received safe sleep counseling
- % of birthing hospitals that adopt safe sleep protocols

## Assurance

- % of audited child care providers in compliance with regulation
- % of licensed pediatricians or nurses who received CE credits on SUID prevention or safe sleep practices in the past year

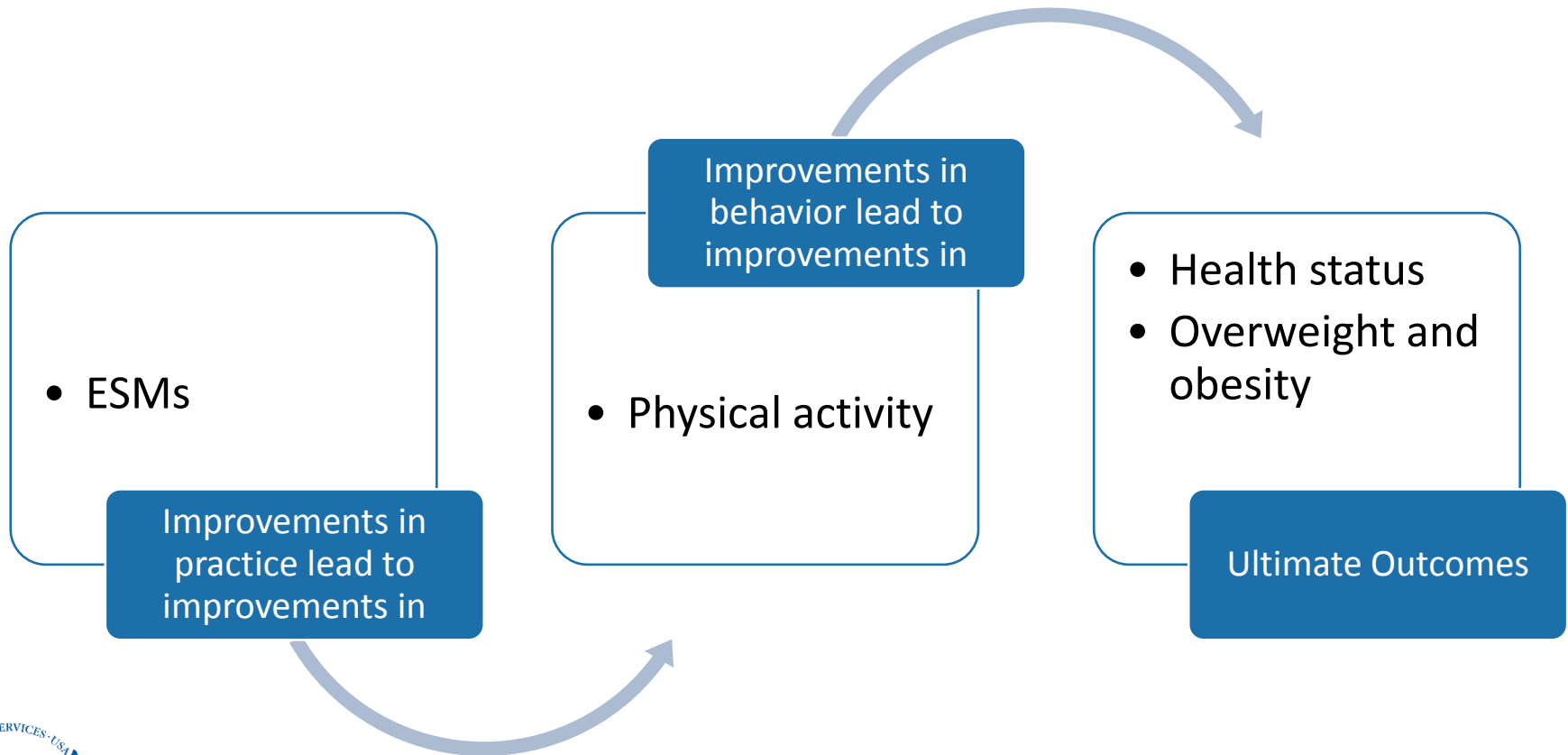


# Example Based on Scientific Literature

- **National Outcome Measure: Infant and Postneonatal Mortality, Sudden Unexpected Infant Deaths (SUID)**
- **National Performance Measure: Percent of infants placed to sleep on their backs (Healthy People 2020 indicator)**
- **Possible ESMs:**
  - 1) Percent of birthing hospitals that have adopted a safe sleep policy
  - 2) Percent of birthing hospitals that have received formal training from the MCH Department
  - 3) Number of public service announcements (PSA) to raise awareness of safe sleep broadly and/or through partner organizations that would reach at least half of the state's media markets
  - 4) Number of positive policy or program actions taken in response to presentations of Fetal and Infant Mortality Review (FIMR) or Child Death Review data.



# NPM-8: Physical Activity



# Example Strategies

## Assessment

- Analysis of School Health Policies and Practices Study data to identify opportunities for improvement at the state, district, and school level

## Policy Development

- Partner with the department of education to design and implement school-based physical activity programs at the state or district level

## Assurance

- Training for pediatricians to screen for overweight/obesity and counsel/refer children for behavioral intervention

# Example ESMs

## Assessment

- #/% of districts or schools identified as lacking recess, PE periods, or after-school programs that receive targeted outreach

## Policy Development

- #/% of schools that participate in state or district-level intervention to improve physical activity content in PE classes

## Assurance

- % of licensed pediatricians who received CE credits on BMI screening and behavioral counseling in the past year

# The framework is flexible

- **Expect an iterative process through PDSA cycles**
  - Strategies and ESMs that achieved objectives or did not produce intended results may be retired or refined
  - New strategies and ESMs may be developed
  - Success may not happen on the first try; what works in one state may not work in another
- **State priorities can be addressed through ESMs, NPMs/SPMs, NOMs/SOMs**
- **NOMs are multifactorial and may not change even with a change in a related NPM**



# To clarify the relationship between ESMs and state priority needs



# Guiding Principles

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- **New Performance Measure Framework**
  - Intended to more clearly reflect the work of State Title V programs in addressing state and national MCH priority areas



# Guiding Principles

- **Priority Needs**

- Identified by the state based on a comprehensive and statewide Five-Year Needs Assessment
- Drive development of program objectives/strategies and selection of the NPMs (Logic model presented in the Application/Annual Report Guidance)

- **ESMs**

- Key to understanding and monitoring the impact of Title V program activities on the selected NPMs and, more broadly, on the identified priority needs
- Developed by the State
- Provide accountability for improving quality and performance related to the NPMs and to the public health issues for which they are intended (i.e., priority needs)
- Defined in Glossary of the Appendix of Supporting Documents in the Application/Annual Report Guidance





# Relationship Between the ESMs and State Priority Needs

- ESMs are the quantified activities/strategies that enable a state to take action towards addressing a state priority need
- States take varying approaches to identifying their priority needs – they may be at the level of a short to medium term NPM (e.g., Improve safe sleep) or they may be at the level of a longer term NOM (e.g., Reduce infant mortality)

# Relationship Between the ESMs and State Priority Needs

- State priority needs may be broader than a given NPM (e.g., Improving safe sleep practices; Oral health; or Reducing obesity/infant mortality/unintended pregnancy)
- Some strategies that align to a state priority may only be indirectly related to the selected NPM (e.g., Content/quality of well visit; Dental sealants or water fluoridation; or Timely referral/follow-up for developmental screening)



# Relationship Between the ESMs and State Priority Needs

- Public health needs are multi-faceted, and they can be impacted by a wide range of interventions.
- States can include indirectly related strategies as ESMs for the selected NPM, or they can develop an SPM or SOM to better track their priority need
  - JHU will focus on critiquing evidence for strategies directly related to the NPMs
- States are encouraged to select at least one directly related strategy for each selected NPM



**To help states better understand  
expectations regarding  
development of ESMs**



# Title V MCH Block Grant FY 2017 Application/ FY 2015 Annual Report Requirements

## State Action Plan

- States will develop at least one ESM for every selected NPM.
- States will identify 3-5 SPMs to address unique priority needs to the extent that they are not addressed by the NPMs/ESMs.
- States will establish performance objectives for each ESM and SPM that is developed.
- States will finalize State Action Plan Table.
  - State will review and refine, as needed, the priority needs, SMART objectives, program strategies and selected NPMs that were submitted as part of the FY 2016 Application/FY 2014 Annual Report.
  - Upon completion, there should be an identified NPM/ESM or SPM for each identified priority need.



# Title V MCH Block Grant FY 2017 Application/ FY 2015 Annual Report Requirements

## How many strategies/ESMs are states required to submit?

- States are required to submit at least one ESM for each selected NPM.
- Given that NPMs are multifactorial, states are encouraged to develop multiple strategies to address each of the selected NPMs.
- If multiple strategies are created, states have discretion in determining which strategies they will track through an ESM. (It is encouraged, but not required, that states develop corresponding ESMs for strategies in which they are investing the most activity and/or funding.)
- While the ESM may be directly or indirectly related to the NPM, states are encouraged to select at least one NPM that directly corresponds to the selected NPM.
- The NPM will serve as the marker for demonstrated impact.



# Title V MCH Block Grant FY 2017 Application/ FY 2015 Annual Report Requirements

## What are the requirements for development of the SPMs?

- States are required to establish between 3 and 5 SPMs.
- For each SPM, the state will develop a detail sheet.
- States will establish five-year performance targets for each SPM.
- Priority needs not adequately addressed by the NPMs/ESMs are intended to be addressed through the development of an SPM or SOM.
- States may choose, but they are not required, to develop an ESM for the SPMs that they establish.



# Title V MCH Block Grant FY 2017 Application/ FY 2015 Annual Report Requirements

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## What technical support is available to States?

### MCHB:

- Questions on program requirements or requests for program guidance should be directed to the MCHB Project Officer.
- Additional technical support is planned to be provided at the AMCHP Annual Conference and beyond.





# Title V MCH Block Grant FY 2017 Application/ FY 2015 Annual Report Requirements

## What technical support is available to States?

### JHU Strengthen the Evidence Base for MCH Programs

- Requests for technical assistance in identifying evidence-based or –informed strategies and/or operationalizing selected strategies into quantifiable ESMS can be directed to Stephanie Garcia and the project team at JHU.
- JHU’s role is to help guide states in the development of their State Action Plans by identifying strategies that have some evidence of effectiveness. States are encouraged to select strategies on the emerging evidence to scientifically rigorous portion of the evidence-based continuum.



# Strengthen the Evidence Base for MCH Programs [www.semch.org](http://www.semch.org)

**Project Director: Stephanie Garcia [sgarci22@jhu.edu](mailto:sgarci22@jhu.edu)**

## Available Now

**Environmental Scans related to each NPM**

### **Technical Assistance for:**

- Identifying possible strategies
- Evaluating a selected strategy
- Providing evidence relating to specific strategies
- Adapting strategies for a specific population
- Developing evidence-based or evidence-informed strategy measures
- Connecting states to other discretionary grantees with resources and technical assistance capacity, as appropriate

## Coming Soon

**Evidence ratings for selected strategies to address NPMs**

**Online platform for “communities of practice” related to each NPM**



# Contact Information

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