

# Performance Measurement Framework and Performance Measures for the Revision of the Title V Block Grant



# Title V Performance Measures and Evaluation

- Since the 1998, States have reported annually on both National and State Performance Measures
- Tracked performance on MCH issues across populations: Infants, children, adolescents, mothers, and children with special health care needs
- 18 National Performance Measures, used by States for evaluation programs
- Data reported by States made available publicly in the Title V Information System Web Reports
- <https://mchdata.hrsa.gov/tvisreports/>



# Charge to the Workgroup

Design a transformed performance measurement system that could show the contributions of Title V programs more directly while still maintaining flexibility for the States and reducing their reporting burden.



# Challenges

- 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.



# Transformation

## 1. Reduce burden

- Reducing data reporting
- States can choose 8 out of 15 National Performance Measures (NPMs)
- MCHB will provide data for NPMs and National Outcome Measures (NOMs), when possible

## 2. Retain flexibility

- Choice in NPMs
- State-specific performance measures (SPMs)
- State-developed structural/process measures (S/PMs)



# Transformation

3. Improve accountability and document impact
  - Measurable Title V activities directly addressing the chosen performance measures.



# Performance Measure Framework

National Outcome Measures



National Performance Measures



State-Initiated Structure / Process Measures

- National Outcome Measures (NOMs) and Performance Measures (NPMs) would be drawn from national data sources and prepopulated for States to analyze
- State-initiated Structure and/or Process Measures (S/PMs) would be developed by the States to measure strategies and activities of the Title V program toward the NPM





# Performance Measure Domains

- Women's/Maternal Health
- Perinatal/Infant Health
- Child Health
- Adolescent Health
- CYSHCN
- Cross-cutting or Life Course





# Criteria for National Performance Measures

- Large investment of resources.
- Considered modifiable by Title V activities.
- State could delineate measurable activities.
- Significant disparities existed.
- Condition had large societal costs.
- Associated with at least one NOM.



# Women's/Maternal Health

## Well-woman visit (BRFSS)

Definition: % of women 18-44 with past-year preventive visit

- Potential outcomes
  - Severe maternal morbidity
  - Low birth weight, preterm birth
  - Fetal and infant mortality

## Low-risk cesarean (Birth certificate)

Definition: % cesarean among term, singleton, vertex, first births

- Potential outcome
  - Severe maternal morbidity



# Perinatal/Infant Health

## Perinatal Regionalization (Linked Birth – AAP Directory)

Definition: % VLBWs born in facilities with level III+ NICUs

- Potential outcomes
  - Perinatal, neonatal, infant mortality

## Breastfeeding (NIS)

Definition: % infants ever breastfed

- Potential outcome
  - Sleep-related Sudden Unexpected Infant Death (SUID)

## Safe Sleep (PRAMS)

Definition: % infants placed to sleep on their backs

- Potential outcomes
  - SUID, postneonatal, infant mortality



# Young Children's Health

## Developmental Screening (NSCH)

Definition: % children ages 9-71 months receiving a developmental screening using a parent-completed screening tool

- Potential outcomes
  - Healthy and Ready to Learn
  - Children with special health care needs
  - Autism spectrum disorder, attention deficit disorder, developmental and behavioral conditions



# Adolescent Health

## Adolescent well-visit (NSCH)

Definition: % of adolescents aged 12-17 with a well-visit in the past year

- Potential outcomes
  - Immunization
  - Overweight or obese (BMI at or above the 85th percentile)
  - Adolescents in excellent/very good health
  - Adolescent suicide and death rate

## Bullying (YRBSS and/or NSCH)

Definition: % adolescents who report being bullied

- Potential outcomes
  - Adolescent suicide and death rate





# Child and Adolescent Health

## Injury (HCUP – State Inpatient Databases)

Definition: Rate of injury-related hospitalizations per population aged 0-19

- Potential outcome
  - Child death rate



# Child and Adolescent Health

## Physical Activity (YRBSS and NSCH)

Definition: % of children ages 6-17 who are physically active at least 60 minutes per day

- Potential outcomes
  - Overweight or obese (BMI at or above the 85th percentile)





# Children with Special Health Care Needs

## Medical Home (NSCH)

Definition: % children with and without CSHCN that have a medical home

## Transition (NSCH)

Definition: % adolescents ages 12-17 with and without CSHCN who received services necessary to make transitions to adult health care

- Potential outcome
  - Percent of children and youth with special health care needs (CYSHCN) receiving care in a well-functioning system





# Cross-cutting or Life Course

## Oral Health (NSCH and PRAMS)

Definitions: % of women who had a dental visit during pregnancy and % children ages 1-6 with a past-year preventive dental visit

- Potential outcomes
  - Severe maternal morbidity
  - Healthy and Ready to Learn
  - Children in excellent/very good health
  - Children with decayed teeth or dental caries



# Cross-cutting or Life Course

## Smoking (NSCH and NVSS)

Definition: % of women who smoke during pregnancy and % children in households where someone smokes

- Potential outcomes
  - Severe maternal morbidity
  - Low birth weight, preterm birth
  - Neonatal, postneonatal, SUID, infant mortality
  - Percent of children in excellent/very good health



# Cross-cutting or Life Course

## Adequate Insurance Coverage (NSCH)

Definition: % children who are adequately insured (continuous

- Potential outcomes
  - Percent of children without health insurance
  - Percent of children and youth with special health care needs (CYSHCN) receiving care in a well-functioning system



# Criteria for National Outcome Measures

- Data collection mandated by Title V legislation.
- Considered sentinel health marker.
- Focus of either Title V legislation or activities.
- Important health condition to monitor because prevalence is increasing.
- Recognized need to move the field forward.



# National Outcome Measures

- Infant mortality, preterm-related mortality, neonatal mortality, post-neonatal mortality, perinatal mortality, sleep-related SUID mortality
- Low birthweight, moderately low birthweight, very low birthweight
- Preterm birth, early preterm birth, late preterm birth, early term birth, early elective delivery
- Children in excellent or very good health
- Immunizations for children and adolescents
- Overweight and obesity



# National Outcome Measures

- Child mortality
- Children without health insurance
- Children's oral health conditions
- Adolescent mortality, adolescent motor vehicle mortality, adolescent suicide
- Systems of care for children with special health care needs (CSHCN)
- Prevalence of CSHCN, autism spectrum disorders, attention deficit disorders, mental/behavioral conditions
- Maternal morbidity and mortality



# Criteria for State-Initiated Structural / Process Measures

- Activities had to be measurable.
- Evidence that the activity was related to the performance measure chosen.
- Development should be guided through an examination of the evidence-based best practices.



# Framework Measure Example

- **NOM:** Infant and Postneonatal Mortality, Sudden Unexpected Infant Deaths
- **NPM:** Percent of infants placed to sleep on their backs (Healthy People 2020 indicator)
- **Possible State-Initiated S/PMs:**
  - 1) Number of education sessions on safe sleep practices conducted in clinics or by the health department
  - 2) Number and percent of birthing hospitals that have received formal training from the MCH Department on safe sleep position
  - 3) Implementation of public service announcements (PSA) to raise awareness of safe sleep broadly and/or through partner organizations
  - 4) Number of “train the trainer” sessions on safe sleep conducted in each health district in the state





# Completing Measure Forms

- States complete detail sheets to define SPMs (Form 10b) in 2015 (FY2016 application/FY2014 annual report)
- States complete detail sheets to define S/PMs (Form 10c) in 2016. S/PMs are tied to the NPM. (FY2017 application/FY2015 annual report)
- Objectives provided for on all measures at time of application. (Form 10a)
  - For SPMs and S/PMs, objectives are provided once measure is developed
- Indicator data provided in the year of the annual report.
  - For NOMs and NPMs, data are prepopulated if possible; otherwise the state enters.
  - For SPMs and S/PMs are entered by the state.
- Measures discussed in the narrative



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