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/](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
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
Injury (HCUP – State Inpatient Databases)

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

- Potential outcome
  - Child death rate
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
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
Contact Information

Michael D. Kogan, Ph.D.
301-443-3145
mkogan@hrsa.gov

Christopher Dykton
301-443-9534
cdykton@hrsa.gov