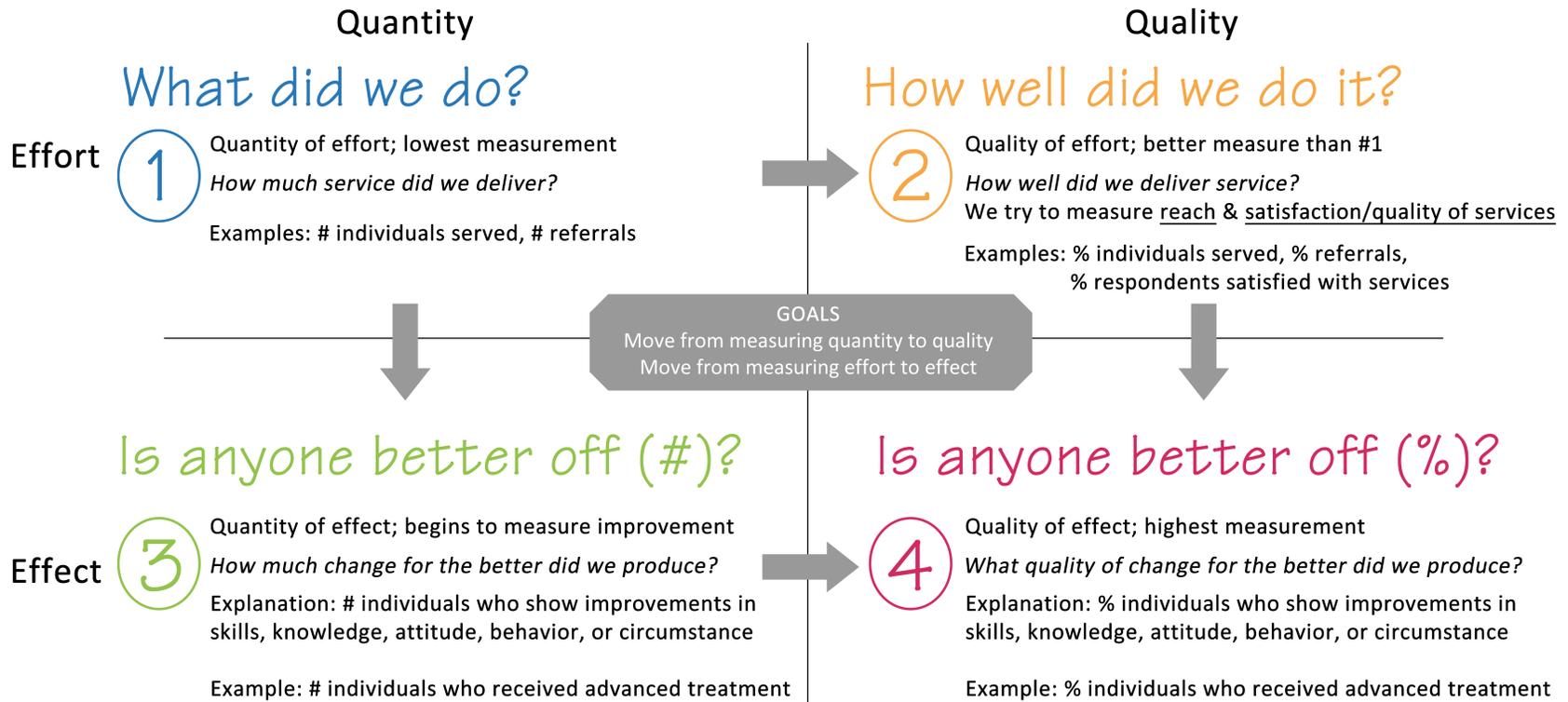




A framework for measuring ESMs. The *results-based accountability* framework helps you move from reporting “what did we do?” to “how well did we do it?” to “is anyone better off?”

Four Categories of Measurement



General Goals in measuring your ESMs:

- Move from measuring quantity to quality (lowest measurement is Category 1).
- Eventually move from measuring effort to effect (highest measurement is Category 4).
- Not everyone needs to be measuring Category 4 activities; effective measurement combines a mix of categories.

Tips for Strengthening ESMs

Effective ESMs begin with evidence that advances NPM topic areas and include:

Strategies that are *meaningful*. Consider if the measure:

- Is evidence-based/informed. Evidence can be based on peer-reviewed research or informed by emerging practices and expert opinion that there would be a positive, measurable, and expected result.
- Has a direct relationship to the NPM.
- Is feasible relative to state priorities and funding.
- Reflects the needs of your populations.
- Has involved stakeholder input and/or buy-in.
- Has potential for improvement over time.
- Addresses disparities, gaps, or issues to improve health equity.

Activities that are *measurable*. Consider if the measure:

- Is quantifiable (count, percentages, rate) and specific (defined indicator, numerator, denominator). Quantitative measures are recommended over “yes/no” measures to show improvement over time.
- Is well-defined, specific, and captures relevant data needed to demonstrate change.
- Is limited to the portion of the activity that Title V directs, funds, or implements.
- Has data sources that are available to measure and track the ESM over time.
- Can show incremental change over time.

Improvements that are *achievable*. Consider if the measure:

- Can show improvement over multiple assessments.
- Is sensitive to change over time.
- Is effective with multiple population groups, including vulnerable families and CYSHCN.