

SAMPLE STRATEGIES AND EVIDENCE-BASED OR -INFORMED STRATEGY MEASURES

Compiled by the Strengthen the Evidence
for Maternal and Child Health Programs Initiative:

Strengthen the Evidence is a collaborative activity of the Women's and Children's Health Policy Center, the Health Resources and Services Administration, Welch Medical Library at Johns Hopkins University, and the Association of Maternal and Child Health Programs.

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Domain and National Performance Measure	Strategy [Source]	Evidence-based/-informed Strategy Measure (ESM)
Women/Maternal Health		
NPM 1: Percent of women with a past year preventive medical visit	Work with Medicaid to improve the process of auto-enrollment into additional coverage after Medicaid coverage expires postpartum [4]	Medicaid extends automatic eligibility beyond current state standard ; #/% women automatically enrolled in Medicaid postpartum
	Offer enabling services through community organizations to facilitate access to preventive visits [3]	#/% of community health centers and family planning clinics agencies offering language and translation services
	Host a webinar for providers about annual preventive visits and strategies to address missed opportunities [4]	# of participants attending webinar
	Convene task force comprised of agencies focused on women's health	# of task force meetings in past year
NPM 2: Percent of cesarean deliveries among low-risk first births	Support state-wide quality improvement collaborative to identify areas of improvement and implement strategies to reduce cesarean deliveries]	#/% of birth hospitals and health plans participating in collaborative and monitoring/incentivizing improvement
	Use Medicaid data to inform programmatic efforts and review economic costs of cesarean deliveries [3]	# web hits to annual report profiling deliveries by type, risk factors, and cost; Medicaid policy or procedural change to reduce cesarean (e.g., change in payment, incentive plan)
	Extend targeted outreach to hospitals with high rates of cesarean deliveries [3]	% of hospitals with high rates of cesarean deliveries that receive site visits
Perinatal/Infant Health		
NPM 3: Percent of very low birth weight infants born in a hospital with a Level III+ NICU	Support quality improvement collaboratives for hospitals regarding high-risk maternal transports	# of hospitals participating in collaboratives
	Strengthen transportation systems for transport of high-risk mothers and newborns	#/% birth facilities with a point of contact for transport
	Develop educational model for identifying indications for transport of high-risk pregnant women	# of providers who complete CME module
	Strengthen communication networks between Level III and other birth facilities in accordance with ACOG Consensus Statement	% of hospitals whose high-risk committees attend periodic conference calls to review protocols and outcomes for delivery of VLBW infants

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NPM 4: A. Percent of infants who are ever breastfed and B. Percent of infants breastfed exclusively through 6 months	Maintain a 24-hour breastfeeding hotline staffed by a bilingual certified lactation consultant [4]	# of calls annually to state-run hotline
	Deliver training and support for home visitors [3,4]	Increase knowledge of best practices among home visitors as assessed at annual cross-model training
	Offer technical assistance and education to employers using the <i>Business Case for Breastfeeding</i> [3]	# of employers who receive technical assistance and education about best breastfeeding practices
	Continue to strengthen hospital efforts in supporting mothers/babies through comprehensive breastfeeding policies [3,4]	# of hospitals receiving technical assistance in comprehensive breastfeeding policies
NPM 5: Percent of infants placed to sleep on their back	Analyze PRAMS and SUID-CDR data to identify program targets, inform interventions, and develop fact sheets [1,2]	# of state-wide or local programs integrating PRAMS/SUID data to develop or target interventions
	Partner with WIC, home visiting or other programs to provide safe sleep education and counseling [1,2]	#/% of WIC participants, home visiting clients, or other program participants that received safe sleep counseling
	Enforce laws regarding mandatory training for childcare providers, medical professionals, and emergency medical technicians [1,2]	% of audited child care providers or other professionals in compliance with regulation
	Implement train the trainer programs for the various providers engaged pre and postnatally [1,2]	% of licensed medical professionals who received CE credits on SUID prevention or safe sleep practices in the past year
Child Health and/or Adolescent Health		
NPM 6: Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool	Implement a quality improvement learning collaborative to improve developmental screening practices (e.g. tools, documentation, referrals) [3,4]	# of pediatric and family practices participating in learning collaborative
	Establish an interagency committee for developmental screening to facilitate communication [3]	# of meetings of Interagency committee
	Develop a shared data collection tool to track information on screening and follow-up [3]	# trained providers using statewide registry
	Support <i>Help Me Grow</i> activities to make developmental screening tools accessible to families [3]	# families served by <i>Help Me Grow</i>

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NPM 7: Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents ages 10 through 19	Provide training for home visitors on assessing home safety [3]	Increase knowledge of best practices among home visitors as assessed at annual cross-model training
	Link with schools to promote safe behaviors through comprehensive parent/student education campaigns [3]	% of middle schools implementing comprehensive injury prevention education campaigns
	Support local health departments in offering free car seat safety inspections and distributing car seats [3,4]	# of inspections completed and car seats distributed in past year by health department
	Encourage school districts to require helmet use when riding to school [3]	% of schools with policies requiring helmet use
NPM 8: Percent of children ages 6 through 11 and adolescents ages 12 through 17 who are physically active at least 60 minutes per day	Analyze School Health Policies and Practices Study data [2]	#/% of districts or schools identified as lacking recess, PE periods, or after-school programs that receive targeted outreach
	Partner with the department of education to design and implement school-based physical activity programs at the state or district level [2]	#/% of schools that participate in state or district-level intervention to improve physical activity content in PE classes
	Provide training for pediatricians to screen for overweight/obesity and counsel/refer children for behavioral intervention [2]	% of licensed pediatricians who receive CME credits on BMI screening and behavioral counseling in the past year
	Leverage funding to communities to focus on enhancing urban design [3,4]	Secure additional funding from multiple sources to enhance urban design; # of communities that secured additional such funding
Adolescent Health		
NPM 9: Percent of adolescents, 12 through 17, who are bullied or who bully others	Obtain data on the current bullying prevention efforts being implemented in schools [3,4]	Environmental landscape completed
	Convene a taskforce comprised of community leaders (including parents) to coordinate efforts [4]	# of times met over past year
	Offer technical assistance to front line professionals bullying prevention and response [3,4]	# of professionals who receive technical assistance
	Facilitate dissemination and enforcement of relevant state laws and policies [4]	#/% of schools participating in monitoring system
NPM 10: Percent of adolescents,	Implement provider reminder systems to promote visits and	#/% of practices that have implemented a practice-

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ages 12 through 17, with a preventive medical visit in the past year	alert providers when adolescents miss appointments [3]	wide reminder system
	Make resources available for providers on topics such as encouraging adherence to Bright Futures visit content and periodicity schedules, awareness of free preventive health services covered under Medicaid [3,4]	# of providers offered resources about Bright Futures preventive services covered
	Partner with school-based health centers to promote and incentivize adolescent health services [3,4]	#/% of schools that participate in programs to increase the rate of adolescent well-visits (e.g. movie ticket incentives, “back-to school” promotions)
	Provide adequate financing and reimbursement for preventive care [3]	Financing and reimbursement policies established to provide adequate support for preventive care visits
Children and Youth with Special Healthcare Needs (CYSHCN)		
NPM 11: Percent of children with/without special healthcare needs having a medical home	Support practices with technical assistance to develop and implement family engagement policies [3]	# of providers and facilities receiving technical assistance about family engagement
	Incentivize practices for participating in QI activities that actively engage patients [3]	Policies and programs established to incentivize practices for actively engaging patients;# of practices participating in medical home learning collaboratives
	With input from family representatives, create a practice-wide, comprehensive plan of care template that can be used across systems of care for CYSHCN [4]	#/% of practices that use a comprehensive plan of care template
	Conduct outreach to families about availability and benefits of the medical home [3]	% of communities that conducted outreach about the availability and benefits of the medical home
NPM 12: Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care	Partner with AAP, AFP, ACP, and AANP chapters to facilitate the dissemination of evidence-informed transition resources [3]	# of professional organizations for which partnerships have been established
	Increase the number of QI initiatives involving pediatric and adult practices as well as parents and young adults [3,4]	# of QI initiatives created in the past year
	Encourage use of an evidence-based health care transition tool for transition readiness assessment [4]	# of facilities using a evidence-based health care transition tool for transition readiness assessments

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	Work with Medicaid’s EPSDT program to educate pediatric providers on incorporating readiness assessments into adolescent well visits [4]	# of Medicaid EPSDT providers that have incorporated readiness assessments into adolescent well visits
Cross-Cutting/Life Course		
NPM 13: A. Percent of women who had a dental visit during pregnancy and B. Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	Improve data collection and reporting about dental visits and referrals [4]	Annual report including utilization of oral health services presented to state legislature
	Include preventive dental services for pregnant women as a no-cost preventive service within the Essential Health Benefit package [3]	Preventive dental services implemented as a no-cost preventive service within the Essential Health Benefit package
	Form interagency partnerships to improve coordination between services [3,4]	# of interagency partnerships implemented to coordinate dental and other services
	Increase oral health awareness by distributing educational material in community-based settings [3,4]	# of community-based organizations provided with oral health educational materials
NPM 14: A. Percent of women who smoke during pregnancy and B. Percent of children who live in households where someone smokes	Promote increased use of state-funded quitline [3]	# of calls received by smoking quitline in the past year
	Increase the number of local communities with tobacco control laws and ordinances [3,4]	#/% of local communities with tobacco control laws and ordinances
	Partner with WIC to promote smoking cessation among pregnant and postpartum women [3,4]	#/% of WIC sites implementing evidence-based 5As screening tool and referring pregnant and postpartum women to smoking cessation services
	Implement smoking cessation programs such as Baby & Me Tobacco Free Program and Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) Program in local jurisdictions [4]	# of local jurisdictions with a formal smoking cessation program for pregnant and postpartum women
NPM 15: Percent of children ages 0 through 17 who are adequately insured	Support workforce development trainings for Title V staff to ensure knowledge of insurance coverage [3,4]	# of staff who complete trainings about insurance coverage for children
	Modify public insurance benefits to reduce Medicaid churning [3]	Temporary eligibility criteria established to reduce loss of insurance benefit for families; #/% children automatically enrolled in Medicaid
	Expand CHIP eligibility [3,4]	#/% children newly enrolled in CHIP with expanded eligibility criteria

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	Offer insurance application assistance through community organizations [3]	#/% of community organizations that offer assistance with insurance applications

Sources of Strategies:

[1] Kogan et al. (2015). A new performance measurement system for maternal and child health in the United States. *Maternal and Child Health Journal*.

Retrieved from <http://dx.doi.org/10.1007/s10995-015-1739-5>

[2] Kogan, M., & Lawler, M. (2015, December 8). Development of evidence-based or informed strategy measures [Webinar]. Retrieved from

<http://www.amchp.org/Calendar/Webinars/Documents/MCHB%20ESM%20webinar.pdf>

[3] Women’s and Children’s Health Policy Center, Johns Hopkins Bloomberg School of Public Health. Environmental Scans. Retrieved from

<http://semch.org/environmental-scans.html>

[4] Association of Maternal and Child Health Programs & Johns Hopkins Bloomberg School of Public Health. Taking Action with Evidence: Implementation

Roadmap Webinars. Retrieved from <http://www.amchp.org/AboutTitleV/Resources/Pages/State-Action-Plan.aspx>