

Maternal and Child Health (MCH) Performance Measures

A number of tools and measures have been developed to assess performance and document accountability. The [Maternal and Child Health Bureau](#) (MCHB) uses performance measurement and other program evaluation to assess progress in attaining goals, implementing strategies, and addressing priorities. Evaluation is critical to MCHB policy and program development, program management, and funding. Findings from program evaluations and performance measurement are part of the ongoing needs assessment activities of the Bureau.

At the state level, the MCHB performance and accountability cycle begins with a needs assessment that includes reporting on health status indicators. Analysis of these data and other information leads to the identification of priority needs. MCH performance and outcome measures are developed to address those needs, and resources are allocated. Program implementation, ongoing monitoring, and evaluation follow.

Currently the MCH Program has 18 National Performance Measures, 10 State Performance Measures, 6 Outcome Measures, Health Status Indicators, and 36 Discretionary Grant Performance Measures. Federal MCH Program staff, states, and other grantees jointly developed these consensus measures. In addition to the national performance measures, states develop and report on state priority needs and performance measures.

Criteria for MCHB Performance Measures

MCH Performance measures must meet the following criteria:

1. The measure should be relevant to major MCHB priorities, activities, programs, and dollars.
2. The measure should be important and understandable to MCH partners, policymakers, and the public.
3. Data are available across states.
4. A logical linkage can be made from the measure and the desired outcome.
5. Measurable change should be detectable within 5 years.
6. A potential for change in the measure should be realistic.
7. Process or capacity measures should logically lead to improved outcomes.
8. Measures should be prevention focused.

Performance measures help to quantify whether:

1. Capacity was built or strengthened;
2. Processes or interventions were accomplished;
3. Risk factors were reduced; and
4. Health status was improved.

National Performance Measures (2006)

1. The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their state-sponsored newborn screening programs.
2. The percent of children with special health care needs (SHCN) age 0 to 18 whose families partner in decision-making at all levels and are satisfied with the services they receive. (SHCN Survey)
3. The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (SHCN Survey)
4. The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (SHCN Survey)
5. The percent of children with special health care needs age 0 to 18 whose families report community-based service systems are organized so they can use them easily. (SHCN Survey)
6. The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence. (SHCN Survey)
7. Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.
8. The rate of birth (per 1,000) for teenagers aged 15 through 17 years.
9. Percent of third grade children who have received protective sealants on at least one permanent molar tooth.
10. The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.
11. The percent of mothers who breastfeed their infants at 6 months of age.
12. Percent of newborns who have been screened for hearing before hospital discharge.
13. Percent of children without health insurance.
14. Percent of children, ages 2 to 5 years, receiving WIC services that have a Body Mass Index (BMI) at or above the 85th percentile.
15. Percent of women who smoke in the last three months of pregnancy.
16. The rate (per 100,000) of suicide deaths among youths 15-19.
17. Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.
18. Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

MCH Outcome Measures

1. The infant mortality rate per 1,000 live births.
2. The ratio of the black infant mortality rate to the white infant mortality rate.
3. The neonatal mortality rate per 1,000 live births.
4. The postneonatal mortality rate per 1,000 live births.
5. The perinatal mortality rate per 1,000 live births plus fetal deaths.
6. The child death rate per 100,000 children aged 1 through 14.

Colorado MCH State Measures

In addition to these national performance measures, states can identify their own state-specific measures. State-specific measures reflect local concerns that arise from a state needs assessment, required every 5 years.

Colorado's State Performance Measures (2011)

1. Percentage of sexually active women and men ages 18-44 using an effective method of birth control to prevent pregnancy. (BRFSS)
2. Percentage of live births to mothers who were overweight or obese based on BMI before pregnancy. (Birth certificate)
3. Percent of mothers reporting that a doctor, nurse, or other health care worker talked with them about what to do if they felt depressed during pregnancy or after delivery. (PRAMS)
4. Percent of parents asked by a health care provider to fill out a questionnaire about development, communication, or social behavior of their child ages 1 through 5. (Child Health Survey - CH169)
5. Percentage of Early Intervention Colorado referrals coming from targeted screening sources. (Early Intervention Colorado)
6. Percentage of live births where mothers gained an appropriate amount of weight during pregnancy according to pre-pregnancy BMI. (Birth certificate)
7. Percent of parents reporting that their child (age 1 through 5) first went to the dentist by 12 months of age. (Child Health Survey - CH63a)
8. Percentage of sexually active high school students using an effective method of birth control to prevent pregnancy. (YRBS)
9. Motor vehicle death rate for teens ages 15-19 yrs old.
10. The percentage of group members that invest the right amount of time in the collaborative effort to build a youth system of services & supports. (Wilder Collaborative Factor Inventory)