

**MATERNAL & CHILD HEALTH MEASUREMENT RESEARCH NETWORK (MCH-MRN)**

 **STARTING-POINT STRATEGIC AGENDA**

**Why do we need a strategic agenda for MCH measurement research?**

Measures of maternal and child health (MCH) and well-being are essential to identify opportunities to improve population health and well-being; inform service design, delivery, and performance improvement; justify program funding; and advance research and knowledge. However, health administrators and practitioners at all are still faced with:

(1) Critical gaps in availability of important measures of health and predictive factors, particularly in terms of measures of positive health rather than just the existence or absence of illness and injury;

(2) Unnecessary variation in measures within and across programs and service settings; and

(3) Barriers in access to information and data about available measures.

These and other factors lead to gaps in knowledge and limit program evaluation and improvement. They also contribute to redundant, fragmented, non-comparable data across MCH agencies and programs.

There have been increasing calls to action to foster sustainable and standardized MCH measurement systems, including the development of conceptual frameworks and measurement scans. The MCH-Measurement Research Network 1.0 engaged in such a scan, and developed a strategic agenda to improve MCH measurement. The MCH-MRN 2.0 (2016-2019) will continue to revise and implement the proposed agenda.

***The MCH-MRN strategic agenda seeks to highlight the assets, gaps, and opportunities in MCH measurement, and translate these findings into policy and practice.***

**What has been done so far?**

Understanding measures currently in use is necessary to identify needs and ensure comprehensive, efficient, and actionable measurement. The Child and Adolescent Health Measurement Initiative (CAHMI) conducted a scan of 20 frameworks, as well as 11 United States MCH serving programs/initiatives and their measures.

***11 US MCH-serving programs and initiatives scanned for the MCH-MRN Strategic Agenda***

[AMCHP Life Course Indicators](http://childhealthdata.org/docs/default-source/MCH-MRN/amchp-summary-04-12-16_gs.pdf?sfvrsn=2) [Child Welfare (Title IV) Outcome Measures](http://childhealthdata.org/docs/default-source/MCH-MRN/child-welfare-profile-04-12-16_-gs.pdf?sfvrsn=2)

[Head Start Program Information Report](http://childhealthdata.org/docs/default-source/MCH-MRN/head-start-profile-04-12-16_gs.pdf?sfvrsn=2) [Healthcare Effectiveness Data and Information Set (HEDIS)](http://childhealthdata.org/docs/default-source/MCH-MRN/hedis-profile-04-12-16_gs.pdf?sfvrsn=2)

[Healthy People 2020 Indicators](http://childhealthdata.org/docs/default-source/MCH-MRN/hp2020-04-12-16_gs.pdf?sfvrsn=2) [Home Visiting (MIECHV) Performance Measures](http://childhealthdata.org/docs/default-source/MCH-MRN/home-visiting-summary-05-04-16.pdf?sfvrsn=2)

[Medicaid/CHIP Core Set](http://childhealthdata.org/docs/default-source/MCH-MRN/chip-medicaid-profile_05-12-16.pdf?sfvrsn=2) [National Quality Forum](http://childhealthdata.org/docs/default-source/MCH-MRN/nqf-summary-04-12-16.pdf?sfvrsn=2)

[PQMP Measures](http://childhealthdata.org/docs/default-source/MCH-MRN/pqmp-profile_05-12-16.pdf?sfvrsn=2) [PROMIS Measures](http://childhealthdata.org/docs/default-source/MCH-MRN/promis-summary-_reviewed-05-12-16.pdf?sfvrsn=2)

[Title V (post-2015) NPMs and NOMs](http://childhealthdata.org/docs/default-source/MCH-MRN/tv-new-summary-04-27-2016.pdf?sfvrsn=2) [Title V (pre-2015) NPMs and NOMs](http://childhealthdata.org/docs/default-source/MCH-MRN/tv-old-summary-04-12-16_gs.pdf?sfvrsn=2)

Using environmental scan methods and key informant interviews, the CAHMI then characterized these measures, and conducted a starting point analysis of measurement assets, gaps, and priorities for advancing measurement and shared accountability. All measures were characterized by: (1) inclusion across programs/initiatives, (2) specific data source, (3) specific target population, (4) detailed topic addressed, and (5) specific sampling unit of analysis. Each measure was categorized into (at least) one of 6 high-level topical domains: [(1) Health Care and Service Access; (2) Condition Prevalence and Health Status; (3) Mortality; (4) Social Determinants of Health; (5) Pregnancy, Birth, and Sexual Health and (6) Mental, Emotional, and Behavioral Health], 40 topical areas and, ultimately, by one of 205 specific health and well-being topics.

**What did the CAHMI find? What does the agenda recommend?**

Promising measurement instruments and relevant data exist, but require careful consideration for best future use. The CAHMI’s findings recommend that a MCH measurement agenda address the following 8 areas:

**1)** **Conceptual gaps and assets:** The US has **800+ measures in use across 11 existing MCH programs that address 200+ specific topics**. Most address health care and related services (37%) or health determinants of health (35%). Anchored against child well-being frameworks, measurement gaps include**1) well-being and life satisfaction, 2) positive health, 3) socio-emotional functioning; 4) family/relationship-specific protective factors; 5) middle childhood; 6) preconception, 7) families as a whole, and 8) life transitions.**

**2) Population-based gaps and assets:** Many MCH **measures exist that could be of relevance to additional populations**. For example, measures of child abuse, neglect, and other maltreatment used in the Child Welfare (Title IV) program for children enrolled in child welfare, foster care, or adoption systems are relevant for all child populations, especially the many at risk for entering child welfare systems.

**3)** **Use gaps and assets:** **Many** **measures remain unused, and may fill critical gaps**. For instance, the Pediatric Quality Measurement Project (PQMP) was established in 2009, and has resulted in the development of more than 80 measures of pediatric health care quality. To date, only one of these PQMP measures has been incorporated into the CHIP/Medicaid Child Core Set or other measurement systems.

**4)** **Alignment gaps and assets:** Only **13 of 61 measurement topics across four federal programs of focus (Title V, Title IV, Medicaid/CHIP, and Home Visiting) are shared by multiple programs**. The 13 topics addressed by more than one program mainly concern birth related health outcomes and receipt of preventive health care services. We recommend a harmonization of a core set of measures across MCH agencies and programs, establishing resources for a “living” review, and easy access to measure information.

**5) Application gaps and assets:** Many measures that address emerging priorities areas (ie: ‘upstream’ risks and protective factors, overall subjective child well-being, etc.) exist in measurement sets reviewed, **yet they remain unapplied to programs and policies in which they could be used to drive action** (i.e. standards, benchmarks, program evaluation, required reporting, policies, etc.).

**6) Specification/validity gaps and assets:** Most measures reviewed contained technical specifications, including, at the very least, numerator and denominator statements. However, **information was lacking on the detailed validation and development or origin of many measures**, potentially limiting their consideration by programs and researchers despite their potential value.

**7)** **Translation gaps and assets*:*** While efforts to translate measures and findings to key audiences exist among some programs, **most programs do not prioritize data translation and accessibility to key audiences, such as community and local organizations**. Use of local level measure estimation methods and composite measures hold promise for improving value and community-wide engagement around measurement findings.

**8)** **Equity gaps and assets:**The collection of demographic information for the purpose of stratification and subsequent examination of health disparities is an effort made by some of the programs reviewed, such as Title V. However, **other initiatives and programs do not systematically collect demographic information in a way that allows for routine stratifications**.