
Measures Selection, Development and Data Collection

Oregon Title V Grantee Meeting
February 27, 2018



Objectives

- Importance of measurement
- Structure of a measure
- Introduction of new standard measures
- Walk-through of new online form features
- Group discussion of data collection successes and challenges

Why measurement is important

- Accountability: Allows us at the state level to report to our federal funder on what is being achieved with the Oregon Title V Block Grant
- Evaluation of your efforts: Allows you at the local level to determine if you are being successful in your goals
- Continuous Quality Improvement: Allows you to adjust programming as necessary

Evaluation & Continuous Quality Improvement

Hypothetical scenarios:

1. Measure target: Provide food insecurity screening to 90% of all MCH clients.
 - Measure outcome: Actually screening 98% of clients
 - May want to select a new strategy, e.g. go beyond screening & referral, to connecting clients with food assistance safety net programs.
2. Measure target: Provide 5As intervention at every visit to 100% of home visiting clients who smoke.
 - Measure outcome: Only 78% of smoking clients receive 5As at every visit
 - Need to examine what can be improved; e.g. update process or policy, or provide training to home visitors.

Structure of a measure

- Measures can be in the form of percentages or counts
- How to decide which to use:
 - Percentages include a numerator and a denominator.
 - Numerator: The number of people who received the intervention
 - Denominator: The total number of people
 - Counts are appropriate when you do not know the denominator.

Examples of percentage and count measures

- Percentage measure: Percent of home visiting clients with a referral to well woman care
 - Numerator example: Number of home visiting clients with a referral to well woman care
 - Denominator example: Total number of home visiting clients
- Count measure: Number of providers trained.
 - A count measure is appropriate if you do not know the total number of providers in your county or area.

Purpose of standard measures

- Starting in July 2018, grantees will have the choice between selecting a standard measure and developing their own measure
- Why standard measures?
 - In previous years, we have noticed similar measures across grantees
 - Effort to streamline measures
 - Take burden off grantees developing their own measures
 - Roll up data from grantees working on the same strategies
 - Once data is rolled up it can be reported to our federal funder

Standard measures

- Measures are organized at the strategy level
- Each strategy has one or more associated measure, depending on the activities you conduct
- Standard measures are either percentages or counts
- Where a standard measure is in the form of a percentage, numerator and denominator definitions are provided

Examples of standard measures

Priority Area	Strategy	Measure Definition	Numerator	Denominator
Breastfeeding	3. Educate pregnant women about breastfeeding	3.1 Percent of pregnant & breastfeeding women provided breastfeeding education	3.1 Number of pregnant & breastfeeding women provided breastfeeding education	3.1 Number of pregnant & breastfeeding women
Child physical activity	2. Support physical activity before, during and after school	2.1 Number of new partnerships developed with schools/districts	2.1 N/A	2.1 N/A
Smoking	3. Collaborate w/CCOs, DCOs, and medical and early childhood/education providers to build screening and intervention processes into their work practices, including workforce training.	3.3 Number/percent of providers, partners or staff trained	3.3 Number of providers, partners or staff trained	3.3 Number of providers, partners or staff

Standard measure or locally defined measure?

- What if none of the standard measures are appropriate for your activity?
- You can still develop your own measure
- Steps to creating new measure:
 - Decide on percentage or count
 - Create measure definition
 - If applicable, define numerator and denominator

Questions to consider if developing your own measure

- Does it appropriately reflect your activities?
- Can you use the measure outcome to assess your success?
- Do you have a plan for collecting and reporting the data?

Reporting of measure using online forms

- Standard measures will be available for your plan for July 2018 to June 2019 (due April 1, 2018)
- Standard measures will be available in drop down boxes
- You will still be able to enter your own measure in manually if you decide that is more appropriate
- Title V online forms located at:

<https://epiweb.oha.state.or.us/fmi/webd#Title%20V%20Grantee%20Annual%20Plan%20and%20Report>

Data collection and reporting considerations

- **Who** is responsible for recording the data?
 - The program lead?
 - Home visitors?
 - Data manager?
- **Where** is the data kept?
 - ORCHIDS?
 - A spreadsheet?
 - Sign in sheets in a folder?
- Can you **access** the data at the end of the grant period?
 - If you are keeping it in ORCHIDS, can you extract the data yourself?
 - Will you have timely access to SBHC data?
- Can you disaggregate data by **target population**?

Examples of data collection

- Individual client records; e.g. Home visiting activities can be tracked using a locally defined ORCHIDs variable
- Provider/staff training sign in sheets
- Records of partnership development
- Records of number of support groups formed
- Sign in sheets from health fairs providing education
- Number of hits to social media pages

Data check – strongly recommended!

- Check that you can access the data either quarterly or bi-annually
- Identify issues with data collection and reporting before the end of the grant period

Discussion of data collection and reporting

- Small group discussion
- At your tables, please discuss the following:
 1. Your successes with data collection and reporting
 2. Your challenges with data collection and reporting
 3. Data collection and reporting lessons you have learned
- Enter key points from your group discussion into the polling app

Questions?

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