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DIVISION OF HEALTHY START AND PERINATAL SERVICES

PERFORMANCE MEASURE DETAIL SHEET SUMMARY TABLE

Performance Measure	New/Revised Measure	Prior PM Number (if applicable)	Topic
HS 01	New		Reproductive Life Plan
HS 02	Revised	17, 20	Usual Source of Care
HS 03	New		Interconception Planning
HS 04	New		Intimate Partner Violence Screening
HS 05	New		Father/ Partner Involvement during Pregnancy
HS 06	New		Father and/or Partner Involvement with Child 0-24 Months
HS 07	New		Daily Reading (3+ times per week by family member)
HS 08	New		CAN implementation
HS 09	New		CAN Participation

HS 01 PERFORMANCE MEASURE **Edited for Clarity and Consistency** **Goal: Reproductive Life Plan** **Level: Grantee** **Domain: Healthy Start**	The percent of Healthy Start participants that have a documented reproductive life plan. [1]
GOAL	To increase the proportion of Healthy Start women participants who have a documented reproductive life plan to 90%.
MEASURE	The percent of Healthy Start women participants that have a documented reproductive life plan.
DEFINITION	**Numerator:** Number of Healthy Start (HS) women participants with a documented reproductive life plan in the reporting period. **Denominator:** Number of HS women participants in the reporting period. There is no formal written format for a reproductive life plan. A participant is considered to have a reproductive life plan and included in the numerator if there is documentation in the participant's record of an annually updated statement to include: 1) goals for having or not having children; and 2) plans for how to achieve those goals. Participants with permanent birth control are included in both the denominator and numerator. If a participant completes the Reproductive Life Plan questions within the Healthy Start Screening tools during the reporting period, then they are considered to have a documented Reproductive Life Plan.
BENCHMARK DATA SOURCES	Pregnancy Risk Assessment Monitoring System (PRAMS) Phase 8, Question 14
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	A reproductive life plan reduces the risk of unintended pregnancy, identifies unmet reproductive health care needs, and increases the number of women who plan their pregnancies and engage in healthy behaviors *before* becoming pregnant.[2]

[1] Consistenty with Healthy Start Benchmark 2.
[2] http://www.cdc.gov/preconception/documents/reproductivelifeplan-worksheet.pdf

HS 02 PERFORMANCE MEASURE **Edited for Clarity and Consistency** **Goal: Usual Source of Care** **Level: Grantee** **Domain: Healthy Start**	The percent of Healthy Start women and child participants that have a usual source of care.[3]
GOAL	To increase the percent of Healthy Start women and child participants who have a usual source of care to 80%.
MEASURE	The percent of Healthy Start women and child participants that have a usual source of care.
DEFINITION	**a.** **Numerator:** Total number of Healthy Start (HS) women participants that report having a usual source of care as of the last assessment in the reporting period. **Denominator:** Total number of women HS participants in the reporting period. **b.** **Numerator:** Total number of Healthy Start (HS) child participants whose parent/ caregiver reports that they have a usual source of care as of the last assessment in the reporting period. **Denominator:** Total number of child HS participants in the reporting period. A participant is considered to have a usual source of care and included in the numerator if the participant identifies a regular place where they can go for routine and sick care other than an emergency room. A participant receiving regular prenatal care from a prenatal provider is considered to have a usual source of care.
BENCHMARK DATA SOURCES	National Survey of Children's Health (Children 0-5 with a Usual Source of Care 91.7%, 2011-2012); National Health Interview Survey (Children 0-4 with a Usual Source of Care: 97.5%, 2012-2014; Women 18-44 with a Usual Source of Care 81.8%, 2012-2014)
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	Having a usual source of medical care has been shown to improve care quality as well as access to and receipt of preventative services.[4] Further, patients having a usual source of care reduce overall costs to patients, employers, and health plans by reducing emergency department visits, hospital readmissions, and inpatient visits. [5]

[3] Consistent with Healthy Start Benchmark 4
[4] Blewett LA, Johnson PJ, Lee B, Scal PB. When a usual source of care and usual provider matter: adult prevention and screening services. J Gen Intern Med. September 2008 [Epub Ahead of Print May 28, 2008];23(9):1354-60.
[5] https://www.pcpcc.org/guide/benefits-implementing-primary-care-medical-home

HS 03 PERFORMANCE MEASURE **Edited for Clarity and Consistency** **Goal: Interconception Planning** **Level: Grantee** **Domain: Healthy Start**	The percent of Healthy Start women participants who conceive within 18 months of a previous birth.[6]
GOAL	To reduce the proportion of Healthy Start women participants who conceive within 18 months of a previous birth to 30%.
MEASURE	The percent of Healthy Start women participants who conceive within 18 months of a previous birth.
DEFINITION	**Numerator**: Number of Healthy Start (HS) women participants whose pregnancy during the reporting period was conceived within 18 months of the previous live birth. **Denominator:** Total number of HS women participants enrolled before the current pregnancy in the reporting period who had a prior pregnancy that ended in live birth. The interval between the most recent pregnancy and previous birth is derived from the delivery date of the birth and the date of conception for the most recent pregnancy.
BENCHMARK DATA SOURCES	CDC National Survey of Family Growth, Healthy People 2020 Family Planning Goal 5; Vital Statistics[7]
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	Family planning is important to ensure spacing pregnancies at least 18 months apart to reduce health risks for both mother and baby. Pregnancy within 18 months of giving birth is associated with increased risk for the baby including low birth weight, small size for gestational age, and preterm birth. Additionally, the mother needs time to fully recovering from the previous birth.[8].

[6] Consistent with Healthy Start Benchmark 10
[7] http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_03.pdf
[8] http://www.mayoclinic.org/healthy-lifestyle/getting-pregnant/in-depth/family-planning/art-20044072

HS 04 PERFORMANCE MEASURE **Edited for Clarity and Consistency** **Goal: Intimate Partner Violence Screening** **Level: Grantee** **Domain: Healthy Start**	The percent of HS women participants who receive intimate partner violence screening.[9]
GOAL	To increase proportion of Healthy Start women participants who receive intimate partner violence (IPV) screening to 100%.
MEASURE	The percent of Healthy Start women participants who receive intimate partner violence screening.
DEFINITION	**Numerator**: Number of Healthy Start (HS) women participants who received intimate partner violence screening using a standardized screening tool during the reporting period. **Denominator:** Total number of HS women participants in the reporting period. A participant is considered to have been screened and included in the denominator if a standardized screening tool which is appropriately validated for her circumstances is used. A number of screening tools have been validated for IPV screening. Intimate Partner Violence is a pattern of assaultive behavior and coercive behavior that may include physical injury, psychological abuse, sexual assault, progressive isolation, stalking, deprivation, intimidation, and reproductive coercion. These behaviors are committed by someone who is, was, or wishes to be involved in an intimate relationship with the participant.[10]
BENCHMARK DATA SOURCES	PRAMS
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	Intimate Partner Violence is a substantial yet preventable public health problem that affects women across the world. Research shows that intimate partner violence screening differs among health care specialties and is overall relatively low. The U.S. Department of Health and Human Services recommends that IPV screening and counseling to be a core part of a women's well visit. [11]

[9] Consistent with Healthy Start Benchmark 13
[10] http://mchb.hrsa.gov/whusa09/hstat/hi/pages/226ipv.html
[11] http://aspe.hhs.gov/report/screening-domestic-violence-health-care-settings/prevalence-screening

HS 05 PERFORMANCE MEASURE **Edited for Clarity and Consistency** **Goal: Father/ Partner Involvement during pregnancy** **Level: Grantee** **Domain: Healthy Start**	The percent of Healthy Start women participants that demonstrate father and/or partner involvement during pregnancy.[12]
GOAL	To increase proportion of Healthy Start women participants that demonstrate father and/or partner involvement (e.g., attend appointments, classes, etc.) to 90%.
MEASURE	The percent of Healthy Start women participants that demonstrate father and/or partner involvement during pregnancy.
DEFINITION	**Numerator:** Number of Healthy Start (HS) prenatal participants who report supportive father and/or partner involvement (e.g., attend appointments, classes, etc.) in the reporting period. **Denominator:** Total number HS prenatal participants in the reporting period. A participant is considered to have support and included in the numerator if she self- reports a partner who has a significant and positive role in the participant's pregnancy. Involvement during pregnancy may include, but is not limited to: • Partnership; social/ emotional support • Attending prenatal appointments • Attending prenatal classes • Assisting in preparing the home for the baby e.g,, putting together a crib • Providing economic support
BENCHMARK DATA SOURCES	Child Trend Research Brief, CDC National Health Statistics Report
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	Research suggests that paternal involvement has been recognized to have an impact on both pregnancy and infant outcomes. Father involvement during pregnancy has shown to reduce negative maternal health behaviors, risk of preterm birth, low birth weight, and fetal growth restrictions.

[12] Consistent with Healthy Start Benchmark 14

HS 06 PERFORMANCE MEASURE **Edited for Clarity and Consistency** **Goal: Father and/or Partner Involvement with child <24 Months** **Level: Grantee** **Domain: Healthy Start**	The percent of Healthy Start women participants that demonstrate father and/or partner involvement with child<24 months.[13]
GOAL	To increase proportion of HS women participants that demonstrate father and/or partner involvement (e.g., attend appointments, classes, infant/child care) with child <24 months to 80%.
MEASURE	The percent of Healthy Start women participants that demonstrate father and/or partner involvement with child <24 months.
DEFINITION	**Numerator:** Number of Healthy Start (HS) child participants whose mother reports supportive father and/or partner involvement (e.g., attend appointments, classes, child care, etc.) during the reporting period. **Denominator:** Total number of Healthy Start women participants with a child participant <24 months. A participant is considered to have support and included in the numerator if she self- reports a partner who has a significant and positive role for the child. Involvement includes, but is not limited to:[14] • Engagement or direct interaction with the child, including taking care of, playing with, or teaching the child • Accessibility or availability, which includes monitoring behavior from the next room or nearby and allowing direct interaction if necessary • Responsibility for the care of the child, which includes making plans and arrangements for care • Economic support or breadwinning • Attending postpartum and well child visits • Other meaningful support
BENCHMARK DATA SOURCES	None
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	Research suggests that paternal involvement has been recognized to have an impact on both pregnancy and infant outcomes

[13] Consistent with Healthy Start Benchmark 15
[14] http://www.cdc.gov/nchs/data/nhsr/nhsr071.pdf

HS 07 PERFORMANCE MEASURE **Edited for Clarity and Consistency** **Goal: Daily Reading** **Level: Grantee** **Domain: Healthy Start**	The percent of Healthy Start child participants age 6 through 23 months who are read to by a family member 3 or more times per week, on average. [15]
GOAL	To increase the proportion of Healthy Start child participants age 6 through 23 months who are read to 3 or more times per week to 50%
MEASURE	The percent of Healthy Start child participants age 6 through 23 months who are read to by a family member 3 or more times per week, on average.
DEFINITION	**Numerator:** Number of Healthy Start children participants whose parent/ caregiver reports that they were read to by a family member on 3 or more days during the past week during the reporting period. **Denominator:** Total number of Healthy Start child participants 6 through 23 months of age during the reporting period. Reading by a family member may include reading books, picture books, or telling stories.
BENCHMARK DATA SOURCES	National Survey of Children's Health (2011-2012)
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	Reading to a child teaches them about communication, introduces concepts such as numbers, letters, colors, and shapes, builds listening, memory, and vocabulary skills, and gives them information about the world around them. [16] The American Academy of Pediatrics (AAP) promotes reading aloud as a daily fun family activity to promote early literacy development as an important evidence-based intervention beginning in infancy and continuing at least until the age of school entry. [17]

[15] Consistent with Healthy Start Benchmark 16
[16] http://kidshealth.org/parent/positive/all_reading/reading_babies.html
[17] http://pediatrics.aappublications.org/content/pediatrics/134/2/404.full.pdf

HS 08 PERFORMANCE MEASURE **Edited number, no content revision** **Goal: CAN implementation** **Level: Grantee** **Domain: Healthy Start**	The percent of Healthy Start grantees with a fully implemented Community Action Network (CAN). [18]
GOAL	To increase the proportion of HS grantees with a fully implemented Community Action Network (CAN) to 100%.
MEASURE	The percent of Healthy Start grantees with a fully implemented Community Action Network (CAN).
DEFINITION	**Two benchmarks are calculated to capture Community Action Network (CAN) implementation and progress towards achieving collective impact:** **Numerator**: Number of related CAN measure components implemented by the CAN in which the Healthy Start grantee participates. **Denominator**: 3 (representing total of CAN components) This is a scaled measure which reports progress towards full implementation of a CAN. A "yes" answer is scored 1 point; a "no" answer receives no point. To meet the standard of "fully implemented" for this measure, the HS grantee must answer "yes" to all three core elements listed below: 1. Does your CAN have regularly scheduled meetings? (Regular scheduled is minimally defined as every quarter during the reporting period). This can be documented by using sign in sheets. Yes = 1 No = 0 2. Does your CAN have members from three or more community sectors? (e.g., individuals with lived experience, Healthy Start consumer, faith based, hospital, school setting, community based organizations, government, business, medical provider(s), child care provider(s)). Yes = 1 No = 0 3. Does your CAN have a twelve month work plan? This work plan should outline the CAN's goals, objectives, activities, entities responsible for completing, and timelines. Yes = 1 No = 0 --- **Numerator**: Number of related Collective Impact (CI) measure components implemented by the CAN in which the Healthy Start grantee participates. **Denominator**: 10 (representing total points for 5 CI measure components) 1. Does your CAN have a common agenda developed? All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions. This can be documented by using a theory of change, logic model, work plan template that captures this information, and/or a charter. Yes = 2 In Process = 1 Not started = 0

[18] Consistent with Healthy Start Benchmark 17

HS 08 PERFORMANCE MEASURE **Edited number, no content revision** **Goal: CAN implementation** **Level: Grantee** **Domain: Healthy Start**	The percent of Healthy Start grantees with a fully implemented Community Action Network (CAN). [18]
	2. Does your CAN have Shared Measurement Systems? The CAN has identified a common set of indicators that tracks progress/action related to the common agenda, collects data across partners, presents data on a consistent basis, and uses data to make informed decisions and to hold each other accountable. Yes = 2 In Process = 1 Not started = 0 3. Does your CAN engage in Mutually Reinforcing Activities? Participant activities are differentiated while still being coordinated through a mutually reinforcing plan of action. This plan of action can be included on the work plan noted above and should include at least two to three activities, a description of how it is believed that the activities will impact the common agenda, how the activities will be measured, who/what organization will take the lead, and the timeline for implementation. Yes = 2 In Process = 1 Not started = 0 4. Does your CAN have Continuous Communication? Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and appreciate common motivation. A communication plan agreed upon by stakeholders should be included as a part of the work plan noted above. Yes = 2 In Process = 1 Not started = 0 5. Does your CAN have a backbone infrastructure in place? Creating and managing collective impact requires a dedicated staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies. Documentation is shared with CAN members describing roles and responsibilities, and skills required for staff of the entity(ies) supporting the backbone infrastructure. Yes = 2 In Process = 1 Not started = 0
BENCHMARK DATA SOURCES	None
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	A Community Action Network, or CAN, is an existing, formally organized partnership of organizations and individuals. The CAN represents consumers and appropriate agencies which unite in an effort to collectively apply their resources to the implementation of one or more commons strategies to achieve a common goal within that project area.

HS 09 PERFORMANCE MEASURE **Edited number, no content revision** **Goal: CAN participation** **Level: Grantee** **Domain: Healthy Start**	The percent of Healthy Start grantees with at least 25% community members and Healthy Start program participants serving as members of their CAN. [19]
GOAL	To increase the proportion of Healthy Start grantees with at least 25% community members and Healthy Start program participants serving as members of their CAN to 100%.
MEASURE	The percent of Healthy Start grantees with at least 25% community members and Healthy Start program participants serving as members of their CAN.
DEFINITION	**Numerator:** Number of community members and Healthy Start (HS) program participants serving as members of the CAN. **Denominator:** Total number of individual members serving on the CAN. Community Member: an individual who has lived experience that is representative of the project's Healthy Start target population. Community members may include former Healthy Start participants, fathers and/or partners of Healthy Start participants, males and family members. Program Participant: an individual having direct contact with Healthy Start staff or subcontractors and receiving Healthy Start services on an ongoing systematic basis to improve perinatal and infant health. Specifically, program participants are pregnant women and women of reproductive age and children up to age 2. A Community Action Network, or CAN, is an existing, formally organized partnership of organizations and individuals. The CAN represents consumers and appropriate agencies which unite in an effort to collectively apply their resources to the implementation of one or more commons strategies to achieve a common goal within that project area.
BENCHMARK DATA SOURCES	
GRANTEE DATA SOURCES	Grantee data systems
SIGNIFICANCE	Consumer involvement in setting the community agenda and informing efforts to effectively meet the community's needs is critical to the effectiveness of the CAN.

[19] Consistent with Healthy Start Benchmark 18