

OMB Passback

It seems to me that some of the performance measures measure things that are state-wide rather than focusing on populations that the MCHB program serves directly. For example, there are measures about infant mortality. There are a number of factors that feed into infant mortality other than any particular services or programs MCHB grantees provide. So is it “fair” to hold MCHB programs accountable for things like this which are, to some extent, outside their control? Are state MCHB programs charged with looking after the needs of all mothers and children in the state or just specific populations (e.g. low income)? Or are the denominators defined in a way to include only those mothers who received MCHB-provided pre-natal services?

Answer: Title V of the Social Security Act states that the Maternal and Child Health (MCH) Block Grant program is “To improve the health of all mothers and children” (section 501(a)) and to enable each State “to provide and to assure mothers and children (in particular those with low income or with limited availability to health services) access to quality maternal and child health services” (section 501(a)(1)(A)). Thus, while there is a special focus on low-income and vulnerable populations, the program is intended to address the needs of the entire MCH population. State MCH Title V Directors are responsible for the promotion and development of the broad system of care for the MCH population, including (1) infrastructure building services, (2) population-based services, and (3) enabling services, in addition to (4) providing direct services to fill gaps not met by other programs. The MCH Block Grant is unique in that it is the only Federal program that addresses all four levels of service. MCH Title V Directors work to leverage resources, including financial support, from other programs and through collaboration and partnerships with other agencies and organizations. As identified on Form 2, MCH Title V Directors in most States oversee other Federal funds that contribute to the health and well-being of the MCH population. The responsibility to develop and oversee the broad system of care for the MCH population creates a higher level of accountability for monitoring National Performance Measures that provide an indication of the overall health of the State's MCH population, and for establishing objectives to improve the State's performance in the areas addressed by the National Performance Measures. States played a key role in the development of the National Performance Measures in 1997, and continue to be involved in periodic review of the measures to assure that they are appropriate indicators for assessing the health of the MCH population. The National Performance Measures reflect the priorities identified by States during their five-year Needs Assessments and assist States in expanding their data capacity for monitoring these indices and in advancing efforts to improve MCH outcomes.

Also, some measures seem to require states to cull data from publicly available data sources. For example, “**The ability of States to monitor tobacco use by children and youth**” measure derives from data from the youth Risk Behavior Surveillance System. For these types of measures, could HRSA get the measures directly from the publicly available data sources and thus reduce burden on the states?

Answer: For National Performance Measures 2 through 6, the Maternal and Child Health Bureau (MCHB) pre-populates the forms with data from the National Survey for Children with Special Health Care Needs, which is designed and conducted by MCHB, to reduce the burden on the States. If States have another data source for these measures, they can report those data. Other measures are not pre-populated because there is not a single data source; States have the flexibility to choose the data source, which may include national or State data sources that most accurately reflect the status of their MCH population. These are National Performance Measures; therefore, States address them by setting five-year targets and monitoring annual progress towards the achievement of their performance objectives. This assures that the MCH Block Grant application is an individualized and living document which allows each State to use data sources that best measure State progress and which most accurately tells the story of the unique strengths and needs of each State's MCH population.