# Stakeholder Metrics Survey Results
# Proposed Outcome Accountability Metrics for Public Health Modernization

A report for the
Public Health Advisory Board
Accountability Metrics Subcommittee

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# Executive Summary

## *Background*

In 2015, Oregon adopted a new framework for public health. The public health modernization framework depicts the foundational programs that protect and improve health and the foundational capabilities that are essential for running effective programs. Public health modernization will increase the effectiveness of Oregon's public health system by ensuring critical public health protections are in place for every person in the state.

Oregon's Public Health Advisory Board (PHAB) is developing a set of accountability metrics for state and local health departments. These metrics will be used to track progress toward improving health outcomes for everyone in Oregon and demonstrate the value of a modern public health system. The goal is to select one or two outcome metrics in each foundational public health program area. PHAB will adopt metrics in June 2017.

A set of proposed accountability metrics was developed with input from state and local public health professionals, environmental health professionals, and PHAB accountability metrics subcommittee members. A public stakeholder survey was conducted to gather input on the proposed accountability metrics. There were 201 respondents to the survey; about 30% were local public health officials.

## *Key Findings*

**Top Ranked Metrics by Survey Respondents**

- Top ranked metrics by local public health officials
    - Communicable Disease Control: two-year old vaccination rate
    - Prevention and Health Promotion: adults who smoke cigarettes
    - Environmental Public Health: food facility inspections
    - Access to Clinical Preventive Services: effective contraceptive use

- Top ranked metrics by all survey respondents
    - Communicable Disease Control: two-year old vaccination rate
    - Prevention and Health Promotion: suicide deaths
    - Environmental Public Health: active transportation
    - Access to Clinical Preventive Services: effective contraceptive use

**PHD Staff Recommended Metrics**

| Table 1: First and Second Choice Metrics Recommended by PHD Staff | | |
|---|---|---|
| | **1st choice** | **2nd choice** |
| Communicable Disease Control | Two-year old vaccination rate | Gonorrhea rate |
| Prevention and Health Promotion | Adults who smoke cigarettes | Youth who smoke cigarettes |
| Environmental Public Health | Community drinking water standards | Active transportation or average annual PM 2.5 |
| Access to Clinical Preventive Services | Effective contraceptive use | Adolescent well visits |

# Introduction

## *Background*

In 2015, Oregon adopted a new framework for public health. The public health modernization framework depicts the foundational programs that protect and improve health and the foundational capabilities that are essential for running effective programs. Public health modernization will increase the effectiveness of Oregon's public health system by ensuring critical public health protections are in place for every person in the state.

Oregon's Public Health Advisory Board (PHAB) is developing a set of accountability metrics for state and local health departments. These metrics will be used to track progress toward improving health outcomes for everyone in Oregon and demonstrate the value of a modern public health system. For many of these proposed measures, improvements will best be achieved through collaborative approaches between public health and health care.

PHAB solicited feedback from public health stakeholders on an initial set of recommendations for public health accountability metrics. Stakeholder feedback will be used to make final selections of public health accountability metrics.

The goal of the selection process is to choose one or two outcome metrics in each foundational public health program area.

## *Methods*

**Survey Development**

In March-April, 2017, meetings were conducted with Oregon Public Health Division (PHD) managers to develop the initial set of outcome metrics for the four foundational public health programs of Public Health Modernization (Communicable Disease Control, Prevention and Health Promotion, Environmental Public Health, and Access to Clinical Preventive Services).

The proposed metrics were reviewed by the Accountability Metrics subcommittee of the PHAB and numerous other stakeholders for feasibility and acceptability. A webinar was held on April 13, 2017 with representatives from local public health authorities to discuss the proposed metrics. In addition, feedback was solicited from Coalition of Local Health Officials (CLHO) members and Conference of Local Environmental Health Supervisors (CLEHS) members, as well as further discussions with PHD managers.

The metrics were narrowed to a list of 24 proposed metrics for inclusion on the public stakeholder survey. These metrics are shown in Table 2.

**Table 2. Metrics Included on Stakeholder Survey**

| Measurement area | Metric |
|---|---|
| Communicable Disease Control | |

| | |
|---|---|
| Childhood immunization | Two-year old vaccination rate* |
| Sexually transmitted infections | Gonorrhea rate |
| Foodborne illness | Infections caused by *Salmonella* species commonly transmitted through food |
| Hepatitis C | New asymptomatic hepatitis C cases |
| Prevention and Health Promotion | |
| Tobacco | Adults who smoke cigarettes* |
| | Cigarette smoking among youth (8th and 11th graders) |
| Obesity | Obesity among adults |
| | Obesity among 2-5 year olds, WIC enrollees |
| | Obesity among youth (8th and 11th graders) |
| Opioid-related overdose deaths | Prescription opioid mortality* |
| Binge drinking | Adult binge drinking |
| | 11th grader binge drinking |
| Suicide | Suicide deaths |
| Environmental Public Health | |
| Environmental health resilience | Number of resilience strategies for fire, flood, drought and other environmental health risks that are implemented at the state and local level |
| Air quality | Annual average ambient concentrations of PM2.5 |
| Active transportation | Percent of people who walk, ride a bike, ride a bus or use other types of public transportation to get to and from places |
| Food safety | Food service facility inspections completed |
| Drinking water | Percent of community water systems that meet health-based standards |
| Access to Clinical Preventive Services | |
| Effective contraceptive use | Effective contraceptive use among women at risk of unintended pregnancy* |
| Well care visits | Adolescent well-care visits in the past 12 months* |
| HPV vaccination | HPV vaccination rate |
| Child and adolescent oral health | Children aged 0-5 with a dental visit in the previous year |

| | |
|---|---|
| | Percentage of eligible schools (40% Free or Reduced Lunch or greater) served by a certified dental sealant program* |
| Cancer prevention | Colorectal cancer screening among ages 50-75 years* |
| STI screening | Proportion of persons diagnosed with gonorrhea who received partner-delivered expedited therapy |

*Aligns with CCO and/or early learning metrics, or CCO performance improvement project

The survey was conducted from May 2, 2017 through May 12, 2017. A copy of the survey instrument is shown in Appendix 1. The survey was implemented using Survey Monkey. The survey distribution is shown below.

**Stakeholder Survey Distribution**

- Local health administrators and health officers
- Tribal health officials
- Community-based organizations
- Public health environmental health specialists (CLEHS)
- Coordinated Care Organizations (CCOs)
    - QHOC members
    - Community Advisory Councils
    - Metrics and Scoring Committee
    - CCO Technical Advisory Group
- Public Health Advisory Board
- Health care providers
    - PEBB and OEBB carriers
    - Rural and frontier providers
- Early learning
    - Early learning hubs
    - Early learning providers
    - Measuring Success Committee
- Hospitals/health systems
    - Hospital Metrics Committee
    - Hospital Technical Advisory Group
    - Critical Access Hospitals

Note: In some cases stakeholders forwarded the survey link to others inside or outside their organization.

Survey respondents were asked to consider the following when responding to the survey questions:

- Does the measure reflect an important health issue?
- Is the health issue important statewide, and in frontier, rural, urban and suburban communities?
- Does the measure address important work that state and local health departments must provide?

**Survey Analysis**

Surveys were downloaded to an Excel file from Survey Monkey and analyzed using SPSS v. 24. Descriptive analyses were performed to assess frequencies of responses to survey questions. Open-ended survey questions were reviewed for relevance and summarized. Feedback from the webinar and other stakeholders was incorporated into the summary findings. In addition, information about feasibility of reporting and availability of data was also considered.

**Accountability Metrics Selection Criteria**

The PHAB Accountability Metrics subcommittee identified 10 criteria to aid in selection of accountability metrics. The selection criteria are shown in Table 3. Public Health Division staff performed an initial assessment of the selection criteria for the proposed metrics and is included in this report.

**Table 3. Accountability Metrics Selection Criteria**

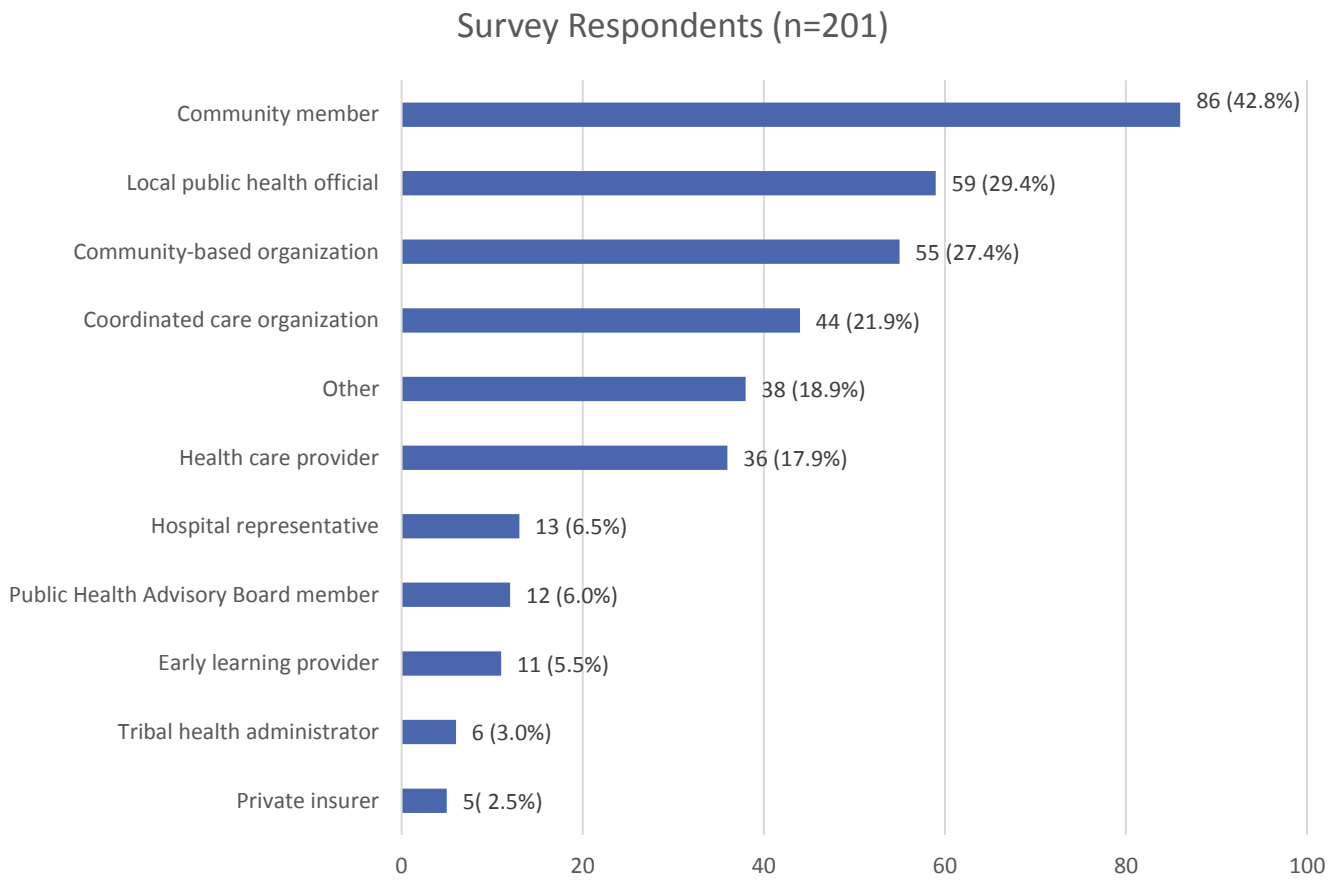
| Selection criteria | Definition |
|---|---|
| *Top 5 "must have" criteria* | |
| Promotes health equity | • Measure addresses an area where health disparities exist.<br>• Data are reportable by race/ethnicity. |
| Respectful of local priorities | • Collectively, the set of public health accountability metrics covers a range of health priorities for state and local public health authorities.<br>• Data are reportable at the county level. |
| Transformative potential | • Measure aligns with core public health functions in the Public Health Modernization Manual that represent an emerging area of public health deemed important for the future. |
| Consistency with state and national quality measures, with room for innovation | • Measure is nationally validated.<br>• Measure aligns with CCO, hospital or early learning metrics.<br>• Measure is a required reporting element for other public health initiatives.<br>• National or other benchmarks exist for performance on this measure. |
| Feasibility of measurement | • Data for measure are already collected, or a mechanism for data collection has been identified. |
| *Additional important criteria* | |
| Consumer engagement | • Measure successfully communicates to consumers what is expected of the public health system. |
| Relevance | • Condition or practice being measured has a significant impact on issues of concern or focus. |

| | |
|---|---|
| | • Measure aligns with evidence-based or promising practices. |
| Attainability | • It is reasonable to expect improved performance on this measure. |
| Accuracy | • Changes in public health system performance will be visible in the measure.<br>• Measure is sensitive enough to capture improved performance or sensitive enough to show difference between years |
| Reasonable accountability | • State and local public health authorities have some control over the outcome in the measure |
| Range/diversity of measures | • Collectively, the set of public health accountability metrics covers a range of health priorities for Oregon for each of the public health foundational programs |

# Results

## *Description of Survey Respondents*

Two-hundred one individuals responded to the survey. The stakeholder groups represented are shown in Figure 1. Respondents could select multiple options.




Among the 38 individuals who selected "other," 23 selected "other" in combination with the provided categories; 15 responded "other" alone. "Other" respondents included academia, local government (not health department), and staff from non-OHA agencies.

Over 50% of respondents selected only one stakeholder group; about 25% selected two stakeholder groups and 14% selected three stakeholder groups. About 10% selected more than three stakeholder groups.

## *Communicable Disease Control Metrics*

**Survey Response**

Respondents were asked to select all proposed Communicable Disease Control metrics that align with their priorities, as well as rank each metric in order of importance. Table 4 shows the results from all survey respondents and local public health officials (LPHO).

**Table 4. Proposed Communicable Disease Control Metrics**

| | All Respondents (n=201)* | | LPHO (n=59) | |
|---|---|---|---|---|
| | % checked (n) | All Ranked #1 | % checked (n) | LPHO Ranked #1 |
| Two-year old vaccination rate | 67.2% (135) | **63.7% (128)**** | 69.5% (41) | **61.0% (36)**** |
| Gonorrhea rate | 40.3% (81) | **8.5% (17)***** | 59.3% (35) | 13.6% (8) |
| Infections *salmonella* from food | 31.8% (64) | 6.5% (13) | 50.8% (30) | 8.5% (5) |
| New hepatitis C cases | 37.3% (75) | 8.0% (16) | 42.4% (25) | **27.1% (16)***** |
| None of these | 10.0% (20) | | 1.7% (1) | |

* Includes LPHO respondents, **highest ranked, ***second highest ranked

**Additional Suggested Communicable Disease Control Accountability Metrics**

The survey asked respondents to propose additional metrics, including a rationale, data source, and reference. The following list shows additional communicable disease control metrics suggested by survey respondents. Numbers in parentheses indicate repeated mentions:

Metrics suggested by LPHO respondents

- Syphilis
- Foodborne illness should include E-Coli and others
- Don't limit to just gonorrhea
- Giardia
- Norovirus

Metrics suggested by non-LPHO respondents

- HIV (2)
- HPV
- Chlamydia rates (2) in the 15-25 year old population (1)
- Syphilis incidence and/or receipt of treatment cases and contacts
- Pertussis vaccine rates, incidence and/or receipt of treatment (cases and contacts)
- *Clostridium difficile* infections
- STDs among adults
- STDs among children

**Additional Comments**

The following comments were obtained from the webinar, subsequent written feedback, CLHO call, CLEHS discussions, or PHAB accountability metrics subcommittee members.

Two-year vaccination rate

- At least one local public health authority (LPHA) tracks 4 DTaP rather than two year old series rate.
- Data are not up to date.
- It was recommended as an indicator of immunization status early in life when vaccines are most effective.
- Some health officers expressed concern about whether two year old vaccination rates are within the control of public health to improve.

Gonorrhea rate

- At least one LPHA tracks gonorrhea rates.
- Question raised about whether focusing on one sexually transmitted infection (STI) would detract from work happening to prevent other STIs.
- Metric needs to be clearly defined by population, type of rate and other information including diagnosed, interviewed and treated. These are best practices for bringing rates down.

Infections caused by *Salmonella* species through food

- Salmonella infections often are the result of a national outbreak; concern was expressed that such outbreaks are not in Oregon public health's control.
- One LPHA reported that they don't do much prevention work regarding Salmonella.
- The burden of foodborne illness is norovirus (majority of disease) or E:coli 0157:H7 (severity of disease and outcomes).

New asymptomatic hepatitis C cases

- Hepatitis C measure would be difficult to explain. Do we want it to be high (reflecting more screening) or low (all cases found)?
- Public health does not screen for hepatitis C. The screening tests are expensive.
- The metric is not clear as to whether this is a screening initiative, surveillance activity, something else or a combination.

**Staff Assessment of Selection Criteria**

PHD staff conducted a preliminary assessment of how each Communicable Disease Control metric meets the top 5 “must have” selection criteria. Results are shown in Table 5. Additional information about availability of data for reporting at the state and local levels is provided in Appendix 2.

| Table 5. Assessment of Top 5 "Must Have" Selection Criteria | | | | | |
|---|---|---|---|---|---|
| **Communicable Disease Control Metrics** | **Promotes health equity** | **Respectful of local priorities** | **Transformative potential** | **Consistency with state and national quality measures** | **Feasibility of measurement** |
| Two-year old vaccination rate | Yes[1,2] | Yes[3,4] | No | Yes[6,7] | Yes[8] |
| Gonorrhea rate | Yes[1,2] | Yes[3,4] | No | Yes[6,7] | Yes[9] |
| Infections *salmonella* from food | Yes[1,2] | Yes[3,4] | No | Yes[6,7] | Yes[9,10] |
| New hepatitis C cases | Yes[1,2] | Yes[4] | Yes[5] | Yes[6,7] | No[9, 11] |

Notes:

1. Disparities documented
2. Reportable by race/ethnicity
3. Aligns with priorities of at least 50% of LPHO respondents
4. Data are reportable at county level
5. Aligns with core functions in Modernization Manual that represent emerging areas for public health and/or would drive system change
6. Aligns with at least one of the following: State Health Improvement Plan, State Health Performance Indicators, CCO metrics, hospital metrics, early learning metrics
7. Benchmarks exist
8. Data available from ALERT IIS
9. Data available from Orpheus
10. Data available from FoodNet
11. In some cases, numbers may be too small to report at the local level

**Staff Recommendations**

- Select two-year old vaccination rate as first choice
  *Rationale:*
  - Is aligned with priorities for a strong majority of local public health authorities
  - Although some health officials expressed concern about whether two year old vaccination rates are within the control of public health to improve, it was ranked as #1 by all survey respondents and by LPHOs
  - Meets 4 out of 5 "must have" selection criteria
  - Is aligned with CCO metric

- If a second metric is desired, then select gonorrhea rate
  *Rationale:*
  - Is aligned with priorities for a majority of local public health authorities
  - Meets 4 out of 5 "must have" selection criteria
  - Although not ranked as high as hepatitis C by LPHOs, public health has a clear role in prevention and control of gonorrhea; feasibility of screening and intervention for hepatitis C is low

- Do not select <u>infections caused by salmonella through food</u>
  *Rationale:*
  - Ranked last by LPHOs
  - Salmonella outbreaks typically not under control of public health
  - Burden of foodborne illness is from other pathogens (e.g., E. coli)

## *Prevention and Health Promotion Metrics*

**Survey Response**

Respondents were asked to select all proposed Prevention and Health Promotion metrics that align with their priorities, as well as rank each metric in order of importance. Table 6 shows the results from all survey respondents and local public health officials (LPHO).

**Table 6. Proposed Prevention and Health Promotion Metrics**

| | All Respondents (n=201)* | | LPHO (n=59) | |
|---|---|---|---|---|
| | % checked (n) | All Ranked #1 | % checked (n) | LPHO Ranked #1 |
| Adults who smoke cigarettes | 54.2% (109) | **13.4% (27)*** ** | 50.8% (30) | **18.6% (11)** ** |
| Youth who smoke cigarettes | 51.2% (103) | 11.4% (23) | 54.2% (32) | **15.3% (9)*** ** |
| Obesity adults | 49.3% (99) | 7.0% (14) | 42.4% (25) | 8.5% (5) |
| Obesity 2-5 year olds | 43.8% (88) | 8.5% (17) | 49.2% (29) | 6.8% (4) |
| Obesity youth | 45.8% (92) | 1.5% (3) | 47.5% (28) | 5.1% (3) |
| Opioid mortality | 47.8% (96) | 10.0% (20) | 39.0% (23) | 1.7% (1) |
| Adult binge drinking | 36.8% (74) | 1.0% (2) | 32.2% (19) | 3.4% (2) |
| 11th grade binge drinking | 34.8% (70) | 1.5% (3) | 39.0% (23) | 3.4% (2) |
| Suicide deaths | 48.3% (97) | **18.4% (37)** ** | 50.8% (30) | **15.3% (9)*** ** |
| None of these | 3.5% (7) | | 6.8% (4) | |

* Includes LPHO, **highest ranked, ***second highest ranked

**Additional Suggested Prevention and Health Promotion Accountability Metrics**

The survey asked respondents to propose additional metrics, including a rationale, data source, and reference. The following list shows additional prevention and health promotion metrics suggested by survey respondents. Numbers in parentheses indicate repeated mentions:

Metrics suggested by LPHO respondents

- E-cigarette (2) and other smokeless tobacco use (2) (youth, males)
- Tobacco use during pregnancy (2)

Metrics suggested by non-LPHO respondents

- Diabetes rates within populations

- Diabetes A1C good control < 8
- Attempted suicides
- Physical activity among all age groups
- Food insecurity (4)
    - Denominator - Number of patients screened for food insecurity  Numerator - Of those patients who screened positive, number that received referral to intervention
    - Use the PIP metric developed by CCO Metrics TAG on food insecurity screening & intervention
- Age of initiation for alcohol use for 6th, 8th, and 11th graders
- 30-day use rate for alcohol consumption among 6th, 8th and 11th graders
- 30-day misuse/abuse for ADHD/ADD, anti-anxiety, and anti-depressant medications
- Age of initiation for misuse/abuse for ADHD/ADD, anti-anxiety, and anti-depressant medications
- Use of heroin and meth
- Isolation or Social Connectedness or "Do you have at least one person in your life you can count on to be there when you need them?"
- Mothers who smoke or drink alcohol during pregnancy
- Statewide morbidity and mortality related to alcohol (in general) or binge drinking

**Additional Comments**

The following comments were obtained from the webinar, subsequent written feedback, CLHO call, CLEHS discussions, or PHAB accountability metrics subcommittee members.

General comments about prevention and health promotion metrics

- Tobacco, obesity, and chronic disease are common priorities across LPHA Community Health Improvement Plans (CHIP).
- Public health must have measures in tobacco and obesity.

Adults and youth who smoke cigarettes

- Many LPHAs address tobacco use.
- There were some mentions of tobacco use among pregnant women.
- Smokeless tobacco (instead of or in addition to smoking).
- Vaping (e-cigarettes) of increasing importance; need to report on more than cigarettes.

Obesity

- Some LPHAs focus on obesity prevention.
- Consider fruit and vegetable consumption or hours of physical activity rather than obesity.

Opioid overdose deaths

- Some LPHAs are addressing opioid overdose prevention.
- Consider measuring opioid hospitalizations. Suggested that this might provide communities a better understanding of the problem.
- Need to consider both intentional and unintentional overdoses.

Binge drinking (adult and 11$^{th}$ grade)

- Variation among LPHA focus on binge drinking; at least on LPHA has a strong focus on the issue; others have some focus or suggest it could be addressed in the future.

- In some counties, binge drinking falls under behavioral health.
- Binge drinking is of interest in drug-free communities.

Suicide

- In at least two counties, suicide prevention falls under mental health; not a public health measure for now.

**Staff Assessment of Selection Criteria**

PHD staff conducted a preliminary assessment of how each Prevention and Health Promotion metric meets the top 5 "must have" selection criteria. Results are shown in Table 7. Additional information about availability of data for reporting at the state and local levels is provided in Appendix 2.

**Table 7. Assessment of Top 5 "Must Have" Selection Criteria**

| Prevention and Health Promotion Metrics | Promotes health equity | Respectful of local priorities | Transformative potential | Consistency with state and national quality measures | Feasibility of measurement |
|---|---|---|---|---|---|
| Adults who smoke cigarettes | Yes[1,2] | Yes[3,4] | No | Yes[6,7] | Yes[8] |
| Youth who smoke cigarettes | Yes[1,2] | Yes[3,4] | No | Yes[6,7] | Yes[9] |
| Obesity adults | Yes[1,2] | Yes[4] | No | Yes[6,7] | Yes[8] |
| Obesity 2-5 year olds | Yes[1,2] | Yes[4] | No | Yes[6,7] | Yes[12] |
| Obesity youth | Yes[1,2] | Yes[4] | No | Yes[6,7] | Yes[9] |
| Opioid mortality | Yes[1,2] | Yes[4] | Yes[5] | Yes[6,7] | Yes[10,11] |
| Adult binge drinking | Yes[2] | Yes[4] | Yes[5] | Yes[6,7] | Yes[8] |
| 11th grade binge drinking | Yes[2] | Yes[4] | Yes[5] | Yes[6,7] | Yes[9] |
| Suicide deaths | Yes[1,2] | Yes[3,4] | Yes[5] | Yes[6,7] | No[10,11,13, 14] |

Notes:

1. Disparities documented
2. Reportable by race/ethnicity
3. Aligns with priorities of at least 50% of LPHO respondents
4. Data are reportable at county level
5. Aligns with core functions in Modernization Manual that represent an emerging area for public health and/or would drive system change
6. Aligns with at least one of the following: State Health Improvement Plan, State Health Performance Indicators, CCO metrics, hospital metrics, early learning metrics

7. Benchmarks exist
8. Data available from BRFSS
9. Data available from OHT
10. Data available from Vital Records
11. Data available from OVDRS
12. Data available from TWIST (WIC)
13. Data available from CDC WISQARS
14. In some cases, numbers may be too small to report at the local level

**Staff Recommendations**

- Select adults who smoke cigarettes
  *Rationale:*
  - Is aligned with priorities for over half of local public health authorities
  - Is ranked as #1 by LPHOs and #2 for all survey respondents
  - Meets 4 out of 5 "Must Have" selection criteria
  - Is aligned with CCO metric

- If a second metric is desired, select youth who smoke cigarettes
  *Rationale:*
  - Is aligned with priorities for over half of local public health authorities
  - Is ranked as #2 (tie) by LPHOs
  - Meets 4 out of 5 "must have" selection criteria

- Consider adding or substituting smokeless tobacco and vaping/e-cigarettes, particularly for youth metric
  *Rationale:*
  - Mentioned for inclusion by several survey respondents
  - E-cigarette use has surpassed cigarette use among Oregon youth
  - Prevention and control of e-cigarettes/vaping products is a nascent public health activity

- Although the suicide death metric aligns with priorities of about half all respondents (and over half of LPHOs) and is top ranked by all respondents, stakeholders from LPHAs expressed concern about local public health role for addressing this issue.

- Do not select adult binge drinking, 11th grade binge drinking, or opioid mortality.
  *Rationale:*
  - Binge drinking is not under the jurisdiction of public health in some localities
  - All three metrics had low rankings by LPHOs

## *Environmental Public Health Metrics*

**Survey Response**

Respondents were asked to select all proposed Environmental Public Health metrics that align with their priorities, as well as rank each metric in order of importance. Table 8 shows the results from all survey respondents and local public health officials (LPHO).

**Table 8. Proposed Environmental Public Health Metrics**

| | All Respondents (n=201)* | | LPHO (n=59) | |
|---|---|---|---|---|
| | % checked (n) | All Ranked #1 | % checked (n) | LPHO Ranked #1 |
| Resilience strategies | 27.4% (55) | 13.9% (1) | 25.4% (15) | 10.2% (6)*** |
| Annual PM 2.5 | 18.9% (38) | 5.0% (10) | 20.3% (12) | 3.4% (2) |
| Active transportation | 40.3% (81) | 19.4% (39)** | 35.6% (21) | 10.2% (6)*** |
| Food facility inspections | 31.8% (64) | 12.4% (25) | 54.2% (32) | 28.8% (17)** |
| Drinking water standards | 32.8% (66) | 18.4% (37)*** | 44.1% (26) | 10.2% (6)*** |
| None of these | 13.4% (27) | | 3.4% (2) | |

* Includes LPHO, **highest ranked, ***second highest ranked

**Additional Suggested Environmental Public Health Accountability Metrics**

The survey asked respondents to propose additional metrics, including a rationale, data source, and reference. The following list shows additional environmental public health metrics suggested by survey respondents.

Metrics suggested by LPHO respondents

- Percent of population with low access to a supermarket or grocery store
- Tobacco and alcohol, and marijuana retail density (per capita or per road mile), or proximity (within 1,000 feet) to places where children gather (schools, parks, community centers etc.)
- Private wells tested
- Private wells with positive test
- Private wells that are installed per code
- Number of indoor air complaints/number of complaints addressed
- Number of nuisances addressed/number called in or observed
- Community environmental health issues identified (could be an EH issue) / number of consults to these facilities to determine issues associated and managed by the site
- Long term care and/or other care sites inspected by local health department Registered Environmental Health Specialist staff for environmental health compliance/number of long-term care facilities in the county.

- Number of schools consulted with on safe and healthy schools planning/number of schools in the community
- Mosquito abatements conducted/# of identified mosquito breeding sites
- Number of bathing beaches or bathing sites (not swimming pools) evaluated for bathing safety and sanitation / number of bathing beaches or bathing sites (not swimming pools/spas) (no code to enforce these- additional measure might be # of local ordinances to address these issues over number of counties who have these types of sites (which most do))

Metrics suggested by non-LPHO respondents

- Peak exposure to PM2.5 as well as average exposure
- National Quality Forum lead testing for children
- Level of carbon emissions in Oregon and/or carbon levels in the state

**Additional Comments**

The following comments were obtained from the webinar, subsequent written feedback, CLHO call, CLEHS discussions, or PHAB accountability metrics subcommittee members.

General comments about environmental health metrics

- Many of these are numbers or performance measures, not health outcomes. Could consider within the context of health impact assessments.
- There is a lot of need to expand more traditional environmental health programs with additional resources. Shaping, defining and deciding metrics and outcomes is happening at a high level and some doesn't translate for a lot of "on the ground" Environmental Health Supervisors.
- Important to note the crossover with some of these proposed metrics and other foundational programs (active transportation and Prevention and Health Promotion; long-term care facility inspections and communicable disease control). Some proposed measures would require statute or rule changes.
- Connections between environmental health and health outcomes is understood, but it can be hard to draw direct lines. Do we need to measure health outcomes in this area?

Environmental health resilience

- Multiple administrators voiced concern about the resilience measure, given the variety of political climates across the state. Only a small number of counties receive funding to do this work.
- Other LPHAs are in conservative areas and have been successful in this area. Agriculture is already doing this planning work, albeit not with a health impact focus. This is a forward-looking measure and reflects work in the Public Health Modernization Manual. Recommendation to keep the measure but change the wording (prepare for weather changes, vector-borne diseases).

Air quality

- Public health does not control this, although we can partner. American Lung Association may have health outcome metrics.
- Some health departments do this work and more should. Part of our program and our expertise.

Active transportation

- No additional comments

Food safety

- Consider rate of facilities with managers who have completed the higher level management training. Or number of facilities with one Serve Safe trained manager. Discussion about whether # food handler cards or # Serve Safe trained managers correlates with outbreaks; # food handler cards probably not.
- Foodborne illness complaints; re-inspections over time/inspections with compliance findings that are addressed/resolved; mandatory management training; rapid response to outbreaks.
- Food safety is a priority for CLEHS and represents core work.

Drinking water

- Drinking water is a priority for CLEHS and represents core work. This is an area where work could be expanded with additional resources.
- Crisis of infrastructure.

**Staff Assessment of Selection Criteria**

PHD staff conducted a preliminary assessment of how each Prevention and Health Promotion metric meets the top 5 "must have" selection criteria. Results are shown in Table 9. Additional information about availability of data for reporting at the state and local levels is provided in Appendix 2.

**Table 9. Assessment of Top 5 "Must Have" Selection Criteria**

| Environmental Public Health Metrics | Promotes health equity | Respectful of local priorities | Transformative potential | Consistency with state and national quality measures | Feasibility of measurement |
|---|---|---|---|---|---|
| Resilience strategies | Yes | Yes[4] | Yes[5] | Yes[6,7] | No[13] |
| Annual PM 2.5 | Yes | Yes | Yes[5] | Yes[6,7] | Yes[9] |
| Active transportation | Yes | Yes | Yes[5] | Yes | Yes[10] |
| Food facility inspections | Yes | Yes[3,4] | No | Yes[7] | Yes[11] |
| Drinking water standards | Yes | Yes[4] | No | Yes[7] | Yes[12] |

Notes:

1. Disparities documented
2. Reportable by race/ethnicity
3. Aligns with priorities of at least 50% of LPHO respondents
4. Data are reportable at county level
5. Aligns with core functions in Modernization Manual that represent an emerging area for public health and/or would drive system change
6. Aligns with at least one of the following: State Health Improvement Plan, State Health Performance Indicators, CCO metrics, hospital metrics, early learning metrics
7. Benchmarks exist

8. Data available from Oregon Climate and Health Annual Report and Health, Security, Preparedness and Response Assessment
9. Data available from EPA via Tracking
10. Data available from HPCDP panel survey
11. Data available from HealthSpace
12. Data available from TBD
13. Data collection will require additional new reporting by LPHAs

**Staff Recommendations**

- Select drinking water standards as first choice metric
  *Rationale:*
  - More closely tied to health outcomes than some of the other proposed metrics
  - Is a priority for CLEHS
  - However, the baseline for this measure is currently at 90%, with a Healthy People 2020 goal of reaching 92%.

- If a second metric is desired, consider either active transportation or average annual PM 2.5 as second choice metric
  *Rationale:*
  - Active transportation is aligned with priorities of more than one-third of LPHOs and all survey respondents
  - Active transportation has transformative potential, although not relevant in some areas of the state; consider combining with a land use planning metric
  - Active transportation will require additional support for metric development and reporting
  - Although the nature of particulate matter is highly variable across the state, air quality/average annual PM 2.5 has transformative potential for what can be done at the local level

- Do not select food facility inspections
  *Rationale:*
  - Evidence for the relationship of this metric to health outcomes is tenuous
  - Although a top-ranked metric by LPHOs, performance is already high with little room for improvement. Expansion into facilities other than restaurants, like LTC facilities, may occur through legislation.

- Do not select resilience strategies
  *Rationale:*
  - A process measure; very indirectly tied to health outcomes
  - High variability across local jurisdictions for local support and resources

## *Access to Clinical Preventive Services Metrics*

**Survey Response**

Respondents were asked to select all proposed Access to Clinical Preventive Services metrics that align with their priorities, as well as rank each metric in order of importance. Table 10 shows the results from all survey respondents and local public health officials (LPHO).

**Table 10. Proposed Access to Clinical Preventive Services Metrics**

| | All Respondents (n=201)* | | LPHO (n=59) | |
|---|---|---|---|---|
| | % checked (n) | All Ranked #1 | % checked (n) | LPHO Ranked #1 |
| Effective contraceptive use | 47.8% (96) | 32.8% (66)** | 44.1% (26) | 37.3% (22)** |
| Adolescent well care visits | 46.3% (93) | 8.0% (16) | 37.3% (22) | 6.8% (4) |
| HPV Vaccine | 41.3% (83) | 3.5% (7) | 45.8% (27) | 1.7% (1) |
| Dental visits, children 0-5 | 48.8% (98) | 10.0% (20)*** | 44.1% (26) | 3.4% (2) |
| Dental sealants schools | 40.3% (81) | 5.5% (11) | 32.2% (19) | 5.1% (3) |
| Colorectal screening | 40.3% (81) | 5.0% (10) | 27.1% (16) | 1.7% (1) |
| Partner expedited therapy | 32.3% (65) | 3.5% (7) | 39.0% (23) | 8.5% (5)*** |
| None of these | 6.0% (12) | | 3.4% (2) | |

* Includes LPHO, **highest ranked, ***second highest ranked

**Additional Suggested Access to Clinical Preventive Services Accountability Metrics**

The survey asked respondents to propose additional metrics, including a rationale, data source, and reference. The following list shows additional clinical preventive services metrics suggested by survey respondents.

Metrics suggested by LPHO respondents

- Number of pregnant women who receive prenatal care in their first trimester/total pregnant women
- Disease Investigation Services provided/number of counties providing STD/STI services via contract or whatever mechanism
- Proportion of pregnant women receiving early prenatal (1st trimester) care (number of pregnant women accessing early prenatal care/total number of pregnant women)

Metrics suggested by non-LPHO respondents

- SBIRT, C-AUDIT, CRAFFT at well-child adolescent checks

- Measure of frequency of physician turnover. Lack of providers is a major barrier to access in rural communities.
- Well child visits through age five
- Primary care patients with individualized exercise plan
- Obesity screening and referral to evidence-based behavioral interventions
- Percentage of sexually active women age 16-24 who had a chlamydia test; females under 26 screened for chlamydia/visits to PH or PCP

**Additional Comments**

The following comments were obtained from the webinar, subsequent written feedback, CLHO call, CLEHS discussions, or PHAB accountability metrics subcommittee members.

General comments

- By focusing on specific measures of access, do we risk losing a broader perspective on whether access to clinical preventive services exists? Utilization versus access. If interested in moving the needle on true access measures like number of providers per capita, % insured, # programs for uninsured? (LPHA webinar and written feedback)
- These are process measures, not health outcome measures. Seems like Prevention and Health Promotion and Communicable Disease Control sections are held to a higher standard. (PHAB subcommittee)

Effective contraceptive use

- At least one LPHA still provides reproductive health services and is focused on most of these access measures. The LPHA reported being part of a two-county coalition for increasing access to prenatal care. Difficult for providers to capture in EHRs; improvements needed there to be able to get trend data. (LPHA webinar and written feedback)
- Support given for unintended pregnancy/prevention of unintended pregnancies measure. We know there are long term consequences of unintended pregnancies for both women and children. (PHAB subcommittee).

Well care visits

- Although Title X priorities are focused on teen access the focus is on contraceptive care. Work to improve well-care visits for adolescents would require too many PH resources and be too narrowly focused. (LPHA webinar and written feedback).

HPV vaccine

- Low rates aren't necessarily about access. There are other issues that affect immunization rates. Immunization measures may fit better under public health system performance measures, not health outcome measures. Also discussed whether immunization rates fit under communicable disease control rather than access to clinical preventive services. Some administrators suggested looking at school exemption rates instead of immunization rates. LPHAs have a clear role for school exclusion (tracking, letters, etc.). HPV vaccine not required for School Exclusion, is associated with sex among young people, and hesitancy is high. (LPHA webinar and written feedback).

Oral health: (1) child and adolescent oral health, (2) children aged 0-5 with a dental visit in the previous year Percentage of eligible school (40% Free or Reduced Meals or greater) served by a dental sealant program

- Some LPHAs supportive of oral health measures. One participant mentioned community coalitions working on oral health. One LPHA reported the measures are very narrow; may pull resources from other areas of need in oral health. Very few healthcare resources for improving access to oral health care. (LPHA webinar and written feedback).

Colorectal cancer screening

- One LPHA reported working with primary care to increase CRC screening and quit line referrals through shared data and closed loop referrals. Other LPHAs not involved in this work. (LPHA webinar and written feedback)

Gonorrhea partner delivered expedited therapy

- Need more information on how to measure expedited partner therapy. Data for the proposed measure would be really hard to get. One LPHA reports doing this work but a barrier is that major health systems use EHRS that do not allow physicians to prescribe medications to a client who isn't theirs. Thus, many providers don't do EPT. EHR issues are just one of the barriers to physicians prescribing EPT. (LPHA webinar and written feedback)

**Staff Assessment of Selection Criteria**

PHD staff conducted a preliminary assessment of how each Prevention and Health Promotion metric meets the top 5 "must have" selection criteria. Results are shown in Table 11. Additional information about availability of data for reporting at the state and local levels is provided in Appendix 2.

**Table 11. Assessment of Top 5 "Must Have" Selection Criteria**

| Access to Clinical Preventive Services Metrics | Promotes health equity | Respectful of local priorities | Transformative potential | Consistency with state and national quality measures | Feasibility of measurement |
|---|---|---|---|---|---|
| Effective contraceptive use | Yes[1,2] | Yes[4] | No | Yes[6,7] | Yes[8] |
| Adolescent well care visits | Yes[1,2] | Yes[4] | No | Yes[6,7] | Yes[9] |
| HPV Vaccine | Yes[1,2] | Yes[4] | No | Yes[6,7] | Yes[10] |
| Dental visits, children 0-5 | Yes[1] | Yes | No | Yes[6,7] | Yes[11] |
| Dental sealants schools | Yes | Yes[4] | No | Yes[6,7] | Yes[12] |
| Colorectal screening | Yes[1,2] | Yes[4] | No | Yes[6,7] | Yes[8] |
| Partner expedited therapy | Yes[2] | Yes | Yes[5] | Yes[6,7] | Yes[13] |

Notes:

1. Disparities documented

2. Reportable by race/ethnicity
3. Aligns with priorities of at least 50% of LPHO respondents
4. Data are reportable at county level
5. Aligns with core functions in Modernization Manual that represent an emerging area for public health and/or would drive system change
6. Aligns with at least one of the following: State Health Improvement Plan, State Health Performance Indicators, CCO metrics, hospital metrics, early learning metrics
7. Benchmarks exist
8. Data available from BRFSS
9. Data available from OHT
10. Data available from ALERT IIS
11. Data available from Medicaid claims
12. Data available from PHD Oral Health program data
13. Data available from Orpheus

**Staff Recommendations**

- Select effective contraceptive use as first choice metric
  *Rationale:*
  - Is aligned with priorities for a strong majority of local public health authorities
  - Is ranked as #1 by all survey respondents and by LPHOs
  - Meets 4 out of 5 "Must Have" selection criteria
  - Significant population impact
  - Is aligned with CCO metric
- Select adolescent well visits as second choice metric
  - Is ranked higher than most other measures by both all respondents and LPHOs
  - Provides a broad view of access to clinical preventive services for adolescents
  - Is aligned with CCO metric
- High variability in LPHA role on remaining proposed metrics

# Summary

## *Top Ranked Metrics by Survey Respondents*

- Top ranked metrics by local public health officials
  - Communicable Disease Control: two-year old vaccination rate
  - Prevention and Health Promotion: adults who smoke cigarettes
  - Environmental Public Health: food facility inspections
  - Access to Clinical Preventive Services: effective contraceptive use

- Top ranked metrics by all survey respondents
  - Communicable Disease Control: two-year old vaccination rate
  - Prevention and Health Promotion: suicide deaths
  - Environmental Public Health: active transportation
  - Access to Clinical Preventive Services: effective contraceptive use

## *PHD Staff Recommended Metrics*

- 1st choice metrics recommended by PHD staff
  - Communicable Disease Control: two-year old vaccination rate
  - Prevention and Health Promotion: adults who smoke cigarettes
  - Environmental Public Health: community drinking water standards
  - Access to Clinical Preventive Services: effective contraceptive use

- 2nd choice metrics recommended by PHD staff
  - Communicable Disease Control: gonorrhea rate
  - Prevention and Health Promotion: youth who smoke cigarettes
  - Environmental Public Health: active transportation or average annual PM 2.5
  - Access to Clinical Preventive Services: adolescent well care visits

# Acknowledgements

This report acknowledges the considerable contribution from Public Health Division staff, Cara Biddlecom and Sara Beaudrault, Policy and Planning section of the Office of the Public Health Director, in the arrangement and synthesis of stakeholder input, development and administration of the survey, critical expertise in the interpretation of the results, and review of the final report.

In addition, we acknowledge the invaluable contribution of many individuals who participated in meetings, calls, and webinars to support the development of the stakeholder survey, including the PHAB accountability metrics subcommittee, local public health professionals, CLHO members, CLEHS members, and managers and staff from Oregon PHD programs.

# Appendix 1 – Public Stakeholder Survey

## Public Health Accountability Metrics

### Introduction

**Oregon's Public Health Advisory Board (PHAB) is developing a set of accountability metrics for state and local health departments. These metrics will be used to track progress toward improving health outcomes for everyone in Oregon and demonstrate the value of a modern public health system. For many of these proposed measures, improvements will best be achieved through collaborative approaches between public health and health care.**

**PHAB has developed an initial set of recommendations for public health metrics and is soliciting feedback from public health stakeholders on these metrics. Please consider the following when you respond to the survey questions:**

- **Does the measure reflect an important health issue?**

- **Is the health issue important statewide, and in frontier, rural, urban and suburban communities?**

- **Does the measure address important work that state and local health departments must provide?**

**We value your feedback on health priorities in your community. Your feedback will be used to make final selections of public health accountability metrics. Please complete this survey by May 12, 2017.**

## Public Health Accountability Metrics

1. Please provide your:

**Name**

**Organization**

**Email Address**

* 2. We would like feedback from all public health stakeholders. Please select all group(s) with which you identify (select all that apply):

- [ ] Local public health official or staff
- [ ] Community member
- [ ] Community-based organization
- [ ] Health care provider
- [ ] Tribal health administrator
- [ ] Coordinated care organization (CCO)
- [ ] Hospital representative
- [ ] Private insurer
- [ ] Early learning provider
- [ ] Public Health Advisory Board member
- [ ] OHA office/program
- [ ] Other (please specify)

## Public Health Accountability Metrics

### Communicable Disease Control

**Review the following metrics for the foundational public health program ofCommunicable Disease Control and answer the following questions. A plus (+) symbol indicates alignment with a CCO and/or early learning metric, or a CCO statewide performance improvement project.**

| Measurement Area | Rationale |
|---|---|
| **Two-year old vaccination rate+** | **Oregon's immunization rates for two year olds have increased recently but are still well below Healthy People 2020 benchmarks.** |
| **Gonorrhea rate** | **Annual reported cases of gonorrhea have steadily increased over the past 5 years, reaching levels not seen since the 1990s.** |
| **Infections caused by *Salmonella* species commonly transmitted through food** | **In Oregon, an estimated 123,000 illnesses per year are identifiable by type. Nationally, salmonellosis is the most commonly reported bacterial foodborne infection.** |
| **New asymptomatic hepatitis C cases** | **Studies have estimated 50% of persons living with hepatitis C have not been diagnosed, suggesting as many as 95,000 Oregonians could be infected.** |

* 3. Which of these metrics align with priorities for you or your organization (select all that apply)?

- [ ] Two-year old vaccination rate
- [ ] Gonorrhea rate
- [ ] Infections caused by *Salmonella* species commonly transmitted through food
- [ ] New asymptomatic hepatitis C cases
- [ ] None of these

* 4. Please rank these metrics in order of importance with “1” being the most important.

- [ ] Two-year old vaccination rate
- [ ] Gonorrhea rate
- [ ] Infections caused by *Salmonella* species commonly transmitted through food
- [ ] New asymptomatic hepatitis C cases

## Public Health Accountability Metrics

### Communicable Disease Control

**If you would like to suggest additional public health accountability metrics for Communicable Disease Control, please do so below.**

5. Proposed measure suggestion (summary of the measure and/or numerator and denominator)

6. Please explain why you are proposing the measure. Why is it important?

7. Proposed data source

8. Proposed measure reference (Healthy People 2020, etc.)

## Public Health Accountability Metrics

### Prevention and Health Promotion

**Review the following metrics for the foundational public health program of Prevention and Health Promotion and answer the following questions. A plus (+) symbol indicates alignment with a CCO and/or early learning metric, or a CCO statewide performance improvement project.**

| Measurement Area | Rationale |
|---|---|
| **Adults who smoke cigarettes+** | **Tobacco use remains the number one cause of preventable death in Oregon.** |
| **Cigarette smoking among youth (8th and 11th graders)** | |
| **Obesity among adults** | **Obesity remains the number two cause of preventable death in Oregon.** |
| **Obesity among 2-5 year old WIC enrollees** | |
| **Obesity among youth (8th and 11th graders)** | |
| **Prescription opioid mortality+** | **Unintentional opioid-related overdose (prescription and non-prescription) is a leading cause of injury mortality in Oregon. In 2012, Oregon had the highest rate of nonmedical use of prescription pain relievers in the nation.** |
| **Adult binge drinking** | **Binge drinking alcoholic beverages is a significant risk factor for injury, violence, substance abuse and alcoholism. Alcohol is the third leading cause of preventable death in Oregon.** |
| **11th grader binge drinking** | |
| **Suicide deaths** | **Suicide is a leading cause of premature death in Oregon. Suicide rates in Oregon have consistently been higher than the U.S. for the past 30 years.** |

* 9. Which of these metrics align with priorities for you or your organization (select all that apply)?

- [ ] Adults who smoke cigarettes
- [ ] Cigarette smoking among youth (8th and 11th graders)
- [ ] Obesity among adults
- [ ] Obesity among 2-5 year old WIC enrollees
- [ ] Obesity among youth (8th and 11th graders)
- [ ] Prescription opioid mortality
- [ ] Adult binge drinking
- [ ] 11th grader binge drinking
- [ ] Suicide deaths
- [ ] None of these

* 10. Please rank these metrics in order of importance with "1" being the most important.

- [ ] Adults who smoke cigarettes
- [ ] Cigarette smoking among youth (8th and 11th graders)
- [ ] Obesity among adults
- [ ] Obesity among 2-5 year old WIC enrollees
- [ ] Obesity among youth (8th and 11th graders)
- [ ] Prescription opioid mortality
- [ ] Adult binge drinking
- [ ] 11th grader binge drinking
- [ ] Suicide deaths

## Public Health Accountability Metrics

### Prevention and Health Promotion

**If you would like to suggest additional public health accountability metrics for Prevention and Health Promotion, please do so below.**

11. Proposed measure suggestion (summary of the measure and/or numerator and denominator)

12. Please explain why you are proposing the measure. Why is it important?

13. Proposed data source

14. Proposed measure reference (Healthy People 2020, etc.)

## Public Health Accountability Metrics

### Environmental Public Health

**Review the following metrics for the foundational public health program ofEnvironmental Public Health and answer the following questions.**

| Measurement Area | Rationale |
|---|---|
| **Number of resilience strategies for fire, flood, drought and other environmental health risks that are implemented at the state and local level** | **Implementing resilience strategies will help people in Oregon be ready to meet the environmental health challenges that lie ahead and protect our access to clean air, clean water and health food.** |
| **Annual average ambient concentrations of PM2.5** | **Long-term exposure to fine particulate matter (PM2.5) has been associated with adverse health outcomes such as reduced lung function, the development of chronic bronchitis, heart disease and premature death.** |
| **Percent of people who walk, ride a bike, ride a bus or use other types of public transportation to get to and from places** | **Active transportation connects people to where they need to go - such as work, school, and other places in their community. Active transportation solutions create safe environments for physical activity that meet the community's needs and protect the environment.** |
| **Food service facility inspections completed** | **Food service facility inspections reduce the incidence and risk of foodborne illness.** |
| **Percent of community water systems that meet health-based standards** | **Community water system inspections reduce the risk of waterborne disease and exposure to hazardous substances potentially present in drinking water supplies** |

* 15. Which of these metrics align with priorities for you or your organization (select all that apply)?

- [ ] Number of resilience strategies for fire, flood, drought and other environmental health risks that are implemented at the state and local level
- [ ] Annual average ambient concentrations of PM2.5
- [ ] Percent of people who walk, ride a bike, ride a bus or use other types of public transportation to get to and from places
- [ ] Food service facility inspections completed
- [ ] Percent of community water systems that meet health-based standards
- [ ] None of these

* 16. Please rank these metrics in order of importance with "1" being the most important.

- [ ] Number of resilience strategies for fire, flood, drought and other environmental health risks that are implemented at the state and local level
- [ ] Annual average ambient concentrations of PM2.5
- [ ] Percent of people who walk, ride a bike, ride a bus or use other types of public transportation to get to and from places
- [ ] Food service facility inspections completed
- [ ] Percent of community water systems that meet health-based standards

## Public Health Accountability Metrics

### Environmental Public Health

**If you would like to suggest additional public health accountability metrics for Environmental Public Health, please do so below.**

17. Proposed measure suggestion (summary of the measure and/or numerator and denominator)

18. Please explain why you are proposing the measure. Why is it important?

19. Proposed data source

20. Proposed measure reference (Healthy People 2020, etc.)

## Public Health Accountability Metrics

### Access to Clinical Preventive Services

**Review the following metrics for the foundational public health program ofAccess to Clinical Preventive Services and answer the following questions. A plus (+) symbol indicates alignment with a CCO and/or early learning metric, or a CCO statewide performance improvement project.**

| Measurement Area | Rationale |
|---|---|
| **Effective contraceptive use+** | **Unintended pregnancy remains a major public health concern. Unintended pregnancy is disproportionately concentrated among poor and low-income women, young women (ages 18-24 years), and minority women.** |
| **Adolescent well-care visits in the past 12 months+** | **Health behaviors established in adolescence tend to persist into adulthood and many chronic diseases first emerge in this age.** |
| **HPV vaccination rate** | **HPV (human papillomavirus) causes ano-genital cancer and, as smoking rates have declined, now causes the most oropharyngeal (throat) cancers in the United States. HPV is also the primary cause of cervical cancer.** |
| **Children aged 0-5 with a dental visit in the previous year**<br>**Percentage of eligible schools (40% Free or Reduced Lunch or greater) served by a certified dental sealant program+** | **Dental decay is the most common chronic disease of children and adolescents. Chronic oral infections are associated with other health problems such as heart disease, diabetes and unfavorable pregnancy outcomes.** |
| **Colorectal cancer screening among ages 50-75 years+** | **Colorectal cancer is the second leading cause of cancer death among people in Oregon.** |
| **Proportion of persons diagnosed with gonorrhea who received partner-delivered expedited therapy** | **Partner expedited therapy is an evidence-based practice for controlling sexually transmitted disease.** |

* 21. Which of these metrics align with priorities for you or your organization (select all that apply)?

- [ ] Effective contraceptive use among women at risk of unintended pregnancy
- [ ] Adolescent well-care visits in the past 12 months
- [ ] HPV vaccination rate
- [ ] Children aged 0-5 with a dental visit in the previous year
- [ ] Percent of eligible schools (40% Free or Reduced Lunch or greater) served by a certified dental sealant program
- [ ] Colorectal cancer screening among ages 50-75 years
- [ ] Proportion of persons diagnosed with gonorrhea who received partner-delivered expedited therapy
- [ ] None of these

* 22. Please rank these metrics in order of importance with “1” being the most important.

- [ ] Effective contraceptive use among women at risk of unintended pregnancy
- [ ] Adolescent well-care visits in the past 12 months
- [ ] HPV vaccination rate
- [ ] Children aged 0-5 with a dental visit in the previous year
- [ ] Percent of eligible schools (40% Free or Reduced Lunch or greater) served by a certified dental sealant program
- [ ] Colorectal cancer screening among ages 50-75 years*
- [ ] Proportion of persons diagnosed with gonorrhea who received partner-delivered expedited therapy

## Public Health Accountability Metrics

### Access to Clinical Preventive Services

**If you would like to suggest additional public health accountability metrics for Access to Clinical Preventive Services, please do so below.**

23. Proposed measure suggestion (summary of the measure and/or numerator and denominator)

24. Please explain why you are proposing the measure. Why is it important?

25. Proposed data source

26. Proposed measure reference (Healthy People 2020, etc.)

Thank you!

**Thank you for completing this survey. The Public Health Advisory Board will use your feedback to narrow these proposed metrics to a final set of metrics for Oregon's state and local public health departments.**

# Appendix 2 – Data and Reporting

| Measurement area | SHIP/State Health Profile Indicators currently reported | Data source | Frequency of reporting (statewide) | Reportable at local level? | SHIP, State Health Profile Indicator (SHPI), or both? | Benchmark/Target (source) |
|---|---|---|---|---|---|---|
| **Prevention and Health Promotion** | | | | | | |
| Tobacco | Adults who smoke cigarettes | BRFSS | >annual (statewide)<br><br>>race/ethnicity reported for SHIP, SHPI (not BRFSS) | >County (4-year combined file every two year, most recent 2010-13, next 2012-15), Gilliam/Wasco/Sherman combined, some county estimates not stable<br><br>>by CCO (4-year combined)<br><br>>race/ethnicity not reported at county or CCO level | Both | 15% (SHIP) |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Cigarette smoking prevalence among youth (8th and 11th graders) | OHTS | >bi-annual (odd years)<br><br>>statewide race/ethnicity | >County<br><br>>race/ethnicity not reported at county level for OHT | SHIP | 7.5% 11th, 2% 8th (SHIP) |
| Obesity | Obesity among adults | BRFSS | >annual (statewide)<br><br>>race/ethnicity reported for SHIP, SHPI (not BRFSS) | >County (4-year combined file), see notes above<br><br>>by CCO (4-year combined)<br><br>>race/ethnicity not reported at county or CCO level | Both | 25% (SHIP) |
| | Obesity prevalence among 2-5 year olds (WIC Population only) | WIC administrative data (TWIST) | >annual<br><br>race/ethnicity available | >county or service area of local WIC agency (5 of 34 don't align with county boundaries<br><br>>Hispanic/non-Hispanic (Multnomah all) | SHIP | 14% (SHIP) |
| | Obesity prevalence among youth (8th and 11th graders) | OHTS | >bi-annual (odd years)<br><br>>statewide race/ethnicity | >County<br><br>>race/ethnicity not reported at county level for OHT | SHIP | 10% 11th, 9% 8th (SHIP) |

| | | | | | | |
|---|---|---|---|---|---|---|
| Opioid-related overdose deaths | Prescription opioid mortality | death certificate data and Oregon Violent Death Reporting System | >annual rate/100,000 age adj.<br><br>>race/ethnicity in 5-year average | >by CCO (5-year average)<br><br>>by county (3 & 5-year avg., small counts suppressed) (online Tableau)<br><br>>race/ethnicity not reported at County level (online) | SHIP | <3/100,000 (SHIP) |
| Binge drinking | Adult binge drinking | BRFSS | >annual (statewide)<br><br>>race/ethnicity reported for SHIP, SHPI (not BRFSS) | >County (4-year combined file), see notes above<br><br>>by CCO (4-year combined)<br><br>>race/ethnicity not reported at county or CCO level | Both | 13.7% (SHIP) |
| | 11th grader binge drinking | OHTS | >bi-annual (odd years)<br><br>>statewide race/ethnicity | >County<br><br>>race/ethnicity not reported at county level for OHT | Both | 16% 11th, 5% 8th (SHIP) |
| Suicide | Suicide deaths | CDC's WISQARS/death certificate data<br><br>Oregon Violent Death Reporting System | >annual rate/100,000 (age adj)<br><br>>race/ethnicity available by year | >reportable by county (combined years only?)<br><br>>rate/100,000 and count<br><br>>race/ethnicity not reportable at county level | Both | 16/100,000 (SHIP) |
| | | | | | | |

| **Communicable Disease Control** | | | | | | |
|---|---|---|---|---|---|---|
| Childhood Immunization | Two-year old vaccination rate* | ALERT IIS | >annual %<br><br>>by race/ethnicity | >by county (Wasco, Sherman, Gilliam combined)<br><br>> race not reported for county (online) | SHIP | 72% (SHIP)<br><br>2017 CCO benchmark Child Immunization Status (combo 2): 78.6% |
| Sexually transmitted infections | Gonorrhea rate | Orpheus | >annual cases and rate/100,000<br><br>>race/ethnicity (annual) | >county cases/100,000<br><br>>cumulative counts, rates (2007-2016) by race/ethnicity | Both | 86 cases/100,000 for women 15-44 |
| Foodborne illness | Infections caused by *Salmonella* species commonly transmitted through food | Orpheus, FoodNet | >average annual cases/ and rate/100,000<br><br>>weekly and monthly available<br><br>>race/ethnicity (annual) | >county cases/100,000<br><br>>race reportable by county (small numbers OK) | Both | 11.4 cases/100,000 |
| Hepatitis C | New asymptomatic hepatitis C cases | Orpheus | >annual cases/100,000>monthly available>race/ethnicity (annual) | >county cases/100,000 | SHIP | .25 new cases per 100,000 |
| * Aligns with CCO incentive measure. PHD does not recommend childhood immunization rate as a priority, but feedback will be solicited from local and tribal public health and public health stakeholders. | | | | | | |
| | | | | | | |

| **Access to Clinical Preventive Services** | | | | | | |
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| Effective contraceptive use | Effective contraceptive use among women at risk of unintended pregnancy* | BRFSS | >annual<br><br>>race/ethnicity available | >by county (4-year combined)<br><br>>race/ethnicity not reported at county level | SHPI | CCO 2017 Benchmark: 50% |
| Well care visits | Adolescent well-care visits in the past 12 months* | OHTS | >bi-annual (odd years)<br><br>>statewide race/ethnicity | >County<br><br>>race/ethnicity not reported at county level for OHT | SHPI | CCO 2017 Benchmark: 51.8% |
| HPV vaccination | HPV vaccination rate<br>[Note: for 13-17, 1+ and 3] | ALERT IIS | >annual %<br><br>>by race/ethnicity | >by county<br><br>> race/ethnicity not reported by county (online) | Both | 50% for both males and females (SHIP) |
| Oral health | children aged 0-5 with a dental visit in the previous year [MEDICAID/OHP ONLY] | Medicaid claims data (Health Analytics) | >annual<br><br>>race/ethnicity TBD | > most recent report by CCO<br><br>>County level reporting TBD | SHIP | 10% increase from baseline |
| | Percentage of eligible schools (40% Free or Reduced Lunch or greater) served by a certified dental sealant program* | PHD Oral health program data | >annual<br><br>>race/ethnicity NA | >by county | SHIP | 75% for grades 1-3<br><br>20% for grades 6-8 |

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| Cancer prevention | Colorectal cancer screening among ages 50-75 years* | BRFSS | >annual<br><br>>race/ethnicity available (combined years) | >by county (4-year combined)<br><br>>race/ethnicity not reported at county level | SHPI | 2017 CCO Benchmark: 50.8% |
| STI screening | Proportion of persons [women 15-44??] diagnosed with gonorrhea who received partner-delivered expedited therapy | Orpheus | >New (developmental measure)<br><br>>No statewide report has been produced<br><br>>Race/ethnicity collected, but not yet reported | >>Multnomah County subset (baseline estimates)<br><br>> completeness of data from other local health departments under review<br><br>>in-Orpheus reminders are being implemented and according to S. Schafer, the data are improving | SHIP | 20% of cases of diagnosed women 15-44 |
| * aligns with CCO incentive metric | | | | | | |
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| **Environmental Health** | | | | | | |
| Resilience | Number of resilience strategies for fire, flood, drought and other environmental health risks that are implemented at the state and local level | Oregon Climate and Health Annual Report (state)<br><br>Health, Security, Preparedness and Response Capabilities Assessment (local) | Annual | Yes | Oregon Public Health Strategic Plan | >#  strategies in progress or completed/ total # strategies in resilience plan<br><br>>100% by 2021 |

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| Air quality | Annual average ambient concentrations of PM2.5 | EPA via Tracking (monitored)<br><br>>EPA via Tracking (Modelled) | >Annual (1999-2015 monitored)<br><br>>Annual (2001-2012 modeled) | Only counties with monitors (monitored)<br><br>>All counties (modelled) | SPHI | 12 micrograms per cubic meter |
| Active transportation | Percent of people who walk, ride a bike, ride a bus, or use other types of public transportation to get to and from places | HPCDP Panel survey | >Annual estimates (internal use only) | >County estimates not available | | None |
| Food safety | Food service facility inspections | HealthSpace | >annual | Yes | | 100% |
| Drinking water | Percent of community water systems that meet community-based standards | TBD | TBD | TBD | SPHI | TBD |

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