Public Health Advisory Board
Local public health process measure recommendations
October 19, 2017

Purpose:
Local public health process measures will be used to bring attention to the core work that each health department must do to make improvements for each accountability metric. These recommendations are those that are believed to be most likely to move the public health system forward toward achieving the public health accountability metrics. Work will be ongoing to ensure LPHAs have funding to conduct the activities that will allow each health department to meet these process measures.

Timeline:
From July-September 2017 CLHO committees developed recommendations for local public health process measures for each public health accountability metric. The committees, which include state and local subject matter experts, reviewed existing measure sets and the Public Health Modernization Manual to inform these recommendations.

The PHAB Accountability Metrics subcommittee approved the recommended measures on October 13, 2017.

Outcome Metric	Process Measure	Rationale	Data Source	Existing Funding	What activities could be used to meet the process measure?	Local health administrator and health officer and PHAB subcommittee feedback
Communicable Disease Control						
Two-year-old vaccination rates	**PHAB Accountability Metrics subcommittee recommendation:** 1. Percent of Vaccines for Children (VFC) clinics [that serve populations experiencing vaccination disparities] that participate in the	• An evidence-based intervention for increasing childhood immunization rates • Has the potential to build or enhance partnerships with health care providers and the local CCO(s) • Aligns with strategies used by some CCOs to increase childhood immunization rates • Requires collaboration between state and local public health	CDC's Provider Education Assessment and Reporting (PEAR) system **Example data:** To date in 2017, 9% of VFC clinics have participated in AFIX.	Al LPHAs receive funding through Program Element (PE) 43, Immunization Services. There is no specific Procedural and Operational Requirement to implement an AFIX program with local health care providers, but LPHAs	LPHAs could increase the % of clinics that participate in AFIX by: • Promoting AFIX to local clinics and facilitating contact with the OHA Immunization Program • Partnering with the CCO to promote AFIX	Clarified that this measure is for AFIX with health care clinics in the county, not LHD clinics. Suggestion to measure that LHD offers or encourages participation, rather than measuring participation.

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	Assessment, Feedback, Incentives and eXchange (AFIX) program.	• There is an established mechanism for data collection and reporting		are required to design and implement two educational or outreach activities	• Attending AFIX visits with OHA Immunization Program staff • Conducting AFIX visits and reporting information to OHA Immunization Program	Not an easy sell with health care providers. No direct control over health care provider participation. One administrator stated that her county and surrounding counties have been doing AFIX visits with local providers. They now have champions, and there is a lot of enthusiasm among the provider community. One administrator expressed support for using AFIX as the measure. She stated she would like to do this and suggests a corresponding state measure on technical assistance offered to counties. PHAB subcommittee: • Need to use this as an opportunity to work

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						with CCOs on shared metric; tie to Guiding Principles. • Encourages a bigger systems discussion about how public health is included in CCO incentives to providers for meeting metrics.
Gonorrhea rates	**PHAB Accountability Metrics subcommittee recommendation:** 1. Percent of gonorrhea cases that had at least one contact that received treatment	• Treating cases is evidence-based intervention for stopping the chain of gonorrhea transmission. • Consistent with existing activities under the Program Element, but in most counties capacity for case finding and treatment is limited • There is an established mechanism for data collection and reporting	Oregon Public Health Epi User System (ORPHEUS)	All LPHAs receive funding through PE 10 for Sexually Transmitted Disease (STD) Case Management Services. The LPHA bears primary responsibility for identifying outbreaks and reporting the incidence of reportable STDs in a timely manner. The LPHA must provide STD client services including case finding, treatment and prevention activities to the extent that local resources permit.	Provide education and follow up to health care providers for areas like expedited partner therapy. Expand capacity within the health department for contact tracing.	How would we put meaning to #3 and #4? Suggestion to expand #3 beyond CBOs to include medical providers, and non-traditional and other partners besides PCP (corrections, tribes, urgent cares). #4 intended to reflect huge differences in disease rates among counties, in terms of case load. One health administrator supports #1 and thinks it could influence #3 and #4.
	PHAB Accountability Metrics subcommittee recommendation: 2. Percent of gonorrhea case reports with complete "priority" fields (Currently these fields are: pregnancy status, HIV status/date of most recent test, gender of sex	• Measures quality of data collection/systems • Ensures complete data to identify where disparities exist and to inform targeted interventions • Consistent with existing activities under the Program Element, but in most counties capacity to complete priority fields is limited • There is an established mechanism for data collection and reporting			Provide education to health care providers for areas like collecting information for priority fields or proper treatment of gonorrhea. Expand capacity within the health department for collecting and entering priority field data.	

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	partners, proper treatment of gonorrhea)					PHAB subcommittee: • Recommends collecting information on FTE for all areas, although it doesn't need to be a metric • A statewide approach to training needs to be developed
	3. Number of community-based organizations (CBOs) / partners engaged by LPHA to decrease gonorrhea rates	• Represents new approach in most areas of the state to reduce gonorrhea rates	LPHA reporting[1]	None	Use PHAB *Guiding Principles for Public Health and Health Care Collaboration* document to build robust partnerships	
	4. # of FTE trained and employed to conduct gonorrhea case management	• Indication of local capacity to protect health and prevent the spread of disease • There may be national standards for number of case management FTE for population size	LPHA reporting	None	Work with Board to meet standards for case management FTE.	
Prevention and Health Promotion						
Adults who smoke cigarettes	**PHAB Accountability Metrics subcommittee recommendation:** 1. Percent of community members reached by local [tobacco retail/smoke free] policies	• Aligns with CDC tobacco prevention best practices • Policy change is one of the strongest levers for reducing tobacco consumption • There is an established mechanism for data collection and reporting • Alignment with CCO metric • Measure can be designed to be flexible to address differences in feasibility of passing tobacco policy among counties	Local Tobacco Prevention and Education Program grantee reporting OHA Health Promotion and Chronic Disease Prevention section Policy Database **Example data:** Tobacco retail license policy in County X – 2016: 29% (only unincorporated county)	All LPHAs receive funding through PE 13 for Tobacco Prevention and Education, which includes creating tobacco-free environments and countering pro-tobacco influences.	Implement Procedural and Operational Requirements in Program Element. Apply communications and community partnership development to make progress toward policy change.	Why adult focus for accountability metric? Suggestion for % of multi-family housing units that have adopted smoke free policies or % of incorporated jurisdictions that have adopted at least one smoke free policy beyond the 10' requirement.

[1] For areas where no established data collection system exists, each LPHA would be responsible for creating and supporting an internal mechanism to collect the data.

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			2017: 93% (unincorporated county + city that is a population center)			PHAB subcommittee: • Measure needs to be designed to be flexible for local differences in feasibility of passing tobacco policy
Opioid overdose deaths	**PHAB Accountability Metrics subcommittee recommendation:** 1. Percent of top prescribers enrolled in the Prescription Drug Monitoring Program (PDMP) A top prescriber is one of the top 4,000 prescribers of controlled substances in the state.	• Consistent with existing activities under the Program Element; however, only some regions of the state are currently funded through the Program Element • PDMP is a tool used by almost all states to promote safer prescribing practices • Represents area for state and local partnership. The Public Health Division collects data and makes data available, and LPHAs are responsible for increasing enrollment among local provider communities. • Existing mechanism for data collection and reporting.	OHA Prescription Drug Monitoring Program (PDMP) **Example data:** Q1 2017: The percent of top prescribers enrolled in PDMP by county ranged from 50-100%	Some LPHAs receive funding through PE 27 for Prescription Drug Overdose Prevention. The PE includes requirements to promote prescriber enrollment in the PDMP.	Implement requirements in the Program Element. Promote awareness about the PDMP and share regional data about local prescribing practices.	One administrator stated that just because a provider has registered for PDMP doesn't mean they use it. There was agreement from a second health administrator who also stated she is fine with the measure. What will help clinics is helping them implement internal procedures around refills.
	2. Percent of top prescribers who completed opioid overdose prevention trainings	• LPHAs would work with providers and other stakeholders to understand local training needs and make trainings available	LPHA reporting	Some LPHAs receive funding through PE 27 for Prescription Drug Overdose Prevention. The PE includes requirements to build or	Assess local training needs, coordinate to provide training or bring trainers to the region.	No feedback on #2. PHAB subcommittee: • Could required enrollment in PDMP and required training be enacted as a state

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				strengthen community partnerships and strengthen local prescription drug overdose networks and systems, which may include training		law in order to get a DEA license?
Environmental Health						
Active transportation	**PHAB Accountability Metrics subcommittee recommendation:** 1. Number of active transportation partner governing or leadership boards with LPHA representation	• For many health departments, partnerships with local transportation or planning is an emerging area. These proposed process measures document progress toward establishing partnerships • Aligns with PHAB *Guiding Principles for Public Health and Health Care Collaboration* document	LPHA reporting	None	Use PHAB *Guiding Principles for Public Health and Health Care Collaboration* document to build partnerships with local transportation or planning departments Seek opportunities to raise awareness about the connections between transportation policy and health. Seek opportunities to make presentations to local decision makers on active transportation barriers and evidence-based or promising transportation policies.	Would state provide TA for giving presentations? Governing boards are often elected officials or others above health administrators or directors. Would a LPHA get credit if a commissioner is on a board? #2- difficult to get in the door. No funding, no capacity or knowledge about this work. PHAB subcommittee: • There is interest from transportation and planning; it is

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						important to highlight this work as a metric to continue to gain momentum.
Drinking water standards	**PHAB Accountability Metrics subcommittee recommendation: (adopt all 3 measures)** 1. Number of water systems surveys completed 2. Number of water quality alert responses 3. Number of priority non-compliers (PNCs) resolved	• These three process measures are included in the existing Program Element, but capacity to make improvements in these areas is limited. • Existing mechanism for data collection and reporting	Public Water System database, OHA Drinking Water Services Program	All LPHAs funded through PE 50 for Safe Drinking Water Programs	Implement Procedural and Operational Requirements in the Program Element	Health administrator who sits on the SDW workgroup stated that these measures capture the work that's being done and covers a host of nuances under each of the three measures. Why not a %?
Access to Clinical Preventive Services						
Effective contraceptive use	**PHAB Accountability Metrics subcommittee recommendation:** 1. Number of local policy strategies for increasing access to effective contraceptives.	• Aligns with Public Health Modernization Manual core system functions for assuring access to clinical preventive services • LPHA may serve as convener of community partners and stakeholders • Strong equity component • Aligns with CCO incentive metric	LPHA reporting	All LPHAs funded through PE 41 for Reproductive Health Programs. Program Element under revision.	With partners and stakeholders, lead or contribute to developing a local plan or local strategies for increasing access. Policies will address disparities in access, and involve community partners in planning and implementation	Are more assessments better? One health admin expressed preference for #2. Can do a lot of assessments and do nothing. A plan is moving in the direction of doing something. Should include "at least every 5 years" to align

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					A policy strategy is a document that identifies and guides the strategic policy priorities and policy goals for the LPHA and can align with other local public health plans (e.g., CHIP) Work with partners and stakeholders to implement strategies, develop shared governance or secure funding for implementation.	with accreditation standards. Not sure why there would be multiple assessments. PHAB subcommittee: • Concern that many process measures are reliant on participation from the health care sectors. Public health does not have full control over meeting the measure. • This is the challenge of two systems trying to work together toward shared goals and improving care for vulnerable populations. • Public health assurance role
	2. Number of local assessments conducted to identify barriers to accessing effective contraceptives.	• Aligns with Public Health Modernization Manual core system functions for assuring access to clinical preventive services • LPHA may serve as convener of community partners and stakeholders • Strong equity component	LPHA reporting	All LPHAs funded through PE 41 for Reproductive Health Programs. Program Element under revision.	With partners and stakeholders, lead or contribute to efforts to assess access barriers. Local assessments will identify populations experiencing disparities and involve community partners in planning and implementation.	
	PHAB Accountability Metrics subcommittee recommendation: Do not adopt a local public health process measure at this time. Continue to explore public health roles and functions to increase dental visits for 0-5 year olds					

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Dental visits among children ages 0-5 years	**1.** Percent of dental referrals made for LPHA 0-5 year old clients	• Creating and implementing referral systems is likely to get children in for dental visit • Some LPHAs are developing referral systems with existing Title V funding; this could be expanded to other counties • However, this process measure may only capture clients who receive services at the health department	LPHA reporting	All LPHAs funded through PE 42 for Title V Maternal, Child and Adolescent Health (MCAH) Services. LPHAs select an area of focus with Title V funds. Currently some have selected oral health.	LPHA could use different mechanisms to increase referrals by partnering with WIC, home visiting programs, FQHCs or schools. LPHAs could work toward closed loop referral systems	#2- virtually impossible to get in the door, a really big hurdle. (A second admin agrees- often get five minutes, have to prioritize what is discussed) Referrals are good but consumers get frustrated when referrals are made with no ability to follow through. A local early learning hub is developing a child health referral system, and there has been a lot of resistance. Creation of a referral system is a tough sell. #1 Since public health is moving away from direct services, we'd expect the number to decrease. Makes the most sense to attach this to WIC or home visiting; CCOs should capture the % of kids who received a
	2. Percent of WIC, home visiting and health department medical staff (if applicable) who have completed the "First Tooth" and/or "Maternity Teeth for Two" trainings	• Recommended by local public health administrator • Ensures LPHA staff who have contact with mothers and children have basic oral health training	LPHA reporting		LPHA could convene these groups to make trainings available	
	3. Number of "First Tooth" and/or "Maternity Teeth for Two" trainings delivered to health and dental care providers	• Integrates oral health into medical community • Increases likelihood that providers (medical and dental) will conduct assessments and screenings, provide preventive care and anticipatory guidance, and make referrals	LPHA reporting		Partner with CCO or DCO to assess local need for trainings Partner with CCO or DCO to provide trainings	

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		• These trainings are available through the Oregon Oral Health Coalition				dental referral from those service providers #2 This is a service provided by a DCO, so public health measure should be to get them to do it. E.g., at least one meeting with the DCO about provision of this training to providers if it is not already happening. Suggestions: % of WIC and home visiting direct services staff who have completed the First Tooth and/or Maternity Teeth for Two training PHAB subcommittee: • Recommended measures too weak to lead to results • Significant access issues exist even if referrals are made • Training is important but that doesn't mean it's acted upon

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						• Need to review available data and continue to develop the public health roles and functions