

AGENDA

PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee

**August 25, 2016
2:00-3:00 pm**

Conference line: (888) 251-2909

Access code: 8975738

Webinar link: <https://attendee.gotowebinar.com/register/6661354190155385345>

Meeting Objectives

- Discuss applicability of child and family well-being, Healthy People 2020, Oregon's State Health Improvement Plan, Winnable Battles and NACCHO Profile measures to state and local health departments
- Review accountability measure public input survey draft and discuss dissemination plan
- Discuss next steps for subcommittee work over the coming months

PHAB members: Muriel DeLaVergne-Brown, Eva Rippeteau, Eli Schwarz, Teri Thalhofer, Jennifer Vines

2:00-2:05 pm	Welcome and introductions <ul style="list-style-type: none">• Review and approve July 28 minutes	Cara Biddlecom, OHA Public Health Division
2:05-2:35 pm	Discuss applicability of existing measure sets to state and local public health in Oregon <ul style="list-style-type: none">• Child and family well-being measures• Healthy People 2020 measures• Oregon's State Health Improvement Plan measures• CDC Winnable Battles• NACCHO Profile	All
2:45-2:45 pm	Review public input survey draft <ul style="list-style-type: none">• Provide feedback on survey content• Brainstorm opportunities for dissemination	All
2:45-2:50 pm	Next steps for future meetings <ul style="list-style-type: none">• Continue discussion about applicability of state and national measures to Oregon public health; hear a presentation about PHAST measures (September)• Review findings from public input survey (October)	All

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- Begin applying measure selection criteria to identified measures (October-December)
 - Determine who will provide the update at the September 12 PHAB meeting
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2:50-3:00 pm

Public comment

3:00 pm

Adjourn

**PUBLIC HEALTH ADVISORY BOARD
DRAFT Accountability Metrics Subcommittee Meeting Minutes**

**July 28, 2016
2:00 – 3:00pm**

PHAB Subcommittee members in attendance: Muriel DeLaVergne-Brown, Eva Rippeteau, Jennifer Vines

PHAB Subcommittee members absent: Eli Schwarz and Teri Thalhofer

OHA staff: Sara Beaudrault, Cara Biddlecom, Angela Rowland, Emilie Sites

Members of the public: Kathleen Johnson, Coalition of Local Health Officials

Welcome and introductions: The June 9 draft meeting minutes were unanimously approved by the subcommittee.

Emilie Sites was introduced to the group. She is a Master of Public Health student at Portland State University who has assisted with compiling the measure set list brought today for review by the subcommittee.

Discuss applicability of existing Oregon measure sets to state and local public health

Muriel stated that all public health departments are structured differently. Some departments work on services as primary care and others don't. Jennifer Vines noted that clinical services are not included in this assessment. Cara stated that while working through this list the group should be mindful of health outcomes.

Jen requested more context on what is the outcome and what is the deadline for this work. The aim is to have a single measure set within the first quarter of 2017. The measure set the subcommittee will review over the next several meetings for appropriateness for governmental public health includes the coordinated care organization (CCO) incentive measures, Medicaid state performance measures, child and family well-being measures, state health improvement plan measures, hospital transformation measures, CDC Winnable Battles, Healthy People 2020, and PHAST measures. There will also be a public survey to allow stakeholders to suggest additional measures.

Cara asked the subcommittee if the consideration be made to phase these measures in based on what public health modernization priorities are funded within a given biennium. Eva stated that if there isn't appropriate funding for staffing it is hard to be held accountable for outcomes. The goal is to complete a full measure set for all of the

foundational capabilities and programs and make determination later on specific measure sets based on funding priorities.

CCO incentive measures

The subcommittee suggested keeping the *childhood immunization status, cigarette smoking prevalence, developmental screening in the first 36 months of life, and effective contraceptive use among women at risk of unintended pregnancy* measures.

State performance “test” measures (Medicaid)

The subcommittee suggested keeping the *childhood immunization status, developmental screening in the first 36 months of life, Chlamydia screening in women ages 16-24 and immunization for adolescents* measures.

Hospital Transformation Measures

The subcommittee decided not to select any of these measures.

Child and Family Well-Being Measures

CCO Accountability Measures

The subcommittee suggested keeping the *percentage of children who have received developmental screening by 36 months, childhood immunization status and effective contraceptive use among women at risk of unintended pregnancy* measures.

Early Learning Hub accountability measures

The subcommittee did not select any of these measures sets at this time.

Next steps for future meetings

At the August meeting, the subcommittee will finish reviewing the Child and Family Well-Being Measures and will begin reviewing the state and national public health measures. The next meeting will also include a review of the draft public input survey.

The next meeting is scheduled for August 25.

Public comment

No public testimony.

Adjournment

Jen Vines has agreed to report back to the Public Health Advisory Board on August 18.

The meeting was adjourned.

DRAFT

<http://www.oregon.gov/oha/analytics/CCODData/2016%20Measures.pdf>

CCO Incentive Measures
Adolescent well-care visits
Alcohol and other substance misuse
Ambulatory Care: Outpatient and ED utilization
CAHPS composite: access to care
CAHPS composite: satisfaction with care
Childhood immunization status
Cigarette smoking prevalence
Colorectal cancer screening
Controlling high blood pressure
Dental sealants on permanent molars for children
Depression screening and follow up plan
Developmental screening in the first 36 months of life
Diabetes: HbA1c Poor Control
Effective contraceptive use among women at risk of unintended pregnancy
Follow-up after hospitalization for mental illness
Mental, physical and dental health assessments within 60 days for children in DHS custody
PCPCH enrollment
Prenatal and postpartum care: Timeliness of Prenatal Care

State Performance "Test" Measures
Adolescent well-care visits
Alcohol and other substance misuse
Ambulatory Care: Outpatient and ED utilization
CAHPS composite: access to care
CAHPS composite: satisfaction with care
Childhood immunization status
Colorectal cancer screening
Controlling high blood pressure
Depression screening and follow up plan
Developmental screening in the first 36 months of life
Diabetes: HbA1c Poor Control
Electronic health record adoption
Follow-up after hospitalization for mental illness
PCPCH enrollment
Prenatal and postpartum care: Timeliness of Prenatal Care
Appropriate testing for children with pharyngitis
CAHPS: medical assistance with smoking cessation
Cervical cancer screening
Child and adolescent access to primary care practitioners
Chlamydia screening in women ages 16-24
Comprehensive diabetes care: LDL-C Screening
Comprehensive diabetes care: Hemoglobin A1c testing
Elective delivery before 39 weeks
Follow-up care for children prescribed ADHD meds
Immunization for adolescents
Plan all-cause readmissions
Prenatal and postpartum care: Postpartum care rate
PQI 01: Diabetes, short term complication admission rate
PQI 05: Chronic obstructive pulmonary disease admission
PQI 08: Congestive heart failure admission rate
PQI 15: Adult asthma admission rate
Well-child visits in the first 15 months of life
<p>Provider access questions from the physician workforce survey: to what extent is your primary practice accepting new Medicaid/OHP patients? Do you currently have Medicaid/OHP patients under your care? What is the current max payer mix at your primary practice?</p>

Hospital Performance Measures

Alcohol and drug misuse, screening, brief intervention, and referral for treatment (SBIRT) in the ED

Follow-up after hospitalization for mental illness

Hospital-Wide All-Cause Readmissions

Hypoglycemia in inpatients receiving insulin

Excessive anticoagulation with Warfarin

Adverse Drug Events due to opioids

HCAHPS, Staff always explained medicines

HCAHPS, Staff gave patient discharge information

CLABSI in all tracked units

CAUTI in all tracked units

Hospitals share ED visit information with PCP and other hospitals to reduce unnecessary ED visits

Child and Family Well-Being Measures

CCO Accountability Measures		
Measure Name	Frequency of Data Update	Data Source
The Percentage of Children Who Received Well-Child Visits in the First 15 Months of Life	Annual	Claims
The Percentage of Children Who Have Received Developmental Screening by 36 Months	Annual	Claims
The Percentage of Children Ages 3 to 6 That Had One or More Well-Child Visits with a PCP During the Year	Annual	Claims
Among CYSHCN who needed mental health/counseling, percent of CYSHCN who received all needed care	Annual	CAHPS
Percentage of children less than 4 years of age on Medicaid who received preventive dental services from a dental provider in the year	Annual	Claims
Getting Care Quickly Composite - CAHPS 5.0H (child version including Medicaid and children with chronic conditions supplemental items)	Annual	CAHPS
Prenatal and Postpartum Care: Timeliness of Prenatal Care – The percentage of deliveries that received a prenatal care visit in the first trimester	Annual	Claims and Clinical Data
Among CYSHCN who needed specialized services, percentage of CYSHCN who received all needed care.	Annual	CAHPS
Childhood Immunization Status: The percentage of children 2 years of age who have received specific immunizations.	Annual	Claims and ALERT
Adolescent Well-Care Visit: The percentage of adolescents ages 12- 21 who had at least one well-care visits with a PCP.	Annual	Claims
Percentage of patients with an outpatient visits who had alcohol or other substance misuse screening, brief intervention and referral to treatment	Annual	Claims
Percentage of women who adopted or continued use of effective contraception methods among women at risk of unintended pregnancy	Annual	Claims
Percent of Children with Sealants on Permanent Molars	Annual	Claims
Percent of Children with Mental, Physical and Dental Health Assessment within 60 Days for Children in DHS Custody	Annual	Claims and DHS Data (OrKids)
Early Learning Hub Accountability Measures		
Measure Name	Frequency of Data Update	Data Source

Rate of Child Abuse and Neglect per 1000 Children	Annual	SACWIS
Percentage of child population spending at least one day in foster care during federal fiscal year	Annual	SACWIS
Percent of Children Meeting or Exceeding 3rd Grade Reading and Math Standards	Annual	OR Dept. of Education
Kindergarten Assessment: Average Score by Domain	Annual	OR Dept. of Education
Availability of Rated Childcare Programs: Percent of regulated programs that have earned a 3 Star or higher rating.	Biannual	QRIS
Percentage of Children at Risk Enrolled in Rated Programs	Biannual	Childcare Research Partnership
Kindergarten Attendance Rate	Annual	Cumulative Average Daily Membership Collection
Monitoring Measures		
Measure Name	Frequency of Data Update	Data Source
The Percentage of Adults Who Have Had 4 or Adverse Childhood Experiences (ACEs)	Annual	BRFSS
Disproportionality in Foster Care: percentage of children in out-of-home placement by race and ethnicity compared to overall percentage of the under- 18 population by race and ethnicity	Annual	Health and Human Services, Children's Bureau, US Census Bureau Data
Absence of Repeat Maltreatment: percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization	Annual	SACWIS
Connections to Community – Percent of Children Ages 0-5 Who Go on Outings	years, going forward annual	National Survey of Children's Health
Pregnancy Related – Intimate Partner Violence Composite	state level are usually available 6 mos after the end of the survey year. National benchmark data are usually available with a 2-year delay.	PRAMS
Percentage of Children Living in Single-Parent Families	Annual	US Census American Community Survey
Children Served by Child Welfare Residing In Parental Home	Annual	SACWIS
Intimate Partner Violence - Healthy Teens: Responses to two Survey Questions: Percent of 11th Graders Who Reported Being Forced to Have Sexual Intercourse When They Did Not Want to. Percent of 11th Graders who Reported that Their Boyfriend or Girl Friend Physically Hurt Them.	Biannual	Oregon Healthy Teens Survey
Rate of Emergency Department Visits Coded for Intimate Partner Violence	month time lag for NEDS	Department data/AHRQ for NEDS data

Connections to Community - Children Participate in Extracurricular Activities – Percent of Children Ages 6-17 who participated in one or more extracurricular activities.	Historically every 4 years, going forward annual	National Survey of Children's Health
Child Poverty Rate: The percentage of children estimated to live in families with incomes at or below the Federal Poverty Level	Annual	US Census American Community Survey
Percent of Total Population by Federal Poverty Level	Annual	Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2012 and
Homeless students: percentage of all public school students without a decent, safe, stable, or permanent place to live	Annual	Oregon Department of Education Homeless Student Data Collection
Median Family Income	Annual	US Census American Community Survey
TANF Family Stability: rate per 1,000 of children receiving TANF who subsequently entered foster care within 60 days	Annual	Client Maintenance System and Child Welfare Data Warehouse
Percent of Children In Low-Income Working Families By Age Group	Annual	US Census American Community Survey
Percent of Children Living in Households Where No Adults Work	Annual	US Census American Community Survey
Food Insecurity Among Children: The percentage of households with children that reported reduced quality, variety, or desirability of diet or uncertainty about having enough food for all household members	Annual	Feeding America
Percent of Children in Low-income Households with a High Housing Cost Burden	Annual	US Census American Community Survey
Use of Fluorinated Water: Percent of population on public water systems receiving fluorinated water.	Biannual	CDC Water Fluoridation Reporting System
Children with an Incarcerated Parent per 1,000 Children Ages 0-18	Annual	Family Survey
Rate of Crimes Against Persons, Property and Behavioral Crimes: The rate of crime per 1,000 population.	Annual	Oregon Uniform Crime Reporting
Child Lives in a Safe Community: Percent of Children that Live in a Safe Community	years, going forward annual	National Survey of Children's Health
Neighborhood Amenities: Percent of children that live in neighborhoods with some of the following amenities: sidewalks and walking paths, a park or playground, recreation center, library or bookmobile.	Historically every 4 years, going forward annual	National Survey of Children's Health
Child Lives in a Supportive Neighborhood: Percent of children that live in neighborhoods that their parents feel are supportive.	Historically every 4 years, going forward annual	National Survey of Children's Health
Percent of Women who Report Being Informed About Maternal Depression During and/or After Pregnancy by a Healthcare Worker	benchmark data are usually available with a 2-year delay	PRAMS
Percentage of Live Births Weighing Less Than 2500 Grams	Annual	Claims

Pregnancy Rate Among Adolescent Females Ages 14 and under and 15-19	Annual	Oregon Birth Records
Percentage of Preconception and Pregnant Women who Reported Drinking Alcohol	benchmark data are usually available with a	PRAMS
Infant Death Rate per 1,000 live births	Annual	Death Certificates
Percent of Mothers who Reported Breastfeeding 8 Weeks After Delivery	benchmark data are usually available with a	PRAMS
Percentage of Persons (Families, Parents, Mothers, Children and Adolescents) with Medical Insurance	Annual	National Health Interview Survey
Rate of Non-medical Exemptions for Immunizations	Annual	Oregon Immunization Data and ALERT
Getting Needed Care Composite	Annual	CAHPS
5-year Completion Rate (GEDs, modified, extended, adult high school diplomas)	Annual	Education High School Completers
Exclusionary Discipline Rates	Annual	Oregon School Discipline Data collection
Frequency of Reading to Young Children: Percent of children ages 0-6 read to during the week.	Annual going forward	National Survey of Children's Health
Child Care Affordability Index	Biannual	Biennial Oregon Market Price Survey
Childcare and Education Availability: Early Childcare and Education Slots Available per 100 Children	Biannual	Childcare Research Partnership
Compensation of Early Learning Center Workforce: Median low and median high wages for early learning center teachers and number of benefits offered	Biannual	Childcare Research Partnership
Early Intervention (EI)/Early Childhood Special Education (ECSE) Child Outcomes	Biannual	Childcare Research Partnership
Percentage of Low-income Oregonians Served by SNAP	Annual	Management Information System and Census
Percentage of Eligible Foster Youth Not Served by Independent Living Program Services	Annual	SACWIS
Percentage of Children Lifted Out of Poverty by Safety Net Programs Based on the Supplemental Poverty Measure	Annual, using a three-year rolling average	Supplemental Poverty Measure Public Use Research Files and

<https://public.health.oregon.gov/About/Documents/ship/oregon-state-health-improvement-plan.pdf>

Oregon's State Health Improvement Plan Measures

Tobacco
Cigarette smoking prevalence among youth
Other tobacco product (non-cigarette) use among youth
Cigarette smoking prevalence among adults
Measure 1.1: Amount of state tax per pack of cigarettes
Measure 1.2: Cigarette consumption – cigarette packs sales per capita
Measure 2.1: Number of jurisdictions with a comprehensive tobacco retail licensure ordinance
Measure 2.2: Number of jurisdictions with tobacco price reduction strategies such as banning free sampling or tobacco coupon redemption
Measure 3.1: Percentage of government entities with comprehensive tobacco-free properties/campus policies
Measure 1.1: Number of jurisdictions with public policies that prohibit smoking and tobacco use where low-income and service workers are still exposed to secondhand smoke (i.e., address exemptions to the Indoor Clean Air Act: outdoor dining food service areas, hotels, casinos, home care and construction).
Measure 2.1: Number of DHS and OHA policies that support health for clients and employees
Measure 1.1: Number of public health plans that receive an incentive or shared savings payment for tobacco prevention
Measure 1.2: Number of public health plans that incorporate tobacco prevention in alternative payment methodologies for contracted providers
Measure 2.1: Number of public health plans with comprehensive, barrier-free cessation benefits as defined under the Affordable Care Act
Measure 2.2: Smoking prevalence among pregnant women
Measure 3.1: Number of CCOs that have a smoke-free campus policy that prohibits tobacco use on all campuses for employees, clients, patients, vendors and visitors with all contracted providers and facilities.*
Measure 3.2: Number of hospitals that have a 100% tobacco-free policy that prohibits tobacco use on all campuses for employees, clients, patients, vendors and visitors.
Obesity
Obesity prevalence among 2- to 5-year-olds
Obesity prevalence among youth
Obesity prevalence among adults
Diabetes prevalence among adults
Measure 1.1: Amount of state tax on sugary drinks
Measure 1.2: Percentage of adults who consume seven or more sodas per week
Measure 1.3: Percentage of youth who consume seven or more sodas per week

Measure 2.1: Number of state agencies with comprehensive nutrition, physical activity and breastfeeding standards policies
Measure 2.2: Number of local government settings with comprehensive nutrition, physical activity and breastfeeding standards policies
Measure 3.2: Number of formal agreements between two or more government entities that set terms and conditions for shared use of public properties or facilities (e.g., joint-use agreements) that promote physical activity
Measure 3.3: Percentage of adults that get at least 150 minutes of physical activity per week
Measure 3.4: Percentage of youth that participated in 60 or more minutes of physical activity, five or more days a week
Measure 4.1: Percentage of adults who consume five or more servings of fruits and vegetables a day
Measure 4.2: Percentage of eighth graders who consume five or more servings of fruits and vegetables a day
Measure 4.3: Percentage of issued cash value vouchers used by WIC participants to purchase fresh and frozen fruits and vegetables
Measure 4.4: Percentage of issued WIC Farmer Direct Nutrition Program (FDNP) checks used to purchase fresh fruits and vegetables at farmers markets and farm stands
Measure 4.5: Percentage of issued Senior FDNP checks used to purchase fresh fruits and vegetables at farmers markets and farm stands
Measure 1.1: Number of DHS and OHA policies that support health for clients and employees
Measure 2.1: Number of public health plans with policies or practices to refer persons with prediabetes to a CDC-recognized lifestyle change program.
Measure 2.2: Number of participants in CDC-recognized lifestyle change programs
Measure 3.1: Number of communities with significant low socioeconomic status (SES) or racial/ethnic populations with access to locations for physical activity, including parks or recreational facilities.
Measure 3.2: Number of counties with significant low SES or racial/ethnic populations with access to locations for physical activity, including parks or recreational facilities.
Measure 4.1: Number of low income communities with access to healthy foods
Measure 1.1: Number of public health plans with a financial incentive or penalty related to obesity prevention services or outcomes*
Measure 1.2: Number of public health plans that met an improvement or benchmark metric related to obesity prevention services or outcomes*
Measure 2.1: Maternity Practices in Infant Nutrition and Care (mPINC) survey composite score
Measure 2.2: Maternity Practices in Infant Nutrition and Care survey support after discharge score
Measure 3.1: Number of public health plans that provide coverage for weight management programs
Measure 3.2: Number of public health plans that cover chronic disease self-management programs
Measure 4.1: Number of public health plans, clinics and hospitals that apply nutrition standards to foods and beverages sold or available to employees, clients, patients and visitors
Oral Health

Third graders with cavities in their permanent teeth
Adolescents who have had one or more cavities ever*
Prevalence of older adults who have lost all their natural teeth
Measure 1.1: Percentage of people in Oregon residing in areas served by optimally fluoridated water
Measure 1.1: Percentage of eligible schools serving grades 1-2 or 2-3*
Measure 1.2: Percentage of eligible schools serving grades 6-7 or 7-8*
Measure 1.3: Children aged 6–9 years with dental sealants on one or more permanent molars
Measure 1.4: Percentage of children aged 6–9 years with untreated decay
Measure 2.1: Number of SBHCs that provide routine access to a dental provider on site.
Measure 3.1: Number of expanded practice dental hygienists practicing in Oregon communities
Measure 4.1: Number of emergency department visits for nontraumatic dental problems
Measure 1.1: Number of public health plans with a financial incentive or penalty related to oral health services or outcomes*
Measure 1.2: Number of public health plans that met an improvement or benchmark related to oral health services or outcomes*
Measure 2.1: Percentage of children who received a preventive dental visit during their first year
Measure 2.2: Number of children less than 7 years old who receive oral health risk assessment and intervention during the well-child visit
Measure 2.3: Children aged 0 to 5 with a dental visit in the previous year
Measure 3.1 Increase the number of adults aged 18 years or older with diabetes that had a dental visit in the previous year
Measure 4.1: Number of adults with any dental visits in the past 12 months
Measure 3.1 Increase the number of adults aged 18 years or older with diabetes that had a dental visit in the previous year
Measure 4.1: Number of adults with any dental visits in the past 12 months
Reduce Harms Associated with Alcohol and Substance Abuse
Prescription opioid mortality
Alcohol-related motor vehicle deaths
Measure 1.1: Amount of state tax on alcohol
Measure 1.2: Percentage of youth that report binge drinking
Measure 1.3: Percentage of adults that report binge drinking
Measure 2.1: Number of communities with bystander Good Samaritan laws for illegal substance overdose
Measure 1.1: Number of public health plans with a financial incentive or penalty related to substance use disorder prevention services or outcomes*

Measure 1.2: Number of public health plans that met an improvement or benchmark related to substance use disorder prevention services or outcomes*
Measure 2.1: Percentage of the top 4,000 controlled substance prescribers authorized to use the PDMP
Measure 2.2: Number of patients receiving opioid prescriptions from four or more prescribers and filled at four or more pharmacies over six months
Measure 2.3: Number of individuals with benzodiazepines and opioid co-prescriptions (within 30 days)
Measure 3.1: Number of private and public health plans, health systems and hospitals that adopt model PDMP use guidelines
Measure 3.2: Number of private and public health plans, health systems and hospitals that adopt model opioid prescribing guidelines for non-cancer chronic pain
Measure 4.1: Number of public health plans offering access to medical benefits that cover nonpharmacological therapy for chronic non-cancer pain
Measure 5.1: Number of public health plans offering comprehensive inpatient and outpatient services for alcohol addiction
Measure 6.1: Number of medical professionals certified to administer MAT for opioid dependence
Measure 6.2: Number of private and public health plans or provider networks that meet a 20:1 ratio of patients in need to certified medical professionals
Measure 7.1: Alcohol use by women in the 3 months before pregnancy*
Measure 7.2: Alcohol use in women during the last trimester of pregnancy*
Measure 7.3: Prenatal care visits in which care providers inform women about the risks of drinking during pregnancy
Prevent Deaths from Suicide
Rate of suicide
Suicide attempts among eighth graders
Emergency department visits for suicide attempts
Number of Zero Suicide initiatives throughout healthcare and behavioral healthcare systems statewide*
Measure 1.1: Number of callers to the National Suicide Prevention Lifeline (Lines for Life)
Measure 1.2: Percentage of people who receive telephone follow up after treatment for a suicide attempt
Measure 2.1: Percentage of adolescents who meet Positive Youth Development benchmark
Measure 2.2: Percentage of youth reporting depressed mood
Measure 2.3: Percentage of eighth graders who have seriously considered attempting suicide in the past 12 months
Measure 1.1: Increase identification, referrals, treatment and follow up for veterans at risk for suicide
Measure 1.1: Number of public health plans with a financial incentive or penalty related to suicide prevention services or outcomes*
Measure 1.2: Number of public health plans that met an improvement or benchmark metric related to suicide prevention services or outcomes*

Measure 2.1: Number of private and public health plans, clinics and hospitals that require training for health care workers to identify suicide risk, refer to care, treat and follow up with patients at risk
Measure 2.2: Number of physical, mental and behavioral health care professionals trained to identify suicide risk, refer to care, treat and follow up with patients at risk
Immunization Rates
Rate of 2-year-olds who are fully vaccinated
HPV vaccination series rate among 13- to 17-year-olds
Seasonal flu vaccination rate in people ≥6 months of age
Measure 1.1: Nonmedical exemption rate for kindergartners
Measure 1.2: Number of vaccines administered by SBHCs
Measure 2.1: Percentage of flu vaccinations administered by pharmacists
Measure 3.1: Percentage of HPV vaccines administered by pharmacists to 11- to 17-year-olds
Measure 3.2: Number of HPV vaccines administered by SBHCs
Measure 3.3: Number of independent labs reporting HPV-related dysplasias
Measure 1.1: Seasonal influenza vaccinations in southern rural and frontier counties
Measure 1.2: Seasonal influenza vaccination among adult men > 19 years of age
Measure 2.1: Tdap vaccination among pregnant women.
Measure 2.2: Flu vaccination rate among pregnant women.
Measure 1.1: Number of public health plans with a financial incentive or penalty related to childhood and adolescent immunization services or outcomes*
Measure 1.2: Number of public health plans that incorporate increasing immunization rates in alternative payment methodologies for contracted providers
Measure 2.1: Number of statewide reminder recalls for 2-year-olds conducted over five years
Measure 2.2: Percentage of enrolled and eligible Vaccines for Children (VFC) providers receiving CDC-defined AFIX quality improvement services
Measure 3.1: Seasonal flu vaccination rate for health care workers in long-term care facilities
Measure 3.2: Seasonal flu vaccination rate for health care workers in hospital settings
Measure 3.3: Seasonal flu vaccination rate for health care workers in ambulatory surgical centers
Communicable Diseases
Hospital-onset Clostridium difficile infections
Rate of Gonorrhea infections in Oregon residents*
Proportion of people living with HIV in Oregon that have a suppressed viral load within the previous 12 months
HIV infections in Oregon residents
Infections caused by Shiga toxin-producing Escherichia O157

Rate of early syphilis infections in Oregon residents (primary, secondary and early latent infections)*
Incidence of TB disease among U.S born persons*
Measure 1.1: Infections caused by Salmonella species commonly transmitted through food
Measure 1.2: Maintain the proportion of reference and specialty testing in support of norovirus outbreak investigations
Measure 1.3: Infections caused by Campylobacter commonly transmitted through food
Measure 1.4: Implement whole genome sequencing (WGS) for Salmonella isolates submitted to OSPHL*
Measure 2.1: Percent of identified carbapenemase producers with evidence of transmission*
Measure 2.2: Percentage of cases of invasive pneumococcal disease that are resistant to at least one antibiotic*
Measure 2.3: Number of tests for Zika using CDC approved methods*
Measure 3.1: Rate of non-judicious prescriptions
Measure 4.1: Proportion of contacts to sputum AFB smear-positive TB cases diagnosed with latent TB infection who start treatment.*
Measure 4.2: Proportion of contacts to sputum AFB smear-positive TB cases diagnosed with latent TB infection who complete treatment.*
Measure 1.1: New asymptomatic hepatitis C cases per 100,000 reported annually
Measure 2.1: Number of norovirus outbreaks reported by long-term care facilities within the previous 12 months
Measure 3.1: Active Oregon Reminders users receiving regular reminders to test for sexually transmitted infections
Measure 3.2: Proportion of men with HIV who have sex with other men and participate in the Oregon Medical Monitoring Project with evidence of having been tested for syphilis in the
Proportion of immigrants and refugees (B waivers) with abnormal chest X-rays read overseas as consistent with TB that were examined within 30 days of notification*
Measure 1.1: Number of public health plans with a financial incentive or penalty related to communicable disease prevention services or outcomes*
Measure 1.2: Number of public health plans that met an improvement or benchmark metric related to communicable disease prevention services or outcomes
Measure 2.1: Proportion of women aged 15–24 years screened annually for chlamydia/gonorrhea
Measure 3.1: Proportion of women aged 15–44 years diagnosed with chlamydia or gonorrhea that received partner-delivered expedited therapy
Measure 4.1: Percentage of hospitals that meet the APIC-recommended 100:1 ratio for infection preventionists
Measure 5.1: Number of Presentations, publications, or notifications about foodborne assessment or prevention aimed at clinicians*

Healthy People 2020 Measures

Topic	Data Source
Adolescent Health	
AH-6 Increase the proportion of schools with a school breakfast program	School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
Cancer	
C-15 Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines	National Health Interview Survey (NHIS), CDC/NCHS
C-20 Increase the proportion of persons who participate in behaviors that reduce their exposure to harmful ultraviolet (UV) irradiation and avoid sunburn	National Health Interview Survey (NHIS), CDC/NCHS and Youth Risk Behavior Surveillance System (YRBSS)
C-16 Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines	National Health Interview Survey (NHIS), CDC/NCHS
Disability and Health	
DH-8 Reduce the proportion of adults with disabilities aged 18 and older who experience physical or program barriers that limit or prevent them from using available local health	National Health Interview Survey (NHIS), CDC/NCHS
Environmental Health	
EH-8 Reduce blood lead levels in children	National Health and Nutrition Examination Survey (NHANES), CDC/NCHS
EH-21 Improve quality, utility, awareness, and use of existing information systems for environmental health	National Environmental Public Health Tracking Network, CDC
Food Safety	
FS-1 Reduce infections caused by key pathogens transmitted commonly through food	Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCID
FS-2 Reduce the number of outbreak-associated infections due to Shiga toxin-producing E. coli O157, or Campylobacter, Listeria, or Salmonella species associated with food	National Outbreak Reporting System (NORS), CDC and CSTE
HIV	
HIV-2 Reduce the number of new HIV infections among adolescents and adults	National HIV Surveillance System (NHSS), CDC/NCHHSTP
HIV-8 Reduce perinatally acquired HIV and AIDS cases	National HIV Surveillance System (NHSS), CDC/NCHHSTP
HIV-14 Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months	National Survey of Family Growth (NSFG), CDC/NCHS
Immunization and Infectious Disease	
IID-1 Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases	National Notifiable Diseases Surveillance System (NNDSS), CDC/PHSIPO
IID-7 Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children	National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS
IID-8 Increase the percentage of children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal	National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS
IID-9 Decrease the percentage of children in the United States who receive 0 doses of recommended vaccines by age 19 to 35 months	National Immunization Survey (NIS), CDC/NCIRD and CDC/NCHS
IID-10 Maintain vaccination coverage levels for children in kindergarten	Annual School Assessment Reports, CDC/NCIRD
IID-11 Increase routine vaccination coverage levels for adolescents	National Immunization Survey-Teen (NIS-Teen), CDC/NCIRD and CDC/NCHS
IID-12 Increase the percentage of children and adults who are vaccinated annually against seasonal influenza	National Health Interview Survey (NHIS), CDC/NCHS
IID-13 Increase the percentage of adults who are vaccinated against pneumococcal	National Health Interview Survey (NHIS), CDC/NCHS
IID-14 Increase the percentage of adults who are vaccinated against zoster (shingles)	National Health Interview Survey (NHIS), CDC/NCHS
IID-17 Increase the percentage of providers who have had vaccination coverage levels among children in their practice population measured within the past year	Program Annual Progress Assessments (PAPA), CDC/NCIRD
LGBTQ Health	
LGBT-2 Increase the number of states, territories, and the District of Columbia that include questions that identify sexual orientation and gender identity on state level	Behavioral Risk Factor Surveillance System (BRFSS), CDC/PHSIPO
Maternal, Infant and Child Health	
MICH-8 Reduce low birth weight (LBW) and very low birth weight (VLBW)	National Vital Statistics System-Nativity (NVSS-N), CDC/NCHS
MICH-10.1 Increase the proportion of pregnant women who receive prenatal care beginning in first trimester	National Vital Statistics System-Nativity (NVSS-N), CDC/NCHS
MICH-11 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant	National Survey on Drug Use and Health (NSDUH),
Oral Health	

OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth	
OH-2 Reduce the proportion of children and adolescents with untreated dental decay	
OH-3 Reduce the proportion of adults with untreated dental decay	
OH-8 Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year	
OH-10 Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health program	
OH-17 Increase health agencies that have a dental public health program directed by a dental professional with public health training	
Physical Activity	
PA-13 Increase the proportion of trips made by walking	
PA-14 Increase the proportion of trips made by bicycling	
PA-15 (Developmental) Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities	
Preparedness	
PREP-4 Reduce the time for State public health agencies to establish after action reports and improvement plans following responses to public health emergencies and exercises	
Public Health Infrastructure	
PHI-11 Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services to support essential public health services	
Social Determinants of Health	
EH-1 Reduce the number of days the Air Quality Index (AQI) exceeds 100, weighted by	
Tobacco Use	
TU-9 Increase tobacco screening in health care settings	
TU-10 Increase tobacco cessation counseling in health care settings	
TU-11 Reduce the proportion of nonsmokers exposed to secondhand smoke	
TU-18 Reduce the proportion of adolescents and young adults in grades 6 through 12 who are exposed to tobacco marketing	

CDC Winnable Battles Measures

Topic
Tobacco
Decrease the percent of adults who smoke cigarettes by 17.5%
Decrease the percent of youth who smoke cigarettes by 12%
Increase the proportion of the U.S. population covered by smoke-free laws by 59%
Nutrition, Physical Activity, and Obesity
Reduce the proportion of children and adolescents age 2-19 who are obese by 8%
Increase the proportion of infants who are breastfed at 6 months by 35%
Food Safety
Reduce foodborne illness caused by Salmonella by 14.5%
Reduce foodborne illness caused by Shiga toxin-producing Escherichia coli (STEC) O157:H7 by 29%
Healthcare-associated Infections
Reduce central line-associated blood stream infections (CLABSI) in hospitals by 60%
Reduce healthcare-associated invasive methicillin-resistant Staphylococcus aureus (MRSA) by 60%
Reduce surgical site infections (SSI) in hospitals by 30%
Reduce catheter-associated urinary tract infections (CAUTI) in hospitals by 30%
Motor Vehicle Safety
Reduce fatalities due to motor vehicle crashes by 31%
Teen Pregnancy
Decrease teen birth rates by 20%
HIV
Reduce the number of new HIV infections by 25%
Increase the percent of people living with HIV who know their status by 11%

NACCHO Profile Measures

Emergency Preparedness
Developed or Updated a Written Emergency Plan
Provided Emergency Preparedness Training to Staff
Participated in Tabletop Exercises or Drills
Assessed Emergency Preparedness Competencies of Staff
Participated in Functional Exercises or Drills
Reviewed Relevant Legal Authorities
Participated in Full-Scale Exercises or Drills
Public Health Policy
Communicated with Legislators, Regulatory Officials, or Other Policymakers*
Participated on a Board or Advisory Panel Responsible for Public Health Policy
Prepared Issue Briefs for Policymakers
Gave Public Testimony to Policymakers
Provided Technical Assistance to Legislative, Regulatory, or Advocacy Group*
LHD Involvement in Select Policy or Advocacy Areas
LHD Involvement in Policy or Advocacy Activities Focused on Tobacco, Alcohol, or Other Drugs*
LHD Involvement in Policy or Advocacy Activities Focused on Obesity or Chronic Disease*
Health Disparities
Describing Health Disparities in Jurisdiction Using Data
Supporting Community Efforts to Change the Causes of Health Disparities
Training Workforce on Health Disparities and Their Causes
Offering Staff Training in Cultural/Linguistic Competency
Educating Elected or Appointed Officials about Health Disparities and Their Causes
Prioritizing Resources and Programs Specifically for the Reduction in Health Disparities
Recruiting Workforce from Communities Adversely Impacted by Health Disparities
Taking Public Policy Positions on Health Disparities
Conducting Original Research that Links Health Disparities to Differences in Social or Environmental Conditions

PHAST Measures

Topic
Tobacco Prevention and Control
M15 Smoking restriction policy exposure (community) Proportion of the population that resides in areas covered by policies that prohibit smoking in workplaces and other public areas during the past 12 months
M134 Agency involvement in tobacco prevention, control and cessation (agency) During the past 12 months, which of the following activities did your LHD help to perform related to tobacco prevention, control and cessation? (select all that apply)
1. Develop and/or disseminate educational materials via print (e.g. brochures, web) or media (e.g. radio or TV campaigns, mass media, social marketing).
2. Develop and/or disseminate culturally/linguistically tailored educational materials via print (e.g. brochures, web) or media (e.g. radio or TV campaigns, mass media, social marketing).
3. Implement educational and/or training programs to reduce tobacco use and/or tobacco exposure (e.g. behavioral interventions).
4. Implement culturally/linguistically tailored educational and/or training programs to reduce tobacco use and/or tobacco exposure (e.g. behavioral interventions).
5. Implement community development activities (e.g. convening coalitions, community forums and meetings, community planning and priority-setting activities).
6. Policy development activities (e.g. develop and disseminate model laws and policies, give testimony at legislative hearings, provide information to policy-making officials and/or advocacy)
7. Policy implementation and enforcement activities (e.g. compliance monitoring, complaint investigations).
8. Conduct surveillance activities regarding adult tobacco use. (Surveillance includes active systematic monitoring via BRFSS or other means.)
9. Conduct surveillance activities regarding youth tobacco use. (Surveillance includes active systematic monitoring via YRBS or other means.)
M16 Smoking restriction policy compliance and enforcement (community) These measures reflect policy enforcement activities regardless of which local or state agencies
1. Number of reported cases of clean indoor air policy violations in the community during the past 12 months
2. Number of compliance inspections/investigations conducted during the past 12 months
3. Number of citations/fines issued for violations
Obesity Prevention
M11 Combined physical activity intervention availability (community) Which of the following community-wide physical activity interventions have been underway within your jurisdiction during the past 12 months? (select all that apply)
1. Community-wide health education campaigns (e.g. large-scale, highly visible messages directed to broad audiences through media such as television, radio, and newspapers, typically combined with other approaches including support or self-help groups, community events, or risk factor
2. Community-wide stair use campaigns (e.g. motivational signs placed by elevators/escalators to encourage people to use nearby stairs for health/weight loss).
3. School-based PE programs (e.g. programs to increase amount of time students spend in PE classes which enhance the length or activity level of students and health education).

4. Social support interventions in community (e.g. focus on changing physical activity behavior through creating, strengthening, and maintaining social networks that provide supportive relationships for behavior change).

5. Individually adapted health behavior change programs (e.g. teaching goal setting/selfmonitoring of progress, structured problem solving, and relapse prevention).

6. Initiatives to create or enhance access to places for physical activity combined with informational outreach activities (e.g. built environment walking trails, biking trails, exercise facilities within worksites/coalitions, agencies).

7. Community-level urban design initiatives (e.g. developments to increase the percent of residents living within walking distance of shopping, work, and school, improved connectivity of streets and sidewalks, preserve or create green-space, and improve aesthetic qualities of the environment).

M114 Agency involvement in physical activity promotion (agency) Was your LHD involved in an initiative to increase access to free or low cost recreational opportunities for physical activity (like working to develop policies to increase access to public facilities for physical activity, increasing worksites that have policies that enhance physical activity) in the last 12 months? If so, in which of the following types of activities was

1. Community wide health education campaigns (e.g. large-scale, highly visible messages directed to broad audiences through media such as television, radio, and newspapers, typically combined with other approaches including support or self-help groups, community events, or risk factor

2. Community-wide stair use campaigns (e.g. motivational signs placed by elevators/escalators to encourage people to use nearby stairs for health/weight loss).

3. School-based PE programs (e.g. programs to increase amount of time students spend in PE classes which enhance the length or activity level of students and health education).

4. Social support interventions in community (e.g. focus on changing physical activity behavior through creating, strengthening and maintaining social networks that provide supportive relationships for behavior change).

5. Individually adapted health behavior change programs (e.g. teaching goal setting/selfmonitoring of progress, structured problem solving, and relapse prevention).

6. Initiatives to create or enhance access to places for physical activity combined with informational outreach activities (e.g. built environment walking trails, biking trails, exercise facilities within worksites/coalitions, agencies).

7. Community-level urban design initiatives (e.g. developments to increase the percent of residents living within walking distance of shopping, work, and school, improved connectivity of streets and sidewalks, preserve or create green-space, and improve aesthetic qualities of the environment).

M13 Agency funding for physical activity promotion (agency) How much funding did your department allocate for physical activity promotion during the most recently completed fiscal year? If funding data for physical activity promotion is combined with other obesity prevention activities, please report for the total combined categories and make a note in the comments

M75 Agency involvement in increasing access to healthy foods (agency) Was your LHD involved in an initiative to increase access to healthy foods in the community in the past 12 months? If so, in which of the following types of activities was your agency involved? (select all that apply)

1. Initiatives to change the foods/beverages available at schools and school-sponsored events

2. Initiatives to change the foods/beverages served and/or sold by government agencies and government-sponsored programs.

3. Initiatives to change the foods/beverages served and/or sold by restaurants, food service establishments, and food vendors in the community.

4. Policies to require menu labeling and calorie disclosure for the foods/beverages served and/or sold by restaurants, food service establishments, and food vendors in the community.
5. Initiatives to promote the availability of fresh produce outlets in the community, such as grocery stores, farmer's markets.
6. Initiatives to promote the availability and/or use of community gardens.
7. Initiatives to change the price of foods/beverages in school and/or community settings.
8. Initiatives to change the marketing practices used for foods/beverages in school and/or community settings.
9. Initiatives to promote and facilitate breastfeeding in clinical, workplace, and community settings.
M78 FTE personnel dedicated to increasing access to healthy foods (agency) Number of LHD FTE personnel dedicated to increasing access to healthy foods during the past 12
M78a WIC service provision, and FTE proportion of total for M78 (agency) Does your LHD provide WIC services? If so, what proportion of the total reported for M78 does WIC FTE represent?
Oral Health
M109 Oral health screening (agency) Number of individuals who were screened by the LHD for dental/oral health conditions during the past 12 months.
M110 Oral health prevention and promotion (agency) Which of the following oral health prevention and promotion activities have been provided by your LHD over the past 12 months? (select all that apply)
1. Develop and/or disseminate educational materials via print (e.g. brochures, web) or media (e.g. radio or TV campaigns, mass media, social marketing).
2. Develop and/or disseminate culturally/linguistically tailored educational materials via print (e.g. brochures, web) or media (e.g. radio or TV campaigns, mass media, social marketing)
3. Implement educational and/or training programs to improve oral health (e.g. behavioral interventions).
4. Implement culturally/linguistically tailored educational and/or training programs to improve oral health (e.g. behavioral interventions).
5. Implement community development activities (e.g. convening coalitions, community forums and meetings, community planning and priority-setting activities).
6. Policy development activities (e.g. develop and disseminate model laws and policies, give testimony at legislative hearings, provide information to policy-making officials and/or advocacy
7. Implement oral health screening activities.
8. Provide preventive dental services (e.g. fluoride varnish application, sealants).
Immunization
M152 Childhood immunization completeness (community) Percentage of children 19-35 months who are up-to-date on immunizations per Advisory Committee on Immunization Practices (ACIP).
M154 Childhood immunizations administered by agency (agency) Number of immunizations, including those for influenza, administered by the LHD to children 0-5 years, and children 6-18 years, during the past 12 months. Please report on all total childhood immunizations administered and provide age ranges if they differ from the 0-5 and 6-18 brackets. [Age-specific population estimates will be used to construct per

M201 Confirmed vaccine-preventable disease cases (community) Number of confirmed vaccine-preventable disease cases in the past 12 months (cases of rubella, measles, congenital rubella, mumps, tetanus), by vaccination status if possible. For each disease, report number of cases as vaccinated, unvaccinated, or unknown vaccine status. See Appendix for classification of confirmed cases. [Population estimates will be used to

Enteric Disease

M167 Foodborne/Waterborne reported case volume (community) Number of reported cases of enteric disease in the past 12 months. A case indicates that the patient resides in the agency's jurisdiction and the reported case was first received by the agency during the 12 month period. Foodborne/Waterborne Diseases = separate totals of all reported cases for each of the following: E. coli, shiga toxin producing strains only; Salmonellosis; Campylobacteriosis; Shigellosis; Ciguatera; Paralytic shellfish poisoning; Scombroid poisoning; Mushroom poisoning; Botulism. See Appendix for classification of reported (suspected or probable) cases. [Population estimates will be used to construct

M165 Foodborne/Waterborne confirmed case volume (community) Number of confirmed cases of enteric disease in the past 12 months. A case indicates that the patient resides in the agency's jurisdiction and the reported case was confirmed by the agency during the 12 month period. Foodborne/Waterborne Diseases = separate totals of all confirmed cases for each of the following: E. coli, shiga toxin producing strains only; Salmonellosis; Campylobacteriosis; Shigellosis; Ciguatera; Paralytic shellfish poisoning; Scombroid poisoning; Mushroom poisoning; Botulism based on CDC case classification guidelines for each disease. See Appendix for classification of confirmed cases. [Population estimates will be used to construct case rate measure]

M162x Foodborne enteric disease investigation (responsibility) Who is responsible for foodborne enteric disease investigation in your jurisdiction? (select all that apply)

1. LHD

2. Regional health agency

3. State health agency

4. Other governmental local or state agency (specify)

5. Other (specify)

M162 Foodborne enteric disease investigation volume (agency) Number of investigations of reported foodborne/enteric disease cases conducted by LHD during the past 12 months. [Measure #167 will be used as denominator to construct

M164 Foodborne enteric disease investigation completion time (agency) Average time from receipt of reported case of enteric disease to completion or closure of case investigation (including cases lost to follow-up), for all cases received in past 12 months.

Sexually Transmitted Infections

M184 STI cases confirmed (community) Number of confirmed sexually transmitted disease cases, by type (gonorrhea, chlamydia, syphilis, HIV). [Population estimates will be used to construct case rate measures]

M181x STI contact tracing (responsibility) Who is responsible for STI contact tracing in your jurisdiction? (select all that apply)

1. LHD

2. Regional health agency

3. State health agency

4. Other governmental local or state agency (specify)

5. Other (specify)
M181 STI contact tracing (agency) Number of STI contacts followed by the LHD in the past 12 months, by type (gonorrhea, chlamydia, syphilis, HIV). If data by type are not available, report total number of cases and specify diseases included in the totals. [Volume from measure #184 will be used to construct a measure of the case tracing
M204 STI staffing level (agency) Current FTE staffing level for disease intervention specialists (DIS) at the LHD: individuals employed by a local public health authority who are trained to provide components of STI case management and control services, including client interviewing, partner notification and referral, untreated patient referral, education activities, and consultation for individuals diagnosed with an STI.
Tuberculosis Control
M195 Tuberculosis (TB) case volume (community) Number of reported newly diagnosed tuberculosis (TB) cases in the past 12 months. [Population estimates will be used to construct case rate measures]
M196x TB contact investigations (responsibility) Who is responsible for TB contact investigations in your jurisdiction? (select all that apply)
1. LHD
2. Regional health agency
3. State health agency
4. Other governmental local or state agency (specify)
5. Other (specify)
M196 Investigations of contacts of persons with infectious (active) TB (agency) Number of unduplicated individuals (contacts) that were (1) elicited and (2) evaluated for TB infection by the LHD during the past 12 months. TB infection is specifically defined as positive acid-fast bacillus AFB sputum-smear results. [Volume from measure #195 will be used to construct contact screening rate]
M193 TB therapy (agency) Number of TB cases that were placed on directly observed therapy in the past 12 months. [Volume from measure #195 will be used to calculate
M199 TB contacts who completed treatment for latent TB infection (LTBI) (agency) Percentage of contacts with newly-diagnosed latent TB infection who (1) started and (2) completed treatment in the past 12 months. The numerator is the number of contacts with newly-diagnosed LTBI, and the denominator is the number of contacts that were
Lead Protection
M219 Elevated blood lead level rate (community) Number of cases of elevated blood lead in children ages 0-6 years identified in the past 12 months, per 1000 children age 0-6 years. Specify blood lead level threshold used to define elevated blood lead level. [Population estimates will be used to construct case rate measure]
M220x Blood lead investigation (responsibility) Who is responsible for blood lead level investigation in your jurisdiction? (select all that apply)
1. LHD
2. Regional health agency
3. State health agency
4. Other governmental local or state agency (specify)
5. Other (specify)

M220 Elevated blood lead level investigation (agency) Number of cases of elevated blood lead (EBL) in children age 0-6 years investigated by the LHD in the past 12 months. [Measure #219 will be used to construct a measure of the investigation rate]

Food Protection

M236x Food safety inspection (responsibility) Who is responsible for food safety inspection in your jurisdiction? (select all that apply)

1. LHD

2. Regional health agency

3. State health agency

4. Other governmental local or state agency (specify)

5. Other (specify)

M236a Food safety inspection reach (community) Total number of (1) food service establishments inspected for food safety during the past 12 months, as a percentage of (2) the total number of food service establishments required to be inspected under state and/or local law. Please include all inspections and all establishments regardless

M236b Food safety inspection volume (community) Total number of inspections of food service establishments conducted during the past 12 months (includes repeat

M233 Food safety field staffing ratio (community) Number of FTE personnel devoted to retail food safety inspection, protection and control activities per 100 retail food services establishments during the past 12 months. "Inspections for purposes of this calculation include routine inspection, re-inspection, complaint investigations, outbreak investigations, compliance follow-up inspections, risk assessment reviews, process reviews, variance process reviews, and other direct establishment contact time such as on-site training." (Source: FDA Voluntary National Retail Food Regulatory Program

Water Protection

M272x Water system inspection (responsibility) Who is responsible for water system inspection in your jurisdiction? (select all that apply)

1. LHD

2. Regional health agency

3. State health agency

4. Other governmental local or state agency (specify)

5. Other (specify)

M272a Public water system reach (community) Percentage of the population served by public water systems during the past 12 months. [Population estimates will be used to calculate percentages]

M272b Exposure to public water system contamination (community) Percentage of population being served by public water systems with no maximum contamination level violations during the past 12 months. [Public water system reach (Measure 272a) values will be used to construct percentages]

M273 Public water system inspection volume (community) Number of drinking water samples from public water systems submitted and evaluated for public health protection in the past 12 months.

Public Health Accountability Measures – Public Input Survey
Public Health Advisory Board, Accountability Metrics Subcommittee

August 16, 2016 draft

The Oregon Health Authority is conducting this survey to help inform the Public Health Advisory Board's selection of accountability measures for state and local health departments in Oregon from 2017 and beyond.

This survey will provide you with the opportunity to provide suggestions for additional accountability measures for the Public Health Advisory Board to consider for state and local health departments in Oregon.

This survey will be open until September 30 and a summary of results will be presented to the Public Health Advisory Board's Accountability Metrics Subcommittee meeting on October 20. All results will be aggregated and de-identified. If you have any questions about the survey, please contact us at publichealth.policy@state.or.us.

1. Name
2. Organization
3. E-mail address
4. We would like feedback from all of our stakeholders. Please select which group(s) you identify with (select all that apply):
 - a. Local health official
 - b. OHA office/program
 - c. Community member
 - d. Community-based organization
 - e. Health care provider
 - f. Coordinated care organization
 - g. Public Health Advisory Board member
 - h. Other (please specify)
5. If you would like to suggest potential measures to be considered by the subcommittee, please do so below.
 - a. Indicate foundational capability or program for governmental public health
 - i. Leadership and Organizational Competencies
 - ii. Health Equity and Cultural Responsiveness
 - iii. Community Partnership Development
 - iv. Assessment and Epidemiology
 - v. Communications
 - vi. Policy and Planning
 - vii. Emergency Preparedness and Response
 - viii. Communicable Disease Control
 - ix. Prevention and Health Promotion
 - x. Environmental Health
 - xi. Access to Clinical Preventive Services
 - b. Proposed measure suggestion (summary of the measure and/or numerator and denominator)
 - c. Please explain why you are proposing the measure. Why is it important?

- d. Proposed data source
- e. Proposed measure reference (Healthy People 2020, etc.)