# AGENDA

# PUBLIC HEALTH ADVISORY BOARD
# Accountability Metrics Subcommittee

**September 26, 2017**
**1:00-2:30 am**
Portland State Office Building, room 615

Conference line: (877) 873-8017
Access code: 767068#
Webinar link: https://attendee.gotowebinar.com/register/5150607625475124481

Meeting Objectives

- Approve August meeting minutes
- Make recommendation for dental visits for 0-5 year olds measure
- Approve local public health process measures for the eight public health accountability metrics

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

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| 1:00-1:05 pm | **Welcome and introductions**<br>• Review and approve August minutes | Sara Beaudrault, Oregon Health Authority |
| 1:05-1:10 pm | **Subcommittee updates**<br>• Hear from Eli Schwarz about public health accountability metrics discussion at Metrics and Scoring committee meeting<br>• Other updates from subcommittee members | All |
| 1:10-1:30 pm | **Dental visits for 0-5 year olds**<br>• Review information on existing measures of dental visits for 0-5 year olds<br>• Make recommendation for which measure to use for public health accountability metrics | Amy Umphlett, Oregon Health Authority |
| 1:30-2:15 pm | **Local public health process measures**<br>• Hear an overview of how local public health process measure recommendations were developed<br>• Review local public health process measure recommendations<br>• Provide approval to take recommended measures to PHAB for a vote in October | Sara Beaudrault, Oregon Health Authority<br>Steve Fiala, Program Design and Evaluation Services |

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|---|---|---|
| 2:15-2:20 pm | **Subcommittee business**<br>• PHAB will review and adopt process measures at October meeting. No separate subcommittee update will be provided.<br>• Next subcommittee meeting is scheduled for October 25 from 1:00-2:00 | All |
| 2:20-2:30 pm | **Public comment** | |
| 2:30 pm | **Adjourn** | |

**PUBLIC HEALTH ADVISORY BOARD**
**DRAFT Accountability Metrics subcommittee meeting minutes**

**August 23, 2017**

**PHAB Subcommittee members in attendance:** Eva Rippeteau, Teri Thalhofer and Jen Vines

**Oregon Health Authority staff:** Isabelle Barbour, Sara Beaudrault, Vicky Buelow, Steve Fiala, Joey Razzano, Angela Rowland, Amy Umphlett, Steve White and Cate Wilcox

**Members of the public**: Ken House, Rosa Klein, Channa Lindsay and Danielle Sobel

## Welcome and introductions

The May 31, 2017 meeting minutes were approved.

## Subcommittee updates

- Eli Schwarz will be doing a presentation to the Metrics and Scoring Committee in September on the accountability metrics.
- Public Health Division (PHD) is creating a webpage for accountability metrics
- PHD is writing rules for HB3100 and 2310 to include accountability metrics and pieces of the funding formula related to incentives and matching funds. A few PHAB members sit on the Rules Advisory Committee. The rules add that PHD will consult with PHAB and local public health when updating the metrics.

## Active Transportation

Although an active transportation metric was adopted by PHAB in June, PHD does not have an established measure for active transportation. Measures of active transportation exist, but these measures are either too narrow in scope or they don't currently meet the required selection criteria established by PHAB. PHD staff requested a recommendation from this subcommittee for which existing measure to use now to begin reporting on active transportation. PHD staff also requested a recommendation for developing a measure that will meet selection criteria for active transportation.

Steve White from PHD presented information on existing measures of active transportation, including the types of active transportation activities measured, sample size and frequency of measurement, survey method, and whether results are available by race/ethnicity and at the county level.

PHD staff recommend using the *Percent of commuters who walk, bike, or use public transportation to get to work* by the American Community Survey now to report on active transportation. PHD staff feel that enhancing the Oregon Household Activity Survey (OHAS) is the best route to an active transportation measure that meets PHAB's selection criteria.

OHAS is currently fielded on an infrequent basis. Jen asked about a plan for doing the Oregon Household Activity Survey (OHAS) more frequently. Steve stated that Oregon Department of Transportation (ODOT) is responsible for this survey, and fielding it more frequently will require resources that are not currently available. Since this is an ODOT survey, this is an opportunity for public health and transportation to work together to develop and support a metric that meets both agency's needs. PHD and ODOT have an established relationship.

Isabelle Barbour from PHD will present at the September 5th PHAB meeting to discuss the upcoming joint Oregon Transportation Commission meeting with the PHAB.

**Decision:** There was consensus among subcommittee members to recommend that the existing ACS measure (*Percent of commuters who walk, bike, or use public transportation to get to work*) be used now to report on active transportation. Subcommittee members also recommended that, moving forward, PHD pursue opportunities to enhance the OHAS survey. These recommendations will be discussed with PHAB on September 5.

**Health Outcome Metrics**

Sara provided updates on the health outcome metrics adopted in June 2017.

The PHAB had a conversation about the "for consideration" measures including *secondary salmonella infections, new hepatitis C cases, youth who smoke cigarettes*, etc. and requested that these measures are reported on, in addition to the eight selected public health accountability metrics. The "for consideration" measures are reported on annually as part of the state public health indicators. These measures can also be a starting point for future discussions when public health accountability metrics needs to be reviewed and updated. Jen recommended removing the *secondary salmonella infection* measure as an additional measure.

The PHAB also requested that PHD report on both prescription opioid and heroin overdoses for the opioid overdose deaths metric. PHD can provide data on both.

The *dental visit for 0-5 year* old metric doesn't have an established measure at this time. This subcommittee will review existing measures and data sources at the September meeting and make a recommendation for which to use to begin reporting on dental visits for children.

## CLHO Committee Process measure development

The Coalition of Local Health Officials (CLHO) committees are looking at process measures to measure local public health department activities and outputs that are essential for meeting the public health accountability metrics. The subcommittee will review proposed process measures in September.

## Subcommittee Business

Jen will provide the subcommittee update at the September PHAB meeting

The subcommittee will move their standing meeting time to the fourth Wednesday of the month from 1:00-2:00 pm. The September meeting will be held on September 26th from 1-2pm.

**Public Comment:** No public testimony.

## Adjournment

The meeting was adjourned.

The next Accountability Metrics Subcommittee meeting is scheduled for:

September 26, 2017 from 1-2pm.

**Public Health Advisory Board**
**Accountability Metrics subcommittee meeting**
**September 26, 2017**

# Measuring dental visits for 0-5 year olds

## Background

- The Public Health Advisory Board (PHAB) adopted dental visits for children 0-5 as an Access to Clinical Preventive Services accountability metric for the public health system.
- Dental visits for children 0-5 has transformative potential and is an emerging area for public health. It would support a modernized public health system that works across sectors to design and implement evidence-based, shared strategies for oral health integration across Oregon's systems of care.
- The State Health Improvement Plan (SHIP) includes increasing early preventive care for children as an effective health system intervention strategy for improving oral health.

## Current Dental Visits for Children 0-5 Surveillance Measures

- Child dental visits are measured in various ways in several state and national surveys (see accompanying matrix).
- Most available measures rely upon Medicaid claims data, which is not representative of the entire population.
- All of the measures are defined in terms of receiving care in a dental office. If PHAB is interested in capturing oral health integration in other primary care settings, then different measures using Medicaid claims data would need to be utilized. For example:
    - Oral health assessment of a patient from a medical (non-dental) practitioner
    - Application of topical fluoride varnish by a physician or other qualified health care professional
- None of the proposed measures are outcome-based measures. Dental claims data are restricted to procedure codes; diagnostic coding is not available.

## Criteria for Choosing a Dental Visit Measure

In addition to aligning potential measures with the five "must have" and five "additional important" Accountability Metrics Selection Criteria outlined in the PHAB Accountability Metrics Report, staff also determined that a useable dental visit measure for children 0-5 should be based on data that:

- Measures all preventive and restorative dental visits.

- Aligns with evidence-based recommendations for early childhood caries prevention in promoting positive oral health development.

## Recommendations

1. **Adopt "Children aged 0-5 with a dental visit in the previous year" based on Medicaid claims data as the measure of dental visits for children 0-5 for the Access to Clinical Preventive Services accountability metric.**

   This measure draws from the dataset with the largest sample size available and with the highest frequency of updates. In contrast to available surveys, this dataset is also easily restricted to age range of interest.

| Strengths: | Weaknesses: |
|---|---|
| • Current data<br>• Allows for local comparisons and analysis<br>• Accompanied by demographic data, potentially including race/ethnicity<br>• Available to be updated annually | • Not population-based; Medicaid enrollees only<br>• Existing capacity within OHA is insufficient for pulling oral health-related Medicaid claims data |

2. **Adopt the PRAMS2 Survey's "Has your 2-year old ever been to a dentist or dental clinic?" metric as the measure of dental visits for children 0-5 for the Access to Clinical Preventive Services accountability metric.**

   Only routinely available population-based metric partially covering the age range of interest.

| Strengths: | Weaknesses: |
|---|---|
| • Population-based metric<br>• Can be analyzed by insurance type; not limited to Medicaid enrollees<br>• Accompanied by range of demographic data<br>• Updated annually | • Only surveys children ages 0-2<br>• No data available for 2014/2015<br>• Small sample size means some estimates may not be available by race/ethnicity<br>• Reportable by region instead of county or CCO |

**Public Health Advisory Board**
**Accountability Metrics subcommittee meeting**
**September 26, 2017**

## Oral Health Metrics

| Measure | Children aged 0-5 with a dental visit in the previous year | Percentage of **enrolled** children (ages 0-18) who received a **preventive** dental service during the | Percentage of **enrolled** children (ages 0-18) who received any dental service during the measurement year | Children (ages 6-9) with the presence of untreated decay | Has your 2-year old ever been to a dentist or dental clinic? | Percent of children with a preventive dental visit in the past year |
|---|---|---|---|---|---|---|
| **Data Source** | Medicaid claims data | Medicaid claims data | Medicaid claims data | Smile Survey | PRAMS-2 | National Survey of Children's Health |
| **Data collection method** | Medicaid claims | Medicaid claims | Medicaid claims | School-based survey | Statewide Survey | National Survey with state estimates |
| **Sample** | OHP enrolled and use services | OHP enrolled | OHP enrolled | 1st, 2nd, 3rd grade sample | Sample of Oregon women | Children age 0-5 subgroup available |
| **Description** | Measure 2.3 in State Health Improvement Plan: Children aged 0 to 5 with a dental visit in the previous year. Target: 10% increase from baseline. | Reported in Oral Health in Oregon's CCOs A metrics report March 2017 | Reported in Oral Health in Oregon's CCOs A metrics report March 2017 | Last reported 2012 | Resurvey of Oregon PRAMS respondents (all had a live birth) when their child was 2 years old. Results available for 2006-2013. 2016 data is forthcoming. | Indicator 4.2: During the past 12 months/since [his/her] birth, how many times did [child name] see a dentist for preventive dental care such as check-ups and dental cleanings? |
| **Results** | None | Mid 2016: 50.1% statewide | Mid 2016: 54.8% statewide | 20% untreated decay (6-9 yer olds) | 25.7% yes | 47.7% in 2011/12 for 0-5 years old; data soon available for 2016 |
| **Weaknesses** | Medicaid population only; baseline not defined; SHIP measure is considered developmental; measure does not specify count or %; measure does not specify type of visit (assume all visits) | Medicaid population only | Medicaid population only | Not conducted annually; not population of interest | Covers only 2-year olds; no data for 2014, 2015. | Data from survey year 2016 cannot be compared to prior years' surveys (2011/12, 2007); no county or regional estimates |
| **Frequency** | Annual | Annual | Annual | Every five years | Annual | Has been approximately every 4 years |
| **Statewide** | Yes | Yes | Yes | Yes | Yes | Yes |
| **By County/Region** | Reported by CCO, county TBD | Reported by CCO | Reported by CCO | Reported by region | Reportable by region as a weighted percentage | No |
| **By Race/ethnicity** | May be available; at the discretion of OHA Health Policy & Analytics (HPA) | Reported by race/ethnicity for statewide | Reported by race/ethnicity for statewide | Yes | Yes, of child's mother (from child's birth certificate) | Sample size for Oregon too small for analysis by race and ethnicity |

**Public Health Advisory Board**

**Accountability Metrics subcommittee**

**Local public health process measure recommendations**

These recommendations were developed by Coalition of Local Health Officials (CLHO) committees, which include state and local public health subject matter experts. Recommended process measures are those that are believed to be most likely to have a positive impact on public health accountability metrics.

| Outcome Metric | Recommended Process Measure | Rationale | Data Source |
|---|---|---|---|
| **Communicable Disease Control** | | | |
| Two-year-old vaccination rates | 1. Percent of clinics [that serve populations experiencing vaccination disparities] that participate in AFIX | • An evidence-based intervention for increasing childhood immunization rates<br>• Has the potential to build or enhance partnerships with health care providers and the local CCO(s)<br>• Aligns with strategies used by some CCOs to increase childhood immunization rates | CDC's PEAR system |
| Gonorrhea rates | 1. Percent of gonorrhea cases that had at least one contact that received treatment | • An evidence-based intervention for stopping the chain of gonorrhea transmission<br>• Consistent with existing activities under the Program Element, but in most counties capacity for case finding and treatment is limited | Oregon Public Health Epi User System (ORPHEUS) |
| | 2. Percent of gonorrhea case reports with complete "priority" fields<br><br>(Currently these fields are: pregnancy status, HIV status/date of most recent test, gender of sex partners, proper treatment of gonorrhea) | • Measures quality of data collection/systems<br>• Ensures complete data to identify where disparities exist and to inform targeted interventions<br>• Consistent with existing activities under the Program Element, but in most counties capacity to complete priority fields is limited | Oregon Public Health Epi User System (ORPHEUS) |
| | 3. Number of community-based organizations / partners | • Represents new approach in most areas of the state to reduce gonorrhea rates | LPHA reporting |

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|---|---|---|---|
| | engaged by LPHA to decrease gonorrhea rates | | |
| **Prevention and Health Promotion** | | | |
| Adults who smoke cigarettes | 1. Percent of community members reached by local policies that restrict tobacco industry influence in retail environment | • Aligns with CDC tobacco prevention best practices<br>• Area of policy work with room for improvement | Local Tobacco Prevention and Education Program grantee reporting<br><br>HPCDP Policy Database |
| Opioid overdose deaths | 1. Percent of top prescribers enrolled in the Prescription Drug Monitoring Program (PDMP) | • Consistent with existing activities under the program element; however, only some regions of the state are currently funded through the program element<br>• PDMP is a tool used by almost all states to promote safer prescribing practices<br>• 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. | OHA Prescription Drug Monitoring Program (PDMP) |
| | 2. Percent of top prescribers who completed opioid overdose prevention trainings | • Would require LPHAs to work with providers and other stakeholders to understand local training needs and make trainings available | LPHA reporting |
| **Environmental Health** | | | |
| Active transportation | 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<br>• Aligns with PHAB "Guiding Principles for Collaboration" document | LPHA reporting |
| | 2. Number of presentations to local decision makers on active transportation barriers and evidence-based or promising transportation policies | • For many health departments, partnerships with local transportation or planning is an emerging area. These proposed process measures document progress toward establishing partnerships | LPHA reporting |
| Drinking water standards | 1. Number of water systems surveys completed | • These three process measures are included in the existing Program Element, but capacity to make improvements in these areas is limited. | Public Water System database, OHA Drinking Water Services Program |
| | 2. Number of water quality alert responses | | |

| | | | |
|---|---|---|---|
| | 3. Number of priority non-compliers (PNCs) resolved | | |
| **Access to Clinical Preventive Services** | | | |
| Effective contraceptive use | 1. 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<br>• Requires LPHA to serve as convener of community partners and stakeholders | LPHA reporting |
| | 2. 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<br>• Requires LPHA to serve as convener of community partners and stakeholders | LPHA reporting |
| Dental visits among children ages 0-5 years | 1. Number of dental referrals in LPHA for children aged 0-5 years | • Creating and implementing referral systems is likely to get children in for dental visit<br>• Some LPHAs are developing referral systems with existing Title V funding; this could be expanded to other counties<br>• However, this process measure may only capture clients who receive services at the health department | Local reporting system |
| | 2. Number of "First Tooth" and/or "Maternity Teeth for Two" trainings delivered to health and dental care providers<br><br>**OR**<br><br>Number of health and dental care providers attended "First Tooth" and/or "Maternity Teeth for Two" trainings | • Integrates oral health into medical community<br>• Increases likelihood that providers (medical and dental) will conduct assessments and screenings, provide preventive care and anticipatory guidance, and make referrals<br>• These trainings are available through the Oregon Oral Health Coalition | Local reporting system |

# **Public health accountability metrics:** Local public health process measure recommendations

PHAB Accountability Metrics Subcommittee

September 26, 2017


PUBLIC HEALTH DIVISION
Office of the State Public Health Director

# Purpose for today's discussion

- Review process measures that are recommended by state and local public health staff
- Provide feedback on recommended process measures
- Provide approval to take recommendations to PHAB for a vote in October

# Public health accountability metrics

| | |
|---|---|
| **Communicable Disease Control**<br>- Two-year old immunization rates*<br>- Gonorrhea rates | **Prevention and Health Promotion**<br>- Adults who smoke cigarettes*<br>- Opioid overdose deaths* |
| **Environmental Health**<br>- Active transportation<br>- Drinking water standards | **Access to Clinical Preventive Services**<br>- Effective contraceptive use*<br>- Dental visits, 0-5 year olds* |

* Aligns with CCO or early learning priority

# Public health accountability metrics

## Health outcome metrics

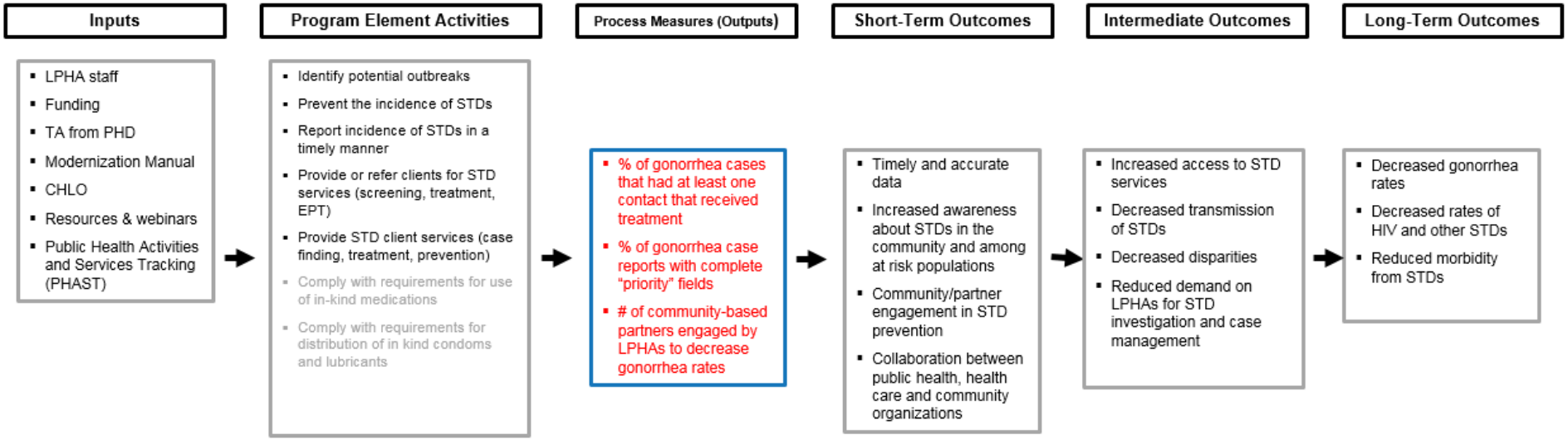
- Measure progress toward improving population health
- Require comprehensive, cross-sector approaches

## Local public health process measures

- Measure progress toward achieving core system functions, roles and deliverables*
- Within the control of state and local public health authorities

* Core system functions, roles and deliverables are listed in the Public Health Modernization Manual

# Logic model


Inputs
LPHA staff
Funding
TA from PHD
Modernization Manual
CHLO
Resources & webinars
Public Health Activities and Services Tracking (PHAST)
Program Element Activities
Identify potential outbreaks
Prevent the incidence of STDs
Report incidence of STDs in a timely manner
Provide or refer clients for STD services (screening, treatment, EPT)
Provide STD client services (case finding, treatment, prevention)
Comply with requirements for use of in-kind medications
Comply with requirements for distribution of in kind condoms and lubricants
Process Measures (Outputs)
% of gonorrhea cases that had at least one contact that received treatment
% of gonorrhea case reports with complete "priority" fields
# of community-based partners engaged by LPHAs to decrease gonorrhea rates
Short-Term Outcomes
Timely and accurate data
Increased awareness about STDs in the community and among at risk populations
Community/partner engagement in STD prevention
Collaboration between public health, health care and community organizations
Intermediate Outcomes
Increased access to STD services
Decreased transmission of STDs
Decreased disparities
Reduced demand on LPHAs for STD investigation and case management
Long-Term Outcomes
Decreased gonorrhea rates
Decreased rates of HIV and other STDs
Reduced morbidity from STDs

# Principles for local public health process measures

1. Reflect the outputs or products of local public health activities that will lead to change in the accountability metrics
2. Be intended to reach the entire county population
3. Prioritize vulnerable populations
4. Aligns with core functions, roles and deliverables for foundational capabilities and programs
5. Be accomplishable

# Two year old vaccination rates

**Recommended measure:** % of clinics [that serve populations experiencing disparities] that participate in AFIX.

**Rationale:**

- 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
- Opportunity to expand state and local public health partnership

**Data source:** CDC's PEAR system

# Gonorrhea rates

Recommended measures:

1. Percent of gonorrhea cases that had at least one contact that received treatment
2. Percent of gonorrhea case reports with complete “priority” fields
3. Number of community-based organizations/partners engaged by the LPHA to decrease gonorrhea rates

# Gonorrhea rates

| Recommended measure | Rationale | Data source |
|---|---|---|
| 1. Percent of gonorrhea cases that had at least one contact that received treatment | • An evidence-based intervention for stopping the chain of gonorrhea transmission<br>• Consistent with existing activities under the Program Element, but in most counties capacity for case finding and treatment is limited | Oregon Public Health Epi User System (ORPHEUS) |
| 2. Percent of gonorrhea case reports with complete “priority” fields | • Measures quality of data collection/systems<br>• Ensures complete data to identify where disparities exist and to inform targeted interventions<br>• Consistent with existing activities under the Program Element, but in most counties capacity to complete priority fields is limited | ORPHEUS |
| 3. Number of community-based organizations / partners engaged by LPHA to decrease gonorrhea rates | • Represents new approach in most areas of the state to reduce gonorrhea rates | LPHA reporting |

# Adults who smoke cigarettes

**Recommended measure:** Percent of community members reached by local policies that restrict tobacco industry influence in retail environment

**Rationale:**

- Aligns with CDC tobacco prevention best practices
- Area of policy work with room for improvement

**Data source:**

- Local Tobacco Prevention and Education Program grantee reporting
- PHD Health Promotion and Chronic Disease Prevention Policy Database

# Opioid overdose deaths

Recommended measures:

1. Percent of top prescribers enrolled in the Prescription Drug Monitoring Program (PDMP)
2. Percent of top prescribers who completed opioid overdose prevention trainings

# Opioid overdose deaths

| Recommended measure | Rationale | Data source |
|---|---|---|
| 1. Percent of top prescribers enrolled in the Prescription Drug Monitoring Program (PDMP) | • Consistent with existing activities under the program element; however, only some regions of the state are currently funded through the program element<br>• PDMP is a tool used by almost all states to promote safer prescribing practices<br>• 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. | OHA PDMP |
| 2. Percent of top prescribers who completed opioid overdose prevention trainings | • Would require LPHAs to work with providers and other stakeholders to understand local training needs and make trainings available | LPHA reporting |

# Active transportation

Recommended measures:

1. Number of active transportation partner governing or leadership boards with LPHA representation
2. Number of presentations to local decision-makers on active transportation barriers and evidence-based or promising transportation policies

# Active transportation

| Recommended measure | Rationale | Data source |
|---|---|---|
| 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<br>• Aligns with PHAB “Guiding Principles for Collaboration” document | LPHA reporting |
| 2. Number of presentations to local decision-makers on active transportation barriers and evidence-based or promising transportation policies | • For many health departments, partnerships with local transportation or planning is an emerging area. These proposed process measures document progress toward establishing partnerships | LPHA reporting |

# Drinking water standards

**Recommended measures:**

1. Number of water systems surveys completed
2. Number of water quality alert responses
3. Number of priority non-compliers resolved

CLHO Drinking Water Services workgroup recommends adopting all three measures. These are tracked as performance measures for LPHAs through the Program Element.

# Effective contraceptive use

Recommended measures:

1. Number of local assessments conducted to identify barriers to accessing effective contraceptives
2. Number of local policy plans for increasing access to effective contraceptives

# Effective contraceptive use

| Recommended measure | Rationale | Data source |
|---|---|---|
| 1. 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<br>• Requires LPHA to serve as convener of community partners and stakeholders | Local reporting |
| 2. Number of local plans for increasing access to effective contraceptives | • Aligns with Public Health Modernization Manual core system functions for assuring access to clinical preventive services<br>• Requires LPHA to serve as convener of community partners and stakeholders | Local reporting |

# Dental visits among children ages 0-5 years

Recommended measures:

1. Number of dental referrals in LPHA for children aged 0-5 years
2. Number of “First Tooth” and/or “Maternity Teeth for Two” trainings delivered to health and dental providers

   or

   Number of health and dental care providers who attended “First Tooth” and/or “Maternity Teeth for Two” trainings

# Dental visits among children ages 0-5 years

| Recommended measure | Rationale | Data source |
|---|---|---|
| 1. Number of dental referrals in LPHA for children aged 0-5 years | • Creating and implementing referral systems is likely to get children in for dental visit<br>• Some LPHAs are developing referral systems with existing Title V funding; this could be expanded to other counties<br>• However, this process measure may only capture clients who receive services at the health department | Local reporting system |
| 2. Number of “First Tooth” and/or “Maternity Teeth for Two” trainings delivered to health and dental care providers<br><br>OR<br><br>Number of health and dental care providers attended “First Tooth” and/or “Maternity Teeth for Two” trainings | • Integrates oral health into medical community<br>• Increases likelihood that providers (medical and dental) will conduct assessments and screenings, provide preventive care and anticipatory guidance, and make referrals<br>• These trainings are available through the Oregon Oral Health Coalition | Local reporting system |

# Accountability metrics timeline

| Activity | Timeline |
|---|---|
| Identify population health outcome metrics | March-May |
| Conduct stakeholder survey | April-May |
| Adopt health outcome metrics | June |
| Identify and adopt local public health process measures | July-October |
| Establish data collection mechanisms | October-November |
| Collect baseline data | November-December |
| Publish first accountability metrics report | 2018 |