

## Public Health Futures- Quality Indicators Workgroup

Ohio Department of Health  
35 East Chestnut Street  
Basement Conference Room A/B

October 2, 2013  
1:00- 3:00 PM

### Meeting Summary

#### Welcome and Introductions

In-person attendance: Will McHugh, ODH; Joe Mazzola, ODH; Nicole Brennan, ODH; Mahjabeen Qadir, ODH; Kate Philips, ODH; Steve Wagner, ODH

Web/Phone attendance: Terry Allan, AOHC, Cuyahoga County Board of Health; Claire Boettler, OPHA, Cuyahoga County Board of Health; Ron Graham, Lake County Combined Health District; Corey Hamilton, AOHC, Zanesville-Muskingum County Health Department

#### Previous Meeting Summary

A brief summary was provided of the previous meeting which included refinement of the quality indicators template in the areas of core and “other” public health services. ODH held individual program meetings with offices of primary care, preparedness and environmental health.

#### Discussion and Identification of Indicators

There was a discussion on 7.2.2 on collaborating to implement strategies to increase access to health care services. This sparked conversation on what we are actually looking into regarding indicators and how they are met. ODH clarified legislative intent looking at health outcomes and improving health outcomes.

The work group then continued its review of the spreadsheet reviewing each indicator and topic. ODH emphasized it is not “tied” to any one indicator. There will be a survey monkey sent out to vote on indicators and will then gather input from all other stakeholders on what they think. After continued discussion of the particular indicator areas the work group voted “yes or no” on what should stay and what should go. Below are the results.

#### Other Public Health Services Category:

##### Immunizations

- First three are important infant adolescent and flu.
- This indicator is a work in progress. We are keeping infant and adolescent immunization as an indicator. Others such as TDAP, flu, etc. are not as clear cut. Looking at outcome indicator for infants and adolescents on ages where you indicate they are up to date on vaccines.
- Pertussis was brought up in conversation too.
- Adult data is harder to pull in.

##### STD

- We should focus on syphilis LHD should be providing treatment.
- HIV and Chlamydia will not have a big change in data in two years.
- Another indicator that was brought up was babies born with syphilis.
  
- Syphilis is the only STD we kept as an indicator

##### BCMH and WIC

- ODH will speak with program staff

HMG, lead, radon, home health, school nursing, drug and alcohol, and behavioral health

- Decided to leave off the list

#### Foundational Capabilities

- All get captured in accreditation prep.
- We will get more detail from Senator Burke on Oct. 15th when we discuss workgroups
- Keep EHRs- it will be difficult to list

#### Chronic Disease

- Cancer Incident rate- OUT
- Adult smoking, youth physical activity, youth fruit and veggies, asthma- keep

#### Infant mortality

- Need indicator; will follow up with Dr. James and ODH program

#### Injury prevention

- Unintentional drug overdose- keep
- Find an indicator for opioids

#### Other

- National outbreak reporting system- remove
- Reporting of salmonella- remove
- Linking people to health services- keep
- 7.2.2.A- keep
- EPI services- preparedness component
- Community engagement – remove
- Vital Stats- remove

#### Outline for Rules

There was no discussion of the draft rules outline.

#### Next Meetings

- October 9, 2013 1:00 pm
- October 15, 2013 1:00 pm