

To: Local Health Departments- Health Commissioners and Administrators
From: Richard Hodges, MPA Director of Health 
Re: Reporting guidance public health quality indicators
Date: December 31, 2014
Attachment: Perinatal Regional Map

Background

As required by the Ohio Revised Code and pursuant to Ohio Administrative Code 3701-36-05 local health districts are required to annually collect data and report progress on identified public health quality indicators. The rule advisory committee included health commissioners, public health nurses, registered sanitarians, public health educators and epidemiologists. The committee worked to include areas considered core public health services and foundational capabilities as defined by the Association of Ohio Health Commissioners "Public Health Futures" Report¹. The committee also aligned the indicators to be representative of the Public Health Accreditation Board (PHAB) standards and measures version 1.5². The rules became effective July 1, 2014. Information regarding the rules-making process and additional programmatic resources can be found on the ODH Web site:

<http://www.odh.ohio.gov/localhealthdistricts/Futures/Quality%20Indicators.aspx>

Collecting

In an effort to reduce administrative duplication, ODH is not requiring health districts to report information for the quality indicators if such data have previously been reported. Additional data will be collected and reported for each local health department by **March 1** of each year in the Profile and Performance Database (OPPD). ODH will provide reminders and guidance for usage of the reporting tool in January of each year. Local health departments may contact ODH for programmatic or technical assistance at 614-728-9296 or by email at joe.mazzola@odh.ohio.gov

Sharing

As required by law, the Ohio Department of Health will provide access to the public health quality indicator information for all local health departments annually by July 1 on the ODH Network of Care- Public Health and Wellness website. If data is not available or provided by the local health department, the indicator will be left blank in the report.

<http://ship.oh.networkofcare.org/ph/>

¹ http://www.aohc.net/aws/AOHC/asset_manager/get_file/70105/phf_fullreport_final_11302012.pdf

² <http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>

Quality Indicators

This document is intended to provide guidance to local health districts on each quality indicator including the method of reporting, general expectations and additional resources.

- 1) Access to birth and death records: measured by the access and usage of the secure Ohio public health information warehouse

The Ohio Department of Health will create a report for all local health departments that have access to the secure data warehouse for annual reporting period ending June 30. The general expectation is at least one staff member access the data warehouse annually by logging into the application via the ODH Application Gateway. **No additional reporting is required from local health departments.**

- 2) Communicable disease control:
 - a. Measured by meeting the median number of days between date of diagnosis and report to the health department in the Ohio disease reporting system (ODRS) for the following reportable infectious diseases:
 - i. Campylobacteriosis;
 - ii. Cryptosporidiosis;
 - iii. E. coli O157:H7 and shiga toxin-producing (STEC) E. coli;
 - iv. Giardiasis;
 - v. Influenza-associated hospitalization;
 - vi. Legionnaires' disease;
 - vii. Pertussis;
 - viii. Salmonellosis; and
 - ix. Shigellosis

The Ohio Department of Health will utilize data from the Ohio Disease Reporting System (ODRS) to create a report summarizing timeliness data for each of these reportable diseases for all local health departments for annual reporting period ending June 30. The general expectation is for local health departments to work towards reducing the number of days between the dates of diagnosis and reporting. ODH recognizes the limitation using the diagnosis date as the "start date" given an inability to control activity between the diagnosis dates and date the provider/lab reports in ODRS. **No additional reporting is required from local health departments.**

- b. Measured by increasing the per cent completeness for the following reportable infectious diseases in the Ohio disease reporting system by age, race, ethnicity, and gender:
 - i. Campylobacteriosis;
 - ii. Cryptosporidiosis;
 - iii. E. coli O157:H7 and shiga toxin-producing (STEC) E. coli;
 - iv. Giardiasis;
 - v. Influenza-associated hospitalization;
 - vi. Legionnaires' disease;
 - vii. Pertussis;
 - viii. Salmonellosis; and
 - ix. Shigellosis

The Ohio Department of Health will utilize data from the Ohio Disease Reporting System (ODRS) to create a report summarizing completeness data for each of these reportable diseases for all local health departments for annual reporting period ending June 30. The general expectation is for local health departments to work towards improving the percent completeness of the stated demographic information. An enhancement is planned to the Ohio Disease Reporting System (ODRS) for local health departments to indicate if an individual refused to disclose race or ethnicity. **No additional reporting is required from local health departments.**

- 3) Community engagement: measured by reporting engagement with the community (clinical and non-clinical) about policies and/or strategies that will promote the public's health

Local health departments will use Ohio's Health Department Profile and Performance Database (OPPD) via the ODH Application Gateway to report this progress on the indicator. In the OPPD, select the **Improvement Standards** application and upload a **Quality Indicator** example in **Standard 4.2**. Pursuant to PHAB guidance, the general expectation is the health department *document engagement in the community to develop a policy, program or intervention that will positively affect a priority or targeted health issue.*

- 4) Emergency preparedness: measured by the ability to receive and respond to an emergency preparedness twenty-four hours per day, seven days per week on-call drill initiated by the department of health within one hour

The Ohio Department of Health will create an annual report depicting the status of all local health departments in meeting the indicator for annual reporting period ending June 30. The report will include the results from two (2) on-call drills initiated by ODH for the reporting period as conducted by the Bureau of Health Preparedness. **No additional reporting is required from local health departments.**

- 5) Environmental health services: measured by meeting the annual required inspection frequency and providing verification of registered sanitarian/sanitarian in training conducting inspections for food safety, public swimming pools and campground programs

Local health departments will use Ohio's Health Department Profile and Performance Database (OPPD) via the ODH Application Gateway to report on this indicator. In the OPPD, select the **Improvement Standards** application and upload a **Quality Indicator** example in **Standard 6.3**. The submission should include a summary description attesting the local health department is meeting inspection frequencies as established in corresponding laws and rules and an attachment of a PDF copy of all employee RS credentials certifications.

- 6) Epidemiology: measured by demonstrating one full-time equivalent epidemiologist per three hundred thousand population

The Ohio Department of Health will make a determination of the full-time equivalent epidemiologist(s) necessary based on the population of each jurisdiction as identified in the last census. Local health departments should report the number of full-time equivalent epidemiologist(s) in the **Annual Financial Report** staffing section.

7) Health promotion and prevention- chronic disease:

- a. Measured by the reporting of at least one evidence-based tobacco prevention or control intervention

Local health departments will use Ohio's Health Department Profile and Performance Database (OPPD) via the ODH Application Gateway to report on this indicator. In the OPPD, select the **Improvement Standards** application and upload a **Quality Indicator** example in **Standard 10.1**. Pursuant to PHAB guidance, the expectation is *to identify and use the best available evidence for making informed public health practice decisions*. Interventions should be consistent with the objectives in *Ohio's Plan to Prevent and Reduce Chronic Disease*.

- b. Measured by the reporting of at least one evidence-based healthy eating and/or active living intervention for children birth to eighteen years

Local health departments will use Ohio's Health Department Profile and Performance Database (OPPD) via the ODH Application Gateway to report on this indicator. In the OPPD, select the **Improvement Standards** application and upload a **Quality Indicator** example in **Standard 10.1**. Pursuant to PHAB guidance, the expectation is *to identify and use the best available evidence for making informed public health practice decisions*. Interventions should be consistent with the objectives in *Ohio's Plan to Prevent and Reduce Chronic Disease*.

8) Health promotion and prevention- injury prevention: measured by the reporting of at least one evidence-based injury prevention intervention

Local health departments will use Ohio's Health Department Profile and Performance Database (OPPD) via the ODH Application Gateway to report on this indicator. In the OPPD, select the **Improvement Standards** application and upload a **Quality Indicator** example in **Standard 3.1**. Pursuant to PHAB guidance, the expectation is *to assess the health department's dissemination of accurate information to the populations that it serves concerning health risks, health behaviors, disease prevention, and wellness approaches*.

9) Health promotion and prevention- infant mortality/preterm birth prevention: measured by the infant mortality rate by race.

The Ohio Department of Health will publish annual (calendar year) infant mortality rates by race for the state. The infant mortality rate is the number of babies who died prior to their first birthday, per 1,000 live births. Rates will be publicly reported by race for six (6) perinatal regions as outlined in Appendix A. Jurisdiction level rates will be published when the rate is considered reliable, defined as greater than 20 infant deaths per jurisdiction within the calendar year. **No additional reporting is required from local health departments.**

10) Immunizations: measured by increasing the percentage of children entering kindergarten who are fully vaccinated.

The Ohio Department of Health will create a statewide annual report for kindergarten readiness. Ohio Revised Code section 3313.671 requires that schools report immunization status of kindergarten pupils to the Ohio Department of Health by October 15 of each year. Data submitted

by the schools will be entered into the ODH secure data warehouse and organized by local health department jurisdiction. Rates will not be applied for each local health department jurisdiction. Alternatively, local health departments may monitor the percentage of children fully vaccinated in their communities via the data warehouse. Local health departments are encouraged to continue efforts to partner with school districts to increase vaccination rates through collaboration, education, outreach, and reporting efforts. **No additional reporting is required from local health departments.**

- 11) Information management and analysis: measured by expanding the use of electronic data management system(s) in the administration of public health programs (e.g., clinical, environmental and/or administration)

Local health departments will use Ohio's Health Department Profile and Performance Database (OPPD) via the ODH Application Gateway to report evidence of expanding use of electronic data management system(s). In the OPPD, select the **Improvement Standards** application and upload a **Quality Indicator** example in **Standard 11.1**. Pursuant to PHAB guidance the expectation is *to assess the health department's capacity and capability to store, manage, protect, and utilize electronic information and data in order to provide relevant information for operational efficiency and informed decision making.*

- 12) Linking people to health services: measured by the participation in the Medicaid Administrative Claiming program to promote access to healthcare

The Ohio Department of Health will create a report of local health departments participating in the Medicaid Administrative Claiming program for annual reporting period ending June 30. The general expectation is at least one claiming unit has submitted a claim during the reporting year. **No additional reporting is required from local health departments.**

Appendix A: OHIO'S PERINATAL REGIONS



Counties with stable rates for all races combined, Ohio 2012: Butler; Clermont; Cuyahoga; Franklin; Hamilton; Licking; Lorain; Lucas; Mahoning; Montgomery; Stark; Summit

Counties with stable rates for black infant mortality, Ohio 2012: Cuyahoga; Franklin; Hamilton; Lucas; Montgomery