

PHAST Measures of Local Public Health Service Delivery

Version 1.2

5/10/2017

NOTES:

- The label “community” in parentheses after the measure name indicates a community-level measure that is intended to capture all services and activities performed in the community, regardless of which entity or entities perform the action. The label “agency” in parentheses after the measure name indicates an agency-level measure that is intended to capture the services/activities performed directly by the local health department in the community. The geographical boundaries of the community should be the same as the local health department’s jurisdiction.
- An **Appendix** is available to assist with classification of “reported” vs “probable” cases of disease for M201, M167, and M165.
- Measures as specified in this document are intended for prospective data acquisition efforts. This document is not a codebook for the original MPROVE study dataset.
- “Local Health Department” is abbreviated as “LHD” in the measure definitions.

CHRONIC DISEASE PREVENTION

Tobacco Prevention & 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 calendar year specified. Data for this measure are available from Americans for Nonsmokers Rights, Public Health Law Research mapping study (www.no-smoke.org) and will not be requested from LHDs or from state health departments.

M134 Agency involvement in tobacco prevention, control and cessation (agency)

During the calendar year specified, 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 organizations).
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 are responsible for implementing the activities.

1. Number of reported cases of clean indoor air policy violations in the community during the calendar year specified
2. Number of compliance inspections/investigations conducted during the calendar year specified
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 calendar year specified? (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 screenings).
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/self-monitoring 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 calendar year specified? If so, in which of the following types of activities was your agency involved? (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 screenings).
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/self-monitoring 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 calendar year specified? 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 calendar year specified.

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 calendar year specified.

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 calendar year specified? (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 organizations).
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), as of the Reference Date specified.

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 calendar year specified. 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 capita volume measures]

M201 Confirmed vaccine-preventable disease cases (community)

Number of confirmed vaccine-preventable disease cases in the calendar year specified (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 construct case rate measure]

Enteric Disease

M167 Foodborne/Waterborne **reported** case volume (community)

Number of **reported** cases of enteric disease in the calendar year specified. A case indicates that the patient resides in the agency's jurisdiction and the reported case was first received by the agency during the calendar year specified. 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 case rate measure]

M165 Foodborne/Waterborne **confirmed** case volume (community)

Number of **confirmed** cases of enteric disease in the calendar year specified. A case indicates that the patient resides in the agency's jurisdiction and the reported case was confirmed by the agency during the calendar year specified. 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 Enteric disease investigation (responsibility)

Who is responsible for 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 Enteric disease investigation volume (agency)

Number of investigations of reported enteric disease cases conducted by LHD during the calendar year specified. [Measure #167 will be used as denominator to construct investigation rate measure]

M164 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 calendar year specified.

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 calendar year specified, 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 rate.]

M204 STI staffing level (agency)

Current estimated STI-related FTE staffing level 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. In some states, these staff may be called "disease intervention specialists."

Tuberculosis Control

M195 Tuberculosis (TB) case volume (community)

Number of reported newly diagnosed tuberculosis (TB) cases in the calendar year specified.
[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 calendar year specified. 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 calendar year specified.
[Volume from measure #195 will be used to calculate percentages]

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 calendar year specified. The numerator is the number of contacts with newly-diagnosed LTBI, and the denominator is the number of contacts that were evaluated for LTBI.

ENVIRONMENTAL HEALTH PROTECTION

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 calendar year specified, 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 calendar year specified. [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 calendar year specified, 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 of risk category.

M236b Food safety inspection volume (community)

Total number of **inspections** of food service establishments conducted during the calendar year specified (**includes repeat inspections**).

M233 Food safety field staffing ratio (agency)

Number of FTE personnel devoted to retail food safety inspection, protection and control activities per 100 retail food services establishments during the calendar year specified.

“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 Standards (Standard #8))

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 calendar year specified.
[Population estimates will be used to calculate percentages]

M272b Exposure to public water system contamination (community)

Percentage of population served by public water systems with no maximum contamination level violations during the calendar year specified. [Public water system reach (Measure 272a) values will be used to calculate 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 calendar year specified.