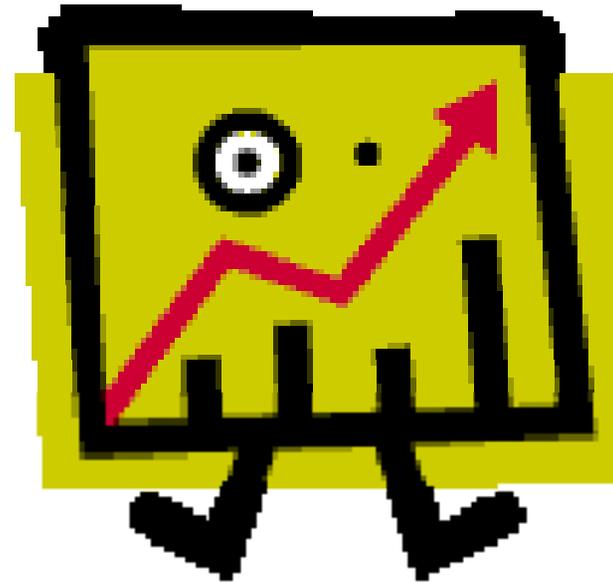


Key Health Indicators



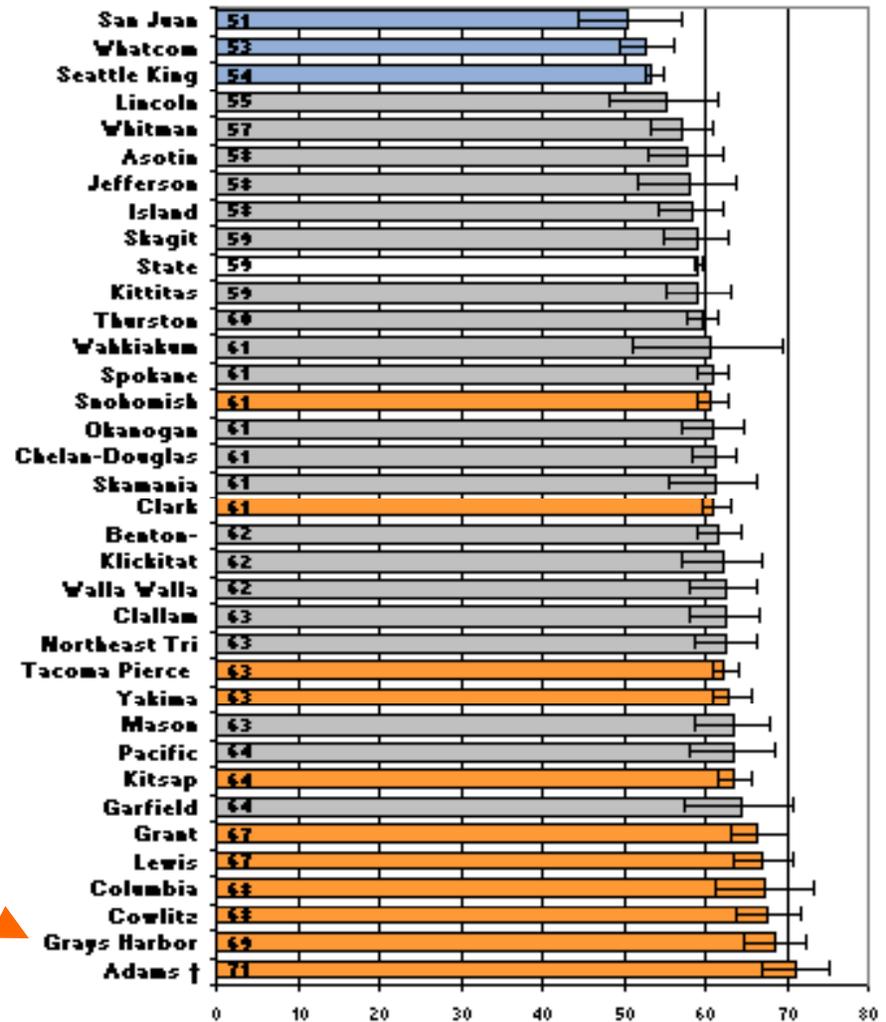
27 Fast Answers...and More Questions Than
You Can Shake a Stick At

Report to the Board of Health – April 17, 2008

Key Health Indicators

- A “dashboard”
- Compared to what?
- Ask the next question

Adult Overweight and Obesity 2004-2006



Key Health Indicators: Harder Than It Looks

- No data
- Old data
- Apples and oranges
- Way behind business in using performance measures
- Standard business models may not apply



Dashboard Topics

Communicable
Disease



Maternal



Access to
Care



Child Health

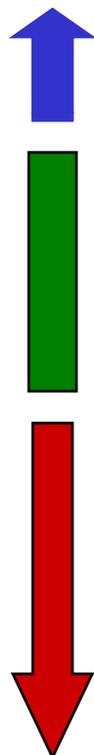
Lifestyle



Environmental Health

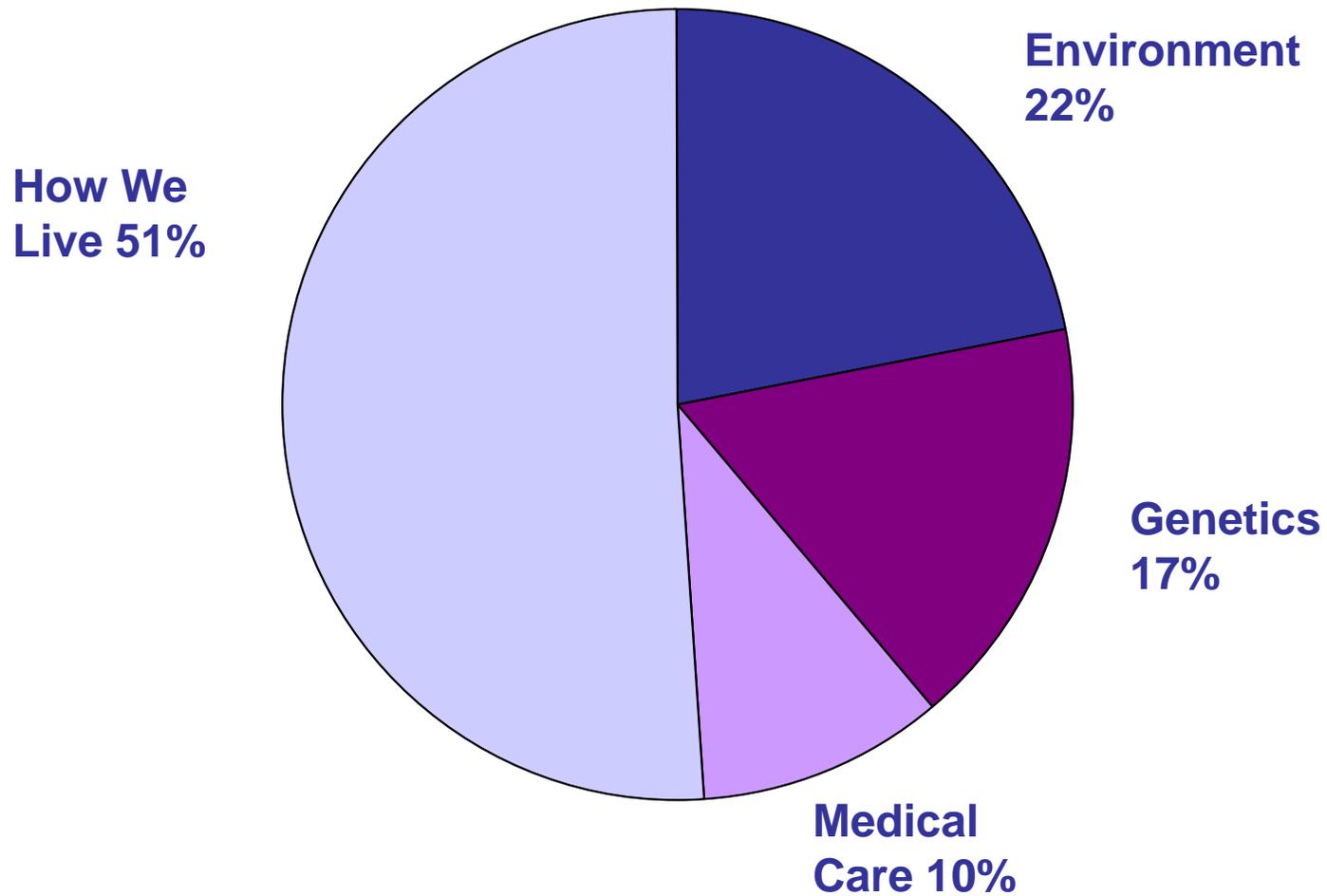
Selected by public health experts after very careful scrutiny

Lifestyle

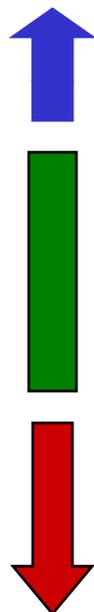


Better Than the State	None
The Same As the State	Adult physical activity Adult binge drinking Adult fruit/vegetable consumption Adults with diabetes
Worse Than the State	Years of healthy life expected at age 20 Adult cigarette smoking Smoking during pregnancy Adults overweight/obese Adult poor mental health

Factors that Influence Health

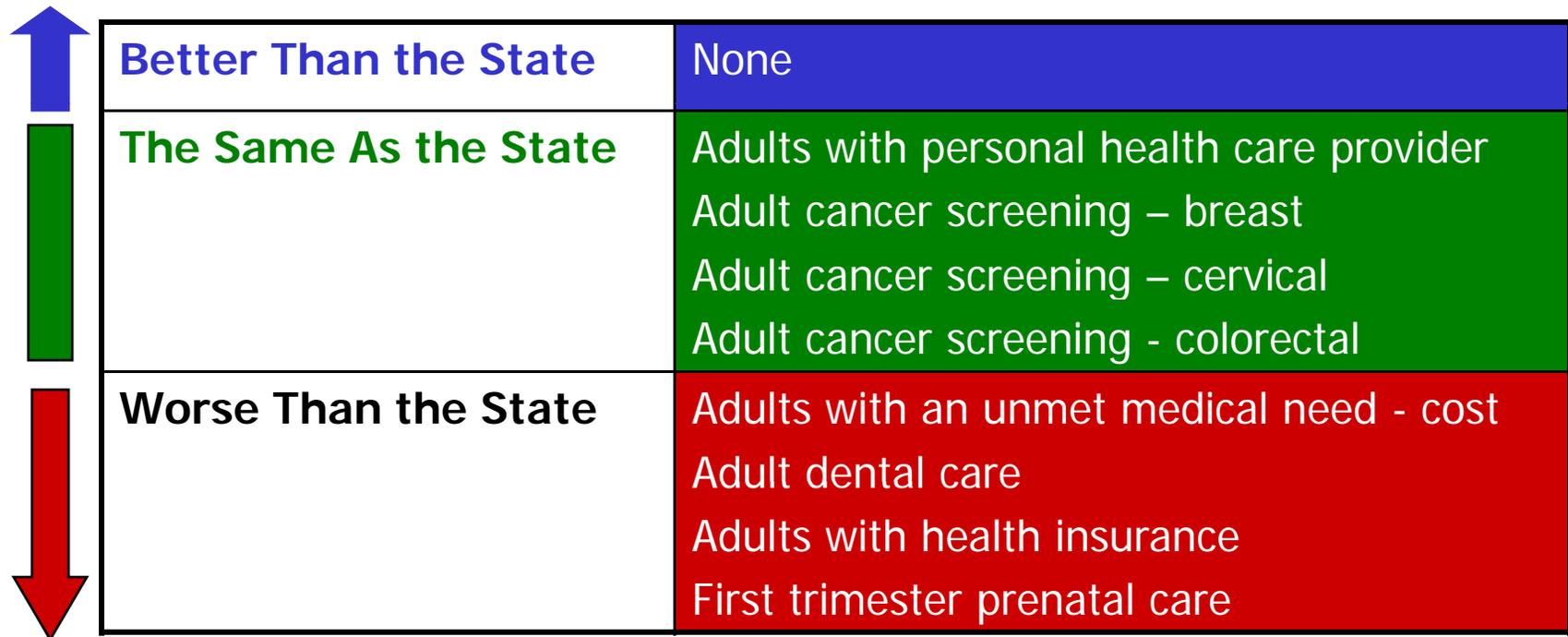


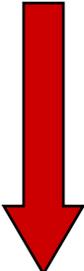
Maternal and Child Health



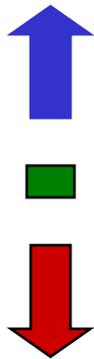
Better Than the State	Teen physical activity
The Same As the State	Low birth weight Teen cigarette smoking Teens overweight Teen alcohol use
Worse Than the State	Teen birth rate Childhood unintentional injury hospitalizations

Access to Care



 Better Than the State	None
 The Same As the State	Adults with personal health care provider Adult cancer screening – breast Adult cancer screening – cervical Adult cancer screening - colorectal
 Worse Than the State	Adults with an unmet medical need - cost Adult dental care Adults with health insurance First trimester prenatal care

Communicable Disease



Better Than the State	Percent chlamydia infections treated
The Same As the State	Reported chlamydia infections
Worse Than the State	Influenza Vaccination – 65 Years and older

The Data Speak With Alarm

- 13 of 27 indicators – “worse than the state”
- Poor mental health
 - 2nd worst in the state
- Life expectancy
 - 2nd worst in adult overweight/obese
 - 3rd worst in adult smoking
- Teen births
 - 6th worse in state
- Access to early prenatal care
 - Worst in state

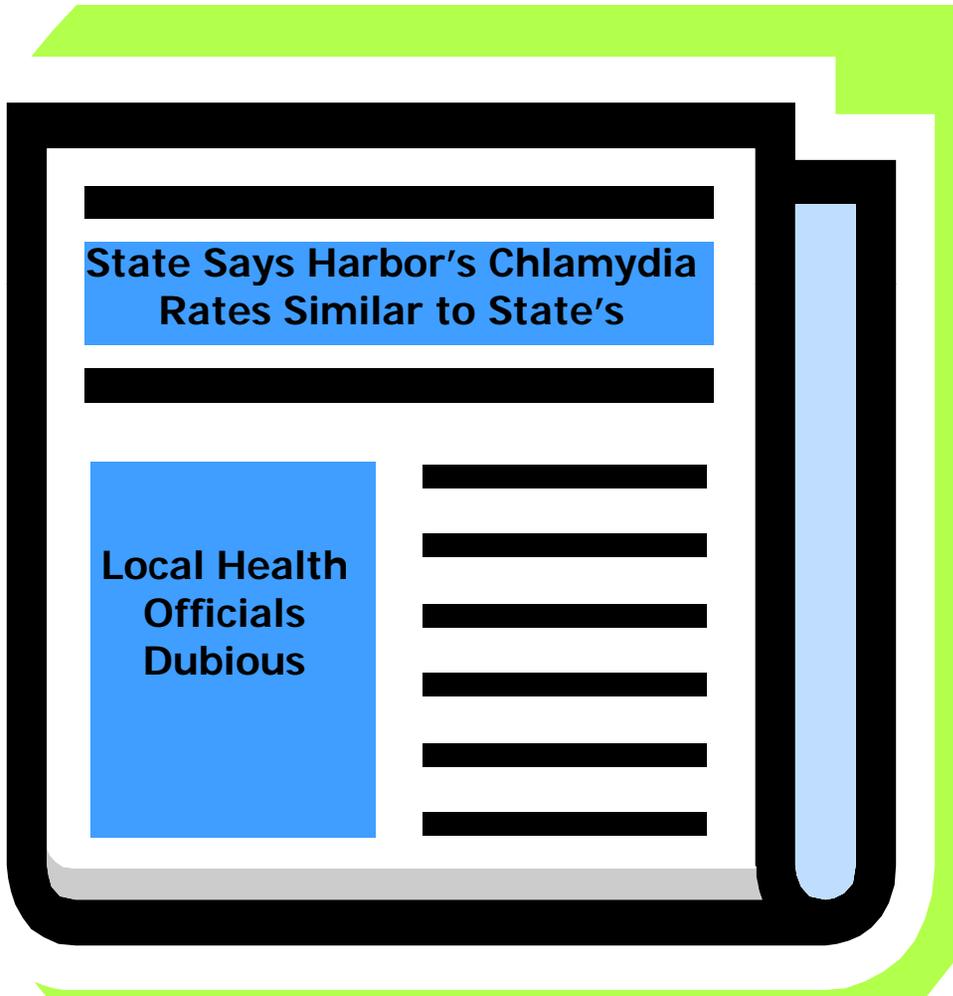


The Data Sing

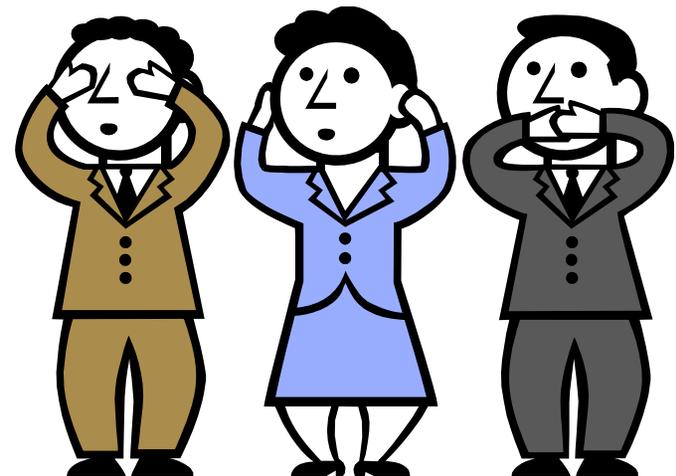


- Tobacco use among teens similar to the state
 - They used to be “worse”
 - Prevention messages working?
- Teen physical activity 5th best in state
 - What’s working here?

And Sometimes the Data Lie



Are things really that good or have we failed to ask the right question?



From Indicators to Action

5930 – new PH \$

\$150,000 / year Grays Harbor

Statewide Priorities

- 1. Communicable Disease**
- 2. Immunizations**
- 3. Obesity**



Goals

↑ Child and teen vaccination

- Varicella
- Rotavirus
- HPV
- Influenza

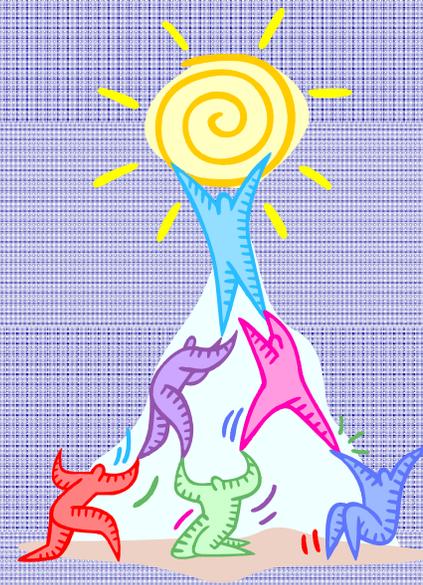
↑ Adult vaccination

↑ Timely, complete reporting for disease

- 2007: 506 investigations, 410 reports

↑ STD reporting and partner notification

- 31% of above reports were for a single condition: chlamydia



How We Make An Impact:

Detailed Workplans & Constant Oversight

Inputs		Objectives	Outcomes
Resources	Activities	Dates	
<ul style="list-style-type: none"> •Public health nurse time to distribute, facilitate completion, and collect surveys. •Public health nurse time and expertise to collate and interpret results. 	<ul style="list-style-type: none"> •Distribute to providers. •Collect from providers. •Analyze results. 	By 6/30/2008, complete collection of data.	<ul style="list-style-type: none"> •Establish a baseline level for provider use of CHILD Profile and readiness for use of CHILD Profile. •Establish baseline knowledge and practice of vaccine management, documentation, and reminder/recall.
Public health nurse, supervisor, and manager time.	<ul style="list-style-type: none"> •Prepare report for management, providers, and DOH. •Review, revision and approval of report. •Distribute report. 	By 7-15-08 share results of assessment with DOH immunization program.	

Making It Happen – Our Planning Group



STD Screening and Investigation



Communicable Disease Investigation and Control



Immunization Provision and Outreach



STD Diagnosis and Treatment



Planning and Oversight



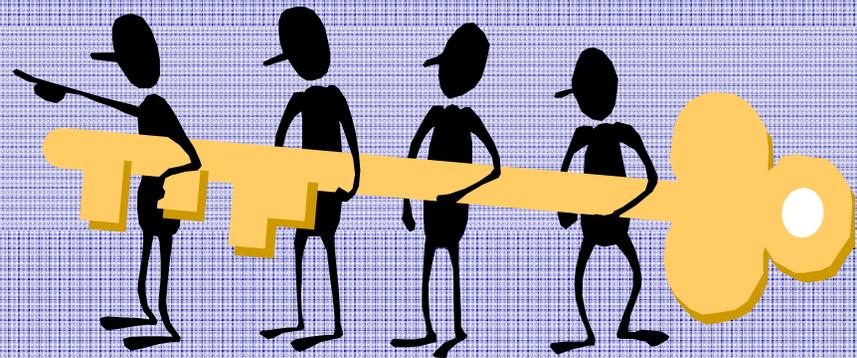
Increasing Immunization Through Education of Providers

- Child and adolescent vaccine providers/office managers
 - How many using CHILD Profile?
 - Train in use
 - Follow up and support: hardware and software needs
- Providers of adult health care
 - Train on recommendations for adult vaccination
 - Missed opportunities
 - Billing practices to be reimbursed for services



Increasing Immunization Through Key Partnerships

- Schools
 - School nurses – coordinate information given to parents
 - Athletic directors – offer adolescent vaccinations on-site during sports clinics
 - Administration – offer immunization information at parent events (open house, conferences, etc)



Communicable Disease

- Timely, complete investigation and response
 - Track % completed in appropriate timeframes
- Response to chlamydia and gonorrhea
 - Increased screening
 - Treatment of client and partners
 - Timely investigation

Why Focus on Chlamydia?

**SO
YOU
THINK
CHLAMYDIA
IS A
FLOWER!**

For more information
call the STD/AIDS hot line at
1-800-533-4148
Voice/TDD

VDH VIRGINIA
DEPARTMENT
OF HEALTH
Promoting Well and Healthy Living

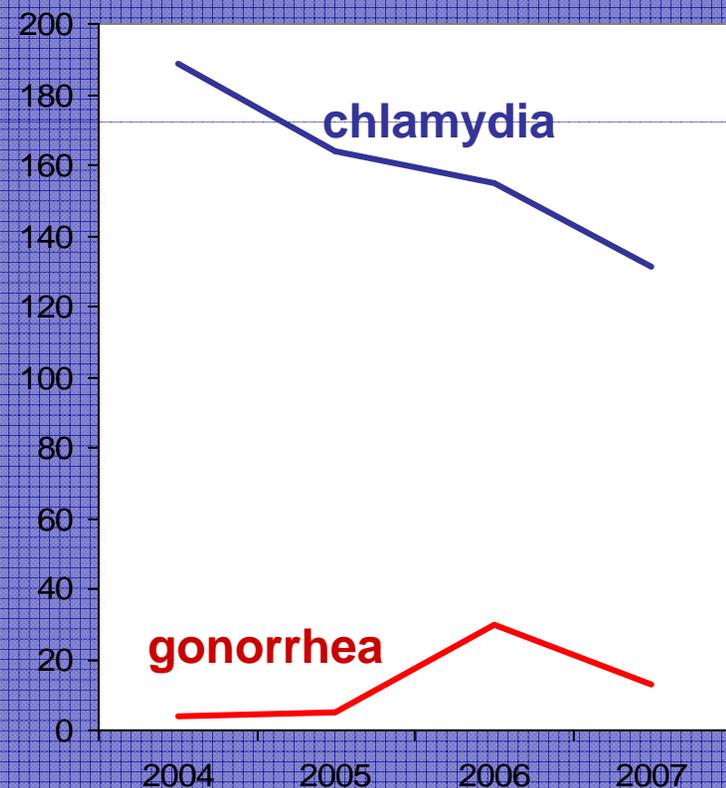
Chlamydia is the most common sexually transmitted disease in Virginia. Most people **don't** have symptoms. Go to your local health department or private doctor's office. Testing and treatment are easy for you and your partner.

- Most frequently reported acute infection in the US
- Often without symptoms
- Untreated, can lead to infertility, tubal pregnancies

The Local Story

- Most common report*
– 131 cases in 2007
- Appears to have declined since 2004, but...
- Gonorrhea increased during that same time period
- Can this be real?

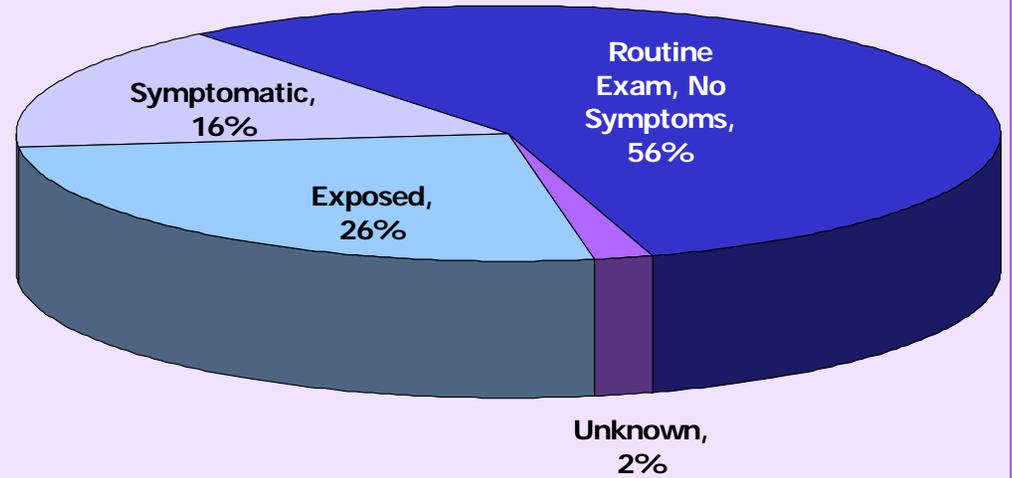
Gonorrhea and Chlamydia Cases, Grays Harbor, 2004-2007



*behind chronic hepatitis C

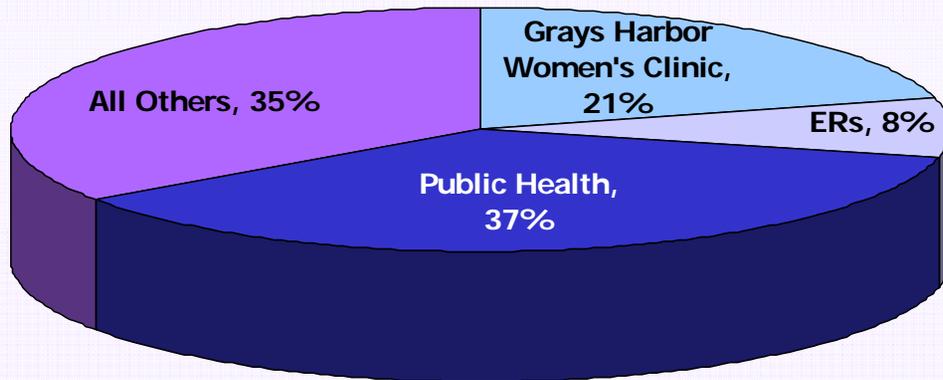
Next Questions...

How are cases found?



Over $\frac{1}{2}$ the time = routine exam

Who finds them?

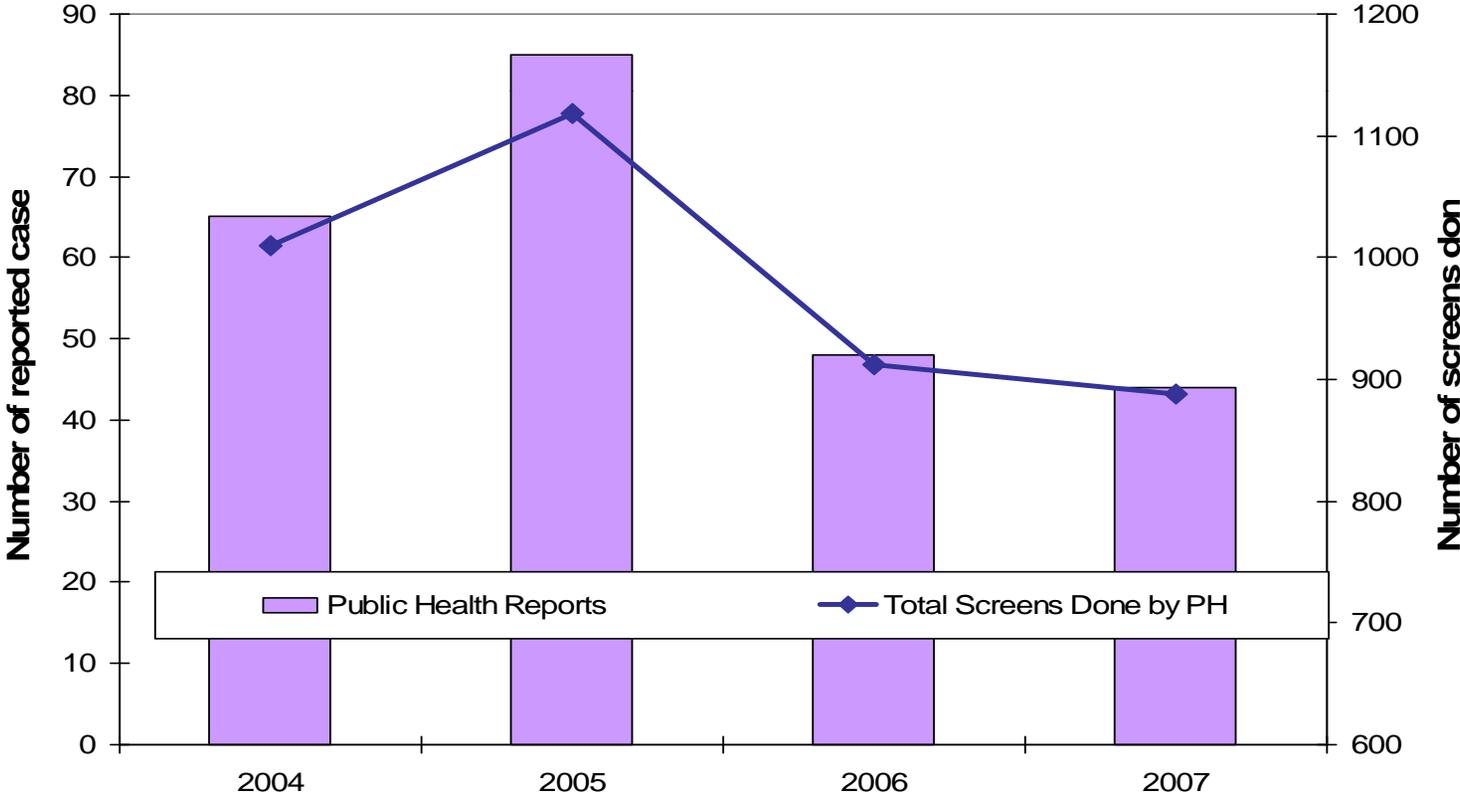


$\frac{1}{3}$ of the time = public health

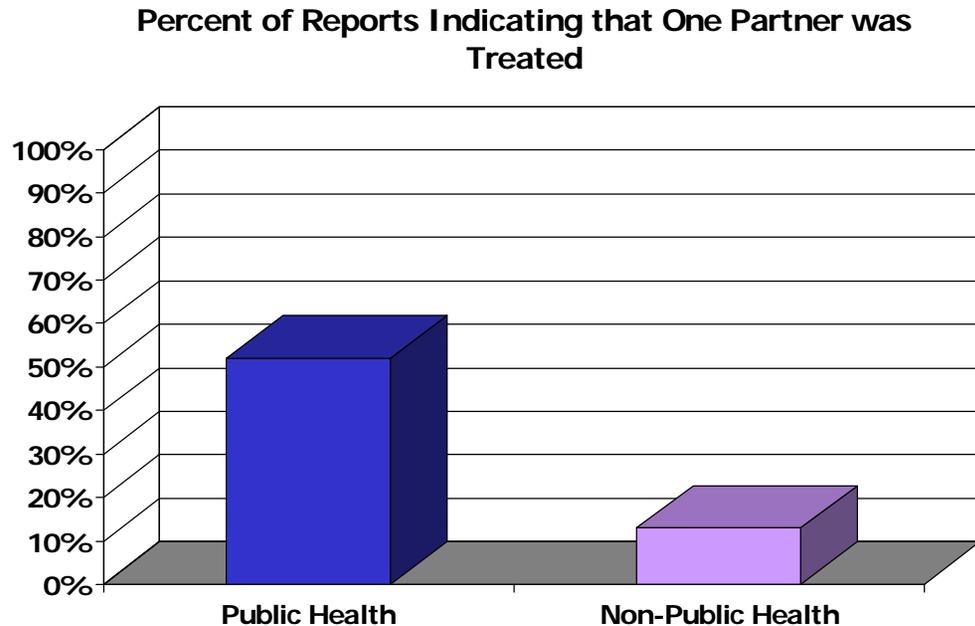


What Else Do We Know?

**Reported Chlamydia Infections and
Total GC/CT Screens Done by Public Health
Grays Harbor County, 2004-2007**



And those partners!



- Public health documents treating one partner about half the time
- Other providers document treating one partner in about 1 in 10 cases
- Didn't we establish that this is an STD?

Hmm..it kind of looks like:

Public health is a major source of STD testing and treatment in our community.

Outreach and screening are vital: most diagnosed cases don't have symptoms and are unlikely to be tested outside a public health setting.

We can improve our performance in appropriate screening, treatment, follow-up and partner care and make a measurable difference in our community's health.

If we look for it, we will find it. Rates WILL go up...because we are doing a better job of addressing the most common acute infectious disease problem in our community.

A Path for Improving Our Health

Indicators

Health information we can use

Action Plan

Based on our local knowledge

Resources

Funds + Talent + Partners

Results

Success we can measure