



## Ohio Administrative Code

### Rule 3701-36-05 Collect, report, and share public health quality indicators.

Effective: July 1, 2014

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(A) General and city health districts shall collect and report public health quality indicator information as categorized and defined in paragraph (B) of this rule. The information shall be submitted to the director on an annual basis in an approved format. The director shall not require general and city health districts to report information for public health quality indicators if such indicators have previously been reported to the director.

(B) For purposes of this rule information regarding the following public health quality indicators and associated measurements shall be collected pursuant to paragraph (A) of this rule:

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

(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 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.

(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.

(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.

(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.

(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.

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

(7) Health promotion and prevention- chronic disease:

(a) Measured by the reporting of at least one evidence-based tobacco prevention or control intervention; and

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

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

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

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

(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).

(12) Linking people to health services: measured by the participation in the medicaid administrative claiming program to promote access to healthcare.



(C) The director shall provide access to public health quality indicator information on a designated website for each general and city health district. The director shall issue on the department website an annual report providing a summary of the public health quality indicator information to payers, providers, general and city health districts and public health professionals.