6-25-2015

Public Health Metrics: Key Considerations and Criteria for Food Safety Modernization

Glen P. Mays
University of Kentucky, glen.mays@cuanschutz.edu

Follow this and additional works at: https://uknowledge.uky.edu/hsm_present

Part of the Food Science Commons, Health and Medical Administration Commons, and the Public Health Commons

Repository Citation
https://uknowledge.uky.edu/hsm_present/107

This Presentation is brought to you for free and open access by the Health Management and Policy at UKnowledge. It has been accepted for inclusion in Health Management and Policy Presentations by an authorized administrator of UKnowledge. For more information, please contact UKnowledge@lsv.uky.edu.
Public Health Metrics: Key Considerations and Criteria for Food Safety Modernization

Glen Mays, PhD, MPH
University of Kentucky

glen.mays@uky.edu

Collaborative Food Safety Forum • 25 June 2015
Washington, DC
Public health services & systems research

A field of inquiry examining the organization, financing, and delivery of public health services at local, state and national levels, and the impact of these activities on population health

Strategies to promote health and prevent disease & injury on a population-wide basis: programs, policies, administrative practices

Mays, Halverson, and Scutchfield. 2003
Considerations for “good” public health metrics

- **Relevance** to program or policy goal
- **Health impact**: incidence, prevalence & severity
- **Economic impact**: costs and resource use → opportunity cost
- **Distributional impact**: equity and disparities in impact
- **Tractability**: influenced by relevant actors/actions
- **Degree & velocity of change**: over relevant time periods
- **Attribution**: confounding, selection, surveillance bias
- **Measurement quality**: validity, reliability, sensitivity, specificity
- **Feasibility**: data availability, collection/reporting burden
- **Public values/preferences**: what matters most to the public
Considerations for “good” public health metrics

Measuring outcomes
- Morbidity, mortality, cost, experiences, QOL/wellbeing
- Attribution, sensitivity, and specificity can be problematic
- Programs may have diffuse effects on multiple outcomes

Measuring processes/activities
- Strength of evidence that processes impact outcomes
- Proximal indicators of progress

Measuring structures/inputs
- Human, capital, informational resources
- May be context-sensitive
- Structural equivalence of multiple implementation strategies
Selecting Measures Based on Expected Health Impact: VOI Approach

- Proportion of the population currently exposed to the risk factor(s) addressed by the measured activity [risk exposure]
- Proportion of the exposed population that is expected to be reached by the measured activity [expected reach]
- Relative risk of the health outcome(s) comparing the exposed to the unexposed population [preventable fraction]
- Relative risk of the health outcome(s) comparing the population reached by the measured activity to the population not reached [efficacy]

AL Siu, EA McGlynn, et al. 1992
VOI Example

- **Activity**: Community-wide campaigns to increase physical activity
  - Community Guide: “Strong Evidence of Effectiveness”
- **Risk Exposure (Adults)**: 64% failure to receive recommended PA
- **Preventable fraction**: 24% reduction in premature mortality
- **Efficacy**: median net improvement of 4% in receipt of recommended PA
- **Expected Reach**: 30%
- **Impact fraction**: expected proportional reduction in the outcome attributable to improvement of the measured activity

\[
= 0.64 \times 0.30 \times 0.04 \times 0.24
= 0.00184
\]

Example: Measurement Selection and Use in Public Health Practice-Based Research Networks

First cohort (December 2008 start-up)
Second cohort (January 2010 start-up)
Affiliate/Emerging PBRNs (2011-14)

>2000 public health agencies
>50 universities
>100 CBOs
Multi-Network Practice and Outcome Variation Examination Study (MPROVE)

6 Participating PBRNs

- Identify measures of high-value public health services:
  - Chronic disease prevention
  - Communicable disease control
  - Environmental health protection

- Create registry of measures: consistent across communities

- Profile geographic variation in the delivery of selected public health services across local communities

- Decompose variation into attributable components:
  - need-sensitive or preference-sensitive factors
  - supply-sensitive factors

- Examine associations between service delivery & outcomes
## Participating MPROVE networks

<table>
<thead>
<tr>
<th>Network</th>
<th>State Agencies</th>
<th>Local Agencies*</th>
<th>Academic Units</th>
<th>Other</th>
<th>Total</th>
<th>Lead Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO</td>
<td>1</td>
<td>55</td>
<td>2</td>
<td>15</td>
<td>73</td>
<td>Association</td>
</tr>
<tr>
<td>FL</td>
<td>1</td>
<td>67</td>
<td>3</td>
<td>3</td>
<td>74</td>
<td>Local agency</td>
</tr>
<tr>
<td>MN</td>
<td>1</td>
<td>75</td>
<td>1</td>
<td>1</td>
<td>78</td>
<td>State agency</td>
</tr>
<tr>
<td>WA</td>
<td>1</td>
<td>36</td>
<td>2</td>
<td>1</td>
<td>40</td>
<td>Local agency</td>
</tr>
<tr>
<td>NJ</td>
<td>1</td>
<td>100</td>
<td>2</td>
<td>1</td>
<td>104</td>
<td>Academic</td>
</tr>
<tr>
<td>TN</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>20</td>
<td>Academic</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>337</td>
<td>12</td>
<td>22</td>
<td>371</td>
<td></td>
</tr>
</tbody>
</table>
MPROVE measurement dimensions

- **Availability/Scope**: specific activities produced
- **Volume/Intensity**: Frequency of producing activity over period of time
- **Capacity**: Labor and capital inputs assigned to an activity
- **Reach**: Proportion of target population reached by activity
- **Quality**: effectiveness, timeliness, equity of activity
- **Efficiency**: resources required to produce given volume of activity
Levels of measurement

- **Community Level**: Includes services/activities regardless of who performs/contributes.

- **Agency Level**: Focuses on activities directly contributed by governmental public health agency.
Measure selection criteria

- Expected health impact
- Expected economic impact
- Control/influence by public health agencies and their partners
- Pre-existing evidence of validity and reliability
- Feasibility of obtaining data
Example: Delphi Rating of Measures

Chronic Disease Measures: Feasibility x Health Impact Ratings

Health Impact

Feasibility
Final MPROVE Measures

- Chronic disease prevention (8 measures)
  - Tobacco prevention
  - Obesity prevention

- Communicable disease control (14 measures)
  - Immunization
  - Enteric disease control
  - STI control
  - Tuberculosis control

- Environmental health protection (5 measures)
  - Lead exposure protection
  - Food safety protection

Available at: http://works.bepress.com/glen_mays/82/
Proportion of local settings able to report MPROVE measures
Implementation of community-wide health education campaigns to promote physical activity
Implementation of clean indoor air policy enforcement activities
Average FTE staffing for communicable disease intervention specialists per 100,000 population
Average completion time for enteric disease investigations
Overall Patterns of Variation in Local Public Health Measures

Estimates from random effects regression models
Correlates of Variation in Local Public Health Measures

Estimates from state fixed-effects regression models *p<0.05
Conclusions

- All measures have strengths and limitations
- No single measure will fulfill all attributes perfectly
- Use multiple measures to ensure that measurement system provides desirable attributes
- Multiple measures are less vulnerable to gaming and unintended consequences
MPROVE Measure Resources

- MPROVE Final Measure Set
  http://works.bepress.com/glen_mays/82/

- MPROVE Research Protocol
  http://works.bepress.com/glen_mays/154/

- MPROVE Measure Specifications & Compilation Template
  http://works.bepress.com/glen_mays/94/

- MPROVE Data Acquisition Plan
  http://works.bepress.com/glen_mays/66/

- MPROVE Measure Selection: Delphi Results
  http://works.bepress.com/glen_mays/49/

- MPROVE Candidate Measure Inventory
  http://works.bepress.com/glen_mays/51/

- MPROVE Measure Selection Criteria
  http://works.bepress.com/glen_mays/27/
For More Information

Glen P. Mays, Ph.D., M.P.H.
glen.mays@uky.edu

Email: publichealthPBRN@uky.edu
Web: www.publichealthsystems.org
Journal: www.FrontiersinPHSSR.org
Archive: works.bepress.com/glen_mays
Blog: publichealththeconomics.org