PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee Meeting Minutes

September 22, 2016
2:00 – 3:00pm

PHAB Subcommittee members in attendance: Muriel DeLaVergne-Brown, Jeff Luck, Eva Rippeteau, Eli Schwarz, Jennifer Vines

PHAB Subcommittee members absent: Teri Thalhofer,

OHA staff: Sara Beaudrault, Myde Boles, Joey Razzano, Angela Rowland

Members of the public: None

Welcome and introductions

The August 25 draft meeting minutes were unanimously approved by the subcommittee.

Accountability and Metrics Subcommittee Staffing and work-plan review

Sara provided an update on staffing. While Cara is on family leave, Sara will staff the PHAB and Incentives and Funding subcommittee meetings. Rebecca Pawlak will staff the Accountability Metrics subcommittee. Myde Boles will provide expertise to this subcommittee for metrics selection.

Jeff joined today's subcommittee meeting to speak to the importance of this subcommittee's work to identify the health outcomes we will work toward with additional investments in public health, and to discuss the timeline for having a list of measures in place. There is a need to have an initial list by the end of the year, and the Board recommends that this subcommittee focus on areas that have been prioritized for the 2017-19 biennium, specifically communicable disease, environmental health, and preparedness.

Eli questioned whether there is a good way to measure the impact of public health. Jeff said there are many established public health measures, and this subcommittee can work to determine the best measure to fit systematic changes in Oregon. Muriel stated that measuring public health impacts is different than measuring the impacts of the CCO system, which can often be measured using data collected in the electronic health record. This is not the case for public health, where we may track process measures like preparedness exercises or tobacco prevention plans and policies.

At the September 12 PHAB meeting, Eli proposed holding a longer, in person meeting for this subcommittee to complete its deliverable for an initial list of measures before the end of the year. Subcommittee members were supportive of this proposal, or of holding

a longer meeting by phone. Jen proposed that subcommittee members complete homework to review public health measure sets before the next meeting.

Greg Whitman from Washington State University was scheduled to attend the September subcommittee meeting to speak with the subcommittee about Public Health Activities & Service Tracking (PHAST) measures. The PHAST measures fall into three domains (chronic disease, communicable disease and environmental health). PHAST materials are available online: http://phastdata.org/. Mr. Whitman will be invited to a future meeting.

Review Communicable Disease Control measures

The subcommittee reviewed communicable disease measures included in the state health improvement plan. The subcommittee reviewed the measure criteria questions developed by the subcommittee over the summer. The subcommittee agreed that the following criteria should be "must pass" for any measures selected: promotes health equity, is respectful of local health priorities, has transformative potential, is consistent with state and national quality measures and feasibility of measurement.

Oregon State Health Improvement Plan – Communicable Disease Control

Hospital-onset Clostridium difficile infections
Rate of Gonorrhea infections in Oregon residents
Proportion of people living with HIV in Oregon that have a suppressed viral load within the previous 12 months
HIV infections in Oregon residents
Infections caused by Shiga toxin-producing Escherichia O157
Rate of early syphilis infections in Oregon residents (primary, secondary and early latent infections)
Incidence of TB disease among U.S born persons

Clostridium difficile: The group did not support including this measure.

STIs: the group supported including an STI measure. Local public health is responsible for prevention, testing, follow up, ensuring treatment, and sometimes for providing expedited partner therapy. An appropriate measure might be number/percent of women who are screened, since increasing screening may lead to an increase in identified cases. However, it's not clear what would be measured for health departments that do not offer screening or testing. Should the denominator include clients of the health department or the entire population? Muriel states the largest gaps are in the ability to follow up and treatment of contacts. Jen stated that among the state and large counties, there is an artificial separation between communicable disease and STI programs that we should work to eliminate. Muriel suggests referring back to the Public Health Modernization Manual to develop appropriate measures

Foodborne illness: The group supported including foodborne illness measures. Subcommittee members stated these are things communities often take for granted,

and it is core public health work. However, one outbreak can cause a spike in cases. Tracking the number of inspections is not a priority. Oftentimes an outbreak is caused by something in the supply chain or an ill worker that would not have been addressed through an inspection. Muriel says that her county is focusing on environmental hazards as well as the built environment. Muriel noted the complexity of measuring the work of public health as response organizations.

Tubercolosis: Subcommittee felt like community interest is low. Eva asked how TB work at the local level is funded and how local work connects to proposed measures. Eli stated that TB is related to socioeconomic factors such as poverty and homelessness. These basic factors should be addressed.

Jen suggested placeholders for TB, STIs, and foodborne illness measures. Subcommittee members agreed.

Public comment
No public testimony.

Adjournment

The meeting was adjourned.