PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee Meeting Minutes

November 15 2016
2:00 – 4:00pm

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

PHAB Subcommittee members absent: none

OHA staff: Sara Beaudrault, Myde Boles, Angela Rowland, Lillian Shirley

Members of the public: Kelly McDonald, Kathleen Johnson

Welcome and introductions

The October 27 draft meeting minutes were unanimously approved by the subcommittee.

Lillian sat in on the meeting to provide guidance as needed.

Review process and timeline through the end of the year

Sara reviewed the process and timeline through the end of 2016.

The remainder of the year will be used to identify measures for the areas of work that have been prioritized in 2017-19.

Muriel and Teri proposed to the subcommittee that Coalition of Local Health Officials (CLHO) committees serve as subject matter experts for the areas of communicable disease, environmental health and emergency preparedness to help identify measures. CLHO committees will complete this work by Dec 2nd so their recommendations will be available for review at the next Accountability Metrics subcommittee meeting. Subcommittee members and PHAB Chair Jeff Luck were supportive of this proposal.

The December Accountability Metrics subcommittee meeting was rescheduled for Dec 6th. At this meeting subcommittee members will review the recommended measures from the CLHO committees and finalize a set of measures to review with the full Board at the Dec 15th meeting.

It was suggested there be a core set of metrics, but local public health authorities should also identify local measures as well.

Review Accountability measure matrix

The subcommittee spent the remainder of the meeting discussing NAACHO and Accreditation Board Standard measures compiled by OHA for priority areas in public health policy and health disparities.

The subcommittee agreed that each priority area should have a limited number of related measures, perhaps 2-3 per priority area.

Subcommittees emphasized the need to develop outcome measures or measures that are transformative, realizing that there is concern among local public health that the bodies of work to achieve metrics will become an unfunded mandate. Many of the proposed measures are process measures and do not measure the intended outcome. Eva asked how the measures can be used to demonstrate an influence on intended outcomes.

The subcommittee discussed how local communities are not all equally able to pass policies, in part based on local governments. However, measurement at the system level could demonstrate progress.

Selected public health policy measures:

Communicate with Legislators, Regulatory Officials and Policymakers / Prepared Issue Briefs for Policymakers –Similar to CCO performance metrics, public health could measure the number of policy changes based on specific State Health Improvement Plan (SHIP) or Healthy People 2020 objectives. While it is a process measure, it would be a step toward demonstrating that public health is involved in local policy decisions. The subcommittee recommends adding language to the measure to include the provision of evidence based recommendations.

Cross jurisdictional sharing and community partnerships - Cross jurisdictional sharing can be linked with outcomes for improved efficiencies. While cross jurisdictional sharing is a means to an end, it requires planning to decide how services can be provided most efficiently. Cross jurisdictional sharing can help with resource distribution but does not necessarily save money. A recommendation was provided to base the measure on memoranda of understanding (MOUs) and documentation that planned work was accomplished.

Selected health disparities measures

Health equity should be incorporated into measures for all priority areas as well as stand on its own. While it needs to be fully integrated into all our work, it needs to be specifically highlighted. Lillian cautions that in addition to including use of an equity lens, measures need to be actionable. The six essential components of health equity in the

Public Health Modernization Manual (pg. 20) address the steps that should be taken to implement health equity and could be used as the basis for an equity lens. The subcommittee feels it's important to have both process and outcome measures.

Recruiting Workforce from Communities Adversely Impacted by Health Disparities – This could be a transformative measure.

Sara referenced pg. 26 of the Public Health Modernization Manual deliverables, which could be changed into process measures. Deliverables include completing an assessment and developing an action plan, documenting that demographic data are used to evaluate the impact of policies, making sure health equity is a component of our state and local health improvement plans and increasing workforce diversity. The subcommittee agreed to include these as potential measures.

Subcommittee Business
Eli will present at the Nov 17th PHAB meeting.

- Review key decisions that have been made to date.
- Solicit feedback on metrics buckets.
- Determine if 2-3 measures is an adequate number for each priority area.
- Schedule a joint meeting with Incentives and Funding Subcommittee sometime after Jan 1st.

Public comment
Kathleen Johnson, Coalition of Local Health Officials

Kathleen recommends that metrics for cross-jurisdictional arrangements measure formal agreements. As the subcommittee develops a measure for collaboration, Kathleen recommends that the subcommittee determine whether the measure would look at all collaborations or only those related to foundational areas. Again, she recommends measuring formal agreements like MOUs, shared work plans or contracts.

Kathleen supports the subcommittee's recommendation to look at health equity within each priority area and on its own. Many counties don't have an internal policy for how they plan to incorporate health equity in all of their work. This could be a measure.

Adjournment

The meeting was adjourned.