AGENDA

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

April 26, 2017
10:00-11:00 am
Portland State Office Building, room 915

Conference line: (877) 873-8017
Access code: 767068#
Webinar link: https://attendee.gotowebinar.com/register/5150607625475124481

Meeting Objectives

- Approve February and March meeting minutes
- Discuss progress toward developing health outcome metrics
- Review draft stakeholder survey

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

10:00-10:05 am	**Welcome and introductions** • Review and approve February 14 and March 22 minutes	Sara Beaudrault, Oregon Health Authority
10:05-10:10 am	**Subcommittee updates** • Public health accountability metrics presentation scheduled for June Metrics and Scoring committee meeting	All
10:10-10:30 am	**Health outcome metrics** • Review initial list of recommended health outcome metrics • Discuss feedback provided by local administrators and health officers • Review process to finalize health outcome metrics	All
10:30-10:40	**Stakeholder survey** • Provide feedback on stakeholder survey	All
10:40-10:45 am	**Subcommittee business** • Discuss update for May 18 PHAB meeting • The next subcommittee is scheduled for May 24th, from 10:00-11:00. During this meeting subcommittee members will make final recommendations for health	All

	outcome measures, to be approved at the June 15 PHAB meeting
10:45-10:50 am	**Public comment**
10:50 am	**Adjourn**

PUBLIC HEALTH ADVISORY BOARD
DRAFT Accountability Metrics Subcommittee Meeting Minutes

February 14, 2017
9:00 – 10:00am

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

OHA staff: Sara Beaudrault, Cara Biddlecom, Christy Hudson, Joey Razzano, Angela Rowland

Members of the public: Omar Abdirahman, Sarafina Crowell, Mark England, Courtney Johnston, LaunaRae Mathews, Kelly McDonald, Kristen Tjaden

Welcome and introductions

The December 6, 2016 meeting minutes were approved.

Eli stated that Clackamas County has shifted to using the term "infectious disease" instead of "communicable disease" for broader understanding.

Proposal for developing accountability metrics

Sara presented OHA's proposal for developing accountability metrics. OHA worked with colleagues who helped to create CCO incentive metrics to provide guidance for this project. The PHAB Accountability Metrics made significant progress in 2016, but a number of barriers or challenges for establishing accountability metrics for public health were identified. These included:

- Lack of existing public health data sets;
- Challenges to identifying measures where public health is solely responsible;
- Feasibility of measuring the impact of public health interventions;
- The time needed to see changes in population health outcomes resulting from public health interventions;
- Insufficient subject matter expertise for making recommendations on measures for specific health areas.

This proposal aims to address these challenges.

To achieve the goal for developing population health outcome measures, OHA proposes to use state health profile indicators, create statewide benchmarks, and

provide recommendations to the PHAB Accountability Metrics subcommittee from now until April 2017. Feedback will be solicited from local and tribal health.

This proposal also includes identifying local public health accountability metrics through small groups of subject matter experts along with public health staff and PHAB subcommittee members. These groups will look at Public Health Activities and Services Tracking (PHAST) measures, the Public Health Modernization Manual deliverables, or others to help define measurement criteria from now through June 2017.

In July through September 2017, OHA and the PHAB Accountability Metrics subcommittee will field a stakeholder survey to solicit feedback on the proposed measures. The stakeholders will include CCOs, Early Learning, and health care providers.

The collection of baseline data will proceed in the next step, date to be determined.

Eli requested that data sources be included for each metric in the statewide population health metrics column of the proposal table in the meeting materials.

Lack of financial support for this process might pose difficulty on local public health departments. It will also be new work for the Public Health Division to collect and report on this information. Teri stated that health departments cannot do more work for no more funding. Muriel agreed.

Jen proposed that the subcommittee give a directive to look at CCO metrics, PHAST measures, or End HIV measures to compare to peer health departments. Aligning public health metrics with CCO or other established metrics may open up additional opportunities for collaboration and potentially funding.

Jen questioned that if public health funding gets tighter in the coming years, is this a chance to demonstrate how the system is working differently on things that matter. Subcommittee members discussed how demand for local health departments to provide clinical services may increase if the population doesn't have insurance. Those clinical services are helping to pay for some of the staff.

Cara says that public health is being asked to produce numbers in terms of its impact to justify the services provided and their importance. If budget cuts result in allocating work in another way that is negative, that is another story to tell.

The subcommittee agrees to bring this proposal forward to the PHAB meeting on February 16, 2017.

Subcommittee business

Jennifer Vines will provide the subcommittee update to the PHAB on February 16, 2017.

The group decided to continue to meet monthly for one hour. A doodle poll will be sent out to the subcommittee to determine a regularly scheduled meeting for the rest of 2017.

Public Comment: No public testimony.

Adjournment

The meeting was adjourned.

PUBLIC HEALTH ADVISORY BOARD
DRAFT Accountability Metrics subcommittee meeting minutes

March 22, 2017
10:00 – 11:00am

PHAB Subcommittee members in attendance: Muriel DeLaVergne-Brown and Jennifer Vines

OHA staff: Sara Beaudrault, Cara Biddlecom, Myde Boles, Jordana Leeb, Angela Rowland

Members of the public: Brittney Cannon, Ken House, Danielle Sobel

Welcome and introductions

The February 14, 2017 meeting minutes were not approved because a quorum was not present.

Health outcome metrics

Sara provided an update and timeline for the metrics work. Currently the Public Health Division is identifying population health outcome metrics for each foundational program. Feedback will be solicited from local public health and tribes in early April, and a stakeholder survey will be fielded in late April. This subcommittee will review results from the survey at the May subcommittee meeting. The subcommittee will take final recommendations to PHAB during the June meeting.

Stakeholder survey

Sara presented the draft stakeholder survey. Hospitals, the Hospital Association, and private insurers will be added to the list of stakeholders. The subcommittee discussed mechanisms for getting the survey distributed to stakeholder groups.

Jen recommended adding a few sentences explaining why each measure was chosen. The selection criteria determined by the Accountability Metrics subcommittee will be provided.

The introduction should reference the Public Health Modernization Manual and how the Public Health Advisory Board defines a modern public health system as a combination of state and local health departments.

Jen stated if recommended metrics are pretty well vetted by state and local public health authorities, then we should ask a precise feedback question rather than an open ended question.

Subcommittee business

Jen will provide the update at the April PHAB meeting.

Public Comment: No public testimony.

Adjournment

The meeting was adjourned.

	Measurement area	Metric	Rationale
Prevention and Health Promotion	Tobacco	Adults who smoke cigarettes*	Tobacco use remains the number one cause of preventable death in Oregon. Tobacco use costs Oregon more than $2.5 billion a year in health care, lost productivity and premature death.
		Cigarette smoking prevalence among youth (8th and 11th graders)	
	Obesity	Obesity among adults	Obesity remains the number two cause of preventable death in Oregon. Each year, Oregon spends about $1.6 billion ($339 million paid by Medicaid) in medical expenses for obesity-related chronic conditions such as diabetes and heart disease.
		Obesity prevalence among 2-5 year olds	
		Obesity prevalence among youth (8th and 11th graders)	
	Opioid-related overdose deaths	Prescription opioid mortality*	Unintentional opioid-related overdose (prescription and non-prescription) is a leading cause of injury mortality in Oregon. In 2012, Oregon had the highest rate of nonmedical use of prescription pain relievers in the nation.
	Binge drinking	Adult binge drinking	Binge drinking alcoholic beverages is a significant risk factor for injury, violence, substance abuse and alcoholism. Alcohol is the third leading cause of preventable death in Oregon.
		11th grader binge drinking	
	Suicide	Suicide deaths	Suicide is a leading cause of premature death in Oregon. Suicide rates in Oregon have consistently been higher than the U.S. for the past 30 years. Suicides in Oregon and the U.S. have steadily increased since 2000.
Communicable Disease	Immunization	Two-year old vaccination rate*	Oregon's immunization rates for two year olds have increased recently but are still well below Healthy People 2020 benchmarks. Oregon has recently experienced outbreaks of diseases that are preventable with childhood immunizations.
	Sexually transmitted infections	Gonorrhea rate	Annual reported cases of gonorrhea have steadily increased over the past 5 years, reaching levels not seen since the 1990s. Of concern, gonorrhea infections have progressively developed resistance to the antibiotics commonly prescribed to treat the infection.
	Foodborne illness	Infections caused by *Salmonella* species commonly transmitted through food	In Oregon, an estimated 123,000 illnesses per year are identifiable by type. Foodborne illness costs Oregon approximately $229 million each year in health care, lost productivity and premature death. Nationally, salmonellosis is the most commonly reported bacterial foodborne infection.
	Hepatitis C	New asymptomatic hepatitis C cases	Positive laboratory results for hepatitis C infection became reportable in Oregon in 2005. Studies have estimated 50% of persons living with hepatitis C have not been diagnosed, suggesting as many as 95,000 Oregonians could be infected.
	Healthcare-acquired infections	Hospital-onset *Clostridium difficile* infections	Nationally, C. difficile infections are the most common source of healthcare-associated infections.
	Effective contraceptive use	Effective contraceptive use among women at risk of unintended pregnancy*	Oregon has multiple programs and policies in place to increase access to effective methods of contraception and quality family planning services, yet unintended pregnancy remains a major public health concern. Unintended pregnancy is disproportionately concentrated among poor and low-income women, young women (ages 18-24 years), and minority women.

Access to Clinical Preventive Services	Well care visits	Adolescent well-care visits in the past 12 months*	Health behaviors established in adolescence tend to persist into adulthood and many chronic diseases first emerge in this age. Comprehensive well-care visits are a vehicle to deliver evidence-based screening, services (such as immunizations) and health promoting messages.
	Immunizations	HPV vaccination rate	HPV (human papillomavirus) causes ano-genital cancer and, as smoking rates have declined, now causes the most oropharyngeal (throat) cancers in the United States. HPV is also the primary cause of cervical cancer.
	Oral health	children aged 0-5 with a dental visit in the previous year	The burden of tooth decay or early childhood caries in young children is a significant public health concern and causes needless pain and suffering for many children. Dental decay is the most common chronic disease of children and adolescents. Dental decay in childhood has been linked to increased risk for future decay, and chronic oral infections are associated with other health problems such as heart disease, diabetes and unfavorable pregnancy outcomes.
		Percentage of eligible schools (40% Free or Reduced Lunch or greater) served by a certified dental sealant program*	School-based dental sealant programs are an evidence-based practice recommended by the Community Preventive Services Task Force, Centers for Disease Control and Prevention (CDC), and Healthy People 2020 to prevent tooth decay among children.
	Cancer prevention	Colorectal cancer screening among ages 50-75 years*	Colorectal cancer is the second leading cause of cancer death among Oregonians. For the downward trend in late stage diagnoses to continue, Oregon's screening rates must continue to improve. At 66%, the proportion of Oregon older adults who are adequately screened is far below what should be expected given the efficacy of the screening.
	STI screening	Proportion of persons diagnosed with gonorrhea who received partner-delivered expedited therapy	Centers for Disease Control and Prevention lists partner expedited therapy among effective practices for controlling sexually transmitted disease.
Environmental Health	Resilience	Number of climate resilience strategies implemented at the state and local level	
	Lead poisoning prevention	Blood lead testing of children under 6 years of age	
	Food safety	Food service facility inspections completed	
	Drinking water	Inspections with no compliance findings	

*Aligns with CCO and/or early learning metric, or CCO performance improvement project

PHAB Accountability Metrics subcommittee
March 22, 2017
Public health accountability metrics: stakeholder survey DRAFT

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

Survey draft

Oregon's Public Health Advisory Board (PHAB) is developing a set of accountability metrics for the public health system. These metrics will be used to track progress toward improving health outcomes for Oregon's most urgent population health priorities and demonstrate the value of a modern public health system. For many of these population health priorities, improvements will best be achieved through collaborative approaches between the public health and health care sectors.

PHAB has developed an initial set of recommendations for public health metrics and is soliciting feedback from public health stakeholders on these metrics.

1. Name
2. Organization
3. E-mail address
4. We would like feedback from all public health stakeholders. Please select which group(s) you identify with (select all that apply):
    a. Local health official
    b. Community member
    c. Community-based organization
    d. Health care provider
    e. Tribal health administrator
    f. Coordinated care organization
    g. Hospital representative
    h. Private insurer
    i. Early learning provider
    j. Public Health Advisory Board member
    k. OHA office/program
    l. Other (please specify)

Please answer the following questions for each of the four foundational program areas for the public health system.

Communicable disease control

Review the following metrics that have been recommended by PHAB and answer the following questions.

PHAB recommended metrics *(list each metric with a brief rationale for why the measure was selected)*

- Metric 1
- Metric 2
- Metric 3
- Metric 4
- Metric 5

5. Which of these metrics align with priorities for you or your organization?
   (Metrics will be listed, plus a checkbox for "none').

6. Please rank these metrics in order of importance with "1" being the most important and "5" being the least important.
   (Metrics will be listed).

7. If you would like to suggest additional public health accountability metrics for communicable disease, please do so below.
   a. Proposed metric suggestion (summary of the metric and/or numerator and denominator)
   b. Please explain why you are proposing the metric. Why is it important?
   c. Proposed metric reference (Healthy People 2020, State Health Improvement Plan, etc.)
   d. Data source(s) for the proposed metric

Prevention and Health Promotion

Review the following metrics that have been recommended by PHAB and answer the following questions. (Consider adding the criteria that was used to select recommended metrics)

PHAB recommended metrics

- Metric 1
- Metric 2

- Metric 3
- Metric 4
- Metric 5

8. Which of these metrics align with priorities for you or your organization?
   (Metrics will be listed, plus a checkbox for "none').

9. Please rank these metrics in order of importance with "1" being the most important and "5" being the least important.
   (Metrics will be listed).

10. If you would like to suggest additional public health accountability metrics for prevention and health promotion, please do so below.
    a. Proposed measure suggestion (summary of the measure and/or numerator and denominator)
    b. Please explain why you are proposing the measure. Why is it important?
    c. Proposed data source
    d. Proposed measure reference (Healthy People 2020, etc.)

Environmental Public Health

Review the following metrics that have been recommended by PHAB and answer the following questions. (Consider adding the criteria that was used to select recommended metrics)

PHAB recommended metrics

- Metric 1
- Metric 2
- Metric 3
- Metric 4
- Metric 5

11. Which of these metrics align with priorities for you or your organization?
    (Metrics will be listed, plus a checkbox for "none').

12. Please rank these metrics in order of importance with "1" being the most important and "5" being the least important.
    (Metrics will be listed).

13. If you would like to suggest additional public health accountability metrics for environmental public health, please do so below.
    a. Proposed measure suggestion (summary of the measure and/or numerator and denominator)
    b. Please explain why you are proposing the measure. Why is it important?
    c. Proposed data source
    d. Proposed measure reference (Healthy People 2020, etc.)

Access to Clinical Preventive Services

Review the following metrics that have been recommended by PHAB and answer the following questions. (Consider adding the criteria that was used to select recommended metrics)

PHAB recommended metrics

- Metric 1
- Metric 2
- Metric 3
- Metric 4
- Metric 5

14. Which of these metrics align with priorities for you or your organization?
    (Metrics will be listed, plus a checkbox for "none').

15. Please rank these metrics in order of importance with "1" being the most important and "5" being the least important.
    (Metrics will be listed).

16. If you would like to suggest additional public health accountability metrics for access to clinical preventive services, please do so below.
    a. Proposed measure suggestion (summary of the measure and/or numerator and denominator)
    b. Please explain why you are proposing the measure. Why is it important?
    c. Proposed data source
    d. Proposed measure reference (Healthy People 2020, etc.)