AGENDA

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

May 31, 2017
9:30-11:30 am
Portland State Office Building, room 918

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

Meeting Objectives

- Approve April meeting minutes
- Review findings from accountability metrics stakeholder survey
- Select metrics to recommend to PHAB for adoption
- Prepare for accountability metrics presentation at June PHAB meeting

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

9:30-9:35 am	**Welcome and introductions** • Review and approve April minutes	Sara Beaudrault, Oregon Health Authority
9:35-9:40 am	**Subcommittee updates** • Public health accountability metrics presentation postponed until August Metrics and Scoring committee meeting • Other updates	All
9:40-10:40 am	**Health outcome metrics selection** • Review key findings from stakeholder survey report • Discuss proposed metrics for each foundational program • Select 1-2 metrics for each foundational program to recommend for adoption by PHAB	All
10:40-10:45	**Public health accountability metrics – Phase 2** • Discuss process and timeline for developing public health system performance metrics	All
10:45-10:50 am	**Subcommittee business** • Discuss accountability metrics presentation for June 15 PHAB meeting	All

	• The next subcommittee is scheduled for June 28 from 10:00-11:00
10:50-11:00 am	**Public comment**
11:00 am	**Adjourn**

PUBLIC HEALTH ADVISORY BOARD
DRAFT Accountability Metrics subcommittee meeting minutes

April 26, 2017
10:00 – 11:00am

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

OHA staff: Sara Beaudrault and Cara Biddlecom

Members of the public: Brittney Cannon, Jody Daniels, Ken House, Kelly McDonald, Danielle Sobel

Welcome and introductions

The February 14, 2017 and March 22, 2017 meeting minutes were approved.

Subcommittee updates

- OHA/PHD staff is working closely with Sara Kleinschmit who staffs the Metrics and Scoring committee. A public health accountability metrics presentation is scheduled for the June 16th meeting.
- The stakeholder survey will be released the first week of May.

Health outcome metrics

Public Health Division section managers selected the initial set of proposed accountability metrics. Health officers and local public health administrators provided feedback during a webinar and through written comments following the webinar. This subcommittee will review all feedback on the proposed accountability metrics and findings from the stakeholder survey at the May meeting, and will make recommendations on 1-2 accountability metrics per foundational program to take to the June PHAB meeting.

Sara provided an overview on feedback received from local administrators and health officers on the initial set of accountability metrics.

Muriel and Teri commented that the Oregon Healthy Teens survey data does not reflect the entire adolescent population in Oregon since school districts can refuse to participate in the survey.

The subcommittee agreed that tobacco and obesity should be highlighted in the prevention and promotion foundational program area. There was discussion regarding cigarette smoking prevalence versus e-cigarettes.

The subcommittee discussed whether public health has a clear role that will lead to improved two-year old vaccination rates, but felt there is value in providing some type of immunization measure.

The subcommittee noted that the access to clinical preventive services metrics are process measures, whereas other foundational programs include health outcome measures.

Muriel, Teri and Jenn recommend keeping the climate resilience strategies measure on the list, although many local administrators recommended removing it. The measure language could be changed to environmental resilience or changes in communicable disease and vector-borne disease resulting from weather change.

PHD is looking into an active transportation measure for environmental health. An asthma measure was also recommended.

Eli recommended that OHA report back to Public Health Advisory Board (PHAB) on a regular basis on metrics to inform if a measure needs to be changed or updated. Cara suggests that if reliable data is not available at the local level, measures that are important for the entire population could be reported at a statewide level.

The subcommittee recommends removing the blood lead testing for children under the age of 6 measure.

Stakeholder survey

The subcommittee reviewed a final draft of the survey. No changes were proposed.

Subcommittee Business

The next PHAB Accountability Metrics subcommittee agreed to extend its May meeting in order to have enough time to review all accountability metrics feedback and make recommendations on which measures to take to PHAB. Muriel will provide the subcommittee update at the May 18th PHAB meeting.

Public Comment: No public testimony.

Adjournment

The meeting was adjourned.

Public health accountability metrics: Stakeholder survey results and health outcome metrics recommendations

PHAB Accountability Metrics Subcommittee

May 31, 2017

Oregon Health Authority

PUBLIC HEALTH DIVISION
Office of the State Public Health Director

Survey methods

Survey development:

- Initial list of metrics proposed by Public Health Division managers for each foundational program.
- Feedback solicited from local public health administrators and health officers, the Coalition of Local Health Officials (CLHO), the Conference of Local Environmental Health Supervisors (CLEHS) and the PHAB Accountability Metrics subcommittee.
- Metrics narrowed to a list of 24 proposed metrics for inclusion on the stakeholder survey.

Survey methods

Survey distribution:

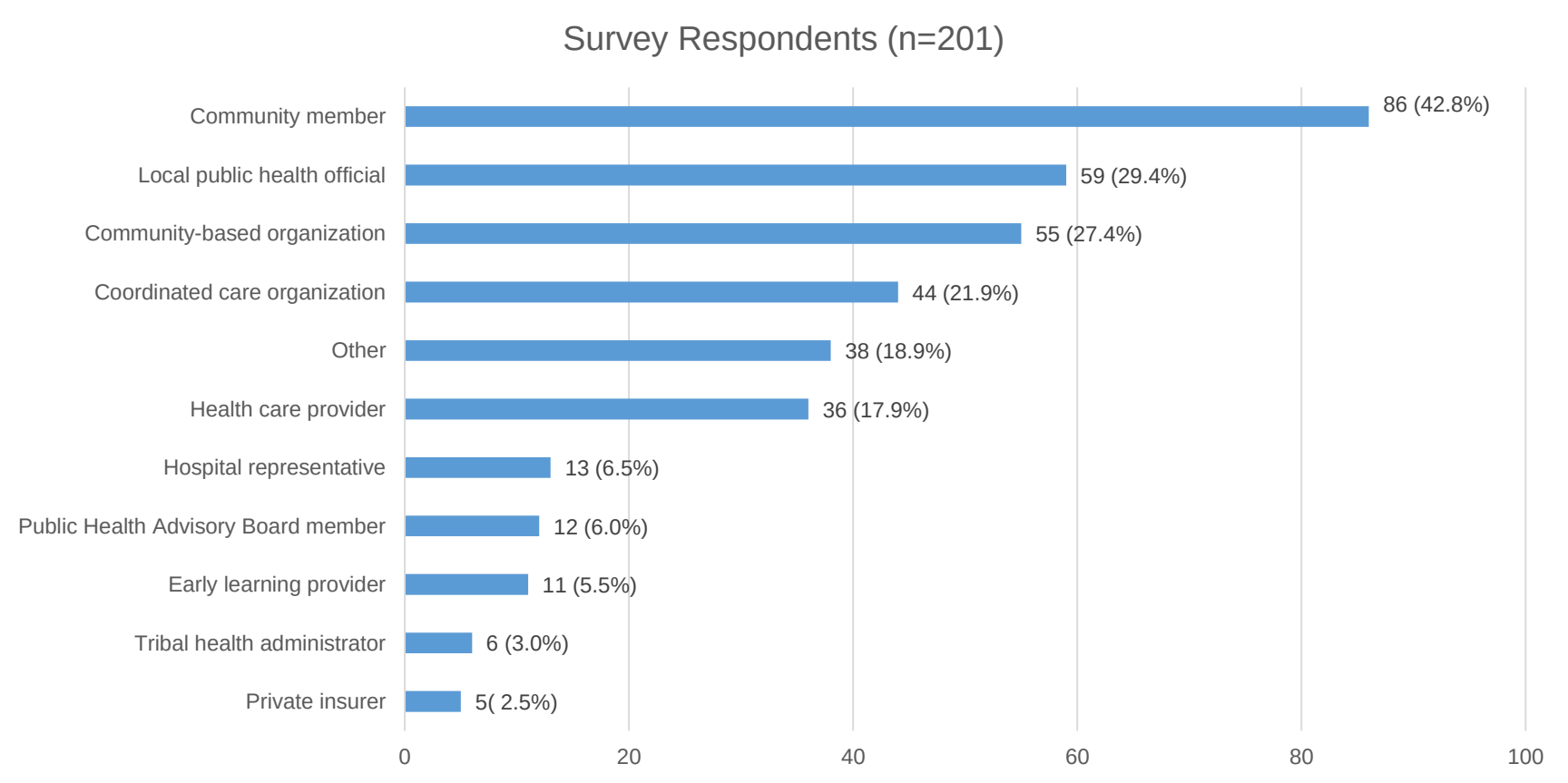
- Local health administrators and health officers
- Tribal health officials
- Community-based organizations
- Public health environmental health specialists (CLEHS)
- Coordinated Care Organizations (CCOs)
  - QHOC members
  - Community Advisory Councils
  - Metrics and Scoring Committee
  - CCO Technical Advisory Group
- Public Health Advisory Board
- Health care providers
  - PEBB and OEBB carriers
  - Rural and frontier providers
- Early learning
  - Early learning hubs
  - Early learning providers
  - Measuring Success Committee
- Hospitals/health systems
  - Hospital Metrics Committee
  - Hospital Technical Advisory Group
  - Critical Access Hospitals

Survey methods

Survey analysis:

- Open-ended survey questions were reviewed for relevance and summarized.
- Feedback from the webinar and other stakeholders was incorporated into the summary findings.
- Information about feasibility of reporting and availability of data was also considered.

Survey results



Communicable disease control

Table 4. Proposed Communicable Disease Control Metrics				
	All Respondents (n=201)*		LPHO (n=59)	
	% checked (n)	All Ranked #1	% checked (n)	LPHO Ranked #1
Two-year old vaccination rate	67.2% (135)	**63.7% (128)****	69.5% (41)	**61.0% (36)****
Gonorrhea rate	40.3% (81)	**8.5% (17)*****	59.3% (35)	13.6% (8)
Infections *salmonella* from food	31.8% (64)	6.5% (13)	50.8% (30)	8.5% (5)
New hepatitis C cases	37.3% (75)	8.0% (16)	42.4% (25)	**27.1% (16)*****
None of these	10.0% (20)		1.7% (1)	

* Includes LPHO respondents, **highest ranked, ***second highest ranked

Communicable disease control

Table 5. Assessment of Top 5 "Must Have" Selection Criteria					
Communicable Disease Control Metrics	**Promotes health equity**	**Respectful of local priorities**	**Transformative potential**	**Consistency with state and national quality measures**	**Feasibility of measurement**
Two-year old vaccination rate	Yes[1,2]	Yes[3,4]	No	Yes[6,7]	Yes[8]
Gonorrhea rate	Yes[1,2]	Yes[3,4]	No	Yes[6,7]	Yes[9]
Infections *salmonella* from food	Yes[1,2]	Yes[3,4]	No	Yes[6,7]	Yes[9,10]
New hepatitis C cases	Yes[1,2]	Yes[4]	Yes[5]	Yes[6,7]	No[9, 11]

Table notes included on page 9 of Metrics Survey Report

Communicable disease control

Public Health Division recommendations:

- Select two-year old vaccination rate as first choice

  Rationale:

  - Is aligned with priorities for a strong majority of local public health authorities
  - Although some health officials expressed concern about whether two year old vaccination rates are within the control of public health to improve, it was ranked as #1 by all survey respondents and by LPHOs
  - Meets 4 out of 5 “must have” selection criteria
  - Is aligned with CCO metric

- If a second metric is desired, then select gonorrhea rate

  Rationale:

  - Is aligned with priorities for a majority of local public health authorities
  - Meets 4 out of 5 “must have” selection criteria
  - Although not ranked as high as hepatitis C by LPHOs, public health has a clear role in prevention and control of gonorrhea; feasibility of screening and intervention for hepatitis C is low

Prevention and health promotion

Table 6. Proposed Prevention and Health Promotion Metrics				
	All Respondents (n=201)*		LPHO (n=59)	
	% checked (n)	All Ranked #1	% checked (n)	LPHO Ranked #1
Adults who smoke cigarettes	54.2% (109)	13.4% (27)***	50.8% (30)	18.6% (11)**
Youth who smoke cigarettes	51.2% (103)	11.4% (23)	54.2% (32)	15.3% (9)***
Obesity adults	49.3% (99)	7.0% (14)	42.4% (25)	8.5% (5)
Obesity 2-5 year olds	43.8% (88)	8.5% (17)	49.2% (29)	6.8% (4)
Obesity youth	45.8% (92)	1.5% (3)	47.5% (28)	5.1% (3)
Opioid mortality	47.8% (96)	10.0% (20)	39.0% (23)	1.7% (1)
Adult binge drinking	36.8% (74)	1.0% (2)	32.2% (19)	3.4% (2)
11th grade binge drinking	34.8% (70)	1.5% (3)	39.0% (23)	3.4% (2)
Suicide deaths	48.3% (97)	18.4% (37)**	50.8% (30)	15.3% (9)***
None of these	3.5% (7)		6.8% (4)	

* Includes LPHO, **highest ranked, ***second highest ranked

Prevention and health promotion

Table 7. Assessment of Top 5 "Must Have" Selection Criteria					
Prevention and Health Promotion Metrics	**Promotes health equity**	**Respectful of local priorities**	**Transformative potential**	**Consistency with state and national quality measures**	**Feasibility of measurement**
Adults who smoke cigarettes	Yes[1,2]	Yes[3,4]	No	Yes[6,7]	Yes[8]
Youth who smoke cigarettes	Yes[1,2]	Yes[3,4]	No	Yes[6,7]	Yes[9]
Obesity adults	Yes[1,2]	Yes[4]	No	Yes[6,7]	Yes[8]
Obesity 2-5 year olds	Yes[1,2]	Yes[4]	No	Yes[6,7]	Yes[12]
Obesity youth	Yes[1,2]	Yes[4]	No	Yes[6,7]	Yes[9]
Opioid mortality	Yes[1,2]	Yes[4]	Yes[5]	Yes[6,7]	Yes[10,11]
Adult binge drinking	Yes[2]	Yes[4]	Yes[5]	Yes[6,7]	Yes[8]
11th grade binge drinking	Yes[2]	Yes[4]	Yes[5]	Yes[6,7]	Yes[9]
Suicide deaths	Yes[1,2]	Yes[3,4]	Yes[5]	Yes[6,7]	No[10,11,13, 14]

Table notes included on page 13 of Metrics Survey Report

Prevention and health promotion

Public Health Division recommendations

- Select adults who smoke cigarettes

  Rationale:

  - Is aligned with priorities for over half of local public health authorities
  - Is ranked as #1 by LPHOs and #2 for all survey respondents
  - Meets 4 out of 5 “Must Have” selection criteria
  - Is aligned with CCO metric

- If a second metric is desired, select youth who smoke cigarettes

  Rationale:

  - Is aligned with priorities for over half of local public health authorities
  - Is ranked as #2 (tie) by LPHOs
  - Meets 4 out of 5 “must have” selection criteria

- Consider adding or substituting smokeless tobacco and vaping/e-cigarettes, particularly for youth metric

  Rationale:

  - Mentioned for inclusion by several survey respondents
  - E-cigarette use has surpassed cigarette use among Oregon youth
  - Prevention and control of e-cigarettes/vaping products is a nascent public health activity

Environmental public health

Table 8. Proposed Environmental Public Health Metrics				
	All Respondents (n=201)*		LPHO (n=59)	
	% checked (n)	All Ranked #1	% checked (n)	LPHO Ranked #1
Resilience strategies	27.4% (55)	13.9% (1)	25.4% (15)	10.2% (6)***
Annual PM 2.5	18.9% (38)	5.0% (10)	20.3% (12)	3.4% (2)
Active transportation	40.3% (81)	19.4% (39)**	35.6% (21)	10.2% (6)***
Food facility inspections	31.8% (64)	12.4% (25)	54.2% (32)	28.8% (17)**
Drinking water standards	32.8% (66)	18.4% (37)***	44.1% (26)	10.2% (6)***
None of these	13.4% (27)		3.4% (2)	

* Includes LPHO, **highest ranked, ***second highest ranked

Environmental public health

Table 9. Assessment of Top 5 "Must Have" Selection Criteria					
Environmental Public Health Metrics	**Promotes health equity**	**Respectful of local priorities**	**Transformative potential**	**Consistency with state and national quality measures**	**Feasibility of measurement**
Resilience strategies	Yes	Yes[4]	Yes[5]	Yes[6,7]	No[13]
Annual PM 2.5	Yes	Yes	Yes[5]	Yes[6,7]	Yes[9]
Active transportation	Yes	Yes	Yes[5]	Yes	Yes[10]
Food facility inspections	Yes	Yes[3,4]	No	Yes[7]	Yes[11]
Drinking water standards	Yes	Yes[4]	No	Yes[7]	Yes[12]

Table notes included on page 17 of Metrics Survey Report

Environmental public health

Public Health Division recommendations

- Select drinking water standards as first choice metric

  Rationale:

  – More closely tied to health outcomes than some of the other proposed metrics
  – Is a priority for CLEHS
  – However, the baseline for this measure is currently at 90%, with a Healthy People 2020 goal of reaching 92%.

- If a second metric is desired, consider either active transportation or average annual PM 2.5 as second choice metric

  Rationale:

  – Active transportation is aligned with priorities of more than one-third of LPHOs and all survey respondents
  – Active transportation has transformative potential, although not relevant in some areas of the state; consider combining with a land use planning metric
  – Active transportation will require additional support for metric development and reporting
  – Although the nature of particulate matter is highly variable across the state, air quality/average annual PM 2.5 has transformative potential for what can be done at the local level

Access to clinical preventive services

Table 10. Proposed Access to Clinical Preventive Services Metrics				
	All Respondents (n=201)*		LPHO (n=59)	
	% checked (n)	All Ranked #1	% checked (n)	LPHO Ranked #1
Effective contraceptive use	47.8% (96)	32.8% (66)**	44.1% (26)	37.3% (22)**
Adolescent well care visits	46.3% (93)	8.0% (16)	37.3% (22)	6.8% (4)
HPV Vaccine	41.3% (83)	3.5% (7)	45.8% (27)	1.7% (1)
Dental visits, children 0-5	48.8% (98)	10.0% (20)***	44.1% (26)	3.4% (2)
Dental sealants schools	40.3% (81)	5.5% (11)	32.2% (19)	5.1% (3)
Colorectal screening	40.3% (81)	5.0% (10)	27.1% (16)	1.7% (1)
Partner expedited therapy	32.3% (65)	3.5% (7)	39.0% (23)	8.5% (5)***
None of these	6.0% (12)		3.4% (2)	

* Includes LPHO, **highest ranked, ***second highest ranked

Access to clinical preventive services

Table 11. Assessment of Top 5 "Must Have" Selection Criteria					
Access to Clinical Preventive Services Metrics	**Promotes health equity**	**Respectful of local priorities**	**Transformative potential**	**Consistency with state and national quality measures**	**Feasibility of measurement**
Effective contraceptive use	Yes[1,2]	Yes[4]	No	Yes[6,7]	Yes[8]
Adolescent well care visits	Yes[1,2]	Yes[4]	No	Yes[6,7]	Yes[9]
HPV Vaccine	Yes[1,2]	Yes[4]	No	Yes[6,7]	Yes[10]
Dental visits, children 0-5	Yes[1]	Yes	No	Yes[6,7]	Yes[11]
Dental sealants schools	Yes	Yes[4]	No	Yes[6,7]	Yes[12]
Colorectal screening	Yes[1,2]	Yes[4]	No	Yes[6,7]	Yes[8]
Partner expedited therapy	Yes[2]	Yes	Yes[5]	Yes[6,7]	Yes[13]

Table notes are included on page 21 of the Metrics Survey Report

Access to clinical preventive services

Public Health Division recommendations

- Select effective contraceptive use as first choice metric

  Rationale:

  - Is aligned with priorities for a strong majority of local public health authorities
  - Is ranked as #1 by all survey respondents and by LPHOs
  - Meets 4 out of 5 “Must Have” selection criteria
  - Significant population impact
  - Is aligned with CCO metric

- Select adolescent well visits as second choice metric

  Rationale:

  - Is ranked higher than most other measures by both all respondents and LPHOs
  - Provides a broad view of access to clinical preventive services for adolescents
  - Is aligned with CCO metric

Top ranked metrics by survey respondents

- Top ranked metrics by local public health officials
  - Communicable Disease Control: two-year old vaccination rate
  - Prevention and Health Promotion: adults who smoke cigarettes
  - Environmental Public Health: food facility inspections
  - Access to Clinical Preventive Services: effective contraceptive use

- Top ranked metrics by all survey respondents
  - Communicable Disease Control: two-year old vaccination rate
  - Prevention and Health Promotion: suicide deaths
  - Environmental Public Health: active transportation
  - Access to Clinical Preventive Services: effective contraceptive use

Public health accountability metrics

Health outcome metrics

- Measure progress toward improving population health
- Require comprehensive, cross-sector approaches

Public health system metrics

- Measure progress toward achieving core system functions, roles and deliverables*
- Within the control of state and local public health authorities

* Core system functions, roles and deliverables are listed in the Public Health Modernization Manual

Accountability metrics timeline

Activity	Timeline
Identify population health outcome metrics	March-May
Conduct stakeholder survey	April-May
Finalize health outcome metrics	June
Identify public health system metrics	July-September
Establish data collection mechanisms	September-October
Collect baseline data	November-December
Publish first accountability metrics report	2018