AGENDA

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

August 23, 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 May meeting minutes
- Make recommendation for active transportation measure
- Receive update on opioid overdose and oral health measures
- Receive update on CLHO committee work to develop local public health process measures

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

10:00-10:05 am	**Welcome and introductions** • Review and approve May minutes	Sara Beaudrault, Oregon Health Authority
10:05-10:10 am	**Subcommittee updates** • September presentation to OHA Metrics and Scoring committee • Other updates	All
10:10-10:30 am	**Active transportation** • Review information on existing measures of active transportation • Make recommendation for which measure to use for public health accountability metrics	Steve White, Oregon Health Authority
10:30-10:35 am	**Health outcome metrics** • Discuss reporting on "for consideration" measures • Provide update on opioid overdose deaths and dental visit for 0-5 year old measures	Sara Beaudrault, Oregon Health Authority
10:35-10:45 am	**CLHO Committee process measure development** • Discuss progress toward process measures for the health outcome measures established by PHAB	Sara Beaudrault, Oregon Health Authority

10:45-10:50 am	**Subcommittee business** • Standing meeting times • Subcommittee update at September 5 PHAB meeting • Next meeting will be scheduled for late September (date TBD)	All
10:50-11:00 am	**Public comment**	
11:00 am	**Adjourn**	

Public Health Accountability Metrics
June 2017

In June 2017, the Public Health Advisory Board adopted a set of accountability metrics for Oregon's public health system. Public health accountability metrics will focus attention on population health priorities in Oregon and the role of the public health system to improve health outcomes. These metrics will set the stage for increased cross sector collaboration on shared metrics and will be used to measure the achievements of a modern public health system.

The Public Health Advisory Board adopted the following set of public health accountability metrics:

Communicable Disease Control:

- Two-year old vaccination rates
- Gonorrhea rates

Prevention and Health Promotion:

- Adults who smoke cigarettes
- Opioid overdose deaths

Environmental Health:

- Active transportation
- Drinking water standards

Access to Clinical Preventive Services:

- Effective contraceptive use
- Dental visits, children 0-5

Additional information is available at healthoregon.org/phab.

PUBLIC HEALTH ADVISORY BOARD
DRAFT Accountability Metrics subcommittee meeting minutes

May 31, 2017
9:30am – 11:30am

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

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

Members of the public: Jody Daniels, Channa Lindsay, and Kelly McDonald

Welcome and introductions

The April 26, 2017 meeting minutes were approved.

Subcommittee updates

- The Metrics and Scoring Committee will postpone the public health accountability metrics presentation until the August meeting.

Health outcome metrics selection

Myde Boles provided a presentation on the stakeholder survey results based on information included in the *Stakeholder Metrics Survey Results: Proposed Outcome Accountability Metrics for Public Health Modernization* report. The 24 proposed metrics included in the survey were identified by Public Health Division managers. Prior to fielding the survey, feedback was collected from Coalition of Local Health Officials (CLHO), Public Health Environmental Health specialists (CLEHS), and PHAB Accountability Metrics subcommittee members. Two hundred and one people responded to the survey with the majority identifying as community members or local public health officials (LPHO). Respondents could select more than one category.

The *Stakeholder Metrics Survey Results: Proposed Outcome Accountability Metrics for Public Health Modernization* report compiles survey findings, feedback collected through other venues and a review of selection criteria identified by this subcommittee.

For the 24 metrics, respondents were asked to identify which metrics align with priorities for their organization, and which they rank as most important. These results are displayed on the first table under each foundational program section. Results are reported separately for all respondents and LPHOs. Myde stated that LPHO responses

are included in the *All Respondents* column to reflect the entire survey results, and since LPHOs were a strong majority the numbers left over would be very small. Also, respondents were able to check multiple categories.

The second table for each foundational program displays whether each proposed metrics meets the five “must have” criteria identified by this subcommittee, based on PHD staff’s interpretation. These “must have” criteria include health equity, is respectful of local priorities, has transformative potential, is consistent with state and national quality measures, and feasibility of measurement.

Communicable disease control metrics

All respondents ranked *two-year old vaccination rate* as the top ranked metric and the *gonorrhea rate metric* as number two. LPHOs ranked *two-year old vaccination rate* as the top-ranked metric and *new hepatitis C cases* as the second ranked metric. The proposed metrics for communicable disease control meet most “must have” selection criteria.

The Public Health Division recommends *two-year old vaccination rate* as the first metric choice and *gonorrhea rate* as a potential second choice.

Eli inquired why *new hepatitis C cases* was ranked as a priority for LPHOs when there is a low incidence in the state. Teri stated that hepatitis C is seen as a large health issue that is fairly costly. Her county doesn’t provide direct hepatitis C clinical services, but they do prevention and testing of gonorrhea. Muriel agreed. Jen stated that hepatitis C is an emerging opportunity for public health and health care to tackle hepatitis C prevention together. Health officers propose altering the measure to *hepatitis C prevalence in young adults*. Teri stated there is an uptick in screening for hepatitis C. Incidence is low in some areas of the state, so 4-5 year rolling averages are needed for reporting new hepatitis C cases at the local level. Jen stated this is similar to the gonorrhea rate.

Jen proposed modifying the salmonella measure to track secondary infections to show the work that public health does.

Jen questioned whether public health has control for the immunization measure. Muriel doesn’t provide immunizations in her public health department, but she works with the private sector on that. Teri stated that public health is looking at different work than needles in arms, like working with providers, public messaging and addressing anti-vaccine groups. Jen agreed and noted that this is currently the only recommended measure focusing on early childhood health.

Eli recommended reviewing the State Health Improvement Plan (SHIP) STD presentation from a previous PHAB meeting to look at data on STDs.

Decision: The subcommittee recommends in order the *two-year old vaccination rate* and *gonorrhea rate* metrics. They would like to also bring forward to PHAB the

Infections salmonella from food and *new hepatitis C cases* metrics for consideration. OHA will work on gathering data sources for these two metrics and the modifications proposed by Jen.

Prevention and health promotion metrics

All respondents ranked *suicide deaths* as the top ranked metric and *adults who smoke cigarettes* as number two. LPHOs ranked *adults who smoke cigarettes* as the first choice metric and suicide *deaths* and *youth smoking* as a tie for the second metric. All proposed metrics meet most of the "must have" selection criteria.

The Public Health Division recommends *adults who smoke cigarettes* as the first metric choice and *youth who smoke cigarettes* as the potential second choice. They propose adding or substituting smokeless tobacco and vaping/e-cigarettes particularly for the youth metric.

In discussing why suicide was ranked as more important than tobacco use by all respondents, Teri commented that some feel that the tobacco war has already been won. Subcommittee members noted that tobacco continues to be the number one preventable cause of death. Eli proposed that it may make more sense to focus interventions on youth who just started smoking or have not yet started smoking.

Jen heard a lot of support for tobacco metrics but they should include nicotine to capture vaping/e-cigarette prevalence. Muriel concurs that both of these measures are important since this is in the public health's wheelhouse and can be addressed through policy. Jen stated that tobacco-use involves entrenched health disparities and certain demographics are still having issues with quitting tobacco. Teri and Muriel agree.

Myde stated that vaping and e-cigarette use is a newer public health issue for youth and have surpassed tobacco use among youth.

Teri reminded the subcommittee of their previous discussions to focus on new and emerging work for public health. Public health is just starting to focus on vaping and e-cigarette use; funding could help address the issues before they get a hold of our communities.

The subcommittee agreed to remove the *binge drinking* measure as well as any measures in this section with less than a 10% response rate.

Jen asked whether there were additional comments from survey respondents about suicide. Myde replied that additional comments were limited, but noted that in some counties suicide prevention falls under behavioral health and not public health. Also, small numbers of suicide deaths require combining multiple years of data to report at the local level.

Related to the youth cigarette and e-cigarette/vaping measures, data for these measures comes from Oregon Healthy Teens Survey. Teri and Muriel noted that school districts can opt out of this survey and data may not reflect comprehensive data for the entire state.

Decision: The subcommittee recommends the following metrics in order: *tobacco use among adults with additional reporting on both youth measures*, *opioid mortality*, and *suicide deaths.*

Environmental public health metrics

The *active transportation* metric was ranked the highest for all respondents and the *drinking water standards* metric was second. LPHO ranked the *food facility inspections* first and there was a three-way tie for *resilience strategies, active transportation, and drinking water standards*.

The Public Health Division recommends *drinking water standards* as the first metric choice and a*ctive transportation* as the potential second choice.

Myde noted that active transportation may be urban-centric and the measure for active transportation is a survey measure that is under development and has not been implemented statewide. The air quality measure may vary across the state.

Muriel is a proponent of active transportation as it is transformative and future thinking.

Jen said there was a lot of hesitation around *Particulate Matter 2.5* (PM 2.5) as an air quality measure, since it isn't under public health control. Muriel agreed. Eli stated active transportation has a lot of health effects and this presents an opportunity to engage communities in active transportation efforts. He suggests using a term other than active transportation.

Muriel stated active transportation is how public health works with cities on biking and walking and the built environment. There is huge potential in working with planning departments and bringing in the public health view. Jen stated that active transportation is a strategy to address physical activity and chronic disease.

Decision: The subcommittee recommends *active transportation* and *drinking water standards* in that order.

Access to clinical preventative services

The *effective contraceptive use* metric was ranked the highest for all respondents and the *dental visits for children ages 0-5* metric was second. LPHOs ranked the *effective contraceptive use* first and *partner expedited therapy* second. These measures met most of the "must have" criteria.

The Public Health Division recommends *effective contraceptive use* as the first metric choice and *adolescent well visits* as the potential second choice.

Eli believes that *effective contraceptive use* and *dental visits* do have transformative potential and suggested changing these from "no" to "yes" on the selection criteria table. Unplanned pregnancy can have subsequent effects on adverse childhood experiences. Oral health, behavioral health, and medical health should be aligned as a transformative goal through these metrics. This age group often does not visit the dentist, which presents an opportunity for screenings and preventive care in the primary care setting. Eli stated that there are crossovers with public health, like through WIC.

Teri offered support for the *expedited partner therapy* measure. Jen stated that it is a proven strategy for chlamydia but not gonorrhea.

Jen questioned the usefulness of the *adolescent well care visits* metric. It is not tied directly to anything other than going to a clinic and the public health role is not clear. Eli agreed and stated that the Metrics and Scoring committee has generally avoided measures that count attendance. Teri thought that adolescent well-care visits could only be coded if specific activities are addressed and done during the visit.

Jen offered support for the oral health measures. Teri agreed but questioned the public health role. Teri stated that the DCOs are doing dental sealants. Myde commented that the *dental visits for children age 0-5* measure is from Medicaid claims data.

Jen and Teri recommend removing the *expedited partner therapy* measure since gonorrhea rates were selected for communicable disease control. Jen noted that primary care is largely responsible for expedited partner therapy.

Decision: The subcommittee recommends in order: e*ffective contraceptive use, dental visits*, *children 0-5*, *partner expedited therapy*, and *adolescents well care visits* metrics.

Public health accountability metrics Phase 2

The next step for public health accountability metrics is to develop process metrics for public health authorities to help meet these health outcome metrics. That work will be done through the CLHO committees and CLEHS in July and August. The PHAB Accountability Subcommittee will continue to meet and be the decision makers for the process metrics.

Eli asked if the community needs assessments are occurring now. Cara stated that organizations follow a different scheduled and timeline. Eli asked about a cross-walk of all Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP). Eli would like to look at the priorities and how they align with this crosswalk. OHA will provide that information.

Subcommittee Business

Myde will provide the stakeholder survey results presentation at the June 15th PHAB meeting update. Since the results have conflicting information that might be difficult to assemble, she will streamline the information for the PHAB to help facilitate decision-making. The full report will be available online. Myde recommends the input from today's meeting can be weaved into the report with the subcommittee's rank order and to consolidate the report. The presentation to PHAB will recapture the process to date with measures recommended by the subcommittee.

Public Comment: No public testimony.

Adjournment

The meeting was adjourned.

Background

- The Public Health Advisory Board (PHAB) Accountability Metrics Subcommittee has recommended active transportation as an Environmental Public Health accountability metric for the public health system.
- Active transportation has transformative potential and cuts across public health areas and across sectors, supporting the concept of a modernized public health system that works across sectors to design and implement evidence-based, shared strategies for improving population health and reducing health care costs.
- The State Health Improvement Plan (SHIP) includes active transportation as an effective strategy for increasing physical activity and reducing obesity rates.
- Both the Oregon Public Health Division and the Oregon Department of Transportation are currently engaged in multiple efforts to increase active transportation rates across Oregon.

Current Active Transportation Surveillance Measures

Active transportation is measured in various ways in multiple state and national surveys (see accompanying matrix).

- Some surveys ask about the work commute only, while others ask about all trips. Some surveys ask about a usual mode of transportation, while others detail mode type for each trip.
- Each survey measures a distinct concept of transportation behavior, each with strengths and weaknesses.
- Ideally, surveys which ask about all trips and all modes over a certain period of time (using travel diaries) will provide the most complete and accurate picture of transportation behavior.
- The Oregon Household Activity Survey (OHAS) collects this data, but is conducted infrequently.

Criteria for Choosing an Active Transportation Measure

In addition to aligning potential measures with the five “must have” and five “additional important” Accountability Metrics Selection Criteria outlined in the PHAB Accountability Metrics Report, staff also determined that a useable active transportation measure should be based on data that:

- Comes from a sample size large enough to provide estimates by factors such as location (e.g., city, county), mode (e.g., bike, walk, transit), and demographics (e.g., age, sex, race/ethnicity)
- Measures a portion of active transportation large enough to serve as a rough proxy for overall active transportation rates.

Additional preferred criteria for the active transportation measure include consideration of whether the data:

- Measures all active transportation trips
- Comes on a sample size large enough to measure changes at the local (city) level since this is the level at which most active transportation strategies are implemented.

Recommendations

1. **Adopt the American Community Survey's "Percent of commuters who walk, bike, or use public transportation to get to work" metric as the measure of active transportation for the Environmental Public Health accountability metric.**

   None of the active transportation measures currently in place meet all of the minimum and preferred criteria. This mode share measure best meets all of PHAB's "must have" criteria and many of PHAB's "additional important" criteria, along with the additional active transportation criteria listed above. Until a better, more comprehensive measure is developed, it is recommended that this measure be used.

Strengths:	Weaknesses:
• Large sample size (~27,000 households) • Allows for local comparisons and analysis • Accompanied by demographic data • Updated annually (based on 3-year sampling and estimates) • Correlated with body mass index • Part of the US Census dataset, allowing for comparisons to other localities	• Captures work commute only, not trips made for other purposes (e.g., shopping, recreation, school). Active transportation commute trips make up less than half of all active transportation trips.

2. **Assess options to enhance existing surveillance systems that would provide a more comprehensive and precise measure of active transportation.**

   While the ACS measure can serve as a useful measure of active transportation in Oregon communities, PHAB should also consider expanding or adapting current surveillance systems to develop a more precise, comprehensive and useful metric that better meets all of the Accountability Metrics Selection Criteria.

   The best starting point for this would likely be the Oregon Household Activity Survey (OHAS) that ODOT conducts once every 8-10 years. This survey is based on respondents filling out a travel diary that captures data on all trips made by a person over a specific time period, providing information useful for both designing and assessing appropriate interventions. Increasing the sample size and frequency of this survey would provide PHAB and other active transportation stakeholders with a more robust and useful measure of active transportation in Oregon.

Measure	Percent of Oregon commuters who walk, bike, or use public transportation to get to work	Percent of trips made by walking or biking among Oregonians	Percent of Oregon commuters who usually bike or walk to work or school	Any use of alternative transportation (walk, bike, or public transportation)	Commute days by public transportation, walking, or biking in past week
Data Source	American Community Survey (ACS)	Oregon Household Activity Survey (OHAS)	ODOT Transportation Needs and Issues Survey	HPCDP Prevention Panel Survey	Oregon Behavioral Risk Factor Surveillance System (BRFSS)
Survey method	Multi-method (web, mail, telephone, in-person) survey of Oregon households.	Travel diary survey (web, mail, phone) of Oregon households to identify where and how they traveled on a specific, designated 24 hour travel day. Multi-agency effort (ODOT/Metro).	Web and mail based survey of Oregon households selected by stratified random sample based on ODOT regions.	Online web-based survey of Oregon adults recruited from a panel based on age, sex, and region quotas.	Telephone survey of Oregon adults selected via random-digit dialing.
Sample size	~27,000 households	~18,000 households	~2,000 households	2,000	~1,050
Description	Questionnaire asks "How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark the one used for most of the distance."	Respondents were asked to record their transportation mode for all trips made during a 24 hour period.	Respondents were asked “How do you usually get to work or school?”	Respondents are asked: “In a typical week, do you walk, bike, ride a bus, or use another type of public transportation to get to or from places? For example, to work, to school, for shopping, or to run errands.” (Yes/No)	Respondents were asked a series of 4 questions: “During your last work week, on how many days did you drive/take public transportation/walk/bike to get to work?”
Results	4.2% Walk; 2.4% Bike; 4.2% Public transit (2013 3-year estimate)		4.1% bike / 3.5% bus / 1.5% Max or Light Rail / 1.6% walk (2017)	41% of Oregon adults reported "Yes" (Spring 2017)	10.7% of Oregon adults walked; 4.4% biked; and 6.8% took public transportation to work on *1 or more days* in the past week.

Measure	Percent of Oregon commuters who walk, bike, or use public transportation to get to work	Percent of trips made by walking or biking among Oregonians	Percent of Oregon commuters who usually bike or walk to work or school	Any use of alternative transportation (walk, bike, or public transportation)	Commute days by public transportation, walking, or biking in past week
Weaknesses	Refers to the work commute only.	Surveys conducted sporadically.	Refers to the work or school commute only.	Question has not been tested for validity.	Refers to the work commute only (only asked of employed adults). Questions have not been tested for validity.
Frequency	Annual	1994, 2011, planned for 2020	Every other year (odd)	Annual (planned)	2014
Statewide	Yes	Yes	Yes	Yes	Yes
By County/Region	3-year and 5-year estimates	Yes, but sample size is low in rural counties.	5 ODOT Regions	No	No
By Race/ethnicity	Yes	Asked on survey, unsure of reliability	Asked on survey, estimates are likely unreliable	No	No