minutes

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

April 21, 2021
8:00-9:30 am

Subcommittee members present: Jeanne Savage, Kat Mastrangelo, Olivia Gonzalez, Sarah Present

Subcommittee members absent: Sarah Poe, Muriel DeLaVergne-Brown

OHA staff: Sara Beaudrault, Kusuma Madamala

Welcome and introductions

Sara B. started the meeting and welcomed subcommittee members.

Sara B. provided a brief overview for use of accountability metrics in the public health system. Metrics at their best hold the public health system accountable, show where health inequities exist and where we need to put public health resources. This is one way we begin to shift power and resources into communities experiencing inequities.

Charter and group agreements

The subcommittee reviewed each section of the charter.

Background Section: No questions or recommendations for changes.

Purpose Section: Sarah Present noted a typo. Sarah recommended adding that the subcommittee is responsible for reviewing and updating metrics, not whether to use metrics. Metrics should be adopted within the newly adopted equity framework and not lose track of utility of using metrics within the public health system. The review needs to be bigger in terms of each metric's function and each one should be looked at individually.

Jeanne agreed that she would like to spend the time to go through each metric individually.

Stakeholders Section: Sara B. said that the list of stakeholders includes those who use and rely on public health data as well as those who are represented in those data. It is not a comprehensive list. She noted that one reason to include stakeholders in the charter is because the subcommittee may want to hear from these stakeholders at some point to make sure the committee is on track.

Sarah Present suggested adding "other community health clinics" to FQHCs.

Jeanne asked whether a bullet should be added to include community members as a stakeholder.

Kat noted that community members can be reached through CCOs and asked whether hospitals should be added.

Sarah Present also asked about health care providers but noted that they might be outside of the realm of PHAB.

Kat suggested adding to the first sentence to include those who are Involved in the project or whose interests might be positively or negatively affected. This would broaden the reach to potentially everyone in Oregon.

Jeanne noted that community members are represented on the subcommittee and should be listed as a bullet. Other subcommittee members agreed.

Deliverables Section: Sarah Present suggested adding "as needed" to number 3.

Jeanne asked about responsibility for developing new metrics, and continual engagement to look at new metrics.

Kat asked about how decisions are made for sharing information back with the public in a way that is readily understandable, for example use of maps instead of tables. Is this the subcommittee's responsibility?

Sara B. responded that she views this as within scope for the subcommittee. This is integral to how we hold ourselves accountable.

Olivia noted that in the current metrics she doesn't see anything about prevention or how information on prevention is disseminated into communities. This information needs to be readily available to the public and include how the public health system can support disease prevention. This needs to be present in what is shared with communities.

Jeanne asked whether the subcommittee should add a deliverable for bringing information back and sharing it with the community, successes and not. This is very much in parallel to what CCO health equity plans are doing.

Sara B suggested that Jeanne could share more about CCO health equity plans at a future meeting.

Sara B noted that the charter does not currently include items that are out of scope.

Sarah P noted that CCO metrics are out of scope, although this subcommittee may want to consider other metrics currently in use.

Kusuma noted that this gets to the question of who is accountable.

Subcommittee Members Responsibility Section: Sarah Present asked about representation of epidemiologists and being clear on measurability.

Kusuma noted that she can make connections to OHA staff who can provide input on this.

Subcommittee members reviewed the draft group agreements provided.

Jeanne asked whether, for the agreement for naming and accounting for power dynamics, the power dynamic of being a person of color in a white-dominated space should be specifically named.

Sarah Present liked the agreements and recommends that none be removed.

Olivia agreed.

Sara B. asked whether other members had input on the suggestion made by Jeanne. No other members had input. Sara B. noted that with no feedback she will hold off on adding this, but it will be reflected in the meeting minutes.

Kat asked whether the subcommittee will eventually meet in person.

Sara B. noted that subcommittees have always met remotely. There are opportunities for retreat-like gatherings, but other than that subcommittees can expect remote meetings.

Accountability metrics overview

Sara B. provided an overview of public health modernization and reviewed the framework. In 2015 the Legislature put this framework into law.

Sarah Present asked Sara B. to address funding for public health modernization.

Sara B. responded that, in 2016 state and local public health authorities did an assessment on how close the public health system was to meeting this framework, the gaps, and the funding needed to fully implement the model. The gap in funding was $210 million per biennium. Since 2017 the Legislature has increased funding for public health modernization to over $15 million and are discussing increasing funding again during the current session, but we are not a fully resourced system. We are trying to hold ourselves accountable while also building the infrastructure needed for accountability.

Sarah Present noted that, given current funding levels, public health modernization has been staged, with initial work focused on the communicable disease control programmatic area, and expanding into environmental health.

Kusuma noted that Oregon's framework for public health modernization is based on a national model, called foundational public health services. Oregon is one of the few states that is taking the lead on implementing the model. This framework came out of a 1988 report from Institutes of Medicine on what is public health and what is the system accountable for. She noted that Oregon has developed a public health modernization model that describes how the work should be operationalized, and this ties into accountability metrics as well.

Sara B. reviewed the handout that describes statutory requirements for accountability metrics. Accountability metrics are used to track the effectiveness and efficiency of the governmental public health system and includes the use of incentives to local public health authorities for meeting metrics.

The Public Health Advisory Board is responsible for establishing accountability metrics for achieving statewide public health goals.

OHA is required to submit a report to Legislative Fiscal Office every two years demonstrating where progress has been made toward accountability metrics. The statute also ties the use of incentives to the funding formula that is used to allocate funds to local public health authorities. Sara B. noted that as we shift our thinking to how we are accountable to people in Oregon, we need to also remain aware of these statutory requirements.

Kusuma asked whether use of the term accountability is part of the statutory requirements.

Sara B. responded that the term is used in statute, but that doesn't mean we need to use that language in reports or with the data we collect.

Jeanne asked about the use of incentives to encourage the effective and efficient provision of public health services.

Sara B. responded that the statute has very detailed information about how public health modernization should be allocated to local public health authorities. This includes base funding to all local public health authorities to operate public health programs, matching funds for county investments that are intended to bring more funds into the system by encouraging local investments, and incentives payments that are intended to build accountability into the system. The incentive payments are, to some degree, modeled after Oregon's CCO quality pool program.

Sara B. noted that the PHAB Incentives and Funding subcommittee is responsible for developing and updating the funding formula and making sure the formula is equitable and aligns with public health goals.

Jeanne asked, as we look at viability of metrics , should the subcommittee talk about whether metrics can or should be incentivized.

Sara B. Said this is within the scope for this group, and the other subcommittee would come up with the mechanism for making those payments. In the past we have brought the two

subcommittees together for discussion. Sara B noted that, up until now, incentive payments have not been made. The Incentives and Funding subcommittee has set a threshold of $15 million, but there is a chance that we will meet this threshold for the 2021-23 biennium.

Subcommittee business

The subcommittee discussed a recurring meeting schedule.

Sarah Present said the current time works for her and asked which subcommittee members were unable to join.

Jeanne said the third Wednesday from 8:00-9:30 every month could work for her.

Olivia said the time works for her as well.

The subcommittee will keep third Wednesday.

Sara B. asked which subcommittee member is willing to provide a subcommittee update at the May PHAB meeting?

Jeanne will provide the update.

Sara B. noted that either PHAB members or community partners can provide the update. Sara B. will continue to let community partners know when PHAB members are scheduled.

Public comment

No public comment provided

Adjourn

Subcommittee meeting was adjourned.