AGENDA

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

August 18, 2021
8:00-9:30 am

Join ZoomGov Meeting
https://www.zoomgov.com/j/1601161415?pwd=Tmd1dHhXcGppd0VHOStZY3lOKy80dz09

Meeting ID: 160 116 1415
Passcode: 848357
(669) 254 5252

Meeting Objectives:

- Approve June and July meeting minutes
- Hear over of environmental health priorities and discuss related measures

Subcommittee members: Cristy Muñoz, Jeanne Savage, Kat Mastrangelo, Olivia Gonzalez, Sarah Poe, Sarah Present

OHA staff: Sara Beaudrault, Kusuma Madamala; Gabriela Goldfarb, Emily York

PHAB's Health Equity Policy and Procedure

8:00-8:10 am	**Welcome and introductions** • Approve June and July minutes • Updates from subcommittee members	Sara Beaudrault, Oregon Health Authority
8:10-8:40 am	**Metrics selection criteria** • Review framework for metrics selection criteria	All
8:40-9:20 am	**Environmental Health Priorities and Measures** • Hear overview of environmental health priorities • Discuss existing measures and areas of interest for this subcommittee	Gabriela Goldfarb, Oregon Health Authority Emily York, Oregon Health Authority
9:20-9:25 am	**Subcommittee business**	All

	• Select subcommittee member to provide update at 8/19 PHAB meeting • Next meeting scheduled for 9/15	
9:25-9:30 am	**Public comment**	
9:30 am	**Adjourn**	All

PHAB Accountability Metrics
Group agreements

- Stay engaged
- Speak your truth and hear the truth of others
- Expect and accept non-closure
- Experience discomfort
- Name and account for power dynamics
- Move up, move back
- Confidentiality
- Acknowledge intent but center impact: ouch / oops
- Hold grace around the challenges of working in a virtual space
- Remember our interdependence and interconnectedness
- Share responsibility for the success of our work together

PHAB Accountability Metrics subcommittee

2021 timeline for discussions and deliverables

April	- Discuss charter and group agreements - Hear overview on public health modernization and accountability metrics statutory requirements
May	- No meeting
June	- Finalize charter - Discuss survey modernization findings and how to apply findings to public health accountability metrics - Discuss criteria for measure selection
July	- Discuss and make recommendations for public health system accountability - - Discuss *Healthier Together Oregon* and its relation to public health system accountability - Continue developing criteria for measure selection - Begin review of communicable disease and environmental health outcome measures
August	- Finalize criteria for measure selection (deliverable) - Continue review of measures
September	- Continue review of measures
October	- Continue review of measures
November	- Finalize recommendations for measures - Final PHAB approval
2022	- Continue work to identify public health accountability metrics for additional programmatic areas, including developmental measures. - Develop 2022 public health accountability metrics

Minutes - draft

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

June 16, 2021
8:00-9:30 am

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

Subcommittee members absent: Sarah Poe

OHA staff: Sara Beaudrault, Kusuma Madamala

Welcome and introductions

Sara B. welcomed subcommittee members and reviewed the agenda.

Sarah P. suggested reviewing subcommittee membership and whether additional members should be recruited.

Sara B. said that there are currently five members: three PHAB members and two community partners. OHA is trying to recruit an additional community partner. Typically PHAB subcommittees have had around five members, which is small enough to move the work forward but can place burden on a small number when other group members aren't able to join.

Kat clarified that the subcommittee makes recommendations and does deep dives into topics but does not make decisions.

Sarah P. said that it would be beneficial to ensure that there is a local public health administrator who is able to join since local public health has responsibility for these metrics. Since Sarah Poe is a health administrator, this need may already be in place.

April minutes were unanimously approved.

Sara B. showed the group agreements and reminded members that these are for the subcommittee's use.

Subcommittee charter

Sara B reviewed changes made to the metrics after the April meeting, which included:

- Updates to the list of stakeholders;
- Added deliverables for developing new metrics and making recommendations for sharing information with communities.
- Added an out of scope item, which was for developing metrics for groups other than public health.

Sarah P. recommended using a term other than "developmental" metric, which may be associated with child development. Sara B. will make this change.

Subcommittee members agreed to consider the charter complete for the time being. It can be updated as needed.

Survey modernization

Kusuma provided an overview. Survey modernization began with two data collection systems, the Behavioral Risk Factor Surveillance Survey (BRFSS) and Oregon Healthy Teens Survey. Both are relied on by the State and nationally, covering risk behaviors, protective behaviors and health outcomes. For BRFSS a racial and ethnic oversample is conducted every few years. The survey is expensive and long, lacks estimates for smaller geographic areas, and there are concerns about representativeness due to lack of community engagement. Kusuma's team collaborated with four project teams: a Latinx group, a Black/African American group, an American Indian/Alaska Native group convened through the Northwest Portland Area Indian Health Board, and a Pacific Islander group. The first three groups reviewed the survey data that are already collected, reviewed gaps and identified areas that could be improved. These teams also provided additional data collection to begin filling gaps. The Pacific Islander group conducted a data collection process. At the same time, others on Kusuma's team were pilot testing some innovative methods for data collection. Those results will be integrated with the results from the project teams into a final report.

Kusuma shared some key themes from the data reviews related to:

- Small sample size. Even with racial and ethnic oversamples, questions were raised about representativeness.
- Concerns about health literacy.
- Lack of meaningful context in data collection.
- Questions need to be actionable and the way data are collected prohibits this.
- Need to integrate other data sources to tell a story.
- Intersectionality.

Kusuma shared preliminary recommendations from the project teams. When surveys don't ask, understand or map the possible reasons for health outcomes, the data aren't actionable. If they're not actionable, we can't hold ourselves accountable as public health agencies.

- Recognition that scientific integrity is compromised when community is not engaged in data collection, analysis and how data are used.
- Behavior questions, when presented without context, shift responsibility to individuals and let institutions off the hook.

- Misrepresents peoples' experiences.
- Equity needs to be a starting point in survey design.
- Questions and resulting data need to be actionable to drive policy and program changes.
- Time and resources for relationship development need to be built into projects.
- Long-term sustained, compensated, community led data collection.
- Learn from California Health Interview Survey.
- Integrate community leadership in survey development, analysis and use.

Kusuma encouraged members, as they think about accountability metrics, to think about the data source, what is collected by whom, how those data are shared, and who is accountable for progress. She echoed the need for actionable data.

Jeanne asked for an example of actionable data or data that communities would like to be connected.

Kusuma provided an example for school absenteeism. In OHT, now called Student Health Survey, there is only a focus on absenteeism and not the everyday lives of why a student is absent. There is a lack of meaningful context. What are the reasons that prevent someone from doing something and how can this be mapped to policy? A big piece of this is integration with other data sources.

Sarah P. expressed gratitude for this project and for how the information is being presented. She sees a path forward for how recommendations can be implemented. She provided an example of the built environment and explained local public health roles in environmental health. Current funding is for regulatory work. There is little to no funding for nonregulatory work. And while many LPHAs are ready to jump into this work with community partners, lack of funding is an issue. As we look to the metrics that will affect the next round of public health modernization funding. this discussion is really timely.

Sarah P. noted that Kusuma mentioned metrics for mental health. Sarah P. Is exploring metrics for how youth are affected by climate change and suggested that this subcommittee could keep that in mind as an area for looking at mental health and climate change.

Kat said the integration piece stands out to her. Just presenting a statistic doesn't help without broader connections. As the subcommittee gets into criteria pieces, there may be opportunities for how to illuminate disparities in a more actionable way. She also said that some of the issues being discussed happen at the city or parks and rec level and asked what the LPHA responsibility is to work at these levels of government.

Olivia agrees that it is necessary to make connections and integrate data. She said it is important to build from family units because education and changes start there. She provided an example of tobacco prevention, and it needs to start in communities and families themselves, and include settings like libraries, churches, parks and schools.

Sara B. asked if there is other information the subcommittee would like to support the subcommittee's work.

Sarah P. asked if the survey modernization community partners will continue to work together.

Kusuma responded that the survey modernization team leads plan to meet with PHAB members again to allow time for discussion and next steps.

Jeanne said that she is working toward equity in the CCO space, in particular for reworking how to utilize data to inform decisions and restructuring surveys to collect and interpret data differently. Going forward, will this subcommittee be open to scrapping metrics that were adopted previously to look for meaningful metrics to communities?

Sara B. responded that this is a good question to ask. The subcommittee has a challenging task in working to identify metrics now, even as the broader work continues to evolve over time. This subcommittee's work will be iterative. The work over the next year may not encompass everything in survey modernization, but there will be opportunities to continue to improve.

Jeanne said the big question is, who are we accountable to? We need to make sure the work reflects that.

Kusuma said survey modernization is about questioning the data source and how data are collected, how data are presented and shared, and how we are measuring progress that results in accountability.

Subcommittee deliverables

Sara B. reviewed the draft timeline for deliverables. She noted that this timeline is not set in stone and should continue to evolve.

Sara B. said that focus areas for metrics discussions this year should center on communicable disease and environmental health since these are the areas funded through public health modernization. In July, she will invite Christy Hudson, who coordinates the State Health Improvement Plan, to talk about *Healthier Together Oregon* and opportunities for alignment.

Sara B. said that, ideally, we will have measures for communicable disease and environmental health this year. There is opportunity to talk about new measures that need to be developed over time.

Sara B. noted that the subcommittee may want to add time for the subcommittee to discuss who the public health system is accountable to.

Jeanne agreed and also suggested adding accountability into the charter as well. She said that public health is accountable to all people in Oregon. Given Oregon's racist roots, it is important to prioritize accountability to communities of color who have been harmed by systemic racism.

Sara B. said she will add a discussion on accountability for the July meeting.

Sarah P. suggested not finalizing metrics selection criteria until after a discussion about accountability.

Olivia asked whether survey data and results are available to PHAB members.

Kusuma responded that this is available and we're happy to provide that.

Kat asked whether all subcommittee meetings have been scheduled out.

Sara B. responded that subcommittee meetings should be on the calendar for the third Wednesdays of each month, and she will confirm that these are scheduled through the end of the year.

Olivia shared that she is unable to attend the July meeting and asked whether the July meeting can be rescheduled to the week prior.

Sara B. said she will send out some other possible meeting times for the prior week. If the subcommittee can't settle on a new date, we will keep the original meeting date and time.

Jeanne noted that there needs to be time built in to hear from communities and subject matter experts.

Measure selection criteria

Sara B. reviewed draft metric selection criteria. The table provided is adapted from criteria used previously by this subcommittee, for *Healthier Together Oregon*, and for CCO incentive metrics.

Kat said that she would like to include insurance status under the category for "promotes health equity". She also suggested including criteria for census tract data or Medicare Referral District (Dartmouth Health Atlas) data. Looking at the county level does not show the nuances within county borders.

Sarah P. noted challenges with small numbers and how we could address translatability as part of criteria. We want to be able to look at communities with small numbers without reporting small numbers that jeopardize privacy.

Kusuma responded that if the accountability metric looks at actionable policies that describe what is being done upstream to alleviate inequities, this may get around issues with small numbers. Kusuma's team heard from survey modernization partners that small numbers should not prevent us from looking at the data.

Kat responded that having census tract-level data that show disparities is more actionable to take to planners to drive change.

Sarah P. noted that actionable metrics focused on policies may not be reportable be race, ethnicity, etc and this should be incorporated into the definition. She suggested that not all metrics may be at the individual level and asked whether the policies can be the measures.

Kusuma and Sarah P. voiced support for considering how actionable policies can be the metrics evaluated.

Jeanne asked about adding to this category to include PHAB's goals for health equity. She noted this category is very passive as written for collection of data, and she would like to see more active language for actionable metrics to eradicate racism. Subcommittee members agreed.

Sarah P. said that for the category "relevant to the community," she would like to see this include that communities have been able to provide input into metrics.

Jeanne said that this could be changed to "measure is driven by the community/the local perspective".

Sara B. asked if there is a place in these selection criteria to include integration of data across data sources and ensuring that metrics are actionable.

Jeanne suggested metrics should be directly connected to policies that PHAB has identified that need to change in order to dismantle existing policies that are inherently racist.

Sara B. noted that this will be a great discussion next month alongside *Healthier Together Oregon*.

Kat noted a connection to public safety, and specifically law enforcement.

Sara B. also noted previous comments from Olivia about ensuring that work is grounded in families and communities because that is where change occurs.

Sara B. will update the document and bring it back to the July meeting.

Kusuma suggested changing "community voice" to "community leadership". Subcommittee members were supportive of this change.

Subcommittee business

Sarah P. offered to provide the subcommittee update at the 6/17 PHAB meeting.

Sara B. will send out options to reschedule the July meeting.

Public comment

No public comment provided

Adjourn

Subcommittee meeting was adjourned.

Minutes

draft

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

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

Subcommittee members present: Cristy Muñoz, Jeanne Savage, Kat Mastrangelo, Sarah Present

Subcommittee members absent: Olivia Gonzalez, Sarah Poe

OHA staff: Sara Beaudrault, Tim Holbert, Christy Hudson

Welcome and introductions

Sara B. welcomed people to the meeting and led introductions. Sara introduced a new subcommittee member, Cristy Muñoz.

Sara noted that there were only two subcommittee members present who could approve the minutes. Those members asked to hold approval until the August meeting. Sara B. agreed. Sarah Present asked that, since there are two members who are Sarah P's, that last names be included in the minutes. Sara B. said we will do this moving forward.

Sarah Present shared that there is regional group funded through the National Environmental Health Association (NEHA) to look at climate change indicators in public health. Some really exciting work is happening. Their final report should be done in the next month and this group may be interested in that.

Sara B noted that this may be a good topic for an upcoming agenda.

Public health system accountability

Sara B. reviewed components of PHAB's Health Equity Policy and Procedure. The policy is grounded in an equity framework and more specifically takes a position of leading with race. The policy provides guidance for the work of PHAB to achieve this. How do subcommittee members see connections to accountability metrics?

Sarah Present said that many metrics in public health are disease-related outcomes, and we run into barriers with small numbers. How do we appropriately track what public health is doing in a

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metric? We've talked about partnerships and policies and we are accountable to the people we serve, which is everyone in the state of Oregon. It may be difficult to find meaningful metrics that elevate experiences of BIPOC and other marginalized communities and help bring them up in health status.

Kat said that, embedded in this is the social determinants of health and disparities in other things that impact health. How do we tease this apart in accountability metrics. The data we collect may not talk about food scarcity or inadequate housing.

Cristy said that metrics should be rooted in who we are trying to service. Who are we trying to center in these metrics? Is it vulnerable populations? Is it groups we can't reach because of the systems we've developed? How are we developing metrics that are inclusive and help us to find those gaps?

Tim said that a fundamental message from the survey modernization teams is that they do not want a public health system that is top down. Accountability means collaboration at every step of the process.

Sara B. noted the progress in discussions about accountability over time. While we continue to consider accountability to funders, there is consensus that our accountability is primarily to the people served by the public health system and who have traditionally not had equitable public health protections. Metrics on their own don't lead to change. But metrics allow us to see where inequities exist so information can be used for programmatic or policy decision-making. They are an essential part of a system of accountability.

Tim agreed. The survey modernization project teams were very supportive of metrics, but also cautionary about context. Metrics need to be connected with meaningful action.

Sarah Present thought back to the communicable disease metrics, specifically for gonorrhea rates. The metrics at this point do dictate funding, so it is important that local public health authorities (LPHAs) have capacity and ability to make changes. Coordination within the broader public health system is not just a responsibility of LPHAs. We need to remain aware that these metrics tie to funding for LPHAs. We can't put expectations on LPHAs that are not actually do-able.

Sara B reiterated that these funds are tied to payments to LPHAs. Sara noted that health outcomes often won't change in a one- or two- year period. It takes more time and collaborative work across sectors. The current metrics have a second layer focusing on the role of LPHAs that is within their sphere of control.

Kat provided a caution that it can be possible to meet some challenging metrics and completely leave out communities of color, and this speaks to the need for both outcome and process measures. Sometimes populations are so hard to reach that an organization can meet a metric by focusing on populations that are easier to reach. We need to have multivariate analysis in our metrics.

Cristy reflected on the power of metrics meeting policy and the impact on communities. Reflected on diversity and equity statements, like PHAB's policy. There is a lot involved beyond an equity statement. We can push people to dig a little bit deeper to reflect community need and the community itself.

Sara B. reviewed changes to the metrics selection criteria, based on the June discussion.

Sarah Present noted the "measures of interest from a local perspective," noting that measures also need to be translatable across all communities in Oregon. Do we need to address urban and rural differences and intentionally focus on measures of interest regardless of size or location of the community.

Jeanne re-read first criteria for "Actively advances health equity and eradicates racism". This needs to convey that the goal of metrics is ongoing, continual as we work toward an antiracist society.

Cristy agreed and said it is a practice, not a goal. Antiracism is more accurate for where we're at as a community, instead of eradicates racism, and it might generate more action than just checking off a box. Cristy suggested changing the description to "Changes in public health system will have zero acceptance of racism, xenophobia, violence, hate crimes or discrimination".

Tim commented that a concern from the survey modernization project teams was that there needs to be triangulation across data sources, but they also noted that triangulation can be an echo chamber that can be mutually reinforcing but inaccurate. There needs to be integration of accurate data.

Sara B. asked if members want to keep the selection criteria for looking at validated measures.

Sarah Present said we can consider locally validated measures. She recommended keeping this, and that there are existing benchmarks.

Kat asked whether this would include measures that are internationally validated.

Tim noted that, even with validated measures and benchmarks, there needs to be a way for metrics to evolve over time. The survey modernization teams have shared that a lot of national metrics are white supremacist, and this can be a self-referential loop. Tim supported adding internationally validated measures.

Sara B. will make the changes discussed today and send out to the group for review. Eventually we will need a final version, but the metrics selection criteria can continue to evolve as the group begins discussing metrics.

Healthier Together Oregon

Christy Hudson provided an overview of Healthier Together Oregon, including priorities, implementation areas and community engagement.

Cristy Muñoz noted that feedback was collected from communities during the COVID-19 pandemic and wildfires, but she doesn't see anything specific to disaster responses and how communities want to be engaged in disaster preparedness and response. She pointed to California as an example of a state that weaves disaster and health together.

Christy agreed and said there are no specific strategies related to disasters. There is one related to climate change, which is the number of CBOs that have meaningfully partnered with LPHAs or Tribes to build community resilience.

Sara B said that, in addition to communicable disease prevention and control, LPHAs will expand focus on environmental health, emergency preparedness and response, all hazards planning, and climate and health. This is why this subcommittee is focusing on CD and EPH.

Cristy M suggests aligning public health accountability metrics and Healthier Together Oregon strategies where possible.

Sarah Present agreed and said Healthier Together Oregon is one source to look at. She goes back to thinking about what is do-able at the local level.

Jeanne agreed and would like to look at the different measures and pulling out those that are fully focused on health equity.

Sara B asked whether the Healthier Together Team is looking at setting benchmarks intended to eliminate health disparities and close gaps in rates among racial and ethnic groups.

Christy said that benchmarks are still being developed.

Subcommittee business

Sara B said the three meetings to date have focused on framing and level-setting. Beginning next month, the subcommittee will begin diving into metrics and narrowing in on what the subcommittee wants to prioritize.

Next meeting scheduled for 8/18.

Public comment

Carissa Bishop provided public comment. She has been involved in public health modernization work since 2018. She noted that CCOs have a meaningful language access measure and suggested that the subcommittee consider this as a measure for public health. She said that the measure looks at access to interpretation services and whether a person receives service, and suggested that this could be expanded from clinical settings to public health settings.

Adjourn

PHAB Accountability Metrics Subcommittee
Metrics selection criteria
August 2021, draft

Purpose: Provide standard criteria used to evaluate metrics for inclusion in the set of public health accountability metrics.

Criteria can be applied in two phases:

1. Community priorities and acceptance
2. Suitability of measurement and public health sphere of control

Phase 1: Community priorities and acceptance	
Selection criteria	Definition
Actively advances health equity and an antiracist society	Measure addresses an area where health inequities exist Measure demonstrates zero acceptance of racism, xenophobia, violence, hate crimes or discrimination Measure is actionable, which may include policies or community-level interventions
Community leadership and community-driven metrics	Communities have provided input and have demonstrated support Measure is of interest from a local perspective Measure is acceptable to communities represented in public health data
Transformative potential	Measure is actionable and would drive system change Opportunity exists to triangulate and integrate data across data sources Measure aligns with core public health functions in the Public Health Modernization Manual
Alignment with other strategic initiatives	Measure aligns with State Health Indicators or priorities in state or community health improvement plans or other local health plans

	Measure is locally, nationally or internationally validated; with awareness of the existence of white supremacy in validated measures. National or other benchmarks exist for performance on this measure

Phase 2: Suitability of measurement and public health sphere of control	
Data disaggregation	Data are reportable at the county level or for similar geographic breakdowns, which may include census tract or Medicare Referral District When applicable, data are reportable by: - Race and ethnicity - Gender - Sexual orientation - Age - Disability - Income level - Insurance status
Feasibility of measurement	Data are already collected, or a mechanism for data collection has been identified Updated data available on an annual basis
Public health system accountability	State and local public health authorities have some control over the outcome in the measure Measure successfully communicates what is expected of the public health system
Resourced or likely to be resourced	Funding is available or likely to be available Local public health expertise exists
Accuracy	Changes in public health system performance will be visible in the measure Measure is sensitive enough to capture improved performance or sensitive enough to show difference between years

*Adapted from selection criteria used previously by the PHAB Accountability Metrics subcommittee and for selection of Healthier Together Oregon indicators and measures.