AGENDA

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

March 16, 2022
8:30-9:30 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 February meeting minutes
- Discuss metrics shifts and ensure alignment with metrics selection criteria
- Review proposed framework for accountability metrics

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

OHA staff: Sara Beaudrault, Kusuma Madamala

PHAB's Health Equity Policy and Procedure

8:30-8:40 am	**Welcome and introductions** • Approve February minutes • Hear updates from subcommittee members	Sara Beaudrault, Oregon Health Authority
8:40-9:15 am	**Metrics shifts to a new framework** • Continue discussion on metrics framework shifts and deliverables that will communicate these shifts. • Review metrics selection criteria and ensure alignment with updated framework	Sara Beaudrault Kusuma Madamala, Program Design and Evaluation Services
9:15-9:20 am	**Subcommittee business** • Sarah Present will provide the subcommittee update at the 3/17 PHAB meeting • Next meeting scheduled for 4/20	All

9:20-9:25 am	**Public comment**	
9:25 am	**Adjourn**	All

AGENDA

draft

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

February 16, 2022
8:30-9:30 am

Subcommittee members present: Cristy Muñoz, Kat Mastrangelo, Sarah Present, Olivia Gonzalez

Subcommittee members absent: Jeanne Savage

OHA staff: Sara Beaudrault, Kusuma Madamala, Diane Leiva

PHAB's Health Equity Policy and Procedure

Welcome and introductions
November minutes were approved.

Sara B. noted that Jocelyn Warren, a PHAB member and administrator for Lane County Public Health, will join this subcommittee.

Sara B. reviewed the group agreements and subcommittee deliverables.

Metrics shifts to a new framework
Sara B. reviewed an updated timeline for subcommittee deliverables. We would like to have a new framework for metrics in place this Spring, with this subcommittee being responsible for communicating about shifts from previous accountability metrics to a new framework. Also over the Spring, this subcommittee will review metrics recommended by local public health authorities through the Coalition of Local Health Officials. Once new metrics are adopted by PHAB toward the middle of the year, the work will shift to collecting data and developing an annual report. Sara noted that this is a fast timeline but also noted the need to demonstrate progress on this legislative deliverable. We need to balance this.

Kusuma clarified that the focus right now is on communicable disease control and environmental health metrics.

Sara B. reviewed a slide that shows shifts from previous set of accountability metrics toward the direction this subcommittee is taking.

- Shifting away from a focus on disease outcomes. Does the subcommittee recommend using health/disease outcome measures as indicators to demonstrate the need for changes and accountability within the public health system?
- Shifting away from a framework that does not provide context for health outcomes.
- Shifting away from programmatic process measures to a framework that emphasizes the public health system's work around data and data systems, community partnerships and policy. These span any public health program or topic.
- Shifting away from a focus on accountability of local public health authorities to a focus on accountability of the governmental public health system.
- Shifting toward intentional alignment with national initiatives.

Diane noted that access to health education and information could be included, in addition to access to health care.

Kat said that process measures are always just a proxy for impact and wondered to what extent we can get to impact. It is not inappropriate for a newer program to focus on process metrics. The impact can take a few years to see.

Kusuma asked how subcommittee members are thinking about providing context for disease risks and outcomes. Does something like sharing public health data with other sectors begin to provide that context?

Sarah P. said the updates are aligned with subcommittee discussions. She thinks about providing basic context as an important part of the education about the shift in metrics, for internal communication and communicating with the legislature. It should be grounded in social determinants of health, systemic inequities and systemic racism, and how we are trying to move forward. She agrees with process over outcome, and in the future we may want to look at outcomes. She also suggested flexibility so that local jurisdictions can localize it easily. As an example, the report can show how systemic racism has affected people's sexual health choices. And then an LPHA could provide additional context for their community and what steps the LPHA is taking.

Sara B. appreciated Sarah P's comments, especially if it helps to make this a report that is relevant and can be used by LPHAs and partners.

Cristy said that she feels like the subcommittee has been heard through conversations over the past months of work. She noted that public health is a critical metric of resilience in communities. A healthy community is a resilient community. If we are shifting metrics, we need to educate on why and emphasize racial equity. Rather than talking about communities being vulnerable, emphasize how communities have been underserved. There may need to be some hand-holding to make public health racial equity a more understandable concept for the community as a whole, in addition to for public health professionals.

Cristy also commented on the public health workforce and our responsibility to ensure a workforce that can address community priorities. She would like to see a focus on workforce in addition to being community-centered.

Sarah P. would like to take the opportunity to frame metrics in terms of what we have learned from the pandemic and its rattling effects on the public health workforce. She highlighted communication challenges. What is a metric that can show how communications will be better the next time we have a public health emergency?

Kusuma brought up previous comments that focus on infrastructure challenges, whether that be workforce, data systems or communications. If there are process measures related to infrastructure, those would be good to consider.

Kat asked about wastewater monitoring and how this could provide COVID surveillance but also other stressors like medications in wastewater. Are there linkages between public health and wastewater treatment in most communities?

Sarah P. said she gets a weekly report on COVID in wastewater. It is hard to know what to do with it but there are a lot of interesting possibilities.

Sara B. said this is an example of having real-time actionable data, and it goes back to whether we have the workforce and infrastructure to use it.

Olivia commented that in order to be inclusive, we need to take into consideration that some communities do not reach out to the public health system because of their legal status. In order to have accurate data, we cannot forget about those who are not counted. This takes the entire community, not just public health, reaching out to these families. There is communication through education, which could include school districts, that could be measured and contribute to sustainable data.

Sara B appreciated Olivia's comments and brought up data decolonization and needing to ensure groups are not erased because they don't easily show up in the data.

Cristy said that in groups where there have been cross sector collaborations between CBOs, LPHAs and OHA or other state departments, there is a need to stay relatively neutral on behalf of the governmental sector. But many CBOs with frontline workers or who are involved in racial justice want more accountability in public finance and infrastructure investments. How could metrics reflect the culture shift that we are hoping to see, and the positionality of government makes this challenging. How do state agencies assure equity in infrastructure investments when needing to remain neutral. This leads to a lack of trust.

Cristy noted an interest in trying to build capacity in underserved communities and wondered whether this is something that could be included in a measure. She also asked about community partnerships and how development of partnerships could be measured.

Cristy also mentioned that the Environmental Health Team was connected with the Prevention Institute. They do a lot of upstream, equity-based work. She shared this link: https://www.preventioninstitute.org/equity-through-line-four-part-summit-series-social-movements-public-finance-and-infrastructure. We are not the only state thinking abut shifts in metrics and how this is applicable in partnership with various other sectors.

Sara B. said that, based on this discussion, it sounds like OHA can continue to work with local public health authorities to identify process measures, looking at data, community partnerships and policy. We will continue in this group to work on framing, deliverables, how to communicate about these shifts, which sets up how the measures will be used. Measures will come back to this group for review and then to PHAB to be adopted.

Subcommittee business

Sarah P. agreed to provide a subcommittee update at the March PHAB meeting.

The subcommittee will meet again on March 16.

Public comment

John Zall, University Professor Adjunct who teaches business, strategic planning and metrics. He noted that it is rare to see a public sector process like this and would like to keep in contact. He noted the subcommittee's process is strong. It is easy to get buried in all types of metrics with a lot of outside opinions. One of the things the subcommittee could think about, in particular for big picture metrics, would be to use pilot studies. Are the data available and what would we need to do to get the data before making decisions?

Obinna Oleribe commented in the chat: What is the data for? This is what will determine what you would be collecting What is the long-term goal of this process? This is what will determine how you go about collecting the data.Who will use the data? This is what will determine how the data will be presented and published.What are the key challenges to collecting data in our community? This is what will determine the risk management strategies in the process.How much time do we have for this process? This will determine whether we will handle this in-house or outsources part of the process. In all, I think that our activities should cover the six building blocks of health system - services delivery, financing, HRH, leadership and governance, medicines and technology and information science. We can also focus on one block per time, but connecting the data to address these issues will make the document very useful for decision making... In choosing metrics, we can look at process, output.

Adjourn

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 deliverables

1. Recommendations for updates to public health accountability metrics framing and use, including to eliminate health inequities.
2. Recommendations for updates to communicable disease and environmental health metrics.
3. Recommendations on engagement with partners and key stakeholders, as needed.
4. Recommendations for developing new metrics, as needed.
5. Recommendations for sharing information with communities.

PHAB Accountability Metrics subcommittee

Timeline for discussions and deliverables

	Topics	Work products
April-November 2021	- Public health modernization and accountability metrics statutory requirements - Survey modernization findings and connections to public health accountability metrics - *Healthier Together Oregon* and its relation to public health system accountability - Communicable disease and environmental health outcome measures - Alignment with national initiatives (RWJF *Charting a Couse Toward an Equity-Centered Data System*, data modernization, accreditation)	- Charter - Group agreements - Metrics selection criteria
February 2022	- Shifts from previous metrics set to a new direction for accountability metrics - Metrics selection criteria	-
March 2022	- TBD	- Overview of accountability metrics shifts
April 2022	- Review recommendations from Coalition of Local Health Official (CLHO) committees	-

May 2022	- Review recommendations from Coalition of Local Health Official (CLHO) committees	-
June 2022	- Review recommendations from Coalition of Local Health Official (CLHO) committees	- Metrics recommendations for PHAB approval
July 2022 and ongoing	- Develop 2022 accountability metrics report - Continue work to identify public health accountability metrics for additional programmatic areas, including developmental measures.	-

For discussion

- Are additional changes needed to metrics selection criteria?
- Let's talk about policy… what would the subcommittee like to see for policy-related metrics?
- What deliverables would the subcommittee like to develop to communicate about shifts in public health accountability metrics?

- Will these changes demonstrate accountability to communities throughout Oregon?

New framework for public health accountability metrics

Current accountability metrics	New metrics framework
Minimal context provided for disease risks and root causes of health inequities	Provides context for social determinants of health, systemic inequities and systemic racism
Focus on disease outcome measures	Disease outcomes may be used as indicators of progress, but are secondary to process measures of public health system accountability
Focus on programmatic process measures	Focus on data and data systems; community partnerships; and policy.
Focus on LPHA accountability	Focus on governmental public health system accountability.
Minimal connection to other state and national initiatives	Direct and explicit connections to state and national initiatives.

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.

A New Framework for Public Health Accountability Metrics
Public Health Advisory Board
March 2022

Oregon's Public Health Advisory Board recognizes that systemic racism and oppression have led to unjust health outcomes among communities of color, tribal communities and other groups excluded from power and decision-making. The Public Health Advisory Board commits to leading with race in its decisions, recommendations and deliverables. One way the public health system begins to do this is by collecting and reporting data that show where health inequities exist and establishing metrics to track the public health system's accountability to begin to rectify historical and contemporary injustices.

The Public Health Advisory Board is responsible for establishing, updating and tracking a set of accountability metrics to evaluate the progress of Oregon's public health system toward achieving statewide public health goals.[1] First established in 2017, Oregon's initial set of accountability metrics was among the first in the nation in establishing a framework for holding the public health system accountable for effectively using public dollars to improve health outcomes.

Six years later, the Public Health Advisory Board is making important revisions to the framework for public health accountability metrics to center the role of governmental public health to address systemic racism and oppression.

A new framework for public health accountability metrics

[1] ORS 431.123: https://www.oregonlegislature.gov/bills_laws/ors/ors431.html

Current accountability metrics	New metrics framework
Minimal context provided for disease risks and root causes of health inequities	Provides context for social determinants of health, systemic inequities and systemic racism
Focus on disease outcome measures	Disease outcomes may be used as indicators of progress, but are secondary to process measures of public health system accountability
Focus on programmatic process measures	Focus on data and data systems; community partnerships; and policy.
Focus on LPHA accountability	Focus on governmental public health system accountability.
Minimal connection to other state and national initiatives	Direct and explicit connections to state and national initiatives.

Next steps

- Ongoing work with CLHO Communicable Disease, Environmental Health and Systems and Innovation committees to develop metrics recommendations.
- Committee recommendations will be taken to CLHO and then back to the PHAB Accountability Metrics subcommittee.