AGENDA

PUBLIC HEALTH ADVISORY BOARD
Strategic Data Plan Subcommittee

January 17, 2023
1:00 - 2:00 PM

Join ZoomGov Meeting
https://www.zoomgov.com/j/1605421162?pwd=Y24rL0hJUmFGV1hzdjNjSVJFZzNmZz09
Meeting ID: 160 542 1162
Dial by your location
+1 669 254 5252 US (San Jose)
Subcommittee members: Jackie Leung, Hongcheng Zhao, Rosemarie Hemmings, Veronica Irvin, Kelle Little, Jawad Khan, Dean Sidelinger, Marie Boman Davis

OHA staff: Victoria Demchak, Virginia Luka, Cara Biddlecom

1:00 – 1:15pm	**Welcome and Introductions** • Welcome members • Approve November and December meeting minutes	Virginia
1:15 – 1:25 pm	**Review presented materials** • BRFSS and survey modernization work • Lingering questions	Victoria, Dr. Sidelinger

1:25 – 1:50	**Thematic Discussion**
	• Based on our BRFSS and other discussions and supplemental materials:
	  ○ What are some themes or patterns that have emerged?
	  ○ What clarifying questions do you have?
	  ○ What resources can we provide?
		All

1:50 – 2:00	**Public comment**
2:00	**Adjourn**

PUBLIC HEALTH ADVISORY BOARD
Strategic Data Plan Subcommittee

December 20, 2022
1:00 - 2:00 PM

Subcommittee members present Veronica Irvin, Kelle Little, Jackie Leung, Marie Boman Davis, Dr. Rosemarie Hemmings, Hongcheng Zhao, Dean Sidelinger.

OHA staff: Virginia Luka, Julia Dilley, Tim Holbert, Kimberly Phillips, Renee Boyd, Virginia Luka, Victoria Demchak

Welcome and introductions
Subcommittee members and staff introduced themselves.

Minutes approval – Delayed till January

Public health staff presentation of BRFSS materials and survey modernization.

Kimberley Philips with colleagues from the Program Design and Evaluation Services team presented on the Behavioral Risk Factors Surveillance System (CDC overview here: https://www.cdc.gov/chronicdisease/resources/publications/factsheets/brfss.htm).

Administratively in Oregon, the BRFSS takes a statistical sample of the population with approximately 9,000 surveys at a cost for just under million dollars annually. A few public health programs add questions and financially support the administration of the survey.

Individuals are recruited through random digit dialing in urban and rural areas to both cell phones and land lines. The survey is time consuming, at just under a half hour to administer and not all interviewees complete the survey. Reviewed how this survey is funded through a federal/ state partnership with specific state programs, the duration of the survey, compensation (interviewees are not compensated) and how topics are determined.

PDES has been looking at improving data quality, since there are several limitations. These include insufficient community engagement, survey length, and concerns about representativeness of the data and validity due to low response rates and community reach. The survey modernization initiatives discussed through these meetings are an attempt to respond to those challenges, from community engagement to experimenting with shorter surveys, alternative methods to submit information beyond telephonic surveys and compensation for survey takers.

Subcommittee members asked questions throughout the presentation about the administration of the survey, scope and data availability.

- What to do if BRFSS data isn't available? How can we have alternative timely data?
    - Programs will offer timely data – BRFSS Data Requests
- How to identify relevant information to the targeted/ intended community?
    - This is challenging and relates to survey modernization work, which has initiated connections with community members about data needs. What may be relevant can be very different than what is available but we are working to respond to this question.
- Oregon and other states rely on this data source to report on state health indicators and frequency of diagnoses, such as diabetes rates. Members had questions about the limitations of self-reported data: people may not know their health conditions, may not have the access to receive diagnoses or be unwilling to share their health conditions.
- What about community collaboration on responding to behavioral health needs? This and similar issues are affected by general and culturally specific stigma and a disinclination to share information by affected individuals.
    - Discussed how to make surveys more culturally responsive to decrease stigma and increase trust with surveyed individuals, starting with survey modernization pilots with PI HEAL, a culturally specific survey co-developed with the PI community
        - Public Health Survey Modernization Community Reports

    - And BRFSS as we administer it is not how we would start it today, but we are working to adapt it and build on its previous legacy by partnering with communities and more.
- Discussed how survey modernization responds to these challenges and future plans, including a participatory idea-development process for culturally relevant data collection and interpretation.

The presentation also included next steps for PDES and survey modernization work, from the BRFSS changes, ongoing survey modernization efforts and the inception of the participatory budgeting project.

Next steps:
This committee will discuss themes, comments and questions to focus on how this might affect our shared data planning work.

Public comment:
No members of the public were present so no public comment was provided.

Meeting adjourned at 2:03 pm.

PHAB Strategic Data Plan Subcommittee Meeting
November 15, 2022, 1:00-2:00 pm – DRAFT meeting minutes

Subcommittee members present: Jackie Leung, Jawad Khan, Dr. Rosemarie Hemmings, Veronica Irvin

OHA staff: Victoria Demchak, Virginia Luka, Cara Biddlecom

1. **Introductions**
    - Subcommittee members introduced themselves.
    - Subcommittee members voted to approve the September 2022 meeting minutes

2. **BRFSS and Survey Modernization introduction**
    - Victoria provided a brief overview of the BRFSS survey
    - Jawad asked why the BRFSS uses a random digit dial survey of land lines and also pointed out that phone calls from unknown numbers are screened.
    - Virginia shared that a recent BRFSS pilot was conducted that ran an online survey and a printed survey.
    - Victoria shared that the purpose of alternative survey methodologies is to improve response rates and representation.
    - Jawad shared that community members are reluctant to respond to government surveys due to histories of discrimination and misuse of data. Community has had more success by disseminating a survey through a trusted community partner.
    - Virginia shared that the 2021 BRFSS cost $50-65 per sample, alternative methods were $42 per sample, in 2015 the BRFSS race oversample cost $500 per sample complete and yet was still not representative of communities. Virginia reflected on the community support needed to make things like the 2020 Census work well and represent communities. Virginia also shared the community-led data projects.
    - Dr. Hemmings asked how feasible it is for OHA to implement the strategies like were deployed for the 2020 Census.
    - Victoria provided an overview of how BRFSS is funded and the federal requirements for conducting a telephone survey. Victoria shared about the California Health Interview Survey which conducts a very light

telephone survey and alternative methodologies. Victoria shared that Renee Boyd would be a good addition to a future meeting.

- Dr. Hemmings referred to the 'minimum' number of questions required by CDC and then asked about why we ask additional questions. Need to unpack- what does the community want us to do with the data, and what are we going to do with the data?
- Virginia agreed with Dr. Hemmings that data should not sit on a shelf. We have to start somewhere and then build. Virginia shared the article recommendations from "Data for Equity: Creating an Antiracist, Intersectional Approach to Data in a Local Health Department".
- Dr. Hemmings asked to consider whose voices we listen to and consider this when determining what questions to add.
- Veronica asked if there is merit in keeping BRFSS (outside of CDC) if we know that such a significant part of our population is not responding? Does it have longitudinal validity if not accurate? What would we really want this to be?
- Dr. Hemmings shared that this subcommittee is called to look at what we can do differently. Victoria shared that this is in part the role of the subcommittee and that the subcommittee can recommendations up to PHAB. The subcommittee and PHAB can direct investments in public health data modernization priorities for the state. Dr. Hemmings affirmed that the subcommittee's purpose should be to improve data quality.
- Veronica shared that there really need to be multiple strategies to recruit participation in public health surveys.
- Victoria offered for Renee Boyd to present about alternative data collection models. Veronica shared that the subcommittee should focus on the questions that OHA needs. Cara responded that values and a framework to apply to all types of public health data, existing and new opportunities would be transformative. Cara pointed out the values heard in the discussion today: community engagement, leadership and ownership of public health data; only asking questions that are needed for a particular purpose by community and public health; multiple ways of responding to public health data collection efforts, etc.

- Veronica shared again that public health should not ask questions it does not plan to use; priority topics for the year.
- Victoria shared a potential outline for a framework for modern public health data included in the packet.

3. **Public comment**
    - No public comment was provided.

4. **Closing**
    - Victoria invited subcommittee members to reach out to her or Virginia to discuss further.
    - Subcommittee will continue working on the framework at the December meeting
    - Meeting adjourned at 2:02pm.