AGENDA

PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee

December 13, 2022 9:00-10:00 AM

Join ZoomGov Meeting https://www.zoomgov.com/j/1616889251?pwd=YXQyS2RmZEFId0JnTUJMazF5MGIwQT09

Meeting ID: 161 688 9251 Passcode: 157025 (669) 254 5252

Meeting Objectives:

- Approve November 8 meeting minutes
- Review recommendations for environmental health indicators
- Discuss subcommittee expectations for measures of structural determinants for environmental health

Subcommittee members: Cristy Muñoz, Jeanne Savage, Kat Mastrangelo, Ryan Petteway, Sarah Present, Jocelyn Warren

PHAB's Health Equity Policy and Procedure

9:00-9:05 AM	 Welcome and introductions Approve November 8 minutes Hear updates from subcommittee members 	Sara Beaudrault, Oregon Health Authority
9:05-9:50 AM	 Environmental health priorities and measures Discuss CLHO workgroup recommendations for environmental health priorities and indicators Hear update on work to develop state and local process measures for foundational capabilities Discuss expectations for the development of measures for structural determinants of health 	All
9:50-9:55 AM	 Subcommittee business Identify subcommittee member to provide update at January 12 meeting Discuss meeting schedule for 2023 	All

9:55-10:00 AM	Public comment	
10:00 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 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 (Updated June 2022)

	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- June 2022	 Develop framework for public health accountability metrics Finalize metrics selection criteria Begin discussions on communicable disease and environmental health indicators 	 Metrics framework Metrics selection criteria
July- December 2022	 Identify and discuss communicable disease and environmental health indicators Review recommendations from Coalition of Local Health Official (CLHO) committees 	 Metrics recommendations for PHAB approval

January-	 Develop 2022 accountability metrics report 	- 2022 Metrics Report
Мау	 Continue work to identify public health accountability metrics for additional programmatic areas, including developmental measures. 	

Environmental health measures

- Hear CLHO accountability metrics recommendations for environmental health priorities and indicators
- Hear update on work to develop state and local process measures for foundational capabilities
- Discuss expectations for the development of measures for structural determinants of health



Metrics selection criteria - indicators

- 1. Advances health equity and an antiracist society
- 2. Community leadership and community-led metrics; issue has been identified as a priority by community members
- 3. Issue has been identified as a priority by public health professionals
- 4. Direct and explicit connections to state and national initiatives



		Environmental Health	Public health accountability metrics Environmental Health			
Indicators	Public heal	Structural determinants of health				
(assessment)		(policy development)				
Health outcomes and reduced differences among populations	LPHA workforce and capacity	Foundational capabilities	Policy landscape and interventions			
xtreme heat ummer heat-related norbidity and morality CSTE). . Heat deaths . Hospitalizations due to eat . ED visits due to heat	LPHA: # FTE dedicated to climate and health planning and policy (per population size) LPHA: # FTE assigned and trained to use/incorporate heat related health data into climate programming (per population size) State: Needs assessment completed of statewide workforce capacity to use heat related health data in climate programming	Assessment and Epidemiology <u>State:</u> Number of technical assistance resources and trainings given related to heat-related health event data sources including ESSENCE, EPHT, CDC Heat Tracking Portal, Vital Records, etc. Policy & Planning <u>State:</u> Number of interventions and amount spent on home based extreme heat adapatations through the Healthy Homes Grant Program. <u>LPHA:</u> # local jurisdictional plans that include heating and cooling interventions at individual and community level	State/local policies affecting proximity to/transportation to cooling centers Policies that ensure renters, MSFWs and others access to cooling options in homes. Climate ready homes			
ir quality isthma and allergenic isease morbidity (CSTE): . asthma and allergic disease elated hospital admissions . asthma and allergic disease elated ED visits Developmental metrics Vater security Mental health effects of		Community Partnership Development LPHA: Documented development and maintenance of partnerships with cross-sector workgroups/ committees for decision-making and enhanced response capacity (e.g., ability to respond to early warnings) related to climate-sensitive exposures and health outcomes (Yes/No) State: Number of Community Based Organizations and amount of funding given by OHA Modernization that have heat related programming in their workplans. Communications LPHA: Communication plans for seasonal climate hazards (i.e. extreme heat, wildfires and wildfire smoke) events that includes appropriate communication formats and languages (Yes/No) State: Number of outreach events and education materials produced related to new workplace heat rules (Executive Order 20-04)				







2010-2020 Regional **Climate and Health Monitoring Report**

Funded by: Centers for Disease Control and Prevention Climate and Health Program National Association of County and City Health Officials

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Fall 2021

https://multco-web7-psh-filesusw2.s3-us-west-2.amazonaws.com/s3fspublic/RCHMR_2021Update_F inal.pdf



Climate and Health in Oregon, 2020 Report

https://www.oregon.gov/oha/PH/HEALTHYENVIRONMENTS/CLIMATECHANGE/Doc uments/2020/Climate%20and%20Health%20in%20Oregon%202020%20-%20Full%20Report.pdf

Table 1. Examples of social and environmental determinants of health

Social stressors	Job safety and stability	Food security	Safe housing	Geographic vulnerabilities	Access to health- promoting assets
Interpersonal and systemic racism; other discrimination Toxic stress, trauma Social isolation	Employment Income Worker protections Sick leave	Hunger Access to healthy options	Affordable housing and utilities Clean indoor air quality Weatherization	Near sources of air pollution Urban heat islands Flood plains Near fire-prone landscapes	Parks, nature Transportation options Culturally relevant healthcare Community connectedness
Health outcomes: Life expectancy, injuries, illnesses, functional limitations, medical expenses, etc.					

Life expectancy, injulies, infesses, functional infitations, inculcal expenses, etc.



Foundational program/capability	HTO strategy	Key indicator	Short term measure
Communicable Disease	Improve access to sexual and reproductive health services.	Childhood Immunizations	
Environmental Health	 Provide safe, accessible and high-quality community gathering places, such as parks and community buildings. Build climate resilience among priority populations. Center BIPOC-AI/AN communities in decision making about land use planning and zoning in an effort to create safer, more accessible, affordable, and healthy neighborhoods. Increase affordable housing that is co-located with active transportation options. Build a resilient food system that provides access to healthy, affordable and culturally appropriate food for all communities. 		 % of population with a park within a 10-minute walk from their home # of Community Based Organizations that have meaningfully partnered with PHD, tribal and local public health authorities to build community resilience % of full-voting representation of BIPOC-AI/AN on state rule making and grants advisory committees % of people who use active transportation to get to work Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).