Public Health Advisory Board
Accountability Metrics Subcommittee
11/8/2022
9am – 10:30am

Subcommittee members present: Jeanne Savage, Sarah Present, Jocelyn Warren

Subcommittee members absent: Cristy Muñoz, Ryan Petteway, Kat Mastrangelo

OHA staff: Sara Beaudrault, Kusuma Madamala, Diane Leiva, Elliot Moon, Corinna Hazard, Amanda Spencer

Guest presenters: Kathleen Johnson, Lauralee Fernandez, Laura Daily

Public meeting, recording not posted but used for minutes

Local members here to go into CLHO metrics work

Welcome and Introductions:

- Went over agenda for the meeting.
- PHAB will be recruiting for new members for all subcommittees.
- October meeting minutes approved.

Recap of Public health accountability metrics – Measure tiers
Sara B. reviewed framework of measure tiers that were approved by subcommittee in October:

- Includes measures across three tiers/types:
    - Indicators (assessment) – Similar to health outcomes commonly used in public health. We are using these indicators to know what priority health issues really are and which communities are most affected. These indicators are separate from what is trying to be achieved which will be mostly done through process measures and policy work.
    - Public Health process measures, public health data, partnerships, and policy (assurance)
    - Structural determinants of health (policy development)

        - There will be work done to identify measures around structural determinants. This work will be focused on social and economic policies that are affecting our priories around environmental health and communicable disease.

Discussion

- Sara: The CLHO communicable disease group (which is not present at this meeting) has voiced concerns that the shift in focus to policy and structural determinants will detract from the core communicable disease program work which is more service based and not focused on policy.
    - Jeanne: There may be some unintended consequences, but that is okay. Work on the individual level will continue and will not go away and going forward we need to look at where we are spending more time and resources because we are trying to get upstream at the drivers which will require shifting focus and resources.
    - Sarah P: Stated her agreement with Jeanne and added that this framework shifts the responsibility off communicable disease staff and puts it on LPHA leadership and OHA.
    - Jocelyn: Helpful not to be too narrowly focused on policy interventions in the form of legislative measures. Structural solutions and policy changes don't necessarily have to be done through the legislative process. Communicating the importance of public health and policy work can be difficult if there are not metrics that point to a reduction of disease.
        - Sara B: What are examples of nonpolicy interventions that can address structural determinants of health like access to care barriers?
        - Jocelyn: Structural non-policy interventions could be things like bus routes, transportation, housing, food access, and social cohesion by creating spaces that enable communities to come together (i.e., park space and community centers).
- Jocelyn: How do we draw the line from structural interventions to disease burden in communities?
    - Jeanne: It can be difficult to show the impact of public health and policy work over short periods of time when often it can take 5 to 10 years to really see the impact of public health policy. While we might except to make progress on a goal in 5 years (and should make some adjustments if we don't see any improvement) we also cannot throw

everything out if we are not reaching all goals right away because long term policy interventions take long terms to measure.

- Kusuma: It will take time to see impact of structural and policy changes, but these are core governmental public health roles.
- Sara B: We can build our communicable disease programs while at the same time we do more policy and systems level work.
- Sara B: The structural determinants Jocelyn discussed (housing, social cohesion, neighborhood livability, access to food, etc.) are part of the state health improvement plan and most of the community health improvement plans. Most communities also identify those priorities as important, so it is important that are priorities are reflective of these areas that communities highlight.

Environmental health measures

Introduction

Sara B provided overview of what CHLO members will discuss and went over selection criteria:

- CLHO committee has been meeting since July or August to identify what are the environmental health and climate health priorities across Oregon, and what possible metrics could be used.
- CLHO committee will talk through their ideas of what indicators could be, what data sources and metrics that already exist, what are their limitations, and how they align with the selection criteria.
    - Selection criteria:
        1. Advances healthy 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
        5. We have data on a county/local/neighborhood level instead of just a state level – Criteria not listed on slide

Public health accountability metrics – Environmental Health: Overview
Kathleen went over metrics that the CHLO Environmental Health group came up with:

- Another factor considered for metric development was whether something can be tracked over time over several years so that there is historical context and trends over time can tracked.
- One thing that came up for CLHO committee was thinking about how local and state policy shapes build environment and access to resources that help communities adapt and/or build resilience.
- Another thing to consider is that these are statewide indicators, so it may be good to find some flexibility because local climate policies may be different for different communities which may have different priorities.
- The indicators/outcomes for extreme heat and air quality came from the Council of State and Territorial Epidemiologists.
    - These indicators have also been used in a regional health climate and monitoring report published by Multnomah, Clackamas, and Washington counties.
    - This data can be flawed (especially when trying to focus on health equity) since it leaves out many people who might have barriers to presenting to an Emergency Department.
- Water security and safety (drought, wells drying up, harmful algal blooms) can be a concern for some areas and communities, but the challenge is figuring out the connection to governmental public health as governmental public health is not always responsible for water systems.
    - Public health does have domestic well safety programs and will inspect small drinking water systems.
- OHA put out qualitive report on the impacts of climate change on youth mental health.
- State may have access to data that they can provide to LPHAs around mental health that could be used to help measure the impacts of climate change on mental health, but new measures may also need to be created.
- How does state public health support LPHAs in accessing and understanding data?
- There may also be staffing concerns as many LPHAs don't have an epidemiologist on staff and may have limited fully time employees (FTEs) for public health in general. There is also a concern about whether local

public health staff are trained in climate and health and understanding climate and health data.

Discussion

- Sara B: Indicators for extreme heat and air quality strongly align with the selection criteria as there is already some data that exists, these are areas with deep health inequities, PHAB has wanted to highlight these areas, and these are areas that communities are concerned about.
    - Other areas, like water security, wildfires, and mental health effects of climate change, are priorities but there are not currently many good existing data sources or measures that can be used.
    - Local public health authorities can also be limited in their ability to talk about climate change.
- Sarah P: What is needed now is increase the ability to track those extreme heat and air quality related health outcomes which don't have to be directly linked to climate change.
    - Even if LPHAs don't have FTEs dedicated to climate and health, in many counties it is important for public health to just be at the table during conversations about climate change.
- Elliot: There is a dry well tracking within state and is managed by a state organization outside of public health. So even if some things are outside of public health, we still can have a role.
    - Private well safety could use a LOT of help and improvement across the state.
- Elliot: Responding to emergences might be another bucket as OHA and LPHAs can have a role.
- Jeanne: When thinking about health indicators, are we picking one or two? Which one are we picking? Is that for us to decide?
    - Sara: This could be a narrowing down opportunity. CHLO has given this broad list of health indicators, not all of which currently have data or measures. Would recommend choosing one or two of the indicators (likely Extreme heat and/or air quality) as even just one of those areas will be a lot of measures.
    - Kusuma: One thing to consider which might help the process is where are there existing measures that align with each indicator.
- Kathleen: Can LPHAs pick one indicator, or is it one indicator one for all LPHAs? How is progress measured? Is it compared to progress within

county itself over time, or to other LPHAs? Is helpful to have just one indicator, or maybe three that each LPHA could decide which indicator they want to track?
    - Jeanne: Agreed with Kathleen's question about how flexible we want to be.
    - Kathleen: OHA is not dictating what is put in LPHA's local and climate adaptation plans. So, it would make sense for LPHAs to choose how they are being measured based on what they are including in their plans.
    - Sara B: Selecting an indicator may not necessarily require LPHAs to do specific work. Part of public health modernization is resourcing LPHAs to be able to address their local priorities.
    - Sarah P: Our statute for PHAB has flexibility around recommendations to make metrics. Modernization has a lot of flexibility.
- Kusama: Important to consider how to make a story for when sharing results. How will that flexibility allow us to share a story within a report.
- Lauralee: Thinking back to different indicators in the buckets. Different counties have different priorities. Emphasizing standards and easy access to data for LPHAs so they can choose what is relevant to them.
- Sarah P: Numbers seem to be less impactful with people and policy makers than personal stories (i.e., How OHA reached underserved communities with covid vaccination).
- Sara B: Can Jeanne talk more about the focus areas of CCOs, what their roles will be and how that will be measured?
    - Jeanne: Due to recent Medicaid waiver, CCOs can provide housing and food benefits that can come directly out of Medicaid funds. There is also an environmental aspect of that which allows people to qualify to receive things like air conditioners or air purifiers.
        - This allows a lot of partnership opportunities for the state, LPHAs, CCOs, and CBOs.
        - It is important to make sure that public health doesn't duplicate work of CCOs, but instead tries to complement that work.
- Kathleen: Washington county would probably select something like extreme heat and air quality as priorities for the first five years, but then at

the same time would probably start background work for understanding water security/quality concerns that they should be anticipating.

- Sara B: We can select areas like extreme heat or air quality, but then LPHAs can decide how to do that work in ways that make the most sense for them in their communities.
- Sara B: In communicable disease, they might consider a domain to be preventing communicable disease among those who are homeless. Local public health could tailor what that looks like based on their data and the needs in their communities.
- Jeanne: Is it necessary to build a system to responding to extreme climate events? In most regions, at the LPHA level, is there a protocol and response for extreme climate events?
    - Sarah P: At the local level, response to extreme events is usually housed disaster management or emergency response and not public health.
    - Joslyn: Some places it would be in public health, but it differs greatly from county to county. In Lane County, when public health is involved, it often is in a capacity of providing warning, preparation, and prevention instead of responding when disasters happen.
- Kusuma: Is communications a public health role across all these areas?
    - Sarah B: Communicating health information generally is a public health role, but how that information gets implemented may or may not be a role for local public health depending on the county.
- Jeanne: We are dealing with the long-term impact environmental health and the intersection with public health, which does not involve emergency response.
- Jeanne: Sounds like the current basic function of public health in environmental and extreme climate work is communication, informing of what is coming, tracking, planning, and cohesion building of partnerships. Is that right, is there anything else?
    - Sara B: Would also include bring data and policy experience. Being at the table where policy conversations are happening, and policy decisions are being made.
- Jeanne: How do we take lenses of health equity and put it into coordination of response, planning and communication? Do we say going forward do we break down data into various demographics and look at impact based on that and then communicate that data to our partners to inform decisions

around extreme climate events? Is that what we are doing or working towards?

- Kathleen: In Washington county, that is what they are headed and where they are going. There can be flaws in data. Also try to collect data about where people were when an event happened (Were they outside? Were they unhoused?) to get an idea of what happen when people are presenting with health outcomes like heat related illnesses. There can be some missing pieces as it is based on if providers documenting the data (it is not imputed by patients) and there can be barriers for presenting at ED.
    - We go to community partners with that and try to understand what might be missing.
    - We also work closely with emergency management to develop plans and messages that center health equity. Like understanding best placement for emergency shelters, understanding that many people prefer to shelter at home, and making sure that commutations around extreme climate events go out in many languages.
- Jeanne: Are all LPHAs doing this work or is this an ideal state that we should measure and try to get all LPHAs to?
    - Sara B: Washington County is ahead of many LPHAs, but many LPHAs are working towards this goal.
    - Jeanne: Do we want to put this kind of process into the metrics and track if LPHAs are setting up their systems to an ideal state, or do we want to focus on something outside of public health process.
    - Jocelyn: What would be the metric around planning? Do we have characteristics around planning? It seems not to focus much on health outcomes.
    - Sarah P: Don't want to lose sight of improving the well safety program even if not in modernization.
    - Sara B: LPHAs are currently working on developing plans. There are ways to look at those plans and look to see if they have certain metrics. It might not resonate though to spend funding on and then to have the only result be plans. There should be a connection to health outcomes.

- Sara: There is a through line from helping LPHAs to helping people during heat events or events related to air/water quality.

Subcommittee business

- Jocelyn volunteered to provide the subcommittee update at the next PHAB meeting.
- Next meeting is focus on environmental health again, and then start conversations on communicable diseases in the beginning of 2023.
- Subcommittee members provided availability and Sara B. will schedule next meeting.
- No public comment.

Meeting was adjourned