

**Public Health Advisory Board (PHAB)  
Strategic Data Plan Subcommittee  
April 28, 2021  
DRAFT Meeting Minutes**

**Attendance**

*Subcommittee members present:* Dr. Eli Schwarz, Dr. Rosemarie Hemmings, Veronica Irving, Hongcheng Zhao, Gracie Garcia, Alejandro Qural, Eva Rippeteau

*Board members absent:*

*Oregon Health Authority (OHA) staff:* Cara Biddlecom, Diane Leiva

**Welcome and Agenda Review**

*Cara Biddlecom (OHA)*

Cara welcomed the PHAB Strategic Data Plan (SDP) Subcommittee to the meeting. The meeting began with introductions and members sharing their views of what is important about Public Health data followed by a review of the draft PHAB SDP Charter.

**Discussion on Charter**

*(All)*

Alejandro noted some comments around the language in the charter and asked whether there was a strategic data plan already in place. Additionally, he inquired what will happen to the feedback? Are they recommendations? The implication is that the recommendations will be implemented by OHA which implies more of a directive than recommendations. So, the question is who would approve these recommendations.

Diane noted that there is not a plan yet. Based on the information we receive from the Subcommittee; we will draft, and you will approve the Strategic Data Plan. In terms of feedback that you provide, it will be based on the current data

that we have. What you are seeing and what you are not seeing. So, the question may be, for example, let's say, we have surveillance data and the question may be how is race and ethnicity being reflected or analyzed in this data. Up until now, the data that we have may have those gaps as far as how the data is being analyzed. Is it really responding to community health care needs? This is how your feedback is going to inform the development of this strategic data plan.

Eli shares the relationship between the accountability committee and this new committee? How will we delineate the tasks for the two committees, particularly around accountability? The second issue is around the metrics and scoring committee and accountability committee and this committee as well as the subcommittee around health inequities which was set up a few years ago and was not able to measure health inequities. Some of the eternal problems were the lack of data on race and ethnicity. Because we are unable to capture that data in our systems, are people are unwilling to share that background which was proven in the COVID-19 presentation. Dr. Sidelinger mentioned that only 40% of the information we have is lacking on race and ethnicity. If we tell OHA that this is unacceptable we need to do something effective that could be considered feedback, but it can also be a message that we cannot work with this lack of information. We are unable to make right decisions without this information.

Diane noted that this is precisely the needs we need to address. At the OHA we have the Real-D which is a mandate and is currently meeting with people from all over OHA on how to address this and this is a first step. At the PH level we need this type of feedback. No so much of how we collect data but how it is being analyzed and whether these variables are being included in that analysis.

Alejandro agrees with what Eli said and defining how the subcommittee is going to work is also important. I suggest we change the language in the charter that this subcommittee will be responsible for helping create through our recommendations and feedback ultimately our deliverable, a strategic data plan. I feel that that wasn't clear in the language that I read in the document. I would also like to discuss what we mean around accountability and monitoring process and how the data plan will be developed and implemented. The series of steps about providing feedback to staff, that feedback being incorporated and decision

needing to be made about what is doable or not doable. What is the process like? Need a clearer sense. If the process were more nuanced it would be helpful for us to be a bit more succinct in how we described that.

Diane addressed Eli comments on accountability and deferred to Cara on the process of how it will feed into the PHAB Accountability Subcommittee. Cara provides background information on how we got to this point starting with data visualization and how can we make public health data more available to the public through tools such as Tableau and Power BI. We did a lot of work on visualization. But for those who have been on the Public Health Advisory Board for some time, we also have our Survey Modernization work, which is really based in community, where the community decides what questions to ask, how to collect the data, how to use the data. They own the data. So, we have that work going on too. We need to talk about public health data from the moment the data are collected; all the way through visualization and how the data are used to inform policy change, etc. To do that we need to work with our partners and engage communities throughout that process. This opportunity ties all that together into a cohesive hold. To the point that Alejandro just made, for some of these things we may not have resources or be technologically possible with the resources we have right now. The reason to link this with the PHAB is that we can go back and provide information about what is happening with this plan, how it is being implemented and resourced, and where there are barriers along the way so we can correct and make changes as to how the plan is developed and evolves over time.

Hongcheng noted that we aren't only talking about data itself, but we also need the specifications of the data, lots of work to do with data collection and how you want to analyze before you use Tableau to present the data. To me, data collection and the quality of the data matters the most. Otherwise, everything you build on that can be garbage. It is a challenge for this group as far as what we are going to deliver, and what we are going to accomplish. We really need to know that. I hope that at the end of this endeavor we have something accomplished. Something that we can implement.

Diane thanks Hongcheng for his comments and notes that he is correct on so many accounts. She adds that the purpose of the group, as the Subcommittee, is to develop the plan first before we start talking about what data we are going to collect, the quality of data, technology, we need to develop the plan. After the plan has been developed and approved by the Subcommittee, then we can talk about what type of technology and resources we are going to need so we can get into the details of carrying out this plan. So, for this purpose, where we are right now is that we need to develop the plan.

Dr. Hemmings indicates that it is her understanding that this is not a new subcommittee. Hasn't this subcommittee been around for a while? I thought I heard Eli say that he has been on it for six years.

Cara notes that half of the subcommittee members are members of the Public Health Advisory Board that has been in existence since 2016, but this is a new subcommittee of that board. For all our subcommittees we have both members and non-members of the PHAB so that we can include more voices and experience in the work that is happening in the PHAB.

Dr. Hemmings inquires whether this subcommittee is new as of April 2021? So that is why you don't have a plan. Now I understand.

Cara continues that as we continue to go through the charter there might also be new plans that we need to look at, what is the principles for the decision making and the framework for the plan to dig more deeply into the whole continuum of how the questions and data collection are set up on how we share or utilize and use data for decision. The challenge is to keep that at a high enough level so that when we have changes at the public health data level, the way that we can collect data, ways to use data, that we are still relevant with the potential for those types of things to shift over a shorter horizon.

Diane goes on to discuss the stakeholders in the charter. Dr. Hemmings asks whether the stakeholders in the charter are also on the PHAB? Cara responds that we do have local public health officers and administrators on the PHAB. We have a healthcare representative that covers a couple of those and a CCO

representative. Diane asks the Subcommittee that if there is a stakeholder that is not represented in this list to provide this information for inclusion.

Eli suggests the population at large? He adds that not every person in the state is member of a community-based organization. He adds that when listening to hearing at the Legislature, there are many individuals that simply present by themselves and are simply users of public health data.

Dr. Hemmings adds that when OHA puts out COVID-19 information, there is public health data they put out as well. So, population at large are stakeholders for information.

Alejandro indicates that he doesn't disagree, but it would be helpful to understand the purpose of defining stakeholders in this context. In other words, under deliverable #2 it states our deliverable is to pose a set of recommendations on engaging with partners and key stakeholders. I am not seeing any other reference to stakeholders, so the question is, if it is about engagement of stakeholders what do we then mean, from a practical perspective, what does the general public mean? For me, engaging the general public through these proxies, whether it is community-based organizations, health centers and clinics, may be a way of narrowing the field a bit from a practical perspective. If it is about engagement, how do we do it?

Dr. Hemmings, aren't these meetings open to the public? Isn't there a public comment period?

Diane responds that this is a public meeting and adds that it is open to the populations at large, but is trying to visualize how that would be possible? We do want this to be manageable and by no means is this going to be set in stone. This is a live document that will hopefully be improved over time, referring to the plan. This is on the table for further discussion. But at this juncture, what we have discussed, is that we have wanted to focus on the health aspect and not so much on the policy aspect. Although obviously policy is going to be directly impacted by the outcome of the plan and how the data is collected and analysis. Diane defers to Eli for suggestions on how to add the population at large?

Eli indicates that the comments made by Dr. Hemmings and Alejandro are valid and re-reads the section and notes in a sense this would be the understanding that by mentioning these stakeholders we would have made it all encompassing so I'm not sure. Referring to Alejandro's point, I am not sure why we have a list of stakeholders. Unless we will go out to these stakeholders and invite particular comments and/or suggestions that this is going to be the circle of people that we will ask for people for comments on the data plan that we are discussing. Because maybe we should just try and the public comment period of the meeting would be the open invitation to everybody.

Veronica remarks that she was agreeing as to the logistics of adding the population. We have the public comment period here, but is there a public comment period of time so than when we have the data plan drafted we could share among our different community partners on the stakeholder list and get their members feedback on the plan at that point.

Cara indicates that she feels that to some degree that is in the deliverables in terms of asking from you some input/advice on the engagement strategy of the subcommittee and the plan itself.

Diane notes that in addition to the subcommittee we also have an internal team within Public Health where we have people who are liaison, not necessarily representatives, within Public Health that have direct communication with local public health authorities, CCO and that is also one of the venues of communication with the stakeholders that we have detailed here. Because at this point to try to reach out to the population at large ... ideally the goal is, and we will look at the timeline, the goal is to have the plan developed and approved by you by December of this year. That might also be a constraint depending on schedule and depending on what we come across. But please do know that those stakeholders that we have outlined here, they do have a person within public health that is the liaison to them.

Veronica suggests whether we should include other government organizations who might be using the data. For example, K-12 other groups in government that routinely have access to the data and have opinions on what data is missing.

Diane responds that this had been considered and that other organizations could be added such as local and state government, but for this particular effort we had thought of really focusing on healthcare and not so much policy. Once we have this down open it up to other government organizations. What are your thoughts?

Veronica notes that perhaps as part of our plan we can reach out to some of them to see what they thought was missing this last year particularly with COVID. All the different times the group have reached out. Perhaps adding them to our list of stakeholders?

Diane reads out the deliverables for the subcommittee. The list we saw before is by no means inclusive. Additionally, shares what work is out of scope as well as Subcommittee responsibilities and request that if members are unable to attend to have assign someone in their place.

Dr. Hemmings asks whether recommendations of engagement with partners and key stakeholders, how does the communication channel work?

Diane responds that one of the documents still being worked on is the Communication Management Plan with all of you. Not only through meetings, but through emails...this is one of the things we need to discuss. What is your preferred method of communication with the subcommittee? As far as communication with the other stakeholders that we talked about, that is going to be something that the liaison within Public Health will have to define for us.

### **Discussion on Group Agreements**

*(All)*

Diane reads through the Subcommittee Group Agreements and asks whether there are any additions.

Eva request to add a grace, not only in the challenges of working in a virtual space, but while we get to know one another. It does match with the acknowledge intent and impact and oops and ouch. I love having grace and giving it and receiving it. Forgot about the bullet right above it. Diane acknowledges the request and indicates she will add something and sent it to the group to vet and approve.

Dr Hemmings notes that holding grace around the challenges of sharing a virtual space, so were you asking for that to be added? Eva agrees and asks for the addition. The ouch and oops may cover that already.

### **Discussion on Modernization Framework**

*(All)*

Diane goes over Modernization Framework of our Governmental Public Health Services , primarily the goals of our foundational capabilities which have to do with leadership and organizational competencies, health equity and cultural responsiveness, community partnership, assessment and epidemiology, policy and planning, communications and emergency preparedness responsiveness.

### **Discussion on the Strategic Data Plan Timeline**

*(All)*

Diane notes that what is being presented is an excerpt of the timeline. This is our kick-off meeting. We did introductions in our initial meeting at the beginning of April. In May through July, we are going to review background information, information that is collected to date and what is missing. So, a lot of the work that is going to be presented to you will be coming out of the contributions from our Internal Team in Public Health and advice on process for collecting feedback from the stakeholders. As part of the project management plan and communication plan I have been working on developing, one of the things that will be included is a feedback log and a decision log of those decision that are being proposed. Our timeline for the review of our draft plan is going to be from August through October. There we will also develop metrics and milestones. The finalized plan will be probably in November (probably because November is a

short month). The final approval from the PHAB will be in December. This is an aggressive timeline based on everything we need to look at, cover and discuss. Questions, comments?

Hongcheng inquires on who is going to work on those plans? Subcommittee members will only wait for the plan to be drafted and give the comments? Or we are going to be assigned work on different parts of the plan?

Diane responds that she would love it to be what you just mentioned, but no. The person is actually going to be myself amongst other people in Public Health and our Internal Team. We are the ones that are going to draft the plan out and will be constantly sending you updates for your review.

Cara adds that this is a really important point. It is not that we are going to make you sit down and write the plan. But more through our regular monthly meetings and conversations and what the engagement looks like around this, we would be drafting it, and synthesizing it into writing. You would be reviewing and responding, adding, and we would have an iterative process.

Hongcheng mentions that that is what he had in mind. In order for us to give meaningful comments, we should be given sufficient information and resources including the current landscape of the data or the infrastructure of the data collection, analysis and implementation to have some clue of what is going on and what we have right now, know the direction and what is next.

Diane agrees with Hongcheng and notes that part of the work we are collecting now through our Internal Team is precisely that. We are collecting our current state, what is the data we currently have and will be in the process of developing a new data inventory, not only for this particular strategic data plan, but also to present to you so that you have an accurate picture of what is the data that we have available.

Eli inquires whether we consider the State's surveillance program part of the Public Health's database?

Diane confirms. On this new data inventory, we are getting ready to reach out to a number of people that will include not only the data that we have and have had in the past. Our last data inventory was done in 2016, so it is not only an update of that data, but this will also include COVID data, CRRU (COVID Response Recovery Unit) data, Vaccine Project Planning data; everything that you are actually seeing when you go to the Public Health COVID dashboard; all of that is going to be included in that data inventory.

Diane adds that this is a lot of information we have gone over and hopes that the Subcommittee will take this opportunity to get back to us if there are any questions and/or suggestions; this is an ongoing open conversation between us.

Cara notes that she has one additional process question for the Subcommittee before we can go back up to the agenda. In the May through July timeframe, are you also interested in developing the overarching principles that we want to be using to make decisions and/or frame up the plan and if that something we should be putting on our timeline? And if so, probably something we would want to put on for May.

Eli asks for clarification. What does that mean? We have worked in PHAB, we have our principles of decision making, but I have never seen that practiced in Subcommittee of Accountability because it doesn't become relevant until it comes back to PHAB, because it is PHAB that makes the decisions.

Cara responds that what we could do at our next meeting is go back through our Health Equity Policy and Procedure and maybe start there as a place for ongoing conversation. I just want to make sure that working on something that is this big, that we are working from the same scope.

Eva notes that having some principles particularly if we are taking something and having them align with the overarching PHAB principles, but then having somethings that may be missed around equity, inclusion, improving services to communities that haven't been reached. I know we have language on that but seeing how we can better connect on the front end and instead of having it sent back to us by the large group and realizing we missed something.

Alejandro inquires on the relationship between your question and the Health Equity Policy and Procedure that we have. It does refer to Subcommittees and the application of procedures in our decision-making process?

Cara suggests that maybe we should take some time at our next meeting and go through the Health Equity Policy and Procedure to make sure that as we are having these discussions, as it relates to the Strategic Data Plan, we are reflecting and using those principles. Perhaps there is one layer down of how do those principles apply to Public Health data and we might want to be thinking about this when writing the plan? It should be in the beginning part of what frames it up.

### **General Discussion on Upcoming Meetings**

*(All)*

Cara reverts to the agenda. This meeting was really hard to schedule and we probably need to schedule something in ongoing cadence. Just to say that we will be following up to try to get some ongoing meetings on our calendar so that we can continue to move this work. This particular date and time will probably not be the best time for everybody every month?

Typically, what we do at each full PHAB meeting which are open to the public is that we welcome everyone who is on the line today to attend. We typically have a PHAB member provide an update at one of those meetings so I was wondering if anyone would be willing to share back at the May 20<sup>th</sup> PHAB meeting.

Alejandro offers to provide update that the next full PHAB meeting.

Cara inquires on what other things are on the mind of the participants? Additionally, we will be sending an updated version of the Charter and updated Group Agreements with all of the things we talked today, and all of the feedback members provided and will follow-up with a meeting scheduling request.

Eli notes that we don't know when the next meeting will be?

Cara confirms.

Eli asks Diane how far ahead are we with the first basic overview of the data situation?

Cara responds that we certainly haven't brought it to you yet. So I think that what we will need to do is prepare some of that background and also at our next meeting we will talk through out Health Equity Policy and Procedures and also think about how the principles within apply to Public Health data and our decision-making as a Subcommittee. So those will be our May agenda items.

### **Public Comments**

*Cara Biddlecom (OHA)*

Cara opens the floor to the person attending for any questions or feedback to the Subcommittee.

Carissa Bishop notes on the importance to include the community and any stakeholders throughout the process from planning through implementation and evaluation to ensure equity, including various stakeholders in all aspects of the planning process.

Cara thanks Carissa and notes that is some pretty good framing for matching up our values against equity with the work of Public Health data.

Cara thanks for the participants and asks to get back to her or Diane with any questions and/or edits to the material that will be sent out. In the meantime, also be looking out for meeting scheduling email which we hope works for everybody.

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