

# AGENDA

## PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee

April 28, 2023  
12:00-1:00 PM

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1616889251?pwd=YXQyS2RmZEFld0JnTUJMazF5MGlwQT09>

Meeting ID: 161 688 9251

Passcode: 157025

(669) 254-5252

### Meeting Objectives:

- Approve April 11 meeting minutes
- Review feedback from local public health authorities on communicable disease priority areas and indicators
- Discuss recommendations to PHAB on communicable disease priority areas and indicators, with focus on vaccine preventable diseases and seasonal and emerging respiratory pathogens
- Discuss moving toward a syndemic approach to communicable disease accountability metrics

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

### PHAB's [Health Equity Policy and Procedure](#)

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9:00-9:10 AM	<b>Welcome and introductions</b> <ul style="list-style-type: none"><li>• Approve April 11 meeting minutes</li><li>• Review group agreements and proceeding with metrics discussions that are person-centered</li></ul>	Sara Beaudrault, Oregon Health Authority
9:10-9:50 AM	<b>Communicable disease priorities and indicators</b> <ul style="list-style-type: none"><li>• Discuss feedback provided by LPHAs on communicable disease priority areas</li><li>• Discuss recommendations for vaccine preventable diseases</li><li>• Discuss recommendations for seasonal and emerging respiratory pathogens</li><li>• Discuss moving toward a syndemic approach to communicable disease accountability metrics</li></ul>	All

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- **Decision:** Is the subcommittee prepared to recommend communicable disease priorities and indicators to PHAB in May? If not, what additional information would the subcommittee like to discuss?
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9:50-9:55 AM	<b>Subcommittee business</b>	
	<ul style="list-style-type: none"> <li>• The next meeting is scheduled for 5/9 at 9:00-10:00</li> </ul>	All

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9:55-10:00 AM	<b>Public comment</b>	
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10:00 AM	<b>Adjourn</b>	All
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Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

If you need help or have questions, please contact Sara Beaudrault: at 971-645-5766, 711 TTY, or [publichealth.policy@dhsoha.state.or.us](mailto:publichealth.policy@dhsoha.state.or.us), at least 48 hours before the meeting.

# 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

## April 11 Subcommittee discussion and recommendations

### **Based on:**

- Input provided by state and local communicable disease staff through the CLHO communicable disease accountability metrics workgroup
- Input provided by LPHA officials through consultation, and
- PHAB Accountability Metrics subcommittee discussions and data reviews

### **The PHAB Accountability Metrics subcommittee**

1. Recommends that PHAB adopt sexually transmitted infections and three related indicators for syphilis for public health accountability metrics.
2. Will continue to discuss vaccine preventable diseases and seasonal and emerging respiratory pathogens as possible areas for accountability metrics.
  - The CLHO CD accountability metrics workgroup recommends vaccine preventable diseases and would like the PHAB subcommittee to discuss options for maintaining focusing on seasonal and emerging respiratory pathogens, even if not an accountability metric.
3. Will not continue to discuss Hepatitis C, foodborne diseases, HIV or Tuberculosis at this time.

## Public health system metrics

The following set of metrics brings attention to health priorities in Oregon.

These metrics provide a framework to bring together governmental public health authorities, other sectors and partners, and state and local health officials to collectively change policies to create health for everyone.

These metrics also demonstrate improvements in Oregon Health Authority and local public health authorities' core system functions through public health modernization

Collective responsibility across sectors and partners	
Health priorities	Policy actions
Public health assessment	Public health policy development
Indicators of health outcomes  <i>What are priority health issues throughout Oregon?</i>  <i>Which groups experience disproportionate harm?</i>	Measures of policy landscape  <i>How are policies contributing to or eliminating root causes of health inequities?</i>
Level of accountability  The governmental public health system as a whole, other sectors and partners, elected officials.  Oregon's Public Health Advisory Board has a critical role to influence necessary policy changes.	

Oregon Health Authority and local public health authority accountability
Public health data, partnerships and policy
Public health assurance
Measures of foundational capabilities  <i>Are public health authorities increasing capacity and expertise needed to address priority health issues?</i>  <i>Are public health authorities better able to provide core public health functions within their community?</i>
Level of accountability  OHA and individual LPHAs

## Framework for public health accountability metrics

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

## Proposed communicable disease priority areas and indicators

The following priority areas and indicators have been developed by state and local public health authority staff. The goal is for the PHAB subcommittee to eventually narrow recommendations to 1-2 priority areas and one or more related indicators.

Priority areas	Indicators
<b>Seasonal and emerging respiratory pathogens</b>	<ul style="list-style-type: none"><li>• All respiratory outbreaks (influenza-like illness, RSV, COVID and others) in long-term care facilities</li><li>• Influenza hospitalizations and mortality rates</li><li>• Influenza vaccination rates</li></ul>
<b>Sexually transmitted infections</b>	<ul style="list-style-type: none"><li>• Rate of congenital syphilis</li><li>• Rate of any stage syphilis among people who can become pregnant</li><li>• Rate of primary and secondary syphilis</li><li>• Rate of gonorrhea</li></ul>
<b>HIV</b>	<ul style="list-style-type: none"><li>• Rate of new HIV infections</li><li>• Proportion of people living with HIV with an undetectable viral load within three months of diagnosis</li><li>• Proportion of people living with HIV with an undetectable viral load in the prior year</li></ul>
<b>Vaccine preventable diseases</b>	<ul style="list-style-type: none"><li>• Rates of high impact vaccine preventable diseases (i.e. pertussis, measles), including by race, ethnicity, gender, sexual orientation, housing status (includes carceral settings), injection drug use</li><li>• Adolescent vaccination rates</li><li>• Adult vaccination rates</li><li>• Two-year old vaccination rates</li></ul>

	<ul style="list-style-type: none"><li>• School vaccination rates and non-medical exemption rates</li></ul>
<b>Viral hepatitis</b>	<ul style="list-style-type: none"><li>• Rates of acute hepatitis, including by race and ethnicity, gender, sexual orientation, housing status (includes carceral settings), injection drug use</li></ul>
<b>Foodborne diseases</b>	<ul style="list-style-type: none"><li>• Rates of foodborne diseases, including by race, ethnicity, gender, sexual orientation, housing status (includes carceral settings), injection drug use</li></ul>
<b>Tuberculosis</b>	<ul style="list-style-type: none"><li>• Rate of active TB infection</li></ul>