

# AGENDA

## **PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee**

**May 23, 2018**

**1:00-2:00 pm**

Portland State Office Building, room 918

Conference line: (877) 873-8017

Access code: 767068#

Webinar link: <https://attendee.gotowebinar.com/register/5150607625475124481>

### Meeting Objectives

- Approve March 8 meeting minutes
- Make recommendation for active transportation and opioid overdose death process measures

PHAB members: Muriel DeLaVergne-Brown, Eva Rippeteau, Eli Schwarz, Teri Thalhoffer, Jennifer Vines

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1:00-1:10 pm	<b>Welcome and introductions</b> <ul style="list-style-type: none"><li>• Review and approve March 8 minutes</li><li>• Presentations to Oregon Health Policy Board and other committees</li><li>• Subcommittee member updates</li></ul>	Sara Beaudrault, Oregon Health Authority
1:10-1:30 pm	<b>Local public health process measures</b> <ul style="list-style-type: none"><li>• Make recommendations for outstanding issues for active transportation and opioid overdose death process measures</li></ul>	Sara Beaudrault, Oregon Health Authority
1:30-1:35 pm	<b>Subcommittee business</b> <ul style="list-style-type: none"><li>• Select subcommittee member to provide update at June 21 PHAB meeting</li><li>• This committee is adjourned until September</li></ul>	All
1:35-1:45 pm	<b>Public comment</b>	
1:45 pm	<b>Adjourn</b>	

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## **PUBLIC HEALTH ADVISORY BOARD**

### **DRAFT Accountability Metrics Subcommittee meeting minutes**

**March 8, 2018**

**PHAB Subcommittee members in attendance:** Eli Schwarz, Teri Thalhofer, Muriel DeLaVergne-Brown, Jennifer Vines, Eva Rippeteau

**Oregon Health Authority staff:** Sara Beaudrault, Cara Biddlecom, Myde Boles and Julia Hakes

#### **Welcome and introductions**

The January 24, 2018 meeting minutes were approved.

#### **Public health accountability metrics report**

Myde walked subcommittee members through the [Public Health Accountability Metrics Report](#).

Eli asked how LPHAs will achieve the benchmark without improvement targets. Myde explained that improvement targets and incentive funding will be discussed at the joint Accountability Metrics and Incentives and Funding subcommittee meeting on March 29.

Jennifer cited the [percent of gonorrhea cases that had at least one contact that received treatment](#) as a process measure where it is important to be specific with numbers. Jennifer gave the example of Multnomah County which has significantly more cases of gonorrhea than smaller counties but is not represented when shown by percentage. Myde agreed and will put the raw data on a table in the next iteration of the report.

Eli asked what it means when the benchmark has been established by the Public Health Division. Sara explained that Division programs either use existing benchmarks or look at benchmarks used by other states and/or other resources to establish benchmarks.

Eli expressed concern that some of the benchmarks are very high compared to the baseline and is worried that LPHAs will not be able to hit the benchmark in the given timeline. He gave the example of [the percent of gonorrhea case reports with complete priority fields](#) as a very high benchmark. Muriel said this is a process measure and the high benchmark does not concern her, it tells her that there needs to be more training. Cara clarified that the process measure timeline is more nimble than the accountability metric timeline because process measures reflect how the work is done and accountability metrics have a much longer timeline for change.

Muriel asked if the benchmark is too high for the [percent of top opioid prescribers enrolled in PDMP process measure](#). Subcommittee members cited the passage of [HB 4143](#) as justification for the high benchmark as all providers will now be required to register for PDMP.

Jennifer drafted some language for the introduction of the report that explains the importance of metrics and the process that PHAB used to identify measures and will send to Sara to be included in the report.

The subcommittee moves to present the report to the PHAB for adoption. All in favor.

**Public comment**

No public comment was provided.

**Adjournment**

The meeting was adjourned.

The next Accountability Metrics Subcommittee meeting is scheduled for:

March 29, 2018 from 1-3 pm

DRAFT

# Opioid overdose deaths

**Health outcome measure:** Prescription opioid mortality rate per 100,000 population

**Local public health process measure:** Percent of top prescribers enrolled in PDMP

# Opioid overdose deaths

Issue: House Bill 4143 (2018) requires that all prescribers enroll in PDMP, effective July 1, 2018.

<https://olis.leg.state.or.us/liz/2018R1/Downloads/MeasureDocument/HB4143/Enrolled>

Question for subcommittee: Should PHAB establish a new local public health process measure for opioid overdose deaths?

# Opioid overdose deaths

Feedback from CLHO committee:

- Makes sense to keep in place through the next biennium.
- Recommend keeping the benchmark at 95%.
- Although the public health system is not responsible for enforcement, this is relevant and important work for LPHAs.

# Active transportation

**Health outcome measure:** Percent of commuters who walk, bike, or use public transportation to get to work.

**Local public health process measure:** Number of active transportation partner governing or leadership boards with local public health authority representation.

# Active transportation

## Issues and updates:

- Active transportation is an emerging area of work for the public health system.
- There is no established data source or data collection mechanism for the process measure.
- PHD and Oregon Department of Transportation staff have been working on how to operationalize this measure.
- Baseline data will be collected and reported in the 2019 Public Health Accountability Metrics Report.

## Draft Active Transportation- Oregon Public Health Modernization Local Public Health Authority Process Measure Description

### Context:

In June 2017, Oregon's [Public Health Advisory Board](#) (PHAB) established a set of accountability metrics to track progress towards the [modernization of Oregon's public health system](#). These metrics emphasize Oregon's population health priorities and help identify when goals aren't being met. These metrics also identify where public health can work with other sectors to achieve shared goals. Active transportation is one of two Public Health Accountability Metrics for Environmental Public Health.

Process measures for local public health authorities were created to highlight key actions that will need to be taken to forward progress on the accountability metrics. These process measures bring attention to the unique and essential roles and functions of local public health authorities (LPHAs).

### Process Measure:

The local public health process measure for the active transportation measure reads as follows:

*Number of active transportation, **parks and recreation, or land use partner governing, or leadership, or planning boards initiatives with LPHA representation participation***

LPHA's are best positioned to identify and connect with local and regional transportation efforts their communities. The examples below reflect the Oregon Public Health Division and The Oregon Department of Transportation's best understanding of meaningful transportation planning efforts that can positively impact active transportation at the local and regional level.

### Eligible types of transportation partner governing or leadership boards and/or activities include:

1. Advisory committees for the development or update of local and regional plans such as:
  - a. Transportation System Plans (TSP)  
Definition: A TSP defines the transportation system desired for the future and how it can be achieved. It identifies transportation systems, as well as outlines policies and strategies necessary to meet existing and future travel needs (motor vehicle, pedestrian, bicycle, transit and freight) based on projected population and employment growth and community aspirations.  
Point of contact: city transportation, planning or public works department
  - b. Comprehensive Plans (land use)  
Definition: The comprehensive plan, also known as a general plan, master plan or land-use plan, is a document designed to guide the future actions of a community. It presents a vision for the future, with long-range goals and objectives for all activities that affect the local government. This includes guidance on how to make decisions on public and private land development proposals, the expenditure of public funds, availability of tax policy (tax incentives), cooperative efforts and issues of pressing concern, such as farmland preservation or the rehabilitation of older neighborhoods

areas. Most plans are written to provide direction for future activities over a 10- to 20-year period after plan adoption. However, plans should receive a considered review and possible update every five years.

Point of contact: city planning department

c. Zoning Code Updates

Definition: Local (municipal) law that specifies how and for what purpose each parcel of private [real estate](#) may be used. Also called [zoning ordinance](#).

Point of contact: city planning department

d. Bicycle and Pedestrian Plans

Definition: defines the bicycle and/or pedestrian element of the TSP in greater detail. May be incorporated into TSP as a chapter or adopted as a stand-alone document.

Point of contact: city transportation, planning or public works department

e. Transit Development Plans or Transit Master Plans

Definition: A long range plan for the future of the transit system. Should inform the TSP.

Point of contact: transit agency

f. Safety Plans (ex. Corridor Safety Plans)

Definition: Addresses safety considerations. Topic and scope will vary. Common examples include a transportation corridor that has a high number of crashes (geographic based), or an issue such bicycle safety (topic based).

Point of contact: city or county public works or planning, ODOT

g. Neighborhood, Community or other Local Area Plans

Definition: These plans are typically prepared in support of a Comprehensive Plan and must be consistent with the Comprehensive Plan. They often provide additional guidance on how the Comprehensive Plan will be implemented in a particular area. Not all such plans will address or impact opportunities for active transportation.

Point of Contact: city planning department

h. [Parks and Recreation Plans](#)

Definition: A plan for the future of parks in the community. Usually includes trails and paths which are part of the park system. May be adopted as a chapter of a Comprehensive Plan.

Point of contact: city parks department

i. Safe Routes to School Action Plans

Definition: describes walking and biking facilities within a specified radius around a school to identify barriers for children walking and biking to school. Proposes a course of action.

Point of contact: individual schools, city planning or public works, or through local advocacy groups.

- j. Health Impact Assessments related to land use and transportation planning  
Definition: HIAs are structured processes for informing public sector decision making processes such as the development of land use and transportation plans. They can be led by public agencies or non-governmental organizations and often have advisory or steering committees or other mechanisms for getting stakeholder input. Not all HIAs related to land use and transportation planning will address or impact opportunities for active transportation.  
Point of contact: Varies—local public health staff would be the best place to start.

**2. Standing committees and decision-making bodies:**

- a. [Area Commissions on Transportation](#): Regional committees that make recommendations on transportation issues, including making funding recommendations to ODOT.
- b. Planning Commissions: city and county decision making bodies, generally appointed by a City manager or city council. Makes recommendations to City Council on land use decisions.
- c. Bicycle and Pedestrian Advisory Committees: some cities may have a standing advisory committee, generally have an application process and is appointed by city manager, mayor or city council. An example is the [City of Eugene Active Transportation Committee](#).
- d. Transit Agency Board: if transit agency is a stand-alone district, rather than a department of the city, they are likely to have a board of directors. Selection process will vary.

**Summary:**

The intention of the active transportation process measure is to foster the creation of relationships between local public health professionals and governing or leadership groups that oversee transportation planning. Local public health authorities bring a valuable perspective to transportation and land use planning. Local public health practitioners may be more likely, than state agencies, to know about local opportunities to increase active transportation opportunities. By bringing health considerations to transportation planning efforts, the public health system can increase community access to active transportation options.

# Active transportation

Subcommittee recommendation requested:

1. Feedback on defining and measuring the process measure.
2. Recommendation that changes to process measure be reviewed and adopted by PHAB.

# Active transportation

## CLHO committee feedback:

- Support for a broader definition of local public health authority engagement in active transportation governance and planning.
- Support for broader range of ways for LPHAs to be involved.
- Suggested additions to list of boards and activities.

# Subcommittee business

- Select subcommittee member to provide update at June 21 PHAB meeting.
- Subcommittee will reconvene in September!

# Public comment

**Adjourn**