

# AGENDA

## PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee

June 16, 2021  
8:00-9:30 am

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1601161415?pwd=Tmd1dHhXcGppd0VHOStZY3lOKy80dz09>

Meeting ID: 160 116 1415

Passcode: 848357

(669) 254 5252

### Meeting Objectives:

- Finalize charter
- Discuss survey modernization from May PHAB meeting and the ways in which it may relate to the subcommittee's work
- Discuss draft timeline for subcommittee discussions and deliverables
- Review and discuss draft measure selection criteria

**Subcommittee members:** Jeanne Savage, Kat Mastrangelo, Olivia Gonzalez, Sarah Poe, Sarah Present

**OHA staff:** Sara Beaudrault, Kusuma Madamala

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8:00-8:10 am	<b>Welcome and introductions</b> <ul style="list-style-type: none"><li>• Approve April minutes</li><li>• Updates from subcommittee members</li></ul>	Sara Beaudrault, Oregon Health Authority
8:10-8:20 am	<b>Charter and group agreements</b> <ul style="list-style-type: none"><li>• Review changes and finalize charter</li></ul>	All
8:20-8:40 am	<b>Survey modernization</b> <ul style="list-style-type: none"><li>• Discuss May presentation to the Public Health Advisory Board</li><li>• Discuss the ways in which findings can be applied to public health accountability metrics</li></ul>	Kusuma Madamala, Program Design and Evaluation Services
8:40-9:00 am	<b>Subcommittee deliverables</b> <ul style="list-style-type: none"><li>• Discuss anticipated deliverables and timelines</li></ul>	All

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9:00-9:20 am	<b>Measure selection criteria</b> <ul style="list-style-type: none"> <li>Discuss draft measure selection criteria and process to finalize criteria for public health accountability metrics</li> </ul>	All
9:20-9:25 am	<b>Subcommittee business</b> <ul style="list-style-type: none"> <li>Next meeting scheduled for 7/21</li> <li>Decide who will provide subcommittee update at 6/17 PHAB meeting</li> </ul>	All
9:25-9:30 am	<b>Public comment</b>	
9:30 am	<b>Adjourn</b>	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

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

**April 21, 2021  
8:00-9:30 am**

**Subcommittee members present:** Jeanne Savage, Kat Mastrangelo, Olivia Gonzalez, Sarah Present

**Subcommittee members absent:** Sarah Poe, Muriel DeLaVergne-Brown

**OHA staff:** Sara Beaudrault, Kusuma Madamala

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### **Welcome and introductions**

Sara B. started the meeting and welcomed subcommittee members.

Sara B. provided a brief overview for use of accountability metrics in the public health system. Metrics at their best hold the public health system accountable, show where health inequities exist and where we need to put public health resources. This is one way we begin to shift power and resources into communities experiencing inequities.

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### **Charter and group agreements**

The subcommittee reviewed each section of the charter.

Background Section: No questions or recommendations for changes.

Purpose Section: Sarah Present noted a typo. Sarah recommended adding that the subcommittee is responsible for reviewing and updating metrics, not whether to use metrics. Metrics should be adopted within the newly adopted equity framework and not lose track of utility of using metrics within the public health system. The review needs to be bigger in terms of each metric's function and each one should be looked at individually.

Jeanne agreed that she would like to spend the time to go through each metric individually.

Stakeholders Section: Sara B. said that the list of stakeholders includes those who use and rely on public health data as well as those who are represented in those data. It is not a comprehensive list. She noted that one reason to include stakeholders in the charter is because the subcommittee may want to hear from these stakeholders at some point to make sure the committee is on track.

Sarah Present suggested adding "other community health clinics" to FQHCs.

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Jeanne asked whether a bullet should be added to include community members as a stakeholder.

Kat noted that community members can be reached through CCOs and asked whether hospitals should be added.

Sarah Present also asked about health care providers but noted that they might be outside of the realm of PHAB.

Kat suggested adding to the first sentence to include those who are Involved in the project or whose interests might be positively or negatively affected. This would broaden the reach to potentially everyone in Oregon.

Jeanne noted that community members are represented on the subcommittee and should be listed as a bullet. Other subcommittee members agreed.

Deliverables Section: Sarah Present suggested adding “as needed” to number 3.

Jeanne asked about responsibility for developing new metrics, and continual engagement to look at new metrics.

Kat asked about how decisions are made for sharing information back with the public in a way that is readily understandable, for example use of maps instead of tables. Is this the subcommittee’s responsibility?

Sara B. responded that she views this as within scope for the subcommittee. This is integral to how we hold ourselves accountable.

Olivia noted that in the current metrics she doesn’t see anything about prevention or how information on prevention is disseminated into communities. This information needs to be readily available to the public and include how the public health system can support disease prevention. This needs to be present in what is shared with communities.

Jeanne asked whether the subcommittee should add a deliverable for bringing information back and sharing it with the community, successes and not. This is very much in parallel to what CCO health equity plans are doing.

Sara B suggested that Jeanne could share more about CCO health equity plans at a future meeting.

Sara B noted that the charter does not currently include items that are out of scope.

Sarah P noted that CCO metrics are out of scope, although this subcommittee may want to consider other metrics currently in use.

Kusuma noted that this gets to the question of who is accountable.

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Subcommittee Members Responsibility Section: Sarah Present asked about representation of epidemiologists and being clear on measurability.

Kusuma noted that she can make connections to OHA staff who can provide input on this.

Subcommittee members reviewed the draft group agreements provided.

Jeanne asked whether, for the agreement for naming and accounting for power dynamics, the power dynamic of being a person of color in a white-dominated space should be specifically named.

Sarah Present liked the agreements and recommends that none be removed.

Olivia agreed.

Sara B. asked whether other members had input on the suggestion made by Jeanne. No other members had input. Sara B. noted that with no feedback she will hold off on adding this, but it will be reflected in the meeting minutes.

Kat asked whether the subcommittee will eventually meet in person.

Sara B. noted that subcommittees have always met remotely. There are opportunities for retreat-like gatherings, but other than that subcommittees can expect remote meetings.

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### **Accountability metrics overview**

Sara B. provided an overview of public health modernization and reviewed the framework. In 2015 the Legislature put this framework into law.

Sarah Present asked Sara B. to address funding for public health modernization.

Sara B. responded that, in 2016 state and local public health authorities did an assessment on how close the public health system was to meeting this framework, the gaps, and the funding needed to fully implement the model. The gap in funding was \$210 million per biennium. Since 2017 the Legislature has increased funding for public health modernization to over \$15 million and are discussing increasing funding again during the current session, but we are not a fully resourced system. We are trying to hold ourselves accountable while also building the infrastructure needed for accountability.

Sarah Present noted that, given current funding levels, public health modernization has been staged, with initial work focused on the communicable disease control programmatic area, and expanding into environmental health.

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Kusuma noted that Oregon’s framework for public health modernization is based on a national model, called foundational public health services. Oregon is one of the few states that is taking the lead on implementing the model. This framework came out of a 1988 report from Institutes of Medicine on what is public health and what is the system accountable for. She noted that Oregon has developed a public health modernization model that describes how the work should be operationalized, and this ties into accountability metrics as well.

Sara B. reviewed the handout that describes statutory requirements for accountability metrics. Accountability metrics are used to track the effectiveness and efficiency of the governmental public health system and includes the use of incentives to local public health authorities for meeting metrics.

The Public Health Advisory Board is responsible for establishing accountability metrics for achieving statewide public health goals.

OHA is required to submit a report to Legislative Fiscal Office every two years demonstrating where progress has been made toward accountability metrics. The statute also ties the use of incentives to the funding formula that is used to allocate funds to local public health authorities. Sara B. noted that as we shift our thinking to how we are accountable to people in Oregon, we need to also remain aware of these statutory requirements.

Kusuma asked whether use of the term accountability is part of the statutory requirements.

Sara B. responded that the term is used in statute, but that doesn’t mean we need to use that language in reports or with the data we collect.

Jeanne asked about the use of incentives to encourage the effective and efficient provision of public health services.

Sara B. responded that the statute has very detailed information about how public health modernization should be allocated to local public health authorities. This includes base funding to all local public health authorities to operate public health programs, matching funds for county investments that are intended to bring more funds into the system by encouraging local investments, and incentives payments that are intended to build accountability into the system. The incentive payments are, to some degree, modeled after Oregon’s CCO quality pool program.

Sara B. noted that the PHAB Incentives and Funding subcommittee is responsible for developing and updating the funding formula and making sure the formula is equitable and aligns with public health goals.

Jeanne asked, as we look at viability of metrics , should the subcommittee talk about whether metrics can or should be incentivized.

Sara B. Said this is within the scope for this group, and the other subcommittee would come up with the mechanism for making those payments. In the past we have brought the two

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subcommittees together for discussion. Sara B noted that, up until now, incentive payments have not been made. The Incentives and Funding subcommittee has set a threshold of \$15 million, but there is a chance that we will meet this threshold for the 2021-23 biennium.

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**Subcommittee business**

The subcommittee discussed a recurring meeting schedule.

Sarah Present said the current time works for her and asked which subcommittee members were unable to join.

Jeanne said the third Wednesday from 8:00-9:30 every month could work for her.

Olivia said the time works for her as well.

The subcommittee will keep third Wednesday.

Sara B. asked which subcommittee member is willing to provide a subcommittee update at the May PHAB meeting?

Jeanne will provide the update.

Sara B. noted that either PHAB members or community partners can provide the update. Sara B. will continue to let community partners know when PHAB members are scheduled.

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**Public comment**

No public comment provided

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**Adjourn**

Subcommittee meeting was adjourned.

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## **Public Health Advisory Board Accountability Metrics subcommittee**

### **I. Background**

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The Public Health Advisory Board (PHAB) is established by ORS 431.122 as a body that reports to the Oregon Health Policy Board (OHPB). The purpose of the PHAB is to be the accountable body for governmental public health in Oregon.

The role of the PHAB includes:

- Alignment of public health priorities with available resources.
- Analysis and communication of what is at risk when there is a failure to invest resources in public health.
- Oversight for Oregon Health Authority, Public Health Division strategic initiatives, including the State Health Assessment and State Health Improvement Plan.
- Oversight for governmental public health strategic initiatives, including the implementation of public health modernization.
- Support for state and local public health accreditation.

Since 2016, PHAB has established subcommittees that meet on an as-needed basis in order to comply with statutory requirements and complete deliverables. PHAB currently has three subcommittees:

- 1. Accountability Metrics Subcommittee**, which reviews existing public health data and metrics to propose biannual updates to public health accountability measures for consideration by the PHAB.
- 2. Incentives and Funding Subcommittee**, which develops recommendations on the local public health authority funding formula for consideration by the PHAB.
- 3. Strategic Data Plan Subcommittee**, which makes recommendations for a public health system plan for the collection, analysis and reporting of population health data.

This charter defines the purpose, scope, and deliverables for the PHAB Accountability Metrics Subcommittee.

### **II. Purpose:**

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In 2016 PHAB adopted the first set of public health accountability metrics for Oregon's governmental public health system. Public health accountability metrics are one way that Oregon's public health system demonstrates that it is eliminating health inequities, improving health and effectively using public dollars through a modern public health system. Since 2018, Oregon Health Authority, in coordination with PHAB and the

Accountability Metrics subcommittee, has published an annual accountability metrics report.

In October 2020, PHAB adopted its current [Health Equity Review Policy and Procedure](#), which reflects PHAB's values and a commitment for the public health system to lead with racial equity.

In February 2021 the Accountability Metrics subcommittee was reformed and tasked with reviewing the purpose, framing and use of public health accountability metrics. In addition the subcommittee will review and update the metrics set in alignment ~~and~~ ~~main updates that align~~ with PHAB's vision as articulated in the Health Equity Review Policy and Procedure.

### III. Stakeholders

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A Stakeholder is: "Individuals and organizations who are actively involved in the project, or whose interest may be positively or negatively affected as a result of the project execution or successful project completion."<sup>1</sup>

For the purpose of this effort, the following stakeholders have been identified.

- Community members
  - Local Public Health Authorities
  - Tribes
  - Community-based Organizations
  - Coordinated Care Organizations
- Federally Qualified Health Centers and other community health clinics
- Hospitals

### IV. Deliverables

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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 developmental metrics, as needed.
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3-5. Recommendations for sharing information with communities.

Items that are out of scope for this subcommittee:

- Developing metrics for groups other than the public health system
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V. Subcommittee member responsibilities

- Regularly attend meetings and communicate with OHA staff to the subcommittee when unable to attend on a regular basis;
- To the extent possible, review meeting materials ahead of time and come prepared to participate in discussions.
- Share relevant information with one's own organization or with other groups as relevant.

V. Resources

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This subcommittee is staffed by the OHA Public Health Division:

- Sara Beaudrault, Office of the Public Health Director, Public Health Modernization Lead
- Kusuma Madamala, Program Design and Evaluation Services, Research Scientist

# Survey modernization

- Link to slides from 5/20 PHAB presentation on survey modernization (slides 20-102):  
<https://www.oregon.gov/oha/PH/ABOUT/Documents/phab/2021-05-20-PHAB-packet.pdf>
- In what ways might these findings be applied to public health accountability metrics?
- What additional information would be helpful for subcommittee members?

PHAB Accountability Metrics subcommittee

2021 timeline for discussions and deliverables

April	<ul style="list-style-type: none"><li>- Discuss charter and group agreements</li><li>- Hear overview on public health modernization and accountability metrics statutory requirements</li></ul>
May	<ul style="list-style-type: none"><li>- No meeting</li></ul>
June	<ul style="list-style-type: none"><li>- Finalize charter</li><li>- Discuss survey modernization findings and how to apply findings to public health accountability metrics</li><li>- Discuss criteria for measure selection</li></ul>
July	<ul style="list-style-type: none"><li>- Finalize criteria for measure selection (deliverable)</li><li>- Discuss <i>Healthier Together Oregon</i> and its relation to public health system accountability</li><li>- Begin review of communicable disease and environmental health outcome measures</li></ul>
August	<ul style="list-style-type: none"><li>- Continue review of measures</li></ul>
September	<ul style="list-style-type: none"><li>- Continue review of measures</li></ul>
October	<ul style="list-style-type: none"><li>- Finalize recommendations for measures</li></ul>
November	<ul style="list-style-type: none"><li>- Final PHAB approval</li></ul>
2022	<ul style="list-style-type: none"><li>- Continue work to identify public health accountability metrics for additional programmatic areas, including developmental measures.</li><li>- Develop 2022 public health accountability metrics</li></ul>

## PHAB Accountability Metrics Subcommittee

### Metrics selection criteria

June 2021, draft

Purpose: Provide standard criteria used to evaluate metrics for inclusion in the set of public health accountability metrics.

Selection criteria	Definition
Promotes health equity	Measure addresses an area where health disparities exist  Data are reportable by: <ul style="list-style-type: none"><li>- Race and ethnicity</li><li>- Gender</li><li>- Sexual orientation</li><li>- Age</li><li>- Disability</li><li>- Income level</li></ul>
Relevant to the community	Data are reportable at the county level or for similar geographic breakdowns  Measure is of interest from a local perspective
Resourced or likely to be resourced	Funding is available or likely to be available  Local expertise exists
Transformative potential	Measure would help drive system change  Measure aligns with core public health functions in the Public Health Modernization Manual
Alignment with other strategic initiatives	Measure aligns with State Health Indicators or priorities in state or community health improvement plans or other local health plans  Measure is nationally validated  National or other benchmarks exist for performance on this measure

Feasibility of measurement	<p>Data are already collected, or a mechanism for data collection has been identified</p> <p>Updated data available on an annual basis</p>
Community voice	<p>Measure is acceptable to communities represented in Public health data</p> <p>Measure successfully communicates what is expected of the public health system</p>
Accuracy	<p>Changes in public health system performance will be visible in the measure</p> <p>Measure is sensitive enough to capture improved performance or sensitive enough to show difference between years</p>
Public health system accountability	<p>State and local public health authorities have some control over the outcome in the measure</p>

\*Adapted from selection criteria used previously by the PHAB Accountability Metrics subcommittee and for selection of Healthier Together Oregon indicators and measures.