

**PUBLIC HEALTH ADVISORY BOARD**  
**Accountability Metrics Subcommittee Meeting Minutes**

**July 28, 2016**  
**2:00 – 3:00pm**

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

**PHAB Subcommittee members absent:** Eli Schwarz and Teri Thalhofer

**OHA staff:** Sara Beaudrault, Cara Biddlecom, Angela Rowland, Emilie Sites

**Members of the public:** Kathleen Johnson, Coalition of Local Health Officials

**Welcome and introductions:** The June 9 draft meeting minutes were unanimously approved by the subcommittee.

Emilie Sites was introduced to the group. She is a Master of Public Health student at Portland State University who has assisted with compiling the measure set list brought today for review by the subcommittee.

**Discuss applicability of existing Oregon measure sets to state and local public health**

Muriel stated that all public health departments are structured differently. Some departments work on services as primary care and others don't. Jennifer Vines noted that clinical services are not included in this assessment. Cara stated that while working through this list the group should be mindful of health outcomes.

Jen requested more context on what is the outcome and what is the deadline for this work. The aim is to have a single measure set within the first quarter of 2017. The measure set the subcommittee will review over the next several meetings for appropriateness for governmental public health includes the coordinated care organization (CCO) incentive measures, Medicaid state performance measures, child and family well-being measures, state health improvement plan measures, hospital transformation measures, CDC Winnable Battles, Healthy People 2020, and PHAST measures. There will also be a public survey to allow stakeholders to suggest additional measures.

Cara asked the subcommittee if the consideration be made to phase these measures in based on what public health modernization priorities are funded within a given biennium. Eva stated that if there isn't appropriate funding for staffing it is hard to be held accountable for outcomes. The goal is to complete a full measure set for all of the

foundational capabilities and programs and make determination later on specific measure sets based on funding priorities.

### CCO incentive measures

The subcommittee suggested keeping the *childhood immunization status, cigarette smoking prevalence, developmental screening in the first 36 months of life, and effective contraceptive use among women at risk of unintended pregnancy* measures.

### State performance “test” measures (Medicaid)

The subcommittee suggested keeping the *childhood immunization status, developmental screening in the first 36 months of life, Chlamydia screening in women ages 16-24 and immunization for adolescents* measures.

### Hospital Transformation Measures

The subcommittee decided not to select any of these measures.

### Child and Family Well-Being Measures

#### *CCO Accountability Measures*

The subcommittee suggested keeping the *percentage of children who have received developmental screening by 36 months, childhood immunization status and effective contraceptive use among women at risk of unintended pregnancy* measures.

#### *Early Learning Hub accountability measures*

The subcommittee did not select any of these measures sets at this time.

### **Next steps for future meetings**

At the August meeting, the subcommittee will finish reviewing the Child and Family Well-Being Measures and will begin reviewing the state and national public health measures. The next meeting will also include a review of the draft public input survey.

The next meeting is scheduled for August 25.

### **Public comment**

No public testimony.

## **Adjournment**

Jen Vines has agreed to report back to the Public Health Advisory Board on August 18.

The meeting was adjourned.