

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

**June 9, 2016**  
**1:00 – 2:00pm**

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

**PHAB Subcommittee members absent:** Jennifer Vines

**OHA staff:** Sara Beaudrault, Cara Biddlecom, Angela Rowland, Joey Razzano

**Members of the public:** Kelly McDonald, Kelly McDonald, LLC, Laura Moses, Multnomah County Health Department, Kathleen Johnson, Coalition of Local Health Officials.

**Welcome and introductions:** The May 12 draft meeting minutes were unanimously approved by the subcommittee.

**Review measurement structure proposal from May 12 meeting**

Cara reviewed the decisions on the measure criteria questions discussed at the last meeting.

Eva asked if there had been process measures identified. An example of a process measure is the number of policies determined. Identification of actual measures will be the next step in our process

Teri commented that process measures are used for county work plans because health outcomes change very slowly. For example: reduce tobacco use by 3% is a large undertaking so the process measures help move the outcomes along the way.

The subcommittee agreed it was important to use both process and outcome measures.

The subcommittee agreed that the framework should align with the foundational programs and capabilities.

Cara reviewed the list of criteria for measure selection. Eli is concerned with the large number of measurement principles. The subcommittee decided to break the principles into two categories: “must pass” and “additional principles”. In lieu of “flexible”, wording was changed to “respectful of local health priorities”. The subcommittee placed the following criteria in “must pass”: promotes health equity; respectful of local health priorities; transformative potential; consistency with state and national quality measures; and feasibility of measurement. The remaining were retained as “additional principles”.

Cara reviewed the discussion from the May 12 meeting about measure application. Subcommittee members agreed that measures should be applied with individual improvement targets based on current data. Subcommittee members agreed that there

should be a core measure set for the state and local health departments with locally selected measures derived from community health improvement plan priorities.

### **Existing measure sets to be used to populate measure matrix**

Cara presented the list of existing measure sets for state and local health authorities.

Muriel shared that County Health Rankings are not helpful since the measure specifications change every year and not all counties get ranked. This makes it difficult to track progress over time. Muriel reiterated that data that Oregon already has are used for County Health Rankings, so it would be possible to use similar measures but calculate them the same way over time.

Teri shared that the University of Washington has a set of measures for chronic disease, communicable disease and environmental health:

<http://phastdata.org/measures>.

Cara asked if the county health rankings should be removed from the list, and suggested that the subcommittee review the state health profile indicators compared to the county health rankings data in a future meeting.

Coordinated care organization incentive measures include 18 measures but only a small number are related to the role of public health. Eli has reviewed the coordinated care organization incentive measures for what would be applicable to public health will send his thoughts on these measures to Cara. Muriel stated that a lot of these measures are clinical in nature.

The subcommittee discussed the large number of measures being collected and reported and the need to be mindful of this context as measures are selected.

The subcommittee agreed to start by identifying what health care and education measures are relevant for public health at the next meeting, before populating state and national public health measures.

### **Review measure matrix**

Cara reviewed the measure matrix created for the subcommittee. Eli requested adding a label to the foundational capabilities and programs.

### **Public comment**

*Kathleen Johnson, Coalition of Local Health Officials*

Kathleen shared information about public health activities and services tracking (PHAST) data. There is a lot of crossover between public health accreditation and these process and outcome measures. Washington State is going through a similar

modernization process with this research performed by the University of Washington. The measures can compare county by county. This data could help compare our process with another state. The components include: physical activity, communicable disease, environmental health, obesity, and maternal health measures.

For more information please reach out to Dr. Betty Bekemeier who serves as the lead on this project. Kathleen can send out research studies that have looked at the effectiveness of public health delivery as it relates to cross jurisdictional sharing.

<http://phastdata.org/measures>

### **Adjournment**

Eva has agreed to report back to the Board on June 16 regarding today's meeting.

The meeting was adjourned.