AGENDA

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

October 10, 2023
9:00 AM – 10:00 AM

Join ZoomGov Meeting
https://www.zoomgov.com/j/1616889251?pwd=YXQyS2RmZEFId0JnTUJMazF5MGIwQT09

Meeting ID: 161 688 9251
Passcode: 157025
(669) 254-5252

Meeting Objectives:

- Approve April and June meeting minutes
- Hear update process measure development, and the timeline and process to finalize all metrics
- Discuss November 3 meeting with Strategic Data Plan subcommittee
- Discuss Accountability Metrics subcommittee's capacity and role to continue meeting to finalize accountability metrics

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

PHAB's Health Equity Policy and Procedure

Time	Item	Presenter
9:00-9:10 AM	**Welcome and introductions** • Approve April 11, April 28 and June 2 meeting minutes • Review group agreements	Sara Beaudrault, Oregon Health Authority
9:10-9:25 AM	**Process measures, and process and timeline to finalize metrics** • Hear update on process measure development Review and discuss timeline to complete and begin reporting on accountability metrics • Discuss subcommittee's role for key activities on the timeline.	Sara Beaudrault

9:25-9:35 AM	**Joint meeting with Strategic Data Plan subcommittee** • What information would this subcommittee like to hear from the Strategic Data Plan subcommittee? • How could a joint meeting support accountability metrics development?	All
9:35-9:45 AM	**Subcommittee business** • Discuss capacity and role to continue to meet throughout metrics development process • Next steps and meeting schedule	All
9:45-9:55 AM	**Public comment**	
9:55 AM	**Adjourn**	All

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, 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

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

April 11, 2023
9:00-10:00 am

Subcommittee members present: Jeanne Savage, Sarah Present, Kat Mastrangelo, Jocelyn Warren, Cristy Muñoz
Subcommittee members absent: Ryan Petteway
OHA staff: Sara Beaudrault, Kusuma Madamala, Rose Harding, Ann Thomas, Rex Larson, Zintars Beldavs, Jillian Garai, Kelly Mcdonald, Ernesto Rodriguez, June Bancroft, Amanda Spencer
Guest presenters: Kathleen Rees, Lauralee Fernandez, Kathleen Johnson, Brian Leon

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Welcome and introductions

- Sara gave review of conversations from previous meetings and reviewed the agenda.
- Introductions
- Subcommittee voted to approve minutes from 3/3/2023 and 3/14/2023 meetings.

Sexually Transmitted Infections (STIs)

- Sara B:
  - If STIs are selected as a priority area, OHA recommends the following indicators:
    - Rate of congenital syphilis
    - Rate of syphilis (all stages) among people who can become pregnant
    - Rate of primary and secondary syphilis
  - CHLO metrics workgroup recommends staying focused on syphilis, though gonorrhea could also be added.
- Jocelyn: what was the rationale behind wanting to include gonorrhea?
  - Sarah P: Gonorrhea was a prior metric, so there is some desire among some health officers to have consistency across public health modernization work and it is believed that gonorrhea metrics make it easier track the impact of an LPHA.
  - Jeanne: Metrics should be used to help address root causes of disease, so if tracking gonorrhea metrics can help do that, then it makes since to include them.
  - Sarah P: The public health approach to syphilis and gonorrhea are very different. Gonorrhea is treated as a general sexual health issue, where syphilis is approached in a way that also focuses on interventions aimed at preventing congenital syphilis.
  - Tim: Syphilis is greatly influenced by social determinates of health, so by looking at syphilis (especially congenital syphilis) we can clearly see the connection between sexual health and the social determinants of health.
  - Brian: Some of the approaches for finding gonorrhea cases don't work for finding syphilis cases, but all the approaches for finding syphilis cases can find gonorrhea as well. When trying to prevent congenital syphilis, case finding is key.

- Kathleen R: Syphilis is a good place to start to show the impact of social determinants of health and the impact of interventions addressing social determinants. After being able to demonstrate change in syphilis related metrics, we can look at other more expanded metrics down the road.

- Sarah P: Are there ways to track pregnant people who have had appropriate syphilis treatment?
  - Tim: OHA is currently working on a congenital syphilis dashboard which will focus on cases referred.
- Is there a way to see the rate of pregnant people who are screened for syphilis?
  - Tim: OHA does not collect that through our surveillance system as we don't currently have the right systems or staff capacity to do that right now. We are looking to see if there are data sources that could be used (for example, claims data).
- Subcommittee members agreed to recommend STIs as a priority area and using the indicators around syphilis.

Vaccine Preventable Diseases

Rex Larson and Ann Thomas

- Immunization rates are currently down following the COVID-19 pandemic. This is likely due to primary care interruptions during COVID, and the COVID-19 vaccine role out interfered with routine vaccine administration especially the flu vaccine.
- OHA recommends any combination of the following indicators:
  - Rates of high impact vaccine preventable diseases, including by race, ethnicity, gender, sexual orientation, housing status, and injection drug use.
  - Adolescent vaccination rates and adolescent HPV rates
  - Adult vaccination rates
  - 2 year-old vaccination rates
  - School vaccination rates and non-medical exemption rate
- The data available for vaccination rates starts with ALERT IIS (Oregon's immunization registry).
- Immunization is a good synergy metric as CCOs have existing incentive metrics.
- With many vaccine-preventable illnesses, the very young and older individuals are most at risk. Most of the burden of disease disproportionately falls on minority groups.
- Data from ALERT IIS can be stratified in many ways. While there is race and ethnicity data, there is not REALD or SOGI data.
- Most vaccine preventable disease cases that are reportable have case interviews through which REALD/SOGI information can be obtained.
- Ann reviewed Oregon pertussis data and included breakdowns by age, race, and ethnicity.
- Rex gave overview of 2 year-old vacation rates in Oregon and highlighted some of the disparities based on race and ethnicity and private/public insurance type.

Subcommittee business

Sara B

- Subcommittee will meet again on 4/28/2023 to further discuss vaccine preventable diseases and seasonal/emerging respiratory pathogens.
- Subcommittee should be ready to take communicable disease recommendations to PHAB meeting on 5/11/2023.
- Subcommittee will take environmental health priorities to PHAB in June.

Public Comment

- Duane West provided comment noting that his concern is radon induced lung cancer.

Meeting was adjourned

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

April 28, 2023
11:00am – 12:00pm

Subcommittee members present: Jeanne Savage, Jocelyn Warren, Cristy Muñoz
Subcommittee members absent: Ryan Petteway, Sarah Present, Kat Mastrangelo
OHA staff: Sara Beaudrault, Kusuma Madamala, Diane Leiva, Ann Thomas, Rex Larson, Ernesto Rodriguez, Victoria Demchak, Amanda Spencer
CLHO members: Brian Leon

Welcome and introductions

- Sara gave review of conversations from previous meetings and reviewed the agenda.
- Introductions
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Vaccine Preventable Diseases
Rex Larson and Ann Thomas

- Immunization rates are currently down following the COVID-19 pandemic. This is likely due to primary care interruptions during COVID, and the COVID-19 vaccine role out interfered with routine vaccine administration especially the flu vaccine.
  - There are still clinics without adequate staffing.
  - There are less after hours or walk-in immunization clinics.
- OHA Recommends any combination of the following indicators:
  - Rates of high impact vaccine preventable diseases, including by race, ethnicity, gender, sexual orientation, housing status, and injection drug use.
  - Adolescent vaccination rates and adolescent HPV rates
  - Adult vaccination rates
  - 2 year-old vaccination rates
  - School vaccination rates and non-medical exemption rate
- The data available for vaccination rates starts with ALERT IIS (Oregon's immunization registry).
  - ALERT IIS is already used for CCO incentive metrics.
- With many vaccine-preventable illnesses, the very young and older individuals are most at risk. Most of the burden of disease disproportionately falls on minority groups.
- Data from ALERT IIS can be stratified by age, race and ethnicity, sex, and Medicaid status.
- There is not REALD or SOGI data for ALERT IIS, but those are available for some of the infectious disease data.
- Most vaccine preventable diseases that are reportable have case interviews through which REALD/SOGI information can be obtained.
- Ann reviewed Oregon pertussis data and included breakdowns by age, race, and ethnicity.

- There are disparities in 2 year-old vacation rates based on race and ethnicity, private/public insurance type, and population density (urban/rural).
- The major focus for adolescent vaccination rates is HPV. The HPV vaccine can prevent cervical cancer and oropharyngeal cancer.

Discussion

- Brian: Is the reason for the HPV vaccine completion rate being low compared to other adolescent vaccines is that is 2-3 doses and not just one?
  - Rex: That is part of it, but also Tdap is required for school attendance which is part of why the vaccination rate for it is so high. There is also some hesitancy around the HPV vaccine due to it being for a sexually transmitted infection prevention.
- Rex: Flu vaccination rates for adults is likely going to need a lot of attention in the coming years, as flu vaccination rates dropped more than any other vaccine during the COVID-19 pandemic. The advisory committee for immunization practices recently changed the COVID vacation schedule to an annual vaccine, so it may not be a great metric this year.
  - Brian: In Yamhill County, during the last few months nearly 90% of deaths due to COVID have been among individuals who had one vaccine but have not had a booster in over a year.
  - Rex: COVID is still an important vaccine. In the future it will also being important to look at covid vaccination alongside flu vaccination as joint metrics for seasonal repository vaccination.
- Sara B reviewed input that Sarah P (who could not attend) shared from Health Officers:
  1. This doesn't exclude work on respiratory pathogens in high-risk settings as we now have vaccines that are protective against COVID and flu—but there is much less local or even state-wide control over this compared to other vaccine preventable disease, but there is support of ongoing work around increasing annual flu vaccine amongst LTCF staff and the work PH does with outbreaks in high risk settings.
  2. Definite support for vaccination metrics over vaccine-preventable disease rates for a number of reasons: different vaccines have different efficacy, many vax-preventable diseases are imported, more difficult to take meaningful actions on this data. The one vaccine preventable disease that may be worth tracking would be pertussis, but only in a defined group of individuals <6 months old as this preventable by vaccination of mom and family during pregnancy and has some clear prevention actions for the public health system to do that would be reflected in the metric.
  3. On the idea of "adult vaccination rates"—generally being up to date on full recommendations doesn't seem that useful as it's too broad. However, there was some interest in rates of pneumococcal vaccination as strep pneumo is the number 1 bacterial pneumonia, a top cause of hospital readmission rates, and a top cause of congestive heart failure—which is quite expensive to the health system and individuals.
  4. On the idea of childhood vaccination rates-there is support here as well. However, a focus on "up to date at 2 years old" has been found to have some problems. For example, the age cutoff, when many kids don't get their 2 y/o shots until they have been 2 y/o for a month or more. Also, there are some vaccines that are more acceptable to parents than others. For example, many vaccine hesitant parents will

get some vaccines, but not all. Tdap again came up as one worth considering following as it has lower hesitancy and many will accept this one first. On the flip side, MMR rates could be followed as a vaccine that has more hesitance, and also is one of the most effective vaccines ever in disease prevention. But, looking at all vaccines according to schedule may be too broad.

5. There is some interest in HPV vaccine in adolescents, but our discussion drifted to wanting legal clarification on age of consent without parent knowledge for this, as many kids want it but their parents don't, and whether this fits into the current legislation on reproductive health care.

- Cristy in chat: "Thanks Rex, your team likely has something similar but I wanted to share maps our org uses to track underserved people of color communities in Oregon via ACS (American community survey). I'm wondering if you have any recommendation on how metric indicators could further address vaccination rates for communities needing direct culturally linguistic/relevant outreach : https://drive.google.com/file/d/1jBMhEdqObjeAEKSgxoonrL-R61Bxb2A6/view?usp=sharing"
  - Rex: Figuring out how to tailor immunization measures each community is difficult to do on a state level with how unique they are. Emphasizing race and ethnicity in our metric selection and working to improve specific vaccination rates for those communities at the county level.
  - Rex: We have a State Health Improvement Plan, but counties also have own health improvement plans. The things that have had the most succuss were broad partnerships of LPHAs working with local providers and CBOs to address the needs of communities. You can see the success of those programs in the county vaccination rates. But creating process measures, to drive and measure the implantation of those effective outreach strategies, is difficult.
  - Cristy: There seems to be a lot around cultural competency with specific communities in some counties, but then not as much in other counties or with other communities. How do we create metrics that promote equitable processes for counties, especially those that don't have an equity lens?
  - Brian in chat: "sometimes metrics can be accompanied by a strategic focus requirement where LPHAs need to speak to their local communities' gaps in race/ethnicity or other equity lenses… this was done with covid, though I'm not clear on how successful this was"
  - Jeanne: During covid OHA made vaccination rate requirements for specific racial and ethnic communities for CCOs to receive funding for covid. This is a strategy we could use for these metrics, but it would be important to reach out to community organizations and members to get their input on how well they felt this approached worked for covid vaccination.
  - Sara B: Counties had similar COVID equity plans that they had to develop and implement. Through those plans, we may have some information we could look at as far as what was successful and how partners and communities felt about it.
  - Rex: As Jeanne stated, CCOs were required to improve immunization rate for each race and ethnicity subgroup in their population and meet the same benchmark as the overall population in order to receive full funding. This was significant because previously CCOs could just focus on their largest population groups to meet the metric requirements without ever doing culturally specific outreach.

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

DRAFT MINUTES

June 2, 2023
11:30am – 1:00pm

Subcommittee members present: Jocelyn Warren, Cristy Muñoz, Sarah Present, Kat Mastrangelo, Jeanne Savage
Subcommittee members absent: Ryan Petteway
OHA staff: Sara Beaudrault, Kusuma Madamala, Carol Trenga, Elliott Moon, Victoria Demchak
CLHO members: Kathleen Johnson, Lauralee Fernandez

Welcome and introductions

- Subcommittee member, OHA staff and guest introductions
- Sara reviewed the agenda and group agreements
- May 9 meeting minutes approved

Environmental health indicators
Elliott Moon and Carol Trenga

Sara B. reviewed the indictors under discussion. There was little support among local public health administrators to continue talking about outcome indicators for built environment, so the CLHO workgroup is no longer working on developing that area. Remaining areas include extreme heat, air quality and water security.

Sara B. reviewed background slides that will be presented to the Public Health Advisory Board (PHAB) next week.

Sara B. raised a proposal for the subcommittee to consider, to combine the remaining indicators under consideration into a single bundled measure for climate and health.

Cristy said that the idea of bundling might make it easier for public health to bridge to communities. It is hard for community to parcel out community impacts from extreme heat from air quality and water security.

Jocelyn asked whether there are implications for upcoming development of process and policy measures. She does not have concerns.

Carol noted that this approach allows flexibility for local public health authorities (LPHAs) to be responsive to the issues and approaches needed in their community.

Cristy agreed with a flexible approach.

DRAFT

Elliott noted that extreme heat and air quality is closely aligned, but water security issues might be broader than climate-related. Would an LPHA need to focus on climate-specific issues, and how would that be defined?

Sarah P. is supportive of bundling. She is grappling with specificity vs flexibility. She supports avoiding siloes and this supports bundling. She is cautious about this portion of the report getting too big and difficult to understand and asked that OHA consider this when developing the report.

Kat asked how OHA staff would differentiate between labeling this bundle "climate impacts on health" or "climate planning, preparedness and community engagement"?

Sarah P. said that in her health department, the difference is that it would be different groups leading the work. Climate impacts on health more closely aligns with public health modernization.

Kat noted that all three topical areas are priorities every year and the preparedness aspect resonates for her community.

Cristy said through a preparedness and planning lens we can make the indicators actionable. She also notes that preparedness should be used as a process indicator for all situations/emergencies.

Elliot asked whether or not emergency preparedness is a foundational capability.

Sara B. answered that it is a foundational capability and that it is its own program as well.

Jeanne stated that tracking the work being done around emergency preparedness by local public health versus other agencies and partners would be important.

Sarah P. brought awareness to the idea of whether the context of statements using the word "climate" might be difficult to navigate in different parts of Oregon and whether changing certain statements would make navigation easier. An example given was potentially changing "Climate Preparedness" to "Climate Resilience".

Cristy asked whether changing statements for the sake of the context in which "climate" is being used would actually make it more receptive and if OHA is comfortable with using "climate" within this context.

Sara B. answered saying that OHA and most LPHA's are already using "climate" as a term and that LPHA's have specific funding for work based on climate in relation to health.

Jocelyn was supportive of changing statements as long doing so would make it more receptive and has a positive impact on work being done.

Elliot noted certain districts do use the word "climate", but other districts have transitioned to using other statements such as "extreme events".

Carol was concerned as to whether using the statement “Climate Resilience” would not include aspects such as adaptation.

A member said that using that the word “climate” will not be of any detriment as using the word could be interpreted to varying degrees which could enable work to be done.

Cristy noted that from the CBOs perspective that “climate” has been used for some time.

Sara B. moved the discussion forward by asking whether “Climate Planning and Adaptation” would be a good way to label these priorities. She also notes that “Community Engagement” should not be included as a priority because she believes the work is already embedded in the process.

Jocelyn agreed that “Climate Planning and Adaptation” is good.

A member said that they were skeptical about whether using the word “planning” could be interpreted negatively due to the idea of certain contexts in which the word “planning” has been used i.e., “central planning”. They did note that “Adaptation” is a good word to use and that “Preparedness was also a word they liked as it denoted readiness.

Cristy also agreed that “Preparedness” was an important aspect to be highlighted when phrasing these statements as public health leading work in preparation for situations could greatly impact local communities and communities of color.

Victoria asked if the word “Preparedness” could generate different narratives in respects to other organizations and community groups and whether “preparing” would be a better word to use.

Sara B. proposed that this discussion be moved to the future and that it should be discussed with the larger PHAB group.

Cristy said that she would like the statements “climate planning, preparedness and community engagement” as the statements used as the initial proposal when entering the larger group discussion.

A point to “health” being added to these statements was made by ??? and Sara

Sara B. proceeded the presentation by moving onto the selection criteria of the different indicators respective to each issue (extreme heat, air quality, water quality). She noted that the governmental public health system accountability criteria is where the most jurisdictions are trying to build.

Elliot went over the “Summer heat-related morbidity and mortality” section noting that extreme heat events in conjunction with policies and systems level issues such as racist housing policies are directly affecting communities. Elliott reviewed rationale for the metric and ways in which communities have shown support for prioritizing extreme heat. Elliott then reviewed the section for air quality. This section is specific to air quality related to wildfire smoke and not all causes of poor air quality.

Cristy recommended adding the word “smoke” in the indicator, although not limiting it to wildfires.

Kat asked about whether the state would be adding air filtration programs as a result of these indicators.

Sara B. responded that air filtration systems is an example of the type of policy and program changes that could come from elevating these issues through accountability metrics.

Cristy said that smoke-ready policies are a focus in her community and that communications is a big need. Would communications fall under the related process measures?

Sara B. confirmed that communications related to the indicators would fall under the process measures that will be developed.

Carol reviewed the issue summary, rationale and community input for the water security indicators. Oregon is modeling its work off of California’s Right to Water declaration and focusing on water security issues.

Sara B. asked whether the two indicators other than the drought indicator only relate to public water systems.

Carol confirmed this and noted that the indicator for drought provides a statewide view, in lieu of having an indicator for private wells at this time.

Sara B. asked whether it is a concern to have water security indicators that are only relevant for part of the state, noting that they are similar to the metrics we had previously. Sara noted that we can improve the available indicators by looking at the percent of population served, but there is a gap for domestic wells.

Carol shared that OHA does receive real estate transaction data for domestic wells which includes violations but in practice OHA only receives a small percentage of results, maybe 10-20%. The reporting requirements are in statute but there haven’t been actions take yet to improve reporting.

Jocelyn asked whether we can define the roles for public health through process measures for the water indicators.

Carol mentioned outreach for well-testing, increasing awareness about water contamination in general as examples.

Cristy said that, after fires waterways are affected. CBOs and long-term recovery groups have received some funds from OHA. Oregon does not have requirements for landlords to provide drinking water quality information to tenants and low income, multi-family communities are most affected. There is no prevention process currently and at the end of the day public health will need

to deal with people who are sick. Is there an opportunity to focus on the prevention and preparedness aspect through process measures.

Jocelyn agreed and appreciated a focus on protecting renters and working toward policy changes.

Cristy shared the link to Oregon Water Futures. https://www.oregonwaterfutures.org/report-20-21

Cristy also mentioned an opportunity to work with Sovereign Nations.

Sarah P. drew a connection to the threats to drinking water that would occur through a disaster like a Cascadia earthquake, and also appreciates a preparedness approach.

Kat also supported including water indicators. Communities in her area have dealt with contaminated drinking water and renters often don't know the status of their drinking water. She also mentioned wastewater treatment and options to bring awareness to contamination that can occur through those systems.

Kathleen Johnson noted that LPHAs are not funded to address domestic well safety.

Sara B. concluded that there seems to be support to include the indicators presented and recognize there are gaps in domestic wells that we can work to address.

Subcommittee business

Sara B

- Next steps and summer schedule
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Public comment

Meeting was adjourned

- Cristy: Do we know if the culturally specific outreach OHA did through CBOs caused an increase of vaccinations outside of hospitals in those communities?
- Rex: We don't have data to say how well it worked in isolation from all the other COVID vaccination strategies; however, the individuals who provided vaccines at those events had some of the highest levels of vaccinating people of color in the state. Those community-based vaccine clinics vaccinated a higher proportion of people of color than most other clinics in the state.

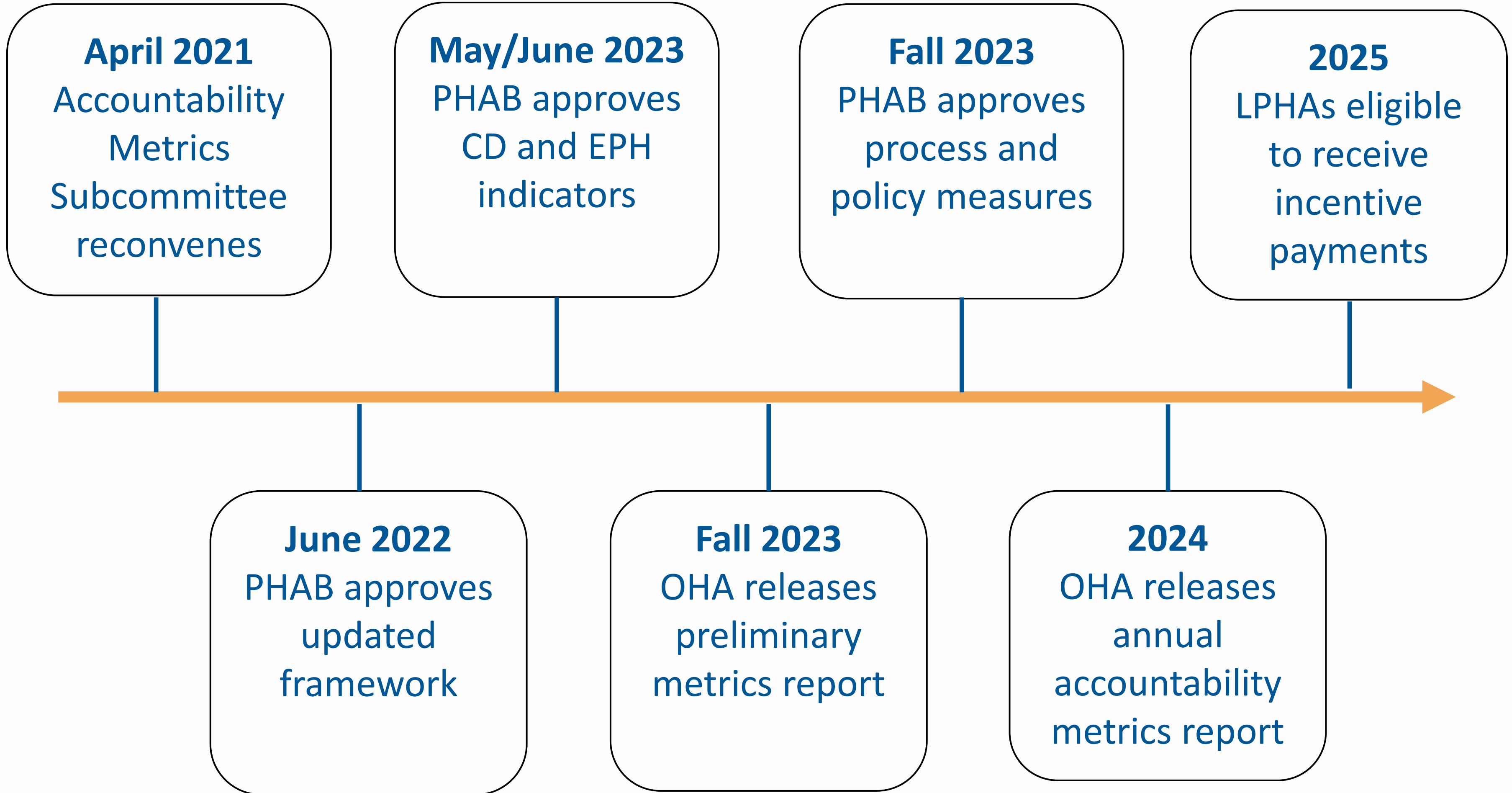
Subcommittee business

Sara B

- Next subcommittee meeting will be 5/9/2023. During that meeting the subcommittee can make a recommendation on using vaccine preventable diseases as a metric.
- No public comment.

Meeting was adjourned

Timeline



Oregon Health Authority

Steps and timeline to finalize accountability metrics
October 2023

Step	Timeline
Finalize process measures - CLHO metrics workgroups - LPHA consultation - CBO engagement - PHAB vote	October – December 2023
Establish benchmarks and measurement strategy - Indicators and process measures - Strategy to measure reduction of inequities - Strategy to measure improvement in process measures	October – December 2023
Develop data collection methods, timelines and standards - Develop process measure guides - Develop data collection instruments where there isn't an existing data source - Standardize indicator data to the extent possible	October 2023-February 2024
LPHA, CBO and OHA implementation - LPHA, CBO and OHA work plans - LPHAs select process measures to be used for incentive payment eligibility	January 2024-ongoing
Collect and report data - Collect and analyze data - Publish 2024 accountability metrics report	March – June 2024
Communicate and build alignment - PHAB opportunities to meet with related groups, such as CCO Metrics and Scoring Committee - Publish preliminary and annual metrics reports	January 2024-ongoing
Award LPHA incentive payments based on 2023-25 performance - **Review and update LPHA funding formula methodology** - Collect and analyze 2023-25 performance	January 2024-June 2025