Minutes

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

December 13, 2022
9:00-10:00 am

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

OHA staff: Sara Beaudrault, Kusuma Madamala, Diane Leiva, Elliot Moon, Ann Thomas, Amanda Spencer

Guest presenters: Kathleen Rees, Lauralee Fernandez, Kathleen Johnson

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Welcome and introductions
Sara B

- Participants introduced themselves.
- Went over agenda for the meeting.
- Went over subcommittee deliverables:
    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 developing new metrics, as needed.
    5. Recommendations for sharing information with communities.
- November meeting minutes provided in email, will vote on them during January 2023 meeting.
- Went over subcommittee calendar.

Agenda for Environmental Health Measures:
Sara B

- Hear CLHO accountability metrics recommendations for environmental health priorities and indicators.
- Hear update on work to develop state and local process measures for foundational capabilities.
- Discuss expectations for the development of measures for structural determinants of health.
- Brief review of metrics selection criteria for indicators:
    - Advances healthy equity and an antiracist society

- Community leadership and community-led metrics; issue has been identified as a priority by community members
- Issue has been identified as a priority by public health professionals
- Direct and explicit connections to state and national initiatives

PH Accountability metrics – Environmental Health – State:
Elliot

- All indicators for extreme heat and air quality are tracked and reported in different formats by the state, so question for state is how to report out that information and in what format.
- LPHA workforce capacity: A needs assessment could be completed to determine the statewide workforce capacity to use heat related health data (and policy air quality data).
- Assessment and Epidemiology: Number of technical assistance resources and trainings given related to health even data sources.
- Policy and Planning: Number of interventions and amount spent on home based extreme heat adaptations through the Healthy Homes Grant Program.
- Community Partnership Development: Number of CBOs and amount of funding given by OHA Modernizations that have heat related programing in their workplans.
- Communication: Number of outreach events and education materials produced related to new workplace heat rules (Executive Order 20-04).

Discussion:

Sara B: When it comes to indicators, as Elliot mentioned, the state already collects this data, so it is just a matter of making the data available. The metro counties have already presented this data in their regional monitoring report. Could Kathleen J or Lauralee go over that report? Also, would like to discuss Jeanne's questions in chat about how these indicators can be broken down, and how we know these issues are priorities for communities?

Kathleen J: In terms of race and ethnicity data, the report shows extreme heat indicators and includes all three indicators (ED visits, hospitalizations, and deaths). This report did not break down data by race and ethnicity. But next iteration will break down data by race and ethnicity where it is possible to do that. One challenge is that race and ethnicity data is reported by the provider and not the individuals presenting. Also, ED visits don't adequately capture everyone who experiences adverse health outcomes due to heat events or air quality due to various barriers in the health care system that can make it difficult for some to present to the ED. For hospitalizations and deaths there can be small number ethical issues when attempting to report based on race and ethnicity, so it might not be possible to break data down in that way in some communities.

Kathleen J: In Portland Metro, we have heard from community partners that health impacts related to extreme heat and air quality are important, there was especially a lot of concern during the heat dome event in 2021. There may be other areas of equal or greater importance to community partners (like water safety/security and mental health impacts of climate events), but currently we don't have a lot of data sources to be able to track changes over time. However, those are developmental areas that we hope to be able to look at for accountability metrics in the future.

Elliot: Through modernization funding that is being given out at the state level, there are CBOs across the state doing heat related adaptation planning and work and there were organizations not funded that wanted to do heat and air quality related work, so that would suggest that address heat and air quality concerns is a need for their communities.

Jeanne: From what Kathleen J said, it seems that the report doesn't include a breakdown of race and ethnicity data on local level due in part to concerns that reporting small numbers could reveal people. The report did include national data about unequal impact. We could do the same thing but with state level data to explain impact.

Jeanne: Looking at the selection criteria, how do we know these indicators around extreme heat and air quality are priorities of communities? Are those indicators tracked and broken down by race and ethnicity?

Sara: Both Kathleen J and Elliot have given examples of how we know these are priorities. Another example is with our state health improvement plan, Healthier Together Oregon (HTO). From community feedback gathered in 2019, the community asked for an overarching priority on climate across that entire state plan. We can look at this several different ways and say that we have heard this feedback from communities, but that approach may not meet this subcommittee's expectations.

Jeanne: It makes sense to look at work done in 2019 for the HTO and the feedback from communities that put environmental health as an overarching goal, and then we liberties to look at environmental health impacts that CLHO has indicated that these are good focus areas to look at. Do we have anyone on this subcommittee from CBO or a community member that we can run this by?

Kat: I don't think looking at monthly data is helpful, looking at daily information when there is a heat event is going to be more revelatory. Obviously heat deaths are going to go up in the summer months and down in the winter months. Looking at daily highs and lows on daily basis as well can be helpful during heat events. In addition to tracking hospitalizations and ED visits, it would be good to track urgent care visits as well.

Kathleen J: ED data in report includes urgent care visits. Also, not every LPHA has the capacity to look at and track data daily. Modernization is pushing public health to have a great focus on planning/preparing and prevention and not just emergency response. We should focus on how we are using data to plan policy and community action, so we are preventing these illness and deaths from showing up during emergencies.

Sara B: Before next meeting we can compile where state and local public health have received feedback from communities indicating how they have expressed priorities in this area and what those different sources are. Christy will be back by then and can provide further information.

Sara B: For race and ethnicity data, it sounds like we can show that for the state, large counties, and possibly by regions. OHA can work to improve race and ethnicity data coming in from the hospital systems.

Kathleen J: Are we headed more towards a menu option where LPHAs can pick and choose which indicators and metrics they want to track, or will they all be accountable to all of them? Some communities heat as much as a concern so it may want to choose heat as an indicator. What is the comparison, are we comparing a health department to itself over time or to similar size health departments?

Sara B: OHA will be producing report and will look at and track extreme heat and air quality indicators across the state. Then each LPHA will choose which indicators are most significant in their communities and then will choose what process measures (likely one or two) that they will focus on which is more where the menu comes into play.

Sarah P: We need to be able to track heat and air quality related data across the state, but then there is flexibility in what LPHAs choose to do with that data.

Jocelyn: From a local perspective, we need to be able to see change over time in our counties. Another challenge for some large counties is that there can be variability within counties.

Sarah P: When looking at process measures, we get into providing options for heating and cooling which is not under LPHA control, but their partners might be. In Clackamas County, CCOs provide air conditioners based on PCP recommendation and LPHA is not involved other than insuring information about heat related illness and how it impacts our communities gets to our partners. Accountably metrics in assurance and capability areas are less specific that we can't hold LPHAs to them in the way that we can hold OHA to collecting data.

Kusuma: Is there anything of consistency across LPHA that is captured in these foundational capabilities? Sounds like partnership Development and Communications seem to be bigger buckets that are across LPHAs.

Sarah P: LPHAs don't need to run or develop partnerships if they are at the table and participating in partnerships. Technical assistance is provided by the state, but LPHAs could be held accountable for getting/requesting technical assistance when needed. Policy and planning are difficult to be consistent across jurisdictions.

Kat: Is it reasonable to ask that county or region health improvement plans include something about these measures? That could be something easier for smaller counties to achieve and be held accountable for.

Jocelyn: Community health plans are meant to be drive by the community so if we start mandating what should be in those plans from state or systems perspective, it could open door for those plans to be more driven by the state rather than communities. It makes since for public health not to be too directive in these community plans.

Sara B: When we start putting requirements on community health plans, we start moving away from them being community owned and led. But by collecting some of this information at the state level, this work becomes a data source and a source for strategy that local groups can look to when they are coming up with community health assessments and plans as well as setting strategies in their communities.

Jeanne: Would be good to summarize what we accomplished today, what do we need to accomplish at our next meeting, and what decisions do we need to make.

Sara B: For next meeting we want to collect some information about where we have received input from communities about environmental health priories, so we have that to guide our work moving forward. Sounds like we might also want to bring clearly documented pieces that explain the differences that LPHAs might be held accountable to. How are they all held accountable to doing work in these foundational capability areas while understanding that work might look different for each LPHA? Lastly, getting into structural determinates and having a conversation about what it means to have measures around structural determinates that holds PHAB, elected officials, other sectors, and the whole public health system accountable and not just individual LPHAs.

Subcommittee business

Sara B

- Subcommittee will meet again before PHAB meets, so don't need someone to present at the upcoming PHAB meeting.
- Next subcommittee meeting scheduled for 1/10/2023 from 9am to 10am.

Public comment

No public comment.

Meeting was adjourned