AGENDA

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

September 22, 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:
- Approve August meeting minutes
- Continue to discuss environmental health priorities and related measures

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

OHA staff: Sara Beaudrault, Kusuma Madamala; Gabriela Goldfarb, Emily York, Julie Sifuentes

PHAB's Health Equity Policy and Procedure

Time	Topic	Presenter
8:00-8:10 am	**Welcome and introductions** • Approve August minutes • Updates from subcommittee members	Sara Beaudrault, Oregon Health Authority
8:10-9:20 am	**Environmental Health Priorities and Measures** • Continue discussion about environmental health priorities and review existing measures • Discuss how metrics selection criteria can be applied to environmental health metrics	Gabriela Goldfarb, Emily York, Julie Sifuentes, Oregon Health Authority Kusuma Madamala, Program Design and Evaluation Services
9:20-9:25 am	**Subcommittee business**	All

	• Select subcommittee member to provide update at the PHAB meeting • Next meeting scheduled for 10/20	
9:25-9:30 am	**Public comment**	
9:30 am	**Adjourn**	All

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

August 18, 2021
8:00-9:30 am

Subcommittee members present: Cristy Muñoz, Jeanne Savage, Kat Mastrangelo, Sarah Poe

Subcommittee members absent: Sarah Present, Olivia Gonzalez

OHA staff: Sara Beaudrault, Kusuma Madamala; Gabriela Goldfarb, Emily York, Ali Hamade

PHAB's [Health Equity Policy and Procedure](#)

Welcome and introductions
June and July meeting minutes approved.

Metrics selection criteria
Sara reviewed the updated metrics selection criteria with changes from last month's meeting incorporated. In this version the criteria are separated into two distinct and necessary components:
1. Criteria for metrics that represent priorities of the communities we serve, that are actionable and drive us forward in our work to eliminate health inequities, and
2. Criteria to ensure this group selects metrics for which we have or can get data, for which data are available by county and other demographic factors, and that are within the sphere of control of the public health system.

As we begin identifying metrics and using these criteria, the subcommittee can continue to refine the selection criteria.

Kusuma asked if, for feasibility of measurement, it is acceptable to have a mechanism for collecting data even if data aren't collected yet. Would a Program Element count?

Sara replied that this would be acceptable, for example, if LPHAs are required to report data to OHA as part of a Program Element requirement but data aren't collected yet.

Cristy asked about inclusion of 2020 census data. Is this something that will be incorporated?

Sara said that updated data will be incorporated.

Cristy noted that BIPOC communities now make up nearly half of the population or close to it, which is a significant change.

Kat asked about state and local public health accountability. Are there ways to include public health influence in other conversations?

Sara said this is the work of public health, to influence where are conversations are happening that are likely to have an affect on health. Public health can be at the table for discussions and decisions.

Kusuma asked how the rating occurred with previous iterations of selecting metrics.

Sara said each selection criteria was a yes/no, with some "must pass" criteria.

Environmental Health Priorities and Measures
Gabriela provided some background on Oregon's Building Resilience Against Climate Effects (BRACE) Program, which has existed for about 11 years, and frameworks for Oregon's nonregulatory environmental health priorities and for building environmental health resilience.

We're focusing on rapidly accelerating climate change which intensifies environmental health threats and inequities and is why we're prioritizing climate in environmental public health modernization. It also covers many types of hazards and allows local public health to be responsive to local priorities and needs.

Jeanne reflected on wanting to understand how local public health agencies interact with this work. The subcommittee needs to make sure that the work we're expecting of public health entities is work they can execute and have the resources for.

Sarah Poe noted that public health is not integrated in all public health authorities and the work is not integrated. She said this brings an opportunity, but there needs to be state emphasis for better integration at the local level. She noted Umatilla County as a leader in this area. Sarah noted disparities for air quality in rural and impoverished Eastern Oregon counties. Their air quality is significantly worse than in other areas of the state and the chronic disease state is nearly 60% for adults in Malheur County. We need to have rural counties leading this work and they are the least likely to have the resources to integrate this.

Kat asked where failing infrastructure with water systems fall and water systems where wells are drying up and people don't have access to water?

Gabriela responded that this is "health in all policies" work and this issue of water insecurity is a new focus for OHA. She references the Governor's 100 Year Water Vision. OHA's direct role is to regulate public water systems. But this doesn't address domestic wells.

Cristy asked about weaving in mental health to climate priorities.

Gabriela said this is a more recent focus and a big priority.

Emily provided examples of work OHA has done with a variety of partners, including county collaborations through a mini-grant pilot project to develop climate adaptation plans. OHA has also collaborated with some Tribes and community-based organizations. She talked about development of a climate equity blueprint.

Emily provided an overview of collaborations with community partners to learn about needs and priorities, feedback provided, and how these collaborations have guided planning. She reviewed survey results from a survey of local and tribal health authorities on where authorities are engaging, and alignment with Healthier Together Oregon.

Emily also reviewed health outcome measures that have been developed by the Tri-county area. This is included in the statewide report. Measures like this can be really useful during climate events because we can see immediate changes in metrics for things like emergency department utilization. It can be difficult to see longer-term health effects of long-term stressors.

Gabriela described that the sum of all factors our body is exposed to affects our health. This cumulative effect is why it can be difficult to separate out the unique effects of environmental harms. A lot of changes in climate work are not directly within the control of the public health system. This is why it is important for public health to be at the table for decision-making groups, including to ensure decisions advance efforts toward health equity.

Kat asked if we are ready to take advantage of federal funding opportunities.

Gabriela responded that the state public health modernization resources will set us up so that when the federal funding comes through, we will be "shovel ready". OHA has resources, people and tools to support local public health authorities and other partners.

Sarah Poe stated that funding is needed, but her county doesn't have the staff resources. She would appreciate regional opportunities and being able to use the state expertise to support work on the ground.

Sara B. noted that the outcomes on the slide that shows social and environmental determinants of health shows how broad the connections of environment are to such a wide range of indicators. Do these translate into areas where metrics could be developed?

Subcommittee business
Sarah Poe will provide the subcommittee update at the 8/19 PHAB meeting.

The next subcommittee meeting is scheduled for 9/15. Topics are likely to include continued discussion about environmental health metrics and a first discussion about communicable disease metrics.

Public comment

No public comment provided.

Adjourn

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

Oregon Health Authority

PHAB Accountability Metrics subcommittee

2021 timeline for discussions and deliverables

April	- Discuss charter and group agreements - Hear overview on public health modernization and accountability metrics statutory requirements
May	- No meeting
June	- Finalize charter - Discuss survey modernization findings and how to apply findings to public health accountability metrics - Discuss criteria for measure selection
July	- Discuss and make recommendations for public health system accountability - - Discuss *Healthier Together Oregon* and its relation to public health system accountability - Continue developing criteria for measure selection - Begin review of communicable disease and environmental health outcome measures
August	- Finalize criteria for measure selection (deliverable) - Continue review of measures
September	- Continue review of measures
October	- Continue review of measures
November	- Finalize recommendations for measures - Final PHAB approval
2022	- Continue work to identify public health accountability metrics for additional programmatic areas, including developmental measures. - Develop 2022 public health accountability metrics

PHAB Accountability Metrics Subcommittee
Metrics selection criteria
August 2021, draft

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

Criteria can be applied in two phases:

1. Community priorities and acceptance
2. Suitability of measurement and public health sphere of control

Phase 1: Community priorities and acceptance	
Selection criteria	Definition
Actively advances health equity and an antiracist society	Measure addresses an area where health inequities exist
	Measure demonstrates zero acceptance of racism, xenophobia, violence, hate crimes or discrimination
	Measure is actionable, which may include policies or community-level interventions
Community leadership and community-driven metrics	Communities have provided input and have demonstrated support
	Measure is of interest from a local perspective
	Measure is acceptable to communities represented in public health data
Transformative potential	Measure is actionable and would drive system change
	Opportunity exists to triangulate and integrate data across data sources
	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 locally, nationally or internationally validated; with awareness of the existence of white supremacy in validated measures.

National or other benchmarks exist for performance on this measure

| Phase 2: Suitability of measurement and public health sphere of control	
Data disaggregation	Data are reportable at the county level or for similar geographic breakdowns, which may include census tract or Medicare Referral District When applicable, data are reportable by: - Race and ethnicity - Gender - Sexual orientation - Age - Disability - Income level - Insurance status
Feasibility of measurement	Data are already collected, or a mechanism for data collection has been identified Updated data available on an annual basis
Public health system accountability	State and local public health authorities have some control over the outcome in the measure Measure successfully communicates what is expected of the public health system
Resourced or likely to be resourced	Funding is available or likely to be available Local public health expertise exists
Accuracy	Changes in public health system performance will be visible in the measure Measure is sensitive enough to capture improved performance or sensitive enough to show difference between years

Environmental Public Health and Climate Resilience

A Presentation to the OHA Public Health Advisory Board

September 22, 2021

Gabriela Goldfarb, EPH Section Manager

Emily York, Climate Policy Lead

Environmental Public Health Goals

- Healthy Places for All
  (Environmental Health Equity)
- Reduce Environmental Health Risks
- Increase Community Resilience
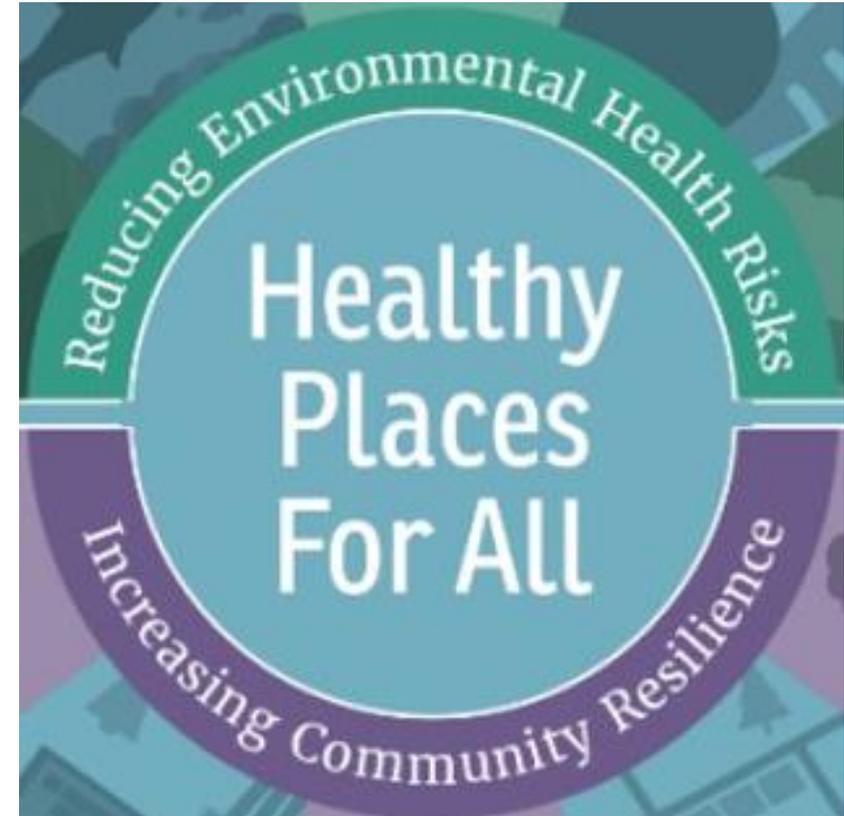
How can we measure our progress?

- How have we measured it in the past?
  - Oregon Climate and Health Collaborative
  - 2017 Resilience Plan metrics

- What are we planning in the future?
  - Planned program evaluation
  - Planned data projects

How have we measured progress in the past?

Oregon Climate and Health Collaborative

State Health Department
- Oregon Health Authority

+

Local Health Departments
- Benton County Health Dept.
- Crook County Health Dept.
- Jackson County Health Dept.
- Multnomah County Health Dept.
- North Central Health District

OREGON
Climate and HEALTH
Resilience Plan

- 2017-2021
- 16 strategies
- Actions that can be taken at the State and Local and Tribal levels

Oregon Climate and Health Collaborative

Over 105 partnerships were built or strengthened through the OCHC work in 2017.

We made 9 changes in policies

We made 28 changes in systems
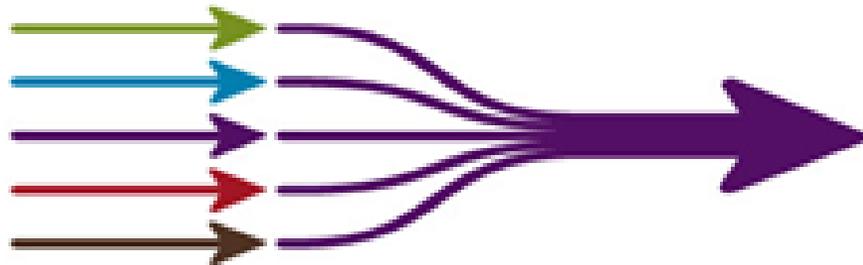
2017 Resilience Plan metrics

16 Climate Resilience strategies were informed by:
- 30 partner plans
- 26 diverse advisors
- 60 additional reviewers and contributors

Progress Metric: In 2017, LPHAs had begun implementation of 55% of Climate Resilience Plan actions.

Public Health Emergency Preparedness and Response Capabilities
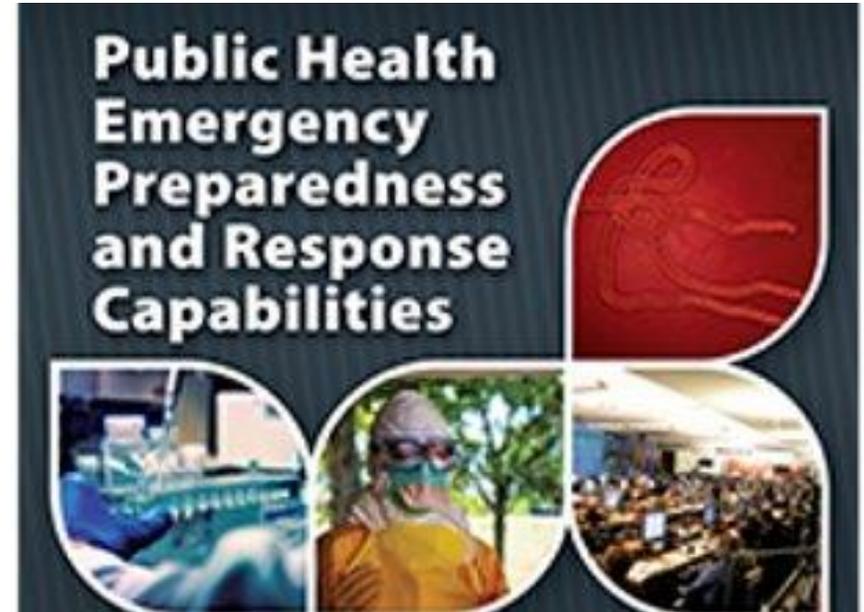
What are we planning in the future?
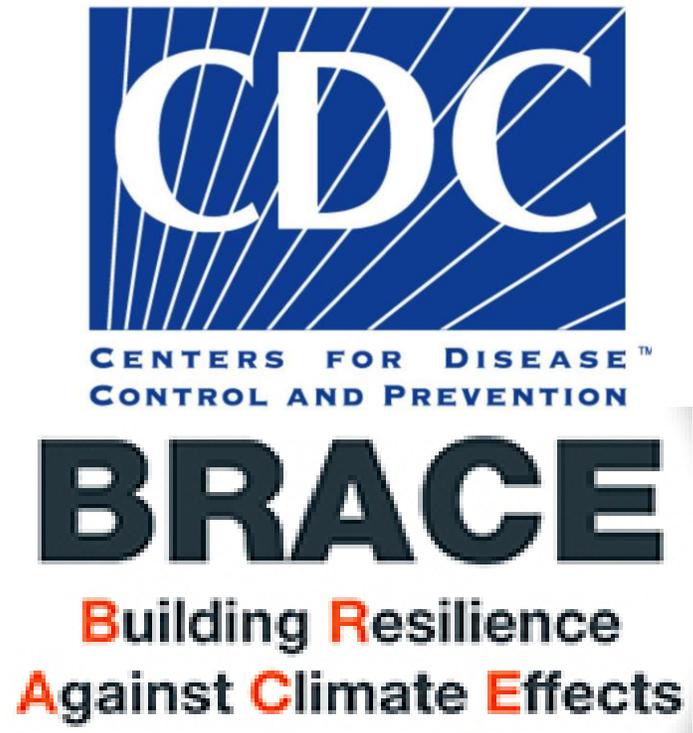
Planned BRACE program evaluation

| Strategy	Example Process Measures	Outcome:
Strategy A. Enhance Program Management and Leadership	A1d: NW Climate and Health Network growth A1e: Tracking log of TA requests A2b: HTO strategy metrics updated	More knowledgeable staff Climate is more integrated across agency
Strategy B: Enhance and Expand Partnerships	B1b: # of CBOs receiving our communications B1e: Public health data is in new cross-sector / cross-agency climate vulnerability assessment	Strengthened relationships with existing and new stakeholders
Strategy C: Compile Evidence and Best Practices to Develop Adaptation and Evaluation Plans	C1a: Utilization of online climate impact compendium - web analytics C3: Action and Evaluation plan(s) developed and deployed for each adaptation action.	Adoption of evidence-based practices
Strategy D: Implement Adaptation Actions	D2: Program webpage (# of web hits), progress reports D3: Eval. Plans for specific adaptation actions are developed and implemented	Community partners active in adaptation actions
Strategy E: Disseminate Lessons Learned	E1: Plans are updated based on partner input and dissemination activities are planned in collaboration with community partners E2: Number and diversity of audiences	Enhanced evidence base for climate and health adaptation

EH Capacity program baseline measures

Metric	2021 Baseline
# of CBOs that T+LPHAs have partnered with to build climate resilience *– this is a current Healthier Together Oregon metric*	13
# of T+LPHAs that have integrated EPH/climate data into their CHAs	5
# of T+LHAs that have integrated climate-related strategies into their CHIPs	3
% of T+LPHAs that have begun to engage in climate change conversations	27%
% of T+LPHAs that have begun to assess climate and health risks	10%
% of T+LPHAs that have begun to implement climate-related interventions	10%

Other EH data-related projects in the works…

Project	Contact
Analysis and comparison of available tools and models for vulnerability mapping. A summary of findings will be included in the **2021 Climate and Health Report** .	Gabriela Goldfarb (EPH section of OHA)
Exploration to develop an Oregon version of the **Healthy Places Index (HPI)** in partnership with Portland State University's Population Research Center	Gabriela Goldfarb (EPH section of OHA)
DAS's new **Interagency ArcGIS Hub** - Developing enterprise wide platform for GIS data sharing across agencies including a Statewide Social Vulnerability Index	Paul Platosh (DAS)
Oregon Data Strategy - **Equity Mapping** - interagency workgroup meets monthly to inform development of a new equity-themed geospatial Framework	Katherine Helms (DAS)
Statewide Climate Vulnerability Assessment - interagency, climate-focused - project scoping is underway this summer	Chris Shirley (DLCD)

Opportunities to shape EPH section's data-related work to meet PHAB's interests

- Inform new 'climate impact compendium' to include data of interest
- Inform climate program evaluation/survey design
- Inform new Resilience Plan metrics development
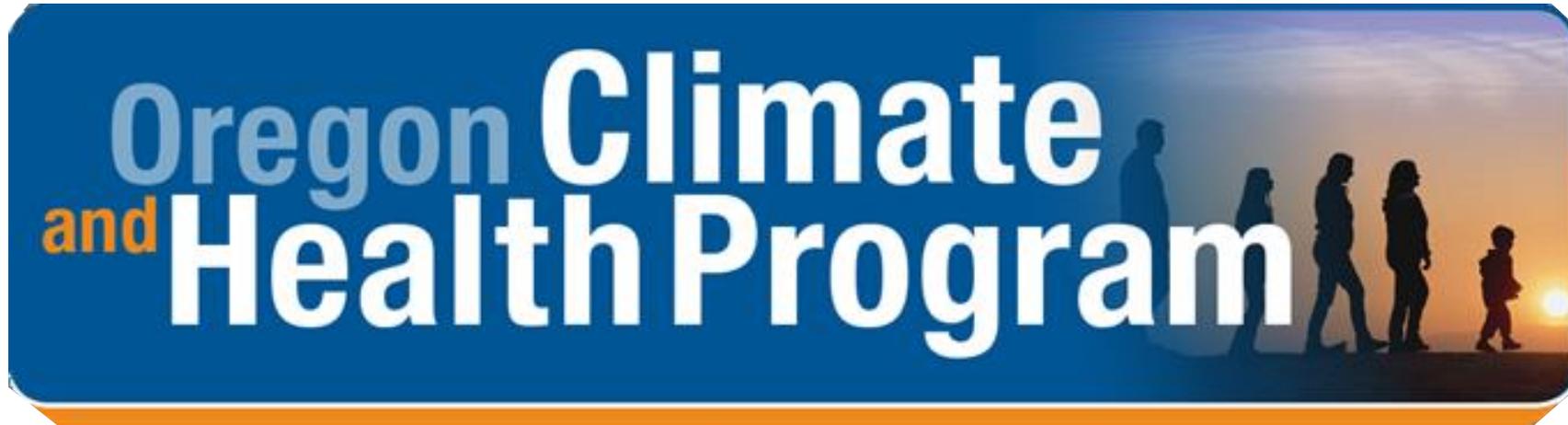
Questions & Discussion

Gabriela Goldfarb, EPH Section Manager
Emily York, Climate Policy Lead

www.healthoregon.org/climate