AGENDA

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

April 11, 2023
9:00-10:00 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 March 3 and March 14 meeting minutes
- Review feedback from local public health authorities on communicable disease priority areas and indicators
- Discuss recommendations to PHAB on communicable disease priority areas and indicators

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

PHAB's Health Equity Policy and Procedure

9:00-9:10 AM	**Welcome and introductions** • Approve March 3 and March 14 meeting minutes • Review group agreements and proceeding with metrics discussions that are person-centered	Sara Beaudrault, Oregon Health Authority
9:10-9:50 AM	**Communicable disease priorities and indicators** • Review the information presented to local public health authorities (LPHAs) on proposed health priorities and indicators for communicable disease data • Discuss feedback provided by LPHAs • Discuss recommendations • **Decision:** Is the subcommittee prepared to recommend communicable disease priorities and indicators to PHAB in May? If not, what additional information would the subcommittee like to discuss?	All

9:50-9:55 AM	**Subcommittee business** • Identify a subcommittee member to provide the subcommittee update at the 4/13 PHAB meeting. • The next meeting is scheduled for 4/28 at 12:00-1:00	All
9:55-10:00 AM	**Public comment**	
10:00 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

March 3, 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, Elliot Moon, Carol Trenga , Amanda Spencer

Guest presenters: Kathleen Rees, Lauralee Fernandez, Kathleen Johnson

---

Welcome and introductions
Sara B

- Sara reviewed agenda and plan for Environmental Metrics
- Introductions
- Motion to approve minutes passed unanimously by all members present.

Portland Metro Regional Climate Health Monitoring Report: Heat and Air Quality
Lauralee and Kathleen

- Indicators of Heat Related Health:
    - Mortality: Heat-Related Deaths
    - Morbidity
        - Heat Related illness urgent care and ED visits (updated daily – ESSENCE)
        - Heat related hospitalization (updated annually – Request from State)
- Indicators of Air Quality Related Health
    - Morbidity
        - Air quality related respiratory illness urgent care and ED visits (updated daily – ESSENCE)
        - Pollen allergy related respiratory illness urgent care and ED visits (updated daily – ESSENCE)
- For heat related deaths, numbers are aggerated at the regional level to avoid small number issues.
- One discussion that CLHO workgroup is having is around how using both mortality and morbidity (at all levels) data gives a better picture of the impact of heat related event, as opposed to just using mortality and sever morbidity.

- Jocelyn: Concern about using heat deaths as a metric for accountability as the numbers most years since 2016 are under 5 deaths a year statewide which makes in difficult to see the impact of interventions/programs year over year.
- Heat Related Illness Urgent care and ED visits:
    - Graph shows Heat number of Heat Related ED and Urgent Care visits during the summer months by county per 100 thousand persons in the Portland Metro Area (Clackamas, Multnomah, and Washington Counties).
    - One person could account for multiple visits.
    - Sara B: Having information around how these visits vary by race and ethnicity or other demographics could be used to help inform what types of interventions could be most helpful and could help us determine if inequity is being reduced over time.
    - Kathleen J: This data is being by race and ethnicity data for the Portland Metro counties, but it isn't being shown here because that part of the report is still being developed. However, a breakdown by race and ethnicity might be possible on a statewide level
    - Carol: We do have that for the state for morbidity and mortality. One issue that was had is that there was a lot of preliminary reports during the heat dome related to morbidity and mortality, but they didn't exactly reflect the final numbers that were reported once the heat dome was over, so it is important to remember that data (especially for recent years) is subject to change.
    - Carol presented 2021-2022 state data for heat related and non-heat related mortality by non-white race and ethnicity.
    - Jocelyn: It is important to track mortality data even when there are small numbers to help prevent deaths. However, when looking at a system level, small numbers in mortality data make it difficult to see the impact of interventions, but morbidity data could more accurately show the impact of interventions.
    - Cristy: Deaths related to heat events (even when they are small numbers) are typically preventable deaths and nationally tend to more greatly affect communities of color, low-income elders, outdoor workers, and people experiencing homelessness. We should have metrics and measures that make it easier for public health to work with emergency crisis management. What does it look like to have metrics that encourage cross collaboration across sectors? There is an opportunity to add metrics that reflect what we are tracking regarding the climate crisis.
    - Kathleen: In terms of ESSANCE data, it depends on what is entered by a provider, so "outdoor worker" would be a piece of qualitative data entered in a provider note talking about exposure and providers are not always consistence with what information they enter into their notes. As we have also mentioned before in previous meetings, REALD information is entered by providers and not by patients themselves. Asking these questions and rising these issues now helps to can help us improve this data and data collection in the future to help us better understand who is being impacted and how they are impacted.
    - Kathleen: Mortality data can still be useful because there was a spike during the heat dome after which there was a lot of interventions put into place on the

state and local level. So even though the mortality numbers are small again, if there is a heat event similar in intensity to the heat dome in the future, hopefully we should be able to see if these interventions have had an impact.

- Sara B: There are indicators around air quality where a lot of the same issues and concerns will come up when we look at those. We are also considering indicators around water security and build environment.
- Carol: showed indicators that are being considered for water security and stated that they are used more to show the need of intervention, but it is hard to have specific health outcomes related to these issues to track.
    - Oregon Drinking water advisories is a health metric that could be used at the county level.

Subcommittee business

Sara B

- Sarah P will provide update to next PHAB meeting.
- Kat: It would be helpful to have a board or visual to track conversations during these meetings.
- Sara B: Next Subcommittee meeting will be on 3/14/2023 and will focus on Communicable Disease.
- No public comment

Meeting was adjourned

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

March 14, 2023
9:00-10:00 am

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

Subcommittee members absent: Ryan Petteway, Jocelyn Warren

OHA staff: Sara Beaudrault, Kusuma Madamala, Elliot Moon, Carol Trenga , Amanda Spencer, Victoria Demchak, Cara Biddlecom, Rex Larsen, Vivian Larson, Kelly McDonald, Ann Thomas, Tim Menza, Zintars Beldavs, June Bancroft

Guest presenters: Kathleen Rees, Brian Leon

Welcome and introductions
Sara B

- Sara reviewed agenda and plan for discussing communicable disease priority areas and indicators
- Introductions
- Minutes from the 3/3 meeting will be reviewed at the April meeting

---

Group agreements and a person-centered approach to public health metrics
Sara B

- After the last meeting, concerns were raised about the discussion on the metric for summer heat-related deaths, and the potential for similar conversations to harm community members represented in those deaths. Sara acknowledged her role as facilitator during that conversation. She let the group know that Victoria Demchak and Cara Biddlecom are present today to support the conversation and individual members.
- Sara B said one way to address this might be to revisit the group agreements and asked what other ways subcommittee members may wish to proceed.
- Jeanne said that she appreciates having group agreements and it may also be helpful for people to have an open and private line to someone during the meeting to pause the conversation.
- Sarah P said she has been thinking about how to approach data conversations from a perspective of data ethics. She talked about small numbers reporting and how to report on small numbers so that people are not identifiable but attention is still brought to the issue.
- Cara made connections to PHAB's Strategic Data Plan subcommittee regarding values and responsibilities when working with public health data. This may include providing context,

---

being person-centered and providing actionable data. Cara suggested connecting these conversations in the future.

- Kat said she thinks the group agreements are good and the group could recommit to using them. Kat appreciated the person who shared feedback.
- Cristy asked whether the subcommittee can only make recommendations if a specific number of deaths occur.
- Sara B said there are no such restrictions. Sara felt the discussion got conflated with a conversation about accountability and whether an individual organization should be accountable for metrics related to preventable deaths that may fluctuate based on external factors.
- Kathleen proposed that data could be presented in regions so denominators are larger and people may not be as easily identifiable.
- Sara B noted that the issue around small numbers is that people, families and communities may be able to be identified. It is not that the small numbers are not significant or important. Public health needs to be clear about this when speaking about small numbers and data suppression.
- Sara B summarized some of the recommendations made to ensure person-centered discussions moving forward, which include having a person at every meeting to pay attention to group agreements and be a direct contact for people who would like support during meetings, continue to use group agreements, continue to talk about data ethics and make connections with Strategic Data Plan subcommittee.
- Victoria shared that it may be useful to have further discussion about identifying the right unit that allows us to share data. It is not the same for all questions we're trying to answer.
- June talked about existing standards for sharing data with small numbers, data sharing agreements, and the opportunity to use stories when numbers can't be used.
- Sarah P talked about ensuring that people are not identifiable. She said one way that public health sometimes addresses this is by using "<10" or other categories. With this method, overall trends can still be seen.
- Rex noted that with smaller numbers there are issues with generating rates that are accurate. The OHA immunization program does not publicly report data with less than 50 in the numerator.
- Sarah P noted that public health needs to make improvements to how we communicate about data, and this was seen clearly throughout the COVID-19 pandemic.
- Jeanne said that these same conversations are also happening within CCO metrics committee. All of these discussions are under the umbrella of OHA. We need an overall understanding that we are trying to get to the same place and be working in alignment for data collection and reporting that is grounded in the OHA health equity definition.
- Cristy suggested that a metric for community engagement could be reporting and communicating data in a trauma informed and community-centered way. This could include training for public health leads to have this lens when connecting with community.

Communicable disease priorities and indicators

Tim Menza

- Tim reviewed slides on sexually transmitted infections.

    - Early syphilis diagnoses are higher than ever and are rapidly increasing.
    - Among 50% of people assigned female at birth with syphilis in Oregon do not have an identifiable risk factor. Oregon recommends universal screening for people during pregnancy.
    - Tim discussed congenital syphilis. There were no congenital syphilis cases in 2013 and 37 cases in 2022. The goal needs to be zero.
    - Syphilis disproportionately affects people of color. Housing instability, criminal justice involvement and history of drug use are very common for people with syphilis during pregnancy. Tim discussed the systemic issues that factor into these risk factors.
- Sara said that OHA is recommending a bundle of indicators that provide a comprehensive view of the impacts of syphilis: rate of congenital syphilis, rate of any stage syphilis among people who can become pregnant, and rate of primary and secondary syphilis.
- Jeanne echoed the urgency around addressing syphilis.

Subcommittee business

Sara B

- Sara would like the subcommittee to hold an additional meeting in April. Please watch for an email to schedule it.

Meeting was adjourned

Public health system metrics

The following set of metrics brings attention to health priorities in Oregon.

These metrics provide a framework to bring together governmental public health authorities, other sectors and partners, and state and local health officials to collectively change policies to create health for everyone.

These metrics also demonstrate improvements in Oregon Health Authority and local public health authorities' core system functions through public health modernization

<table>
<tr><th colspan="2">Collective responsibility across sectors and partners</th><th>Oregon Health Authority and local public health authority accountability</th></tr>
<tr><th>Health priorities</th><th>Policy actions</th><th>Public health data, partnerships and policy</th></tr>
<tr><td>Public health assessment</td><td>Public health policy development</td><td>Public health assurance</td></tr>
<tr><td>Indicators of health outcomes

What are priority health issues throughout Oregon?

Which groups experience disproportionate harm?</td><td>Measures of policy landscape

How are policies contributing to or eliminating root causes of health inequities?</td><td>Measures of foundational capabilities

Are public health authorities increasing capacity and expertise needed to address priority health issues?

Are public health authorities better able to provide core public health functions within their community?</td></tr>
<tr><td colspan="2">Level of accountability

The governmental public health system as a whole, other sectors and partners, elected officials.

Oregon's Public Health Advisory Board has a critical role to influence necessary policy changes.</td><td>Level of accountability

OHA and individual LPHAs</td></tr>
</table>

Framework for public health accountability metrics

Past accountability metrics	New metrics framework
Minimal context provided for disease risks and root causes of health inequities	Provides context for **social determinants of health and systemic inequities resulting from systemic racism and oppression**
Focus on disease outcome measures	Disease outcomes used as **indicators of progress**, but are **secondary to** process measures of **public health system accountability**
Focus on programmatic process measures	Focus on **data** and data systems; community **partnerships**; and **policy**.
Focus on LPHA accountability	Focus on **governmental public health system accountability**.
Minimal connection to other state and national initiatives	Direct and explicit **connections to state and national initiatives**.

Proposed communicable disease priority areas and indicators

The following priority areas and indicators have been developed by state and local public health authority staff. The goal is for the PHAB subcommittee to eventually narrow recommendations to 1-2 priority areas and one or more related indicators.

Priority areas	Indicators
Seasonal and emerging respiratory pathogens	• All respiratory outbreaks (influenza-like illness, RSV, COVID and others) in long-term care facilities • Influenza hospitalizations and mortality rates • Influenza vaccination rates
Sexually transmitted infections	• Rate of congenital syphilis • Rate of any stage syphilis among people who can become pregnant • Rate of primary and secondary syphilis • Rate of gonorrhea
HIV	• Rate of new HIV infections • Proportion of people living with HIV with an undetectable viral load within three months of diagnosis • Proportion of people living with HIV with an undetectable viral load in the prior year
Vaccine preventable diseases	• Rates of high impact vaccine preventable diseases (i.e. pertussis, measles), including by race, ethnicity, gender, sexual orientation, housing status (includes carceral settings), injection drug use • Adolescent vaccination rates • Adult vaccination rates • Two-year old vaccination rates

	• School vaccination rates and non-medical exemption rates
Viral hepatitis	• Rates of acute hepatitis, including by race and ethnicity, gender, sexual orientation, housing status (includes carceral settings), injection drug use
Foodborne diseases	• Rates of foodborne diseases, including by race, ethnicity, gender, sexual orientation, housing status (includes carceral settings), injection drug use
Tuberculosis	• Rate of active TB infection