

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

**December 6, 2016
1:00 – 3:00pm**

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

PHAB Subcommittee members absent: none

OHA staff: Sara Beaudrault, Myde Boles, Angela Rowland

Members of the public: Kelly McDonald, Kathleen Johnson

Welcome and introductions

The November 8th draft meeting minutes were unanimously approved by the subcommittee.

Debrief PHAB discussion

Subcommittee members discussed the feedback they received at the November PHAB meeting and whether any changes to the current approach are needed based on the feedback:

- Teri noted that at the November PHAB meeting and in other discussions, she is hearing that the metrics should be tied to the deliverables in the *Public Health Modernization Manual*. This group can work backward from deliverables to identify the corresponding measures.
- PHAB was supportive of 2-3 metrics for each foundational capability and program
- PHAB discussed the approach for health equity measures. This subcommittee's current recommendation is to have a set of stand-alone health equity measures while also ensuring that health equity is woven into all other measurement areas. Eva offered to collect suggestions or resources from PHAB members on the development of health equity measures but did not receive anything.
- Eli recommended inviting someone from the OHA Metrics and Scoring Technical Advisory Group (TAG) committee to attend an Accountability Metrics subcommittee meeting. Metrics and Scoring has a robust process for identifying and developing metrics. Eli also recommended that this group continue to seek

out relevant national data sets or outside expertise to inform this subcommittee's work.

Subcommittee members clarified that what goes forward in the statewide modernization plan does not need to be final or complete. Work to date will be included, with a statement that work will continue to develop and finalize accountability measures in 2017.

Measure selection for communicable disease, environmental health and emergency preparedness

Subcommittee members discussed CLHO measure recommendations. Eli requested a merged and consolidated spreadsheet of measures to work from.

Subcommittee members discussed how to work backward from deliverables to measures. Muriel stated the group could take the deliverables of a modern public health system and then identify the outcome of fulfilling that deliverable.

Emergency Preparedness

- Public health's work is to plan, prepare and engage. It may not seem transformative, but it is core to emergency preparedness.
- Subcommittee members identified these as potential areas to focus: staff training and community engagement

Environmental health

Subcommittee members discussed a measure proposed by the CLHO healthy communities committee: the LHD's ability to provide timely, accurate and culturally appropriate technical assistance to partners and the community on environmental health hazards. This measurement concept focuses on the need for public health to be able to respond to any emerging environmental health need. This puts public health in the position to be proactive rather than reactive. Subcommittee members agreed this measure should be included.

Subcommittee members discussed whether to include a measure to assess whether community health improvement plans include environmental health priorities. CHIPs tend to be medically-focused. Subcommittee members discussed opportunities for incorporating environmental health priorities locally and were supportive of using this as an accountability metric. This would also give public health authorities more credibility to push for environmental health to be included in shared CHIPs.

Another measurement area is around the built environment: transportation, land use planning, biking and walking paths, etc. Jennifer asked whether built environment fits better with chronic disease accountability metrics because of the connection with obesity prevention. However, built environmental also includes industrial land use, air quality, etc. Eli called attention to the *Public Health Modernization Manual* deliverable

related to built and natural environments. Teri discussed the need to build and demonstrate capacity – for example sending staff to health impact assessment trainings – before being able to engage fully in shaping the built and natural environment. Eli proposed “Demonstrate capacity to address challenges to health resulting from changes in the built and natural environment” as a metric, and other subcommittee members agreed.

Communicable disease

Subcommittee members discussed communicable disease measures at the September meeting. At that time subcommittee members supported measures related to sexually transmitted infections, immunization, and possibly foodborne illness and TB. In September subcommittee members did not support including healthcare-associated infection measures.

Teri cautioned against looking at STI numbers because the ability to move the numbers varies from health department to health department. The public health system needs to demonstrate that it has the expertise for health education and technical assistance for health care providers. Jennifer stated that this is consistent with the priorities of health officers who are concerned that the public health system be nimble, credible and leaders.

Eli asked whether a measure could be around tracking epidemics and having the ability to react quickly to disease trends. PHD staff will craft a measure.

Muriel suggested having one concrete, disease-based measure. It is easier for partners and others to understand. Teri questioned using STIs for a disease-based measure because outbreaks are unpredictable and can be based on the culture of local communities.

Jennifer proposed “partner notification around STI cases” as a tangible measure. Partner notification is squarely within public health’s wheelhouse, is a proven strategy and is an area where public health could make significant improvements. She suggests focusing on syphilis, gonorrhea and HIV.

Teri noted that, since every local health department will have a unique baseline, each health department should also have specific improvement targets. Eli stated that this method – the Minnesota Method – is used for the CCOs.

Subcommittee members discussed including an immunization measure. Subcommittee members expressed concern about including a measure since some health departments no longer give immunizations. Muriel stated that local health departments can promote immunizations and work with partners but cannot be held responsible for rates. However, because two year old immunization rates are a CCO incentive measure, this presents an opportunity for public health and CCOs to have shared responsibility. Teri stated that, as some health departments move away from providing immunizations, they need to continue to be the experts in immunization as a proven

population health intervention and should convene community approaches to improve immunization rates. PHD staff will draft a metric to capture this.

PHD staff will send draft metrics to the subcommittee to review prior to the 12/15 PHAB meeting.

Review accountability metrics overview

Subcommittee members reviewed the Accountability Metrics overview that will be included in the statewide modernization plan. Subcommittee members provided feedback on the “next steps” section of the overview, including a stakeholder survey on proposed public health metrics. There will likely be a public health modernization legislative concept in 2017 that will clarify use of accountability metrics.

Eli questioned how data for these measures will be collected and described the mechanisms used for CCO incentive measures. OHA had included resources for accountability metrics data collection, analysis and reporting in its policy option package proposal. Since this policy option package was not included in the Governor’s recommended budget, it is not clear at this point what resources will be available.

Subcommittee members again expressed interest in a joint meeting with the PHAB Incentives and Funding subcommittee.

Subcommittee Business

2017 subcommittee meeting structure – subcommittee members discussed whether to continue to meet monthly for one or two hours, or whether a different process should be used, PHD staff will talk with other OHA staff to learn more about the process used to develop CCO incentive metrics. PHD staff will draft a proposal for this group to review on how to move forward in 2017.

Sara will look at the order subcommittee members have given updates at PHAB meetings and contact the next person in line.

Public comment

Kathleen Johnson, Coalition of Local Health Officials

Adjournment

The meeting was adjourned.