**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

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| 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 |

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| 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 |
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\*Adapted from selection criteria used previously by the PHAB Accountability Metrics subcommittee and for selection of Healthier Together Oregon indicators and measures.