
Public health accountability metrics update

CLHO Communicable Disease
February 11, 2022



Modernized framework for governmental public health services



2021-23 Public Health Modernization Funding Priorities

Public health interventions that are equitable, community-driven, and address historical and contemporary injustices

Communicable
disease and
environmental
health threats
planning and
response

Communicable
disease
prevention

Impacts of
climate related
emergencies
and threats on
health

The statutes and rules

ORS 431.123 The Oregon Public Health Advisory Board shall establish accountability metrics for the purpose of evaluating the progress of the Oregon Health Authority and local public health authorities in achieving statewide public health goals.

Administrative rule requires OHA to consult with CLHO on changes to the set of accountability metrics.

PHAB Accountability Metrics 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.

Alignment with other initiatives

- Feedback from previous years' reports
- [Healthier Together Oregon](#)
- PHAB presentations from partners who developed community-specific data briefs
- Public Health Forward: [Modernizing the U.S. Public Health System](#)
- RWJF: [Charting a Course for an Equity-Centered Data System](#)
- Public health accreditation

Current and updated metrics

Current accountability metrics	Updated accountability metrics
Minimal context provided for disease risks and root causes of health inequities	Discussions ongoing
Focus on disease outcome measures	Discussions ongoing
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 .

Metrics changes we expect to see

- Movement away from:
 - Disease-specific metrics
 - Health outcome metrics
- Movement toward
 - Actionable metrics
 - Metrics that represent community priorities
 - Metrics that can be used to advance health equity
 - Focus on public health data and data systems, community partnerships and policy.

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



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

Discussion

1. What is your reaction to these proposed changes?
2. What are your suggestions for identifying measures that are relevant across communicable disease program areas?
3. What are existing metrics or data sources?
4. How would you like to proceed with identifying metrics over the coming months?

Next steps

- Ongoing work with CLHO Communicable Disease and Environmental Health committees to develop metrics recommendations.
- Committee recommendations will be taken to CLHO and then back to the PHAB Accountability Metrics subcommittee.