Progress and Impact Mid-Biennium Report: Public Health Modernization (2025-2027)

The Oregon Legislature invested approximately $122 million in the 2025-27 biennium to continue support for Public Health Modernization in Oregon.

Program background and summary

Oregon is modernizing its public health system to be equitable, prevention-focused and prepared to address current and emerging threats. Public health work happens every day: promoting access and uptake of vaccines, preventing chronic diseases and drug overdoses, ensuring food safety and safe drinking water, responding to emergencies and supporting community well-being. OHA's Public Health Modernization (PHM) initiative is how OHA makes sure those services are consistent, accessible and effective across Oregon, today and into the future.

Since 2015, PHM has supported foundational public health services, including the availability of a qualified workforce in every Oregon community. The four focus areas of PHM include:

- **Communicable Disease Prevention:** Detect and respond to infectious diseases.
- **Health Promotion, Disease and Injury Prevention:** Support environments and policies that provide access to wellbeing for everyone.
- **Environmental Health Protection:** Assess and limit environmental risks to health.
- **Equitable Access to Preventive Health Services:** Ensure preventive services, such as cancer screenings, are available.

Trends and outcomes summary

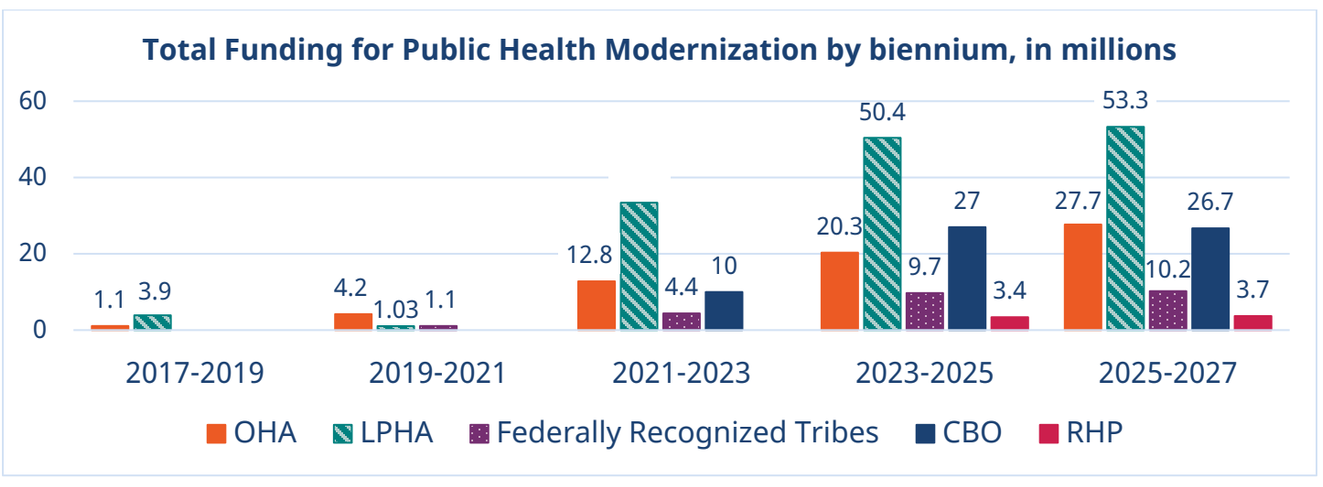
During the first half of the 2025-27 biennium, nearly all Local Public Health Authorities (LPHAs) developed a modernization plan and a climate and health adaptation plan. These plans ensure localities across Oregon have an action plan to scale up implementation of foundational public health programs and capabilities over time.

PHM funding also supported 298 new and existing LPHA staff. These staff bolster capacity and expertise at the community level (e.g., epidemiology, communications, partnership development) and enable LPHAs to advance local interventions to improve immunization rates, decrease rates of syphilis, and ensure communities are resilient to climate change.

Partnerships with community-based organizations (CBOs) are another critical component of the public health infrastructure. OHA leveraged PHM investments for the 2025-27 biennium to award 78 CBOs with funding to support culturally responsive public health services. In addition, 27 of 33 LPHAs reported meeting regularly with CBOs to discuss opportunities to leverage shared resources and coordinate on common goals.

LPHAs reported on accountability metrics process measures that reflect their daily work in areas like data, partnerships, and communications to improve health outcomes. The majority of LPHAs, 24 of 33, met at least five of six required measures to receive incentive payments totaling $469,761.

Program funding



Total public health modernization funding for OHA, LPHAs, CBOs and Reproductive Health Providers (RHP) by biennium, in millions.

Objectives, outputs and outcomes

The table below includes select metrics to track progress towards 2030 PHM goals. **Each LPHA is required to implement work that addresses six process measures (two in each priority area). The denominator for the output measures indicates the total number of LPHAs that selected a given process measure.**

Objective 1:

Reduce spread of syphilis and prevent congenital syphilis.

Output:
Increase in percentage of people with syphilis interviewed from 2023-24: 15/24 (63%).

Outcome:
Rate of primary and secondary syphilis per 100,000 people

- 2023 baseline: 19.2
- **2024 status: 12.3 (2024); lower than baseline***
- 2030 goal: 16.3

Objective 2:

Protect people from preventable disease by increasing vaccination rates.

Output:
Demonstrated actions with health care providers to improve access to vaccinations for two-year olds: 18/18 (100%) LPHAs met.

Outcome:
Two-year old vaccination rate

- 2023 baseline: 68.3%
- 2024 status: 68.4% (2024); little change from baseline*
- 2030 goal: 80%

Objective 3:

Increase community resilience for climate impacts on health: extreme heat and wildfire smoke.

Output:
Demonstrated actions in communications to reduce the health impacts of extreme heat: 19/19 (84%) LPHAs met.

Outcome:
Heat-related hospitalizations per 1 million people:

- 2023 baseline: 16.5
- 2024 status: 20.9 (2024); higher than baseline*
- 2030 goal: 7

* Improvements in rates of primary and secondary syphilis may be attributable to increased awareness of sexually transmitted infections (STIs), ongoing public health efforts at the local and state level, and increased use of innovations like self-tests, point-of-care tests and doxycycline as post-exposure prophylaxis for syphilis and other bacterial STIs. Immunization rates across all age groups declined sharply during the COVID-19 pandemic and have yet to fully recover. Heat-related illness and deaths increased statewide due to more intense and prolonged heat events, even though the year had fewer total hot days than 2023; trends signal increasing climate-related health risks and reinforce the need for effective risk communications and sustained investments in mitigation activities.

Considerations

Oregon's Public Health Advisory Board is developing accountability metrics for the prevention and health promotion foundational program area.

Following a six-month process to refresh the vision for PHM, OHA and the Conference of Local Health Officials are convening a workgroup to revisit the PHM framework and manual to ensure it reflects current public health practice and shared priorities.

Other formats and languages

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