

Public health accountability metrics  
 Indicators and process measures  
 October, 2024

Priority area	Health outcome indicator	Indicator data source	Indicator baseline	Indicator 2025 goal	Indicator 2030 goal*	LPHA process measure	LPHA process measure data source	LPHA process measure 2030 goal	OHA process measure	OHA process measure data source	OHA process measure 2030 goal
Reduce the spread of syphilis and prevent congenital syphilis	Rate of congenital syphilis	Orpheus	78.3/100K live births	66.5/100K, 15% decrease	39.2/100K, 50% decrease	1. Percent of congenital syphilis cases averted (OR baseline: 65.1)	Orpheus	10% increase from LPHA baseline	1. Percent of congenital syphilis cases averted (OR baseline: 65.1)	Orpheus	75%
	Rate of syphilis (all stages) among people who can become pregnant	Orpheus	72.2/100K	61.4/100K, 2% decrease	36.1/100K, 10% decrease	2. Percent of syphilis cases interviewed (66.0)	Orpheus	10% increase	2. Percent of prenatal care providers who report routinely screening all pregnant patients in the early third trimester (OR baseline: 69)	Program reporting	80%
	Rate of primary and secondary syphilis	Orpheus	19.2/100K	18.8/100K, 2% decrease	16.3/100K, 15% decrease	3. Percent completion of CDC core variables (84.6)	Orpheus	10% increase	3. Adoption of CCO/health system metrics to promote syphilis screening at three time points in pregnancy (OR baseline: No)	Program reporting	Yes
						4. Percent of early cases treated with appropriate regimen within 14 days (67.2)	Orpheus	10% increase			
Protect people from preventable diseases by increasing vaccination rates	Two-year old vaccination rate (4:3:1:3:3:1:4 series)	ALERT IIS	68% (2023)	72%	80%	1. Demonstrated use of data to identify population(s) of focus (required process measure)	LPHA reporting	Demonstrated expansion in strategies and engagement, under development	1. Develop and maintain data for immunization indicators (six total) 1. 2-year-old data dashboard available, with data by county and race and ethnicity 2. 2-year-old data dashboard updated quarterly during the year 3. Additional data made available to counties at zip code, clinic, or patient level upon request 4. Influenza dashboard for 65 plus age groups available, with data by county and race and ethnicity 5. Influenza dashboard updated weekly during flu season 6. Additional data made available to counties at zip code, clinic, or patient level upon request	Program reporting	100%
	Adult influenza vaccination rate, ages 65+	ALERT IIS	47% (2023/24 Flu season)	51%	60%	2. Demonstrated actions to improve access to influenza vaccination for residents of LTCFs	LPHA reporting	Demonstrated expansion in strategies and engagement, under development	2. Implement the Immunization Quality Improvement for Providers Program. Goal: Meet CDC goal to perform an IQIP visit with 25% of VFC enrolled providers.	IQIP database	100%
						3. Increase in the percent of health care providers participating in the Immunization Quality Improvement Program (IQIP)	LPHA reporting and IQIP database	25%, with demonstrated strategies by the LPHA to achieve the benchmark.	3. Provide data to CCOs to meet immunization incentive measures and partner with CCOs on QI program implementation. Percent of data files provided to CCOs on a timely basis	Program reporting	100%
						4. Demonstrated actions with health care providers to improve access to vaccination 5. Demonstrated outreach and educational activities conducted with community partners to increase vaccine access or demand	LPHA reporting	Demonstrated expansion in strategies and engagement, under development	4. Assure vaccine supply and monitor the state's vaccine finance model to ensure it is sustainable, equitable, and adequately funds vaccination programs 1. Complete research on other state models 2. Convene in-person summit with statewide healthcare partners 3. Recruit/convene multidisciplinary vaccine finance reform steering committee 4. Committee selection of one or more strategies to move forward 5. Fully developed vaccine finance framework proposed by committee 6. Vaccine finance reform implemented 7. Evaluation performed of vaccine finance reform mode		100%
Increase community resilience for climate impacts on health: extreme heat and wildfire smoke	Emergency department and urgent care visits due to heat	OR-ESSENCE	1.79 heat-related illness visits (per 1M) per days ≥80°F Heat Index. Based on 238 visits (per 1M population): 133 days at or above ≥80°F Heat Index per season (May 1-September 30, 2023).	1.61 HRI visits (per 1M) per day ≥80°F, 10% reduction from 2023 baseline (May 1-September 30, 2025)	0.85 HRI visits (per 1M) per day ≥80°F, 50% reduction from 2023 baseline (May 1-September 30, 2030)	1. Demonstrated use of data to identify population(s) of interest (required process measure)	LPHA reporting	Demonstrated expansion in strategies and engagement, under development		Program reporting	3
	Hospitalizations due to heat	Oregon inpatient hospital discharge data from OHA Health Analytics	69 hospitalizations (per 4.2M): 133 days ≥80°F Heat Index per season (May 1-September 30 2023)	52 heat-related hospitalizations, 25% reduction from 2023 baseline (May 1-September 30, 2025)	28 heat-related hospitalizations, 60% reduction from 2023 baseline (May 1-September 30, 2030)	2. Demonstrated actions in Communications to improve priority area of focus	LPHA reporting	Demonstrated expansion in strategies and engagement, under development	1. Number of dashboards published and updated 2. Provision of technical assistance in support of PHAB indicators: a) Responsiveness to technical assistance requests from LPHAs b) Demonstrated provision of activities and documentation to build LPHA capacity to assess and address health impacts of climate change	Program reporting	100% of requests completed (2a) 3 workshops + 3 guidance documents (2b)
	Heat deaths**	Oregon Center for Health Statistics: Vital Records, OHA Oregon death certificates	8 total statewide deaths (state resident deaths in Oregon): 133 days ≥80°F Heat Index per season (May 1-September 30, 2023)	6 deaths, 30% reduction in statewide heat deaths compared to 2023 baseline (May 1-September 30, 2025)	2 deaths, 70% reduction in statewide heat deaths from 2023 baseline (May 1-September 30, 2030)	3. Demonstrated actions in Policy to improve priority area of focus	LPHA reporting	Demonstrated expansion in strategies and engagement, under development	3. Recommendations developed for public health indicators for drinking water security and mental health effects of climate change.	Program reporting	2
	Respiratory (non-infectious) emergency department and urgent care visits	OR-ESSENCE	1.63 Air Quality-Related Respiratory Illness visits (per 10,000) per day at or above Moderate AQI (PM2.5 ≥9.1ug/m3). Based on 217 visits (per 10,000 population): 133 days at or above Moderate AQI per season (May 1-Oct. 31, 2023).	1.55 visits (per 10,000 population) per day at or above Moderate AQI (PM2.5 ≥9.1ug/m3); 5% reduction from 2023 baseline, accounting for variability in wildfire season (May 1-Oct. 31, 2025)	1.30 visits (per 10,000 population) per day at or above Moderate AQI (PM2.5 ≥9.1ug/m3); 20% reduction from 2023 baseline, accounting for variability in wildfire season (May 1-Oct. 31, 2030)	4. Demonstrated actions in Community Partnerships to improve priority area of focus	LPHA reporting	Demonstrated expansion in strategies and engagement, under development	4. Documentation of identified policy changes that are needed to reduce health impacts of climate change*, beginning with extreme heat and wildfire smoke, developed with internal and external partners.	Program reporting	3
	Developmental: Drinking water security	Not applicable	Not applicable	Not applicable	Not applicable	5. Demonstrated actions to integrate climate and health into cross-sectoral or public health planning	LPHA reporting	Optional; To inform development of measures			
	Developmental: Mental health effects of climate change	Not applicable	Not applicable	Not applicable	Not applicable	6, 7. Water insecurity and Mental health effects of climate change	LPHA reporting	Optional; To inform development of measures			

\* In addition to a statewide 2030 goal for indicators, each indicator includes measurement of reduced disparities among racial and ethnic groups so that disparities are eliminated by 2030.

\*\*2023 Oregon Center for Health Statistics Vital Records, OHA Oregon death certificates are provisional and subject to change.