

2018

>> 2017–2020 Strategic Plan

2018 Annual Report



Oregon
Health
Authority
PUBLIC HEALTH DIVISION

Contents

» Introduction.....	4
» Goals, Objectives & Measures	5
» Goal 1: Promote and protect safe, healthy and resilient environments to improve quality of life and prevent disease.....	5
» Goal 2: Strengthen public health capacity to improve health outcomes.	14
» Appendix A – Data definitions	22

Dear Public Health Division colleagues:

I am pleased to share with you a progress report for year one of implementing the 2017-2020 PHD Strategic Plan. The PHD Strategic Plan is one of three guiding documents for our work through 2020. While the statewide public health modernization plan and State Health Improvement Plan (SHIP) are external facing, the Strategic Plan is specific to our work in the PHD.


Last year brought many exciting wins for public health. Implementation of the Reproductive Health Equity Act will help to increase the number of women with access to effective contraception, and tobacco use and opioid related deaths continue to decline. I'm also eager to witness the improvements in communicable disease control as a result of the \$5 million investment approved by the 2017 legislature for the 2017-19 biennium. Internally, the work of section and division level health equity work groups is driving towards our goal of improving PHD's capacity to implement our work in health equity and cultural responsiveness.

Oregon continues to be a national leader in its work to modernize the public health system. While our local and tribal public health authorities have made much progress towards modernization, success is also evident within PHD. Employee engagement is increasing, our communication efforts are having a broader reach, and improvements to the program element will help to advance our goal of health equity.

This strategic plan is only a snapshot of our work across the division. All sections, programs and staff are encouraged to consider where your work is advancing our goals and objectives. If you have a measure you would like to contribute to the plan, please email publichealth.policy@dhsosha.state.or.us.

Many thanks for your work this past year to improve the health of people in Oregon, particularly our communities experiencing unjust disparity. Although there is much work ahead, I hope you share my excitement that we are on the right track.

Sincerely,



Lillian Shirley, BSN, MPH, MPA
Public Health Director
Oregon Health Authority, Public Health Division

Introduction

The Public Health Division (PHD) strategic plan was revised in 2017. This revision better reflects PHD's work to advance public health modernization and the health outcomes included in Oregon's State Health Improvement Plan (SHIP). Accredited health departments must report annual progress made towards the goals and objectives contained in its strategic plan. The purpose of this report is to share with PHD staff accomplishments related to implementation of the PHD Strategic Plan. Updated data is provided for all measures, and a brief narrative describes the work ahead to ensure PHD meets the 2020 target within each objective.




A status indicator has also been applied to each measure: green means target has been achieved, yellow means progress is in the right direction, red means measure is stagnant or moving in the wrong direction, and blue means data are unavailable. Across all measures with updated data:





- 6 have been achieved;
- 24 are in progress; and
- 7 are stagnant or moving in the wrong direction.

Goals, Objectives & Measures

Goal 1: Promote and protect safe, healthy and resilient environments to improve quality of life and prevent disease.

Objective 1: Create healthy environments.

Measures	Status	Baseline	Current data	2020 target	Lead	Data source
Percentage of children under 6 years old who received blood lead testing		4% (2016)	6.2% (2017)	10%	Environmental Public Health	Oregon Public Health Epi User System (Orpheus)
Percent of community water systems* that meet health-based standards throughout the year		89% (2016)	94.9% (2017)	92%	Drinking Water Services	Safe Drinking Water Information System database, Environmental Protection Agency
Percent of workers who walk, bike or take public transit to work		11.2% (2015)	10.2% (2016)	9%	Health Promotion and Chronic Disease Prevention	American Community Survey

 No data
  Achieved
  Right direction
  Wrong direction

PHD works to create healthy environments in Oregon through several programs such as Environmental Public Health (EPH), Drinking Water Services (DWS) and Health Promotion Chronic Disease Prevention (HPCDP).




- Outreach to providers, improvements in blood lead data reporting, and better data quality and management likely helped to increase the proportion of children under six years of age who were screened for lead. Increased attention to lead from national news stories may have also had an impact. In 2018, we will continue outreach and education to providers and work with clinics to increase electronic lab reporting for better data quality.
- More community water systems are meeting health based standards compared with prior years. Oregon’s compliance rate is very good and exceeds the national rate. Despite already meeting the 2020 target for this measure, disparity exists in some regions of the state, particularly in counties outside the I-5 corridor where fewer water systems are meeting the statewide benchmark.
- Despite already meeting the 2020 target for the active transportation measure, significant disparity exists in the state. For example, only 10 of out of 36 counties in Oregon are meeting the target. In some counties, less than 5 percent of commuters use active transportation. PHD staff within EPH and HPCDP engage with multiple





* 23% of Oregonians access water via a private domestic well. PHD does not regulate these wells.

transportation planning efforts at the state and local level to promote walking, biking, and transit use.

- » PHD is working with Oregon Department of Transportation (ODOT), the Safe Routes to School National Partnership and Oregon Walks to develop policies that prioritize the planning and funding of bicycle, pedestrian, and transit infrastructure, programs, and services. HPCDP’s Place Matters campaign supports these efforts by educating people in Oregon about the role of place in health.
- » EPH has similarly supported active transportation through use of health impact assessments and development and application of transportation health impact models. These models provide decision-makers with information about health and economic impacts of transportation plans, programs, and investments.
- » EPH’s Climate and Health Program has promoted efforts to reduce automobile use and increase walking, biking and transit use.
- » Over the past five years, HPCDP and EPH have worked with local public health authorities to help develop local transportation plans and policies that promote active transportation and overall community health.

Objective 2: Increase community preparedness and resilience.

Measures	Status	Baseline	Current data	2020 target	Lead	Data source
Percentage of identified climate resilience strategies implemented at the state level		0%	41% (2017)	100%	Environmental Public Health	Oregon Climate and Health Annual Report
Percentage of PHD staff who are registered on the HAN		85% (2017)	94% (2018)	100%	Health Security, Preparedness and Response	C-report compared to registered HAN users
Percentage of local public health administrators (LPHA) who respond within 60 minutes to quarterly test calls from the 24/7/365 phone line		85% (2017)	85% (2018)	100%	Health Security, Preparedness and Response	Triennial Review Tool and quarterly tests by liaisons

 No data
  Achieved
  Right direction
  Wrong direction




Many programs within PHD are helping communities prepare for emergencies and build resilience.





- The [Oregon Climate and Health Resilience Plan](#) identifies 16 strategies for state and local health authorities to build resilience to address climate change.






In the first year, all but one strategy area is in process. Forty-one percent of recommended state-level actions already have their start. Actions include:

- » Incorporation of climate resilience strategies into the annual preparedness capabilities assessment
 - » Administration of a climate resilience workforce survey among state and local public health practitioners
 - » Completion of a story project with the Confederated Tribes of Warm Springs
 - » Development of a new guidance document and training for using weather and air quality data in syndromic surveillance queries
 - » Development and distribution of training for health care partners
 - » Meeting and facilitation of a new interagency climate change group and increased involvement in statewide climate policy development.
- PHD uses the HAN as the primary means to communicate with the public health staff during an emergency. Staff are enrolled when hired, dependent upon managers notifying the HAN coordinator about a new employee. We can achieve our 2020 goal of 100 percent enrollment by continuing outreach to all Centers, during New Employee Orientations (NEO), and use of the C report which lists all filled and vacant positions within PHD.
 - Once a quarter, HSPR Public Health Preparedness Liaisons call each Local Public Health Authority (LPHA) after hours to determine if they can achieve contact within 60 minutes of the call. The measure holds steady in the face of reduced preparedness funding. This metric is discussed with LPHAs as part of the triennial review process and HSPR will continue to support quality improvement efforts in aim of achieving the 100% target.

Objective 3: Ensure access to clinical services.

Measures	Status	Baseline	Current data	2020 target	Lead	Data source
Adolescents who have had one or more cavities ever		8th grade: 68.7% 11th grade: 75.1% (2015)	Not available	8th grade: 66.6% 11th grade: 70.3%	Maternal and Child Health	Oregon Healthy Teens Survey
Annual dental visits among children ages 0-5		43.4% (2106)	Not available	48%	Maternal and Child Health	Medicaid claims data (Office of Health Analytics)
Rate of 2-year-olds who are fully vaccinated		64% (2015)	66% (2016)	80%	Immunization	ALERT IIS

 No data
  Achieved
  Right direction
  Wrong direction

Measures	Status	Baseline	Current data	2020 target	Lead	Data source
Effective contraceptive use		68.7% (2015)	69.2% (2016)	70%	Adolescent, Genetic and Reproductive Health	Behavioral Risk Factor Surveillance System (BRFSS)
 No data  Achieved  Right direction  Wrong direction						




There are signs of improvement in access to clinical preventive services.





- Oral health services for children and adolescents in school settings have greatly expanded. The proportion of eligible middle schools with dental sealant programs increased from 47% (2015–16 school year) to 68% (2016–17 school year).
- More Oregon providers are using the national Assessment, Feedback, Incentive, eXchange (AFIX) Program. AFIX shows ways for health care providers to improve immunization delivery.
- In the summer of 2017, Oregon’s Reproductive Health Equity Act (RHEA), became law. RHEA intends to increase access to contraception and other reproductive health services for those with private insurance and those without health insurance due to their immigration status. Adolescent, Genetic and Reproductive Health (AGRH) is in charge of implementing many parts of the bill that go into effect this year.

Despite the progress made, the following challenges may affect PHD’s ability to meet its goals by the end of 2020.

- Oregon has the third lowest proportion of fluoridated community water systems nationwide. Only 22 percent of people in Oregon have fluoride protection in their water. There is strong evidence of fluoride’s effectiveness in reducing dental cavities and disease across the entire population regardless of age, race or ethnicity, insurance coverage, access to a dentist, or the ability to pay for care. All of the following recommend this practice:
 - » Community Preventive Services Task Force
 - » Centers for Disease Control and Prevention (CDC)
 - » Association of State and Territorial Dental Directors (ASTDD)
 - » Healthy People 2020
- Seasonal flu vaccination rates for adult men did not change. Interventions proven to improve adult vaccination rates include employment-based flu shots and a coordinated flu vaccination effort.

Objective 4: Prevent and reduce tobacco use.

Measures	Status	Baseline	Current data	2020 target	Lead	Data source
Cigarette smoking prevalence among youth		8th grade: 4% 11th grade: 9% (2015)	8th grade: 3% 11th grade: 8% (2017)	8th grade: 2% 11th grade: 7.5%	Health Promotion and Chronic Disease Prevention	Oregon Healthy Teens Survey
Other tobacco product (non-cigarette) use among youth		8th grade: 11% 11th grade: 23% (2015)	8th grade: 8% 11th grade: 17% (2017)	8th grade: 4% 11th grade: 15%	Health Promotion and Chronic Disease Prevention	Oregon Healthy Teens Survey
Cigarette smoking prevalence among adults		18% (2015)	17% (2016)	15%	Health Promotion and Chronic Disease Prevention	BRFSS

 No data
  Achieved
  Right direction
  Wrong direction




Tobacco use continues to be Oregon’s leading cause of death and disability. Use of cigarettes and e-cigarettes among Oregon youth has declined. However, tobacco use among adults has been relatively stable for the past four years. Achievements within the priority area of preventing and reducing tobacco use include:

- The Oregon legislature passed Senate Bill (SB) 754. This law raised the minimum legal age for purchasing tobacco products and e-cigarettes from 18 to 21 years. This is an evidence-based approach to preventing youth from starting to smoke.
- CCOs are now accountable to a tobacco use incentive measure. To meet this metric, CCOs must meet an improvement target and provide cessation benefits to their members.

Despite the progress made, the following challenges may affect PHD’s ability to meet its goals by the end of 2020.

- The Oregon legislature removed Tobacco Master Settlement Agreement funding to support tobacco prevention efforts. This resulted in a \$4 million funding cut to PHD’s Tobacco Prevention and Education Program (TPEP) budget. This loss of funding limits support for six Regional Health Equity Coalitions working in communities disproportionately affected by tobacco use.
- Tobacco use disproportionately affects people living with mental health and addiction disorders. The Tobacco Freedom Policy requires all residential programs licensed and funded by OHA to be tobacco-free. Delays in accessing nicotine replacement therapy (NRT) when residents arrive have made it hard to provide tobacco cessation to persons residing in addiction and mental health treatment facilities.

Objective 5: Improve nutrition, increase physical activity and reduce obesity.

Measures	Status	Baseline	Current data	2020 target	Lead	Data source
Obesity prevalence among low-income 2- to 5-year-olds		15.1% (2015)	15.3% (2016)	14.5%	Women, Infants and Children	Women, Infants and Children (WIC) Administrative Data
Obesity prevalence among youth		8th grade: 11% 11th grade: 13% (2015)	8th grade: 11% 11th grade: 14% (2017)	8th grade: 9% 11th grade: 10%	Health Promotion and Chronic Disease Prevention	Oregon Healthy Teens Survey
Obesity prevalence among adults		29% (2015)	29% (2016)	25%	Health Promotion and Chronic Disease Prevention	BRFSS

 No data
  Achieved
  Right direction
  Wrong direction



Obesity rates remain stagnant. Nevertheless, there have been some achievements within the priority of preventing and reducing obesity.





- CCOs will soon be accountable to a metric for weight management, nutrition and physical activity counseling. Local and state public health authorities and CCOs will work together on strategies to address obesity.
- OHA and the Department of Human Services (DHS) adopted a shared lactation policy. The policy guides space needs, scheduling considerations and communication. A strong workplace lactation policy supporting breastfeeding and expressing milk sets an example for other employers, volunteers, clients, contractors and visitors. Breastfeeding helps protect against childhood obesity.

Despite the progress made, the following challenges may affect PHD's ability to meet its goals by the end of 2020.

- Many low-income communities lack access to healthy foods. In 2015, 103 of Oregon's 830 Census tracts had poor access to full service grocery stores. This is an increase from 92 in 2013.
- Oregon lacks funding for a comprehensive, evidence-based obesity prevention program. It will be hard for the state to address this important issue without a consistent funding source.

Objective 6: Reduce violence and suicide rates through prevention.

Measures	Status	Baseline	Current data	2020 target	Lead	Data source
Rate of suicide		17.7 per 100,000 (2015)	17.8 per 100,000 (2016)	16.0 per 100,000	Injury and Violence Prevention	Vital Statistics
Suicide attempts among eighth graders		8.2% (2015)	8.7% (2017)	7.0%	Injury and Violence Prevention	Oregon Healthy Teens Survey

 No data
  Achieved
  Right direction
  Wrong direction



Deaths from suicide have been steady for the past four years, and suicide attempts among youth are increasing. However, there are some achievements within the priority of preventing deaths from suicide.





- The Oregon Legislature passed Senate Bill (SB) 719. The bill allows household members or police to seek a court order to remove a firearm for 12 months from the home of a person who is a threat to self or others. These orders have been in effect for some time in Connecticut. Research suggests the law is helping to prevent suicides.
- [Culturally specific materials for firearm owners are now available](#). This website has resources for primary care providers to talk with patients about temporary removal of firearms during a mental health crisis.
- PHD launched an [online Violent Death Data Dashboard](#) and a suicide mapping tool to provide up-to-date information to communities using suicide prevention strategies.

There has been progress. However, the following challenge may affect PHD's ability to meet its goals by the end of 2020:

- Recent legislation allows future tracking of suicide risk reduction training by specific types of health professionals. However, under this new law, the training is only voluntary.

Objective 7: Utilize public health tools to prevent and reduce alcohol and substance abuse.

Measures	Status	Baseline	Current data	2020 target	Lead	Data source
Prescription opioid mortality		4.5 deaths per 100,000 (2015)	3.6 deaths per 100,000 (2016)	<3 deaths per 100,000	Injury and Violence Prevention	Vital Statistics
Alcohol-related motor vehicle deaths		176 (2015)	154 (2016)	98	Injury and Violence Prevention and Health Promotion and Chronic Disease Prevention	Oregon Department of Transportation

 No data
  Achieved
  Right direction
  Wrong direction

Prescription opioid deaths and motor vehicle deaths related to alcohol have decreased. Achievements within the priority of reducing harms associated with alcohol and substance use include:





- Development and endorsement of a state opioid prescribing guideline; increased prescriber education; and increased utilization of the Prescription Drug Monitoring Program (PDMP) which is a tool to help providers and pharmacists manage their patients prescriptions.
- OHA's organization of alcohol misuse prevention programs within PHD. This will expand public health approaches to reduce excessive drinking and related harms.





There has been progress. However, the following challenges may affect PHD's ability to meet its goals by the end of 2020.

- Deaths from illicit fentanyl use have increased dramatically over the past three years nationally and in Oregon. There is an urgent need to track and monitor overdose clusters.* We must collaborate with emergency medical services, law enforcement and other partners to address this growing problem.
- Binge drinking and harms related to alcohol continue to increase. Increasing the price of alcohol and maintaining state control are some of the most effective ways to reduce excessive drinking and related harms.

* Clusters are where there are a great number of cases within the same area.

Objective 8: Prevent and reduce rates of communicable diseases.

Measures	Status	Baseline	Current data	2020 target	Lead	Data source
Hospital-onset Clostridium difficile infections		Standardized infection Ratio 0.88 (2015)	SIR 0.85 (2016)	SIR 0.57	Acute and Communicable Disease Prevention	National Healthcare Safety Network
Rate of Gonorrhea infections		80.7 cases per 100,000 (2015)	106.3 cases per 100,000 (2016)	72 cases per 100,000 residents	HIV, STD, tuberculosis (TB)	Oregon Public Health Epidemiology User System (Orpheus)
People living with HIV that have a suppressed viral load within the previous 12 months		74% (2015)	76% (2016)	90%	HIV, STD, TB	Orpheus
Infections caused by Shiga toxin-producing Escherichia O157		2.4 cases per 100,000 (2011-2015)	2.3 cases per 100,000 (2012-2016)	0.6 cases per 100,000 residents	Acute and Communicable Disease Prevention	Orpheus

 No data
  Achieved
  Right direction
  Wrong direction

Syphilis and gonorrhea infections are on the increase. In addition, infections from hospitalization continue to be too common. Achievements within the priority of protecting the population from communicable disease include:

- Substantial investments were made to protect the population from communicable diseases. The Oregon legislature invested \$3.9 million in regional communicable disease control programs as part of modernizing the public health system. PHD will be granting an additional \$20 million to local public health authorities over the next five years. These funds will help find people who do not know they have HIV and link them to care.


Despite the progress made in 2017, the following challenges may affect PHD's ability to meet its targets by the end of 2020:





- It is difficult to eliminate foodborne illnesses. We must continue efforts to:
 - » Recognize and investigate disease clusters*
 - » Determine those things involved in transmission
 - » Develop marketing strategies to inform the public of potential risks and how to avoid foodborne infection.

* Clusters are where there are a great number of cases within the same area.

Goal 2: Strengthen public health capacity to improve health outcomes.

Objective 1: Develop and maintain an organizational culture of continuous quality improvement.

Measures*	Status	Baseline	Current data	2020 target	Lead	Data source
PHD will maintain accreditation status by the Public Health Accreditation Board		Accredited	Accredited	Accredited	Fiscal and Business Operations Team	Public Health Accreditation Board




 No data
  Achieved
  Right direction
  Wrong direction

PHD is working towards a culture of continuous quality improvement.

- PHD has kept accreditation status by the Public Health Accreditation Board. Requirements met this year included: publication of a State Health Assessment and updated State Health Indicators, annual progress reporting on implementation of the SHIP, and revision of the PHD Strategic Plan.
- The [Quality Improvement \(QI\) charter](#) and [Quality Improvement \(QI\) Plan](#) were updated and approved by the Quality Improvement Council (QIC). The purpose of the QIC is to implement the QI Plan and support PHD leadership in building a culture of quality improvement throughout PHD. The QI Plan outlines a framework for advancing division wide QI activities identified by the SHIP, public health modernization, division wide assessments or surveys, and leadership or staff recommendations. Examples of current QI projects include work with OHA's Office of Information Technology to enhance PHD's ability to accelerate health information technology exchange, and migration of existing Internet, intranet and collaboration sites to the SharePoint platform.

* A measure originally written into the strategic plan (Percentage of employees who strongly agree or agree that "the impetus for improving quality in the division is largely driven by an internal desire to make our services and outcomes better") has been dropped due to changes in how it was being collected in the employee engagement survey. The Quality Improvement Council will develop a replacement measure for 2019.

Objective 2: Promote and develop a competent, skilled, diverse and engaged workforce.

Measures	Status	Baseline	Current data	2020 target	Lead	Data source
PHD workforce parity		White Non-Hispanic (NH): 108% Black NH: 174% Native American/Alaskan Native NH: 56% Asian/Pacific Islander NH: 204% Hispanic: 28% People with Disabilities: 22% Veterans: 69% Women: 142% (2016)	White NH: 106% Black NH: 126% Native American/Alaskan Native NH: 17% Asian/Pacific Islander NH: 200% Hispanic: 28% People with Disabilities: 29% Veterans: 22% Women: 146% (2018)	Equal to or more than 95% for all demographic groups.	Fiscal and Business Operations	Human Resources
Percentage of PHD staff who agree and strongly agree with the statement: "I would recommend PHD as a good place to work."		60% (2016)	62% (2017)	68%	Fiscal and Business Operations Team	Annual Employee Engagement Survey
Percentage of PHD staff who agree and strongly agree with the statement: "PHD makes a commitment to professional development and a learning culture"		51% (2016)	54% (2017)	61%*	Fiscal and Business Operations Team	Annual Employee Engagement Survey

 No data  Achieved  Right direction  Wrong direction




Several strategies are helping to ensure a diverse, skilled, and engaged workforce.





- OHA Human Resources participates in career fairs aimed to recruit people of color, people with disabilities and veterans. Additionally, PHD, in partnership with OHA Human Resources and the Office of Equity and Inclusion, will be developing a set of recommendations for improving practices relating to diversity recruitment, retention and promotion. These recommendations, as PHD is able, will be developed into guidelines for hiring managers including coaching, assessment and training.

* 2020 target was originally set at 70%.

- An Employee Engagement Plan has been developed to build transparency and increase usefulness of the [Employee Engagement Survey](#). In response to survey results, there are now action plans at the section level. These plans are incorporated into center level dashboards for monthly reporting and accountability. Examples of actions being implemented include ensuring all staff have an Employee Development Plan (EDP), staff time devoted to discuss and respond to results of the employee engagement survey, leadership and staff trainings, section retreats, time dedicated for staff wellness, and staff recognition through awards.
- The Workforce Development Plan serves as a road map to guide workforce planning, outlining goals and strategies to achieve a highly skilled workforce. The first edition of the [2015-2017 Workforce Development Plan](#) brought a series of successful outcomes. PHD offered more professional development opportunities, including Portland State University courses in Meeting Facilitation and Systems Theory, new employee orientation courses, and required courses for managers. The Workforce Development Plan is currently being updated. A second edition will be available later this summer.

Objective 3: Promote health equity in all programs and policies.

Measures	Status	Baseline	Current data	2020 target	Lead	Data source
Percentage of LPHA Program Elements that address health equity in the scope of work		0%	86%	100%	Policy and Partnerships Team	LPHA program elements
Number of SHIP health equity strategies that address a racial or ethnic disparity		1 (2017)	11 (2018)	7	Policy and Partnerships Team	SHIP progress report
Number of federally recognized tribes that participated in a Public Health Modernization program assessment		0 (2016)	2 (2017)	4	Policy and Partnerships Team	Tribal assessment reports

 No data
  Achieved
  Right direction
  Wrong direction

PHD has shown its commitment to advance health equity. PHD has worked to improve our cultural responsiveness. Examples of this commitment include work of both the PHD and section level health equity workgroups, a health equity focus for 2018 National Public Health Week and appointment of a Health Equity Coordinator. Additional accomplishments include:



- The new LPHA and Tribal Program Element template has a matrix that identifies foundational capabilities that are addressed in the scope of work. Eighteen of 21 LPHA Program Elements and all three Tribal Program Elements address health equity. Work will continue over the next year to identify





how Program Elements support a broader approach to health equity per the roles and deliverables in the Public Health Modernization Manual. There may be opportunities to leverage funds towards common health equity deliverables.

- Several new health equity strategies have been identified in the SHIP. These include strategies to address current limitations of data analysis by race and ethnicity and look to implementation of the Race, Ethnicity, Language and Disability (REAL+D) law. Other 2018 SHIP strategies seek to create culturally responsive education and outreach materials and improve capacity for translation and interpretation services. Finally, many strategies seek collaboration with communities most impacted by disparities on SHIP interventions.
- As of Dec. 31, 2017, the following have completed a tribal program assessment:
 - » Coquille Indian Tribe
 - » Cow Creek Band of the Umpqua Tribe of Indians
 - » Yellowhawk Tribal Health Center of the Confederated Tribes of the Umatilla Indian Reservation
 - » Northwest Portland Area Indian Health Board (NPAIHB)

The results are being finalized by Berk Consulting, in consultation with each Tribe and the NPAIHB. OHA will be working with these tribes and the NPAIHB to determine how they would like to put the results to use and engage with OHA and the local public health authorities to modernize Oregon's public health system. OHA will reach out to the other six federally-recognized Tribes in Oregon and the Native American Rehabilitation Association to conduct the tribal programmatic assessment over the next twelve months as they are interested.

Objective 4: Form and maintain relationships with diverse partners to define and achieve collaborative public health goals.




Measures	Status	Baseline	Current data	2020 target	Lead	Data source
Percentage of partners that agree or strongly agree that their partnership with PHD is effective in achieving its desired outcomes or is on track to achieve those outcomes as planned		80% (2017)	Not yet available.	95%	Policy and Partnerships	PHD partnership survey
Number of formal memoranda of understanding established with state agencies		2 (2016)	3 (2017)	4	Policy and Partnerships	PHD Administrative Records





 No data
  Achieved
  Right direction
  Wrong direction

PHD is working to improve its relationships with community partners and other state agencies for collective impact on public health priorities. Examples of progress within this objective:

- A partnership survey was piloted with the Steering and Subcommittees convened to help inform the State Health Assessment. The survey asked for feedback within five areas of the partnership: 1) goals and purpose, 2) membership characteristics, 3) process and structure, 4) partnership effectiveness, and 5) overall satisfaction. Overall, 70% of respondents said they were completely or mostly satisfied, 10% said somewhat satisfied and 20% said only a little or not at all satisfied. Identified areas of improvement include providing more information about role of committee members in decision making and ensuring the right mix of partners is at the table. Programs within PHD are encouraged to use this survey to evaluate their partnerships and provide additional data for PHD as the organization works to continuously strengthen its relationships.
- In August 2017, PHD signed a comprehensive Memorandum of Understanding (MOU) with the Department of Environmental Quality (DEQ). The MOU follows several years of partnership. This includes intensive work on the Cleaner Air Oregon initiative. The MOU details the relationship between many individual PHD programs and DEQ.
- In January 2018, PHD was also invited to participate in a Supportive Housing Strategy Workgroup with other OHA divisions and Oregon Housing and Community Services (OHCS). Housing was a primary issue raised during the State Health Assessment data collection process. The ongoing ability to partner with OHCS will be essential in the development and implementation of the 2020-2024 SHIP.

Objective 5: Invest in and maintain up-to-date systems and expertise for public health assessment, monitoring, and evaluation.

Measures	Status	Baseline	Current data	2020 target	Lead	Data source
Percentage of State Health Indicators (SHIs) that are updated every year		97.1% (2016)	98.6% (2017)	100%	Science and Evaluation Team	State Health Indicator tracking sheet
Percentage of State Health Indicators (SHIs) that are reported by race and ethnicity.		63.5% (2016)	71% (2017)	75%	Science and Evaluation Team	Research Office Master Indicator Sheet
Percentage of laboratory reports received electronically		89% (2016)	91% (2017)	95%	ACDP Section	Orpheus


 No data
  Achieved
  Right direction
  Wrong direction





PHD is working to modernize its assessment and epidemiological systems.

Example include:

- Nearly three-fourths (71%) of State Health Indicators (SHIs) that collect person-level data are being reported by race and ethnicity. For many indicators for which data isn't being reported, data by race and ethnicity are available but are unreliable due to small numbers.
- Laboratory reporting is part of PHD's core public health practice. The transition to electronic reporting improves the timeliness and overall quality of the information we receive. Electronic laboratory reporting (ELR) volume increased by 13 percent and faxes decreased by 4 percent. The net increase in volume of unique ELRs was about 1.4%. The increase is expected as part of PHD's ongoing outreach to transition laboratory reporting from paper-based to electronic reporting. The primary mechanism to reach the 2020 goal continues to be the discontinuation of dual reporting (i.e., sites that send both fax and electronically no longer fax). PHD's overall participation in ELR is very high, and PHD's focus is turning toward data quality by improving timeliness, completeness, and standardization.




Objective 6: Implement policy, systems and environmental changes to meet changing needs and align with state and federal policies.





Measures	Status	Baseline	Current data	2020 target	Lead	Data source
Number of public health division legislative concepts that become law		4 (2017)	4 (2018)	10	Policy and Partnerships Team	Oregon Revised Statutes

 No data
  Achieved
  Right direction
  Wrong direction

In the 2017 legislative session, all four PHD legislative concepts passed. These included: House Bill (HB) 2301, the OHA housekeeping bill; House Bill (HB) 2310, public health modernization; Senate Bill (SB) 52, EMS patient encounter data system; and Senate Bill (SB) 53, in-home care and hospice licensing fees. Between August and November 2017, Policy and Partnerships met with PHD sections to discuss policy issues and identify potential legislative concepts for 2019. Legislative concepts were reviewed and approved by PHD Executive Leadership Team in November 2017. PHD put forward legislative concepts for review and approval by OHA and the Governor’s Office in March 2018. During the 2018 legislative session, PHD provided leadership on several bills, including Cleaner Air Oregon (SB 1541), opiates (HB 4143), maternal mortality and morbidity (HB 4133), extended stay centers (HB 4020), marijuana (SB 1544), and residential care facility administrator licenses (HB 4129).

Objective 7: Use health communication strategies, interventions and tools in order to be a trusted source of information.

Measures	Status	Baseline	Current data	2020 target	Lead	Data source
PHD social media engagement/web analytics		2,890 Facebook likes 3,227 Twitter followers (2016)	8,890 Facebook likes 5,070 Twitter followers (2017)	10,000 Facebook likes 7,000 Twitter followers	OHA External Relations Division	Facebook analytics Twitter analytics
Average number of press releases per month promoting Division initiatives		13 (2016)	16 (2017)	15	OHA External Relations Division	Certification and Survey Provider Enhanced Reports (CASPER) database
Media stories (print, radio, TV, web) about Division initiatives		52 stories per month (2016)	136 stories per month (2017)	75 stories per month	OHA External Relations Division	Google Alerts

 No data
  Achieved
  Right direction
  Wrong direction

PHD has communicated with the public regularly through social media, press releases, and media stories. Topic-specific press releases, such as those about infectious diseases and outbreaks (flu, *Salmonella*) generate the most media coverage, particularly when accompanied by engaging social media content. Press releases containing a call to action (School Exclusion Day, radon awareness) don't do as well, even when they involve massive policy change (raising the age to purchase tobacco to 21). There appears to be a direct correlation between the number of press releases PHD issues and the number of PHD stories in the news.

Appendix A – Data definitions

Goal 1: Promote and protect safe, healthy and resilient environments to improve quality of life and prevent disease.

Create healthy environments.

Measures	Numerator	Denominator
Percentage of children under 6 years of age who received blood lead testing	Number who have had blood lead testing in the past year	Total number of children under 6 years old
Percent of community water systems that meet health-based standards throughout the year	Number that meet health based standards	All community water systems
Percent of workers who walk, bike or take public transit to work	Number who identify they walked, bicycled, or used public transit to get to work.	Number of commuters

Increase community preparedness and resilience.

Measures	Numerator	Denominator
Percentage of identified climate resilience strategies implemented at the state level	Strategies that are in progress or completed	Total number of climate resilience strategies
Percentage of PHD staff who are registered on the HAN	Number who are registered on HAN	Total number of PHD staff
Percentage of local public health administrators who respond within 60 minutes to quarterly test calls from the 24/7/365 telephone line	Number of local public health administrators that respond in 60 minutes	Number of local public health administrators that receive a test call

Ensure access to clinical services.

Measures	Numerator	Denominator
Adolescents who have had one or more cavities ever	Number who report having ever had a cavity	All eighth and 11th graders surveyed
Rate of 2-year-olds who are fully vaccinated	ALERT Population Estimation Methodology	ALERT Population Estimation Methodology
Effective contraception use	Number of women using an effective or moderately effective method.	Women, ages 18–44 who are not currently pregnant, have not had a hysterectomy, not currently abstinent, and have an opposite-sex partner.
Annual dental visits among children ages 0–5	Number of clients who received any dental service under the supervision of a dentist or dental hygienist in the measurement year.	Number of clients ages 0–5 who have continuous enrollment for 12 months in a CCO.

Prevent and reduce tobacco use.

Measures	Numerator	Denominator
Cigarette smoking prevalence among youth	Number that smoked cigarettes in past 30 days	All youths surveyed
Other tobacco product (non-cigarette) use among youth	Number that used other tobacco products in the past 30 days	All youth surveyed
Cigarette smoking prevalence among adults	Number that smoked at least 100 cigarettes in their lifetime and currently smoke cigarettes	All adults surveyed

Improve nutrition, increase physical activity and reduce obesity.

Measures	Numerator	Denominator
Obesity prevalence among 2- to 5-year-olds	Children ages 2–5 who report a BMI \geq 95th percentile for age and sex	All children ages 2–5 in WIC
Obesity prevalence among youth	Number of youth who report a BMI that is \geq 95th percentile for age and sex	All youths surveyed
Obesity prevalence among adults	Number of adults who report a BMI \geq 30.0	All youths surveyed

Reduce violence and suicide rates through prevention.

Measures	Numerator	Denominator
Rate of suicide	Number of residents who died by suicide.	Number of Oregon residents according to U.S. Census Bureau
Suicide attempts among eighth graders	Number of students who report suicide attempt	All eighth surveyed

Utilize public health tools to prevent and reduce alcohol and substance abuse.

Measures	Numerator	Denominator
Prescription opioid mortality	Number of deaths due to prescription opioids	Oregon population
Alcohol-related motor vehicle deaths	n/a	n/a

Prevent and reduce rates of communicable diseases.

Measures	Numerator	Denominator
Hospital-onset <i>Clostridium difficile</i> infections	Number of incident events identified >3 days after admittance	Number of expected incidents of hospital-onset <i>Clostridium difficile</i> events
Rate of Gonorrhea infections	Number of reported cases of gonorrhea in Oregon	U.S. Census Bureau population estimate
People living with HIV that have a suppressed viral load within the previous 12 months	People living with reported HIV in Oregon with ≥ 1 viral load ≤ 200 copies per ml in previous 12 months and no viral loads > 200 .	Number of people living with reported cases of HIV
Infections caused by Shiga toxin-producing Escherichia O157	Average number of E. coli O157 cases from most recent 5 years	U.S. Census Bureau population estimate

Goal 2: Strengthen public health capacity to improve health outcomes.

Develop and maintain an organizational culture of continuous quality improvement.

Measures	Numerator	Denominator
PHD will maintain accreditation status by the Public Health Accreditation Board	n/a	n/a

Promote and develop a competent, skilled, diverse and engaged workforce.

Measures	Numerator	Denominator
PHD Workforce Parity	Number of PHD employees identified in each listed population and category	Number of employees you'd expect if PHD workforce distribution matched the statewide distribution for each population and category, according to the American Community Survey
Percentage of PHD staff who strongly agree and agree with the statement: "I would recommend PHD as a good place to work."	Number who say the strongly agree or agree to the question.	Number of respondents to survey
Percentage of PHD staff who strongly agree and agree with the statement: "PHD makes a commitment to professional development and a learning culture."	Number of respondents who say the agree or strongly agree to the question.	Number of respondents to survey

Promote health equity in all programs and policies.

Measures	Numerator	Denominator
Percentage of local public health authority Program Elements that include components to address health equity in the scope of work	Number that include component of healthy equity	Number of Program Elements that are applicable to all local public health authorities
Number of health equity strategies in the SHIP that target a racial or ethnic disparity	n/a	n/a
Number of federally recognized tribes that participated in a Public Health Modernization programmatic assessment	n/a	n/a

Form and maintain relationships with diverse partners to define and achieve collaborative public health goals.

Measures	Numerator	Denominator
Percentage of partners that agree or strongly agree that their partnership with PHD is effective in achieving its desired outcomes or is on track to achieve those outcomes as planned	Number who agree or strongly agree that their partnership with PHD is effective	Number of respondents
Number of memoranda of understanding established with state agencies	n/a	n/a

Invest in and maintain up-to-date systems and expertise for public health assessment, monitoring, and evaluation.

Measures	Numerator	Denominator
Percentage of State Population Health Indicators that are updated every year	Number of SPHI's updated on the Public Health website by November 30 every year	Total SPHI's excluding those that are based on a data source for which no updated data is available in the given year
Percentage of State Population Health Indicators (SPHIs) that are reported by race and ethnicity	Number of SPHI's on the Public Health website that are reported by race/ethnicity	Total SPHI's excluding those that are not person-centric or are based on external data sources that do not provide data by race/ethnicity
Percentage of electronic laboratory reporting (ELR) volume	Number of number of unduplicated lab reports received via ELR	Total number of unduplicated lab reports received by any method

Implement policy, systems and environmental changes to meet changing needs and align with state and federal policies.

Measures	Numerator	Denominator
Number of PHD legislative concepts that became law	n/a	n/a

Use health communication strategies, interventions and tools in order to be a trusted source of information.

Measures	Numerator	Denominator
Social media engagement and web analytics	n/a	n/a
Press releases promoting Division initiatives (includes public meeting notices)	n/a	n/a
Media stories (print, radio, TV or web) about Division initiatives.	n/a	n/a



You can get this document in other languages, large print, braille or a format you prefer. Contact Oregon Health Authority at 971-673-1300 or email publichealth.policy@dhsoha.state.or.us. We accept all relay calls or you can dial 711.