Public Health Accountability Metrics

Draft Annual Report
June 2020

About this Report

General

This report fulfills statutory requirements under ORS 431.139 for reporting on public health accountability metrics.

Questions

For questions or comments about this report, or to request this publication in another format or language, please contact the Oregon Health Authority, Office of the State Public Health Director at: (971) 673-1222 or PublicHealth.Policy@state.or.us

Acknowledgements

We acknowledge the Public Health Advisory Board (PHAB) and the PHAB Accountability Metrics Subcommittee

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Accountability metrics show progress

Immunization rates continue to improve statewide.

Since 2016, rate has steadily increased, reaching 71% in 2019. This reflects the ongoing, coordinated efforts of public health and health care systems to remove barriers to immunization and address other root causes of lower immunization rates. Since 2017, some local public health partnerships have used modernization funding to improve childhood immunization rates, resulting in 25 of 33 LPHAs meeting the statewide benchmark for engaging health care clinics in immunization quality improvement.

Gonorrhea rates continue to rise. There are disparities by race/ethnicity.

Rates of gonorrhea continue to increase, from 107 per 100,000 in 2016 to 145 per 100,000 in 2019. Oregon, like much of the nation, continues to experience an alarming increase in gonorrhea cases; however, it's rate is still below the most recently reported (2018) national rate of 179 per 100,000. A sufficiently-resourced public health system, working with the health care system, has the tools to control and prevent the spread of gonorrhea. State and local public health authorities identify where cases are occurring and make sure both the infected individuals and their partners are properly treated. Some LPHAs are using public health modernization funding for interventions to increase capacity for gonorrhea case tracking and case management.

Impact of COVID-19

The COVID-19 pandemic reaches into all aspects of a person's health including access to preventive services, environmental risks, and mental health and well-being. This pandemic has exacerbated widespread existing health inequities borne by systemic racism and oppression, with communities of color and other vulnerable groups experiencing a disproportionate burden of COVID-19 infections. While the effects of COVID-19 are not reflected in the 2019 outcomes shown in this report, in future years Oregon will likely see poorer outcomes across the priority health indicators included in this report as a result of the COVID-19 pandemic.

Communicable disease control, health equity are focus of modernization funding.

Framework, funding, health equity

Public health modernization framework

Oregon's public health system is changing how it prevents diseases and protects and promotes health. A modern public health system ensures critical public health protections are in place for every person in Oregon, that the public health system is prepared to address emerging threats, and that all parts of the public health system work hand-in-hand with communities to eliminate health disparities. Oregon has made progress since efforts to modernize the public health system began in 2013, and ongoing focus is essential as the COVID-19 pandemic has highlighted continued systemic gaps in protections for communities of color and other vulnerable populations.

Public health modernization in Oregon is focused on population health priorities in four foundational program areas: Communicable Disease Control, Prevention and Health Promotion, Environmental Health, and Access to Clinical Preventive Services.

To accomplish the population health priorities, the public health system employs a set of seven foundational capabilities in the following areas:

- Leadership and organizational competencies
- Health equity and cultural responsiveness
- Community partnership development
- Policy and planning
- Communications
- Emergency preparedness and response
- Assessment and epidemiology

Public health accountability metrics are one way that Oregon's public health system demonstrates that it is improving health and effectively using public dollars through a modern public health system. Established by the Public Health Advisory Board in 2017, public health accountability metrics provide an annual review of the population health priorities for all Oregonians and highlight the work of local public health authorities (LPHAs) to achieve population health goals. Annual reports also show where the public health system is not making progress, and where new approaches and resources must be focused.

The 2020 Public Health Accountability Metrics Annual Report provides an in-depth look at how Oregon's public health system is doing on key health issues like childhood immunization, tobacco use, opioid mortality, access to clean drinking water, and effective contraceptive use. Starting with data from 2016, the third edition of this report shows annual progress of LPHAs in achieving health outcomes, as well as identifies gaps and areas where additional resources are needed. The effects of the COVID-19 pandemic are not reflected in the 2019 outcomes shown in this report.

Funding

Efforts to modernize the governmental public health system were set in motion by Oregon's legislature in 2013 and in subsequent legislative sessions, through the passage of bills that redesigned the framework for governmental public health. These changes included enacting laws to use public health accountability metrics to track the progress of state and local public health authorities to meet population health goals to measure the effective and equitable provision of public health services (Oregon Revised Statute 431.115).

In 2019, the Oregon Legislature made a $15.6 million investment in the modernization of the governmental public health system. The Oregon Health Authority (OHA) distributed most of these funds to LPHAs to address local and regional priorities for communicable disease control with an emphasis on eliminating health disparities. To support local investments, OHA has used funding to improve communicable disease data systems that are used across the state and to improve how population health data are collected, reported, and made available to communities and partners who rely on them.

2019-21 modernization funds for OHA and LPHAs directly support the communicable disease metrics in this report. OHA distributes state and federal funding for programs addressing some, but not all, other accountability metrics reported for other foundational programs. The remainder of funds come through county general funds or other sources.

Modernization funding uniquely requires each local or tribal public health authority to identify and address the most significant communicable disease risks for vulnerable populations in each community, rather than all funds being directed to a single disease or priority population. In this way, modernization funding supports local decision-making based on each community's unique priorities.

Health Equity

Public health authorities have a responsibility to address the social conditions and correct historical and contemporary injustices that undermine health. One way the public health system begins to do this is by collecting and reporting data that show where health disparities exist and highlighting the underlying causes for why certain racial and ethnic groups experience poor health. Differences in health outcomes across racial and ethnic groups occur because of generations-long social, economic and environmental injustices that result in poor health. These injustices have a greater influence on health outcomes than biological or genetic factors or individual choices.

Where possible, data are reported by race/ethnicity in this report. While outcomes are improving for some metrics included in this report, not everyone is benefiting equally. Some groups, including communities of color and those living with fewer financial resources, continue to bear a greater burden of illness and disease.

Organization of this report

This report is organized by Public Health Modernization Foundational Program areas: Communicable Disease Control, Prevention and Health Promotion, Environmental Health, Access to Clinical Preventive Services.

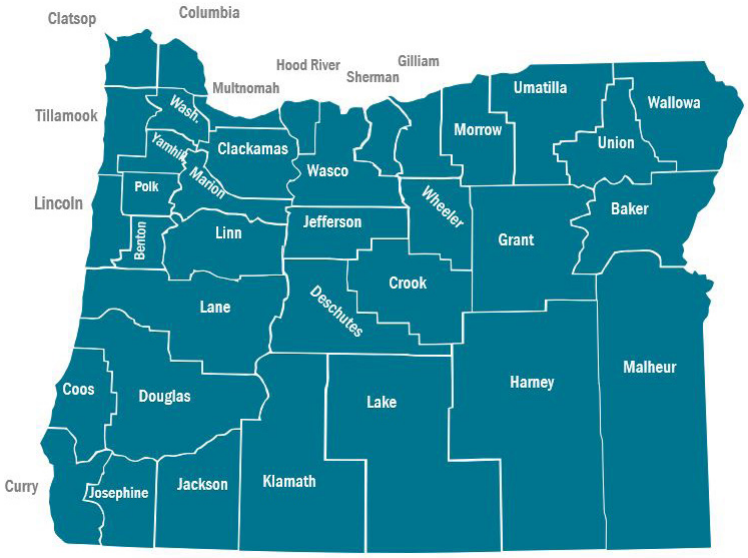
The collection of health outcome and local public health process measures, defined below, are collectively referred to as public health accountability metrics. Measures are shown in Table 1.

Health outcome measures reflect population health priorities for the public health system. Making improvements on the health outcome measures requires long-term focus and must include other sectors.

Local public health process measures reflect the core functions of a local public health authority to make improvements in each health outcome measure. Local public health process measures capture the work that each local public health authority must do in order to move the needle on the health outcome measures.

Developmental measures reflect population health priorities but for which comprehensive public health strategies are yet to be determined. These health outcome measures will be tracked and reported without a corresponding local public health process measure.

A complete description of data sources, methods, and public health program information for this report can be found in the Technical Supplement at
URL to be determined



Oregon County Map

Accountability Metrics

Communicable Disease Control

Outcome measure: percent of two-year olds who received recommended vaccines

- **Process measure:** percent of Vaccines for Children clinics that participate in the Immunization Quality Improvement for Providers (IQIP) program

Outcome measure: gonorrhea incidence rate per 100,000 population

- **Process measure:** percent of gonorrhea cases that had at least one contact that received treatment
- **Process measure:** percent of gonorrhea case reports with complete priority fields

Prevention & Health Promotion

Outcome measure: percent of adults who smoke cigarettes

- **Process measure:** percent of population reached by tobacco-free county properties policies.
- **Process measure:** percent of population reached by tobacco retail licensure policies

Outcome measure: opioid mortality rate per 100,000 population.

- **Process measure:** none

Environmental Health

Outcome measure: percent of commuters who walk, bike, or use public transportation to get to work.

- **Process measure:** local public health authority participation in leadership or planning initiatives related to active transportation, parks and recreation, or land use

Outcome measure: percent of community water systems meeting health-based standards

- **Process measure:** percent of water systems surveys completed
- **Process measure:** percent of water quality alert responses
- **Process measure:** percent of priority non-compliers resolved

Access to Clinical Preventive Services

Outcome measure: percent of women at risk of unintended pregnancy who use effective methods of contraception

- **Process measure:** annual strategic plan that identifies gaps, barriers, and opportunities for improving access to effective contraceptive use

Developmental measure: percent of children age 0–5 with any dental visit

- **Process measure:** none

Childhood Immunization

HEALTH OUTCOME MEASURE

Percent of two-year olds who received recommended vaccines, Oregon 2019

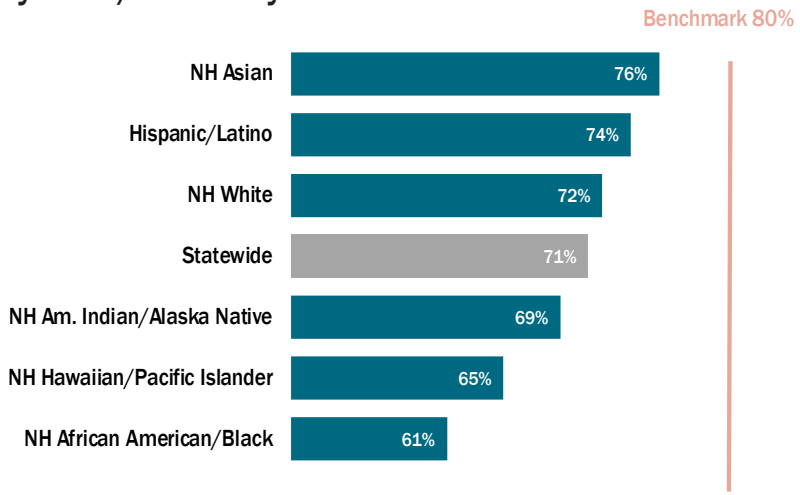
Improving immunization rates was one of seven priority areas from Oregon's 2015-19 State Health Improvement Plan

The Oregon legislature prioritized communicable disease control as part of modernization funding

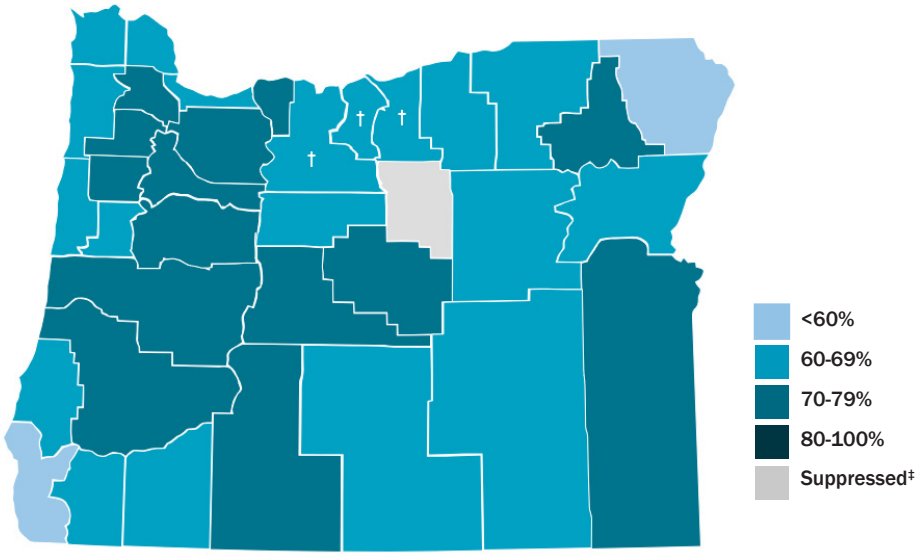
Statewide, rates have increased steadily, from 66% in 2016 to 71% in 2019

Additional information about childhood immunizations is available at healthoregon.org/imm

There are large disparities in vaccination rates by race/ethnicity*



No counties in Oregon met or exceeded the 80% benchmark in 2019



*NH refers to non-Hispanic. † One immunization rate is shown for each county that comprises the North Central Public Health District (Gilliam, Sherman, Wasco).
‡ Rates are not displayed for populations of fewer than 50 people.*

Childhood Immunization

LOCAL PUBLIC HEALTH PROCESS MEASURE

Percent of Vaccines for Children clinics participating in IQIP*

Foundational capabilities used by LPHAs to achieve this measure:

- Leadership and organizational competencies
- ✓ Health equity and cultural responsiveness
- Community partnership development
- Policy and planning
- Communications
- Emergency preparedness
- ✓ Assessment and epidemiology

OHA supports for this measure include:

- ALERT Immunization Information System
- Vaccines for Children Program
- IQIP technical assistance for LPHAs
- Funding to all LPHAs to provide immunization services

Twenty Oregon counties exceeded the 25% benchmark in 2019

Benchmark 25%

	2017	2018	2019
Statewide	14%	28%	26%
Baker	33%	33%	67%
Benton	18%	36%	38%
Clackamas	21%	33%	0%
Clatsop	14%	57%	57%
Columbia	0%	50%	22%
Coos	18%	70%	18%
Crook	0%	25%	100%
Curry	0%	100%	71%
Deschutes	13%	48%	24%
Douglas	39%	79%	20%
Grant	0%	0%	67%
Harney	67%	33%	33%
Hood River	33%	20%	20%
Jackson	2%	8%	20%
Jefferson	0%	50%	50%
Josephine	0%	54%	29%
Klamath	0%	8%	77%
Lake	33%	33%	33%
Lane	11%	29%	42%
Lincoln	0%	67%	67%
Linn	5%	6%	20%
Malheur	43%	0%	17%
Marion	34%	24%	17%
Morrow	50%	0%	100%
Multnomah	6%	12%	19%
North Central PH District†	29%	29%	29%
Polk	33%	20%	50%
Tillamook	0%	0%	50%
Umatilla	45%	27%	33%
Union	0%	0%	44%
Wallowa‡	0%		
Washington	10%	21%	12%
Wheeler	0%	0%	100%
Yamhill	17%	8%	0%

**Immunization Quality Improvement for Providers (IQIP) program. †North Central Public Health District is comprised of Gilliam, Sherman, and Wasco counties. ‡Wallowa County legally transferred its public health authority to the Oregon Health Authority in 2018.*

Gonorrhea Rate

HEALTH OUTCOME MEASURE

Gonorrhea incidence rate per 100,000 population, Oregon 2019

The Oregon legislature prioritized communicable disease control as part of modernization funding

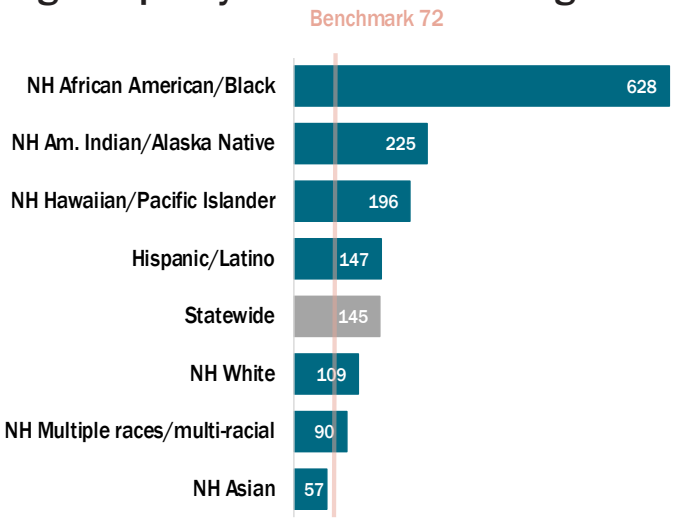
The statewide incidence of gonorrhea increased from 107 per 100,000 in 2016 to 145 per 100,000 in 2019

It is important to acknowledge the significant disparity in gonorrhea rates among Black/African American Oregonians and to identify multi-level approaches to addressing the systemic inequities in the burden of gonorrhea and other sexually transmitted infections in this population

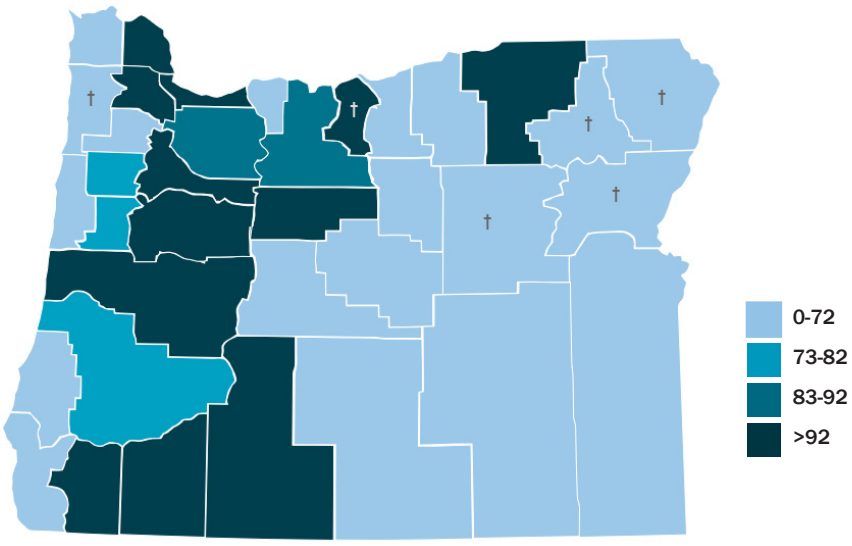
Thirty-two counties in Oregon had gonorrhea cases in 2019

Additional information about gonorrhea is available at healthoregon.org/std

African American/Black Oregonians experience a very large disparity in the rate of new gonorrhea cases*



Twenty counties in Oregon were at or below (lower is better) the benchmark of 72 in 2019



NH refers to non-Hispanic. † Rates based on 1-5 events are considered unreliable.

Gonorrhea Rate

LOCAL PUBLIC HEALTH PROCESS MEASURE

Percent of gonorrhea cases that had at least one contact that recieved treatment

Foundational capabilities used by LPHAs to achieve this measure:

- Leadership and organizational competencies
- ✓ Health equity and cultural responsiveness
- Community partnership development
- Policy and planning
- Communications
- Emergency preparedness
- ✓ Assessment and epidemiology

OHA supports for this measure include:

- Orpheus statewide communicable disease database
- Providing technical assistance to LPHAs and medical providers to identify and treat people with STDs and their contacts
- Subsidizing lab testing programs and STD medications and condoms
- Funding all LPHAs for communicable disease investigations

Just 3 LPHAs exceeded the 35% benchmark in 2019

Benchmark 35%

	2016	2017	2018	2019
Statewide	13%	15%	11%	9%
Baker	0%	0%	14%	0%
Benton	4%	13%	8%	17%
Clackamas	9%	8%	7%	5%
Clatsop	14%	36%	19%	33%
Columbia	14%	11%	7%	8%
Coos	24%	48%	29%	8%
Crook	33%	64%	50%	40%
Curry	18%	0%	13%	29%
Deschutes	49%	37%	52%	33%
Douglas	19%	21%	20%	41%
Gilliam*	0%	0%		
Grant*	0%		0%	0%
Harney*	20%	67%		
Hood River	0%	22%	17%	7%
Jackson	5%	12%	11%	8%
Jefferson	19%	19%	26%	17%
Josephine	0%	1%	2%	2%
Klamath	18%	17%	18%	34%
Lake*	14%	40%		
Lane	19%	14%	12%	8%
Lincoln	29%	22%	21%	26%
Linn	20%	23%	21%	9%
Malheur	21%	28%	37%	26%
Marion	35%	38%	29%	22%
Morrow	32%	0%	67%	0%
Multnomah	5%	8%	4%	4%
Polk	8%	6%	11%	12%
Sherman*				100%
Tillamook	0%	7%	7%	0%
Umatilla	58%	22%	26%	21%
Union	18%	75%	33%	20%
Wallowa*†				
Wasco	33%	7%	19%	17%
Washington	14%	13%	11%	8%
Wheeler*	0%			
Yamhill	23%	25%	15%	9%

**Indicates counties that had 0 gonorrhea cases in years where no data are shown. † Wallowa County legally transferred its public health authority to the Oregon Health Authority in 2018.*

Gonorrhea Rate

LOCAL PUBLIC HEALTH PROCESS MEASURE

Percent of gonorrhea case reports with complete priority fields

Foundational capabilities used by LPHAs to achieve this measure:

- Leadership and organizational competencies
- ✓ Health equity and cultural responsiveness
- Community partnership development
- Policy and planning
- Communications
- Emergency preparedness
- ✓ Assessment and epidemiology

OHA OHA supports for this measure include:

- Orpheus statewide communicable disease database
- Providing technical assistance to LPHAs and medical providers to identify and treat people with STDs and their contacts
- Subsidizing lab testing programs and STD medications and condoms
- Funding all LPHAs for communicable disease investigations

One LPHA exceeded the 70% benchmark in 2019

Benchmark 70%

	2016	2017	2018	2019
Statewide	19%	24%	29%	26%
Baker	100%	60%	14%	25%
Benton	13%	27%	32%	46%
Clackamas	13%	15%	33%	45%
Clatsop	14%	32%	38%	50%
Columbia	14%	11%	7%	14%
Coos	15%	13%	18%	16%
Crook	53%	7%	40%	20%
Curry	18%	0%	13%	14%
Deschutes	35%	35%	65%	46%
Douglas	25%	7%	20%	24%
Gilliam*	0%	100%		
Grant*	0%		0%	100%
Harney*	0%	33%		
Hood River	25%	56%	56%	27%
Jackson	6%	30%	33%	36%
Jefferson	0%	2%	3%	29%
Josephine	2%	2%	1%	9%
Klamath	16%	8%	7%	14%
Lake*	14%	0%		
Lane	21%	32%	41%	42%
Lincoln	8%	11%	21%	39%
Linn	13%	34%	31%	18%
Malheur	34%	23%	26%	22%
Marion	42%	49%	47%	41%
Morrow	5%	0%	42%	17%
Multnomah	17%	17%	23%	15%
Polk	8%	30%	46%	25%
Sherman*				33%
Tillamook	0%	0%	21%	0%
Umatilla	0%	4%	12%	24%
Union	36%	0%	17%	0%
Wallowa* †				
Wasco	17%	50%	63%	22%
Washington	26%	35%	40%	34%
Wheeler*	0%			
Yamhill	3%	31%	25%	24%

** Indicates counties that had 0 gonorrhea cases in years where no data are shown. † Wallowa County legally transferred its public health authority to the Oregon Health Authority in 2018.*

Adult Smoking Prevalence

HEALTH OUTCOME MEASURE

Percent of adults who smoke cigarettes, Oregon 2018

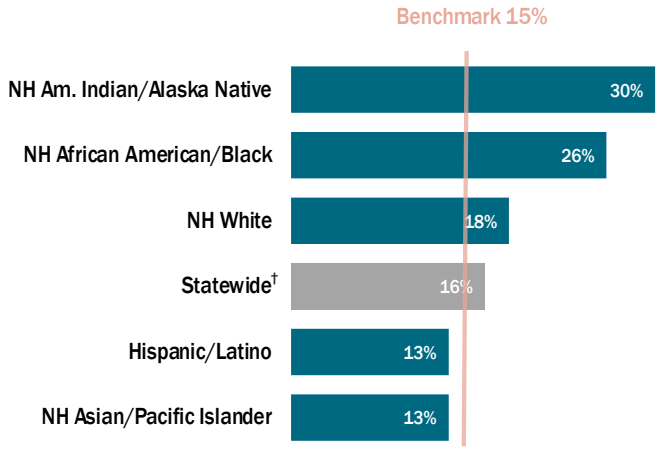
Oregon's adult smoking rate of 16% in 2018 was higher than the national rate of 14%

The adult smoking rate exceeds the 15% benchmark established by the State Health Improvement Plan 2020 target (lower is better)

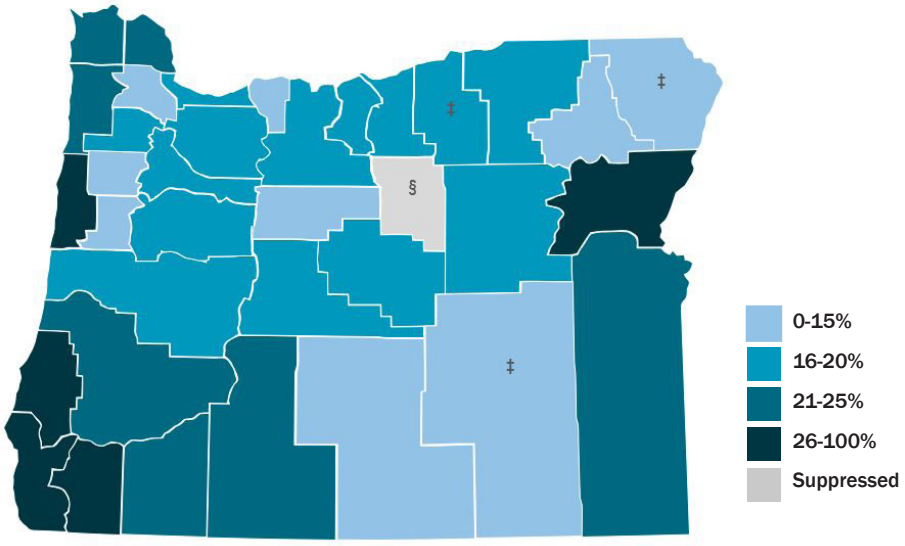
Rates declined slightly from 17% in 2016 to 16% in 2018

Additional information about tobacco prevention is available at healthoregon.org/tobacco

There was considerable variability in adult smoking rates by race/ethnicity in 2015-17*



Nine counties in Oregon were at or below the 15% benchmark in 2014-17



NH refers to non-Hispanic. † Statewide rate is 2018. ‡ Indicates estimates that have relative standard error >= 30 and <50 and are considered unreliable. § Indicates estimates that are suppressed due to number of respondents <30.

Adult Smoking Prevalence

LOCAL PUBLIC HEALTH PROCESS MEASURE

Percent of population reached by tobacco-free county properties policies

Foundational capabilities used by LPHAs to achieve this measure:

- ✓ Leadership and organizational competencies
- Health equity and cultural responsiveness
- Community partnership development
- ✓ Policy and planning
- Communications
- Emergency preparedness
- ✓ Assessment and epidemiology

OHA supports this measure by:

- Enforcing Oregon's tobacco and clean indoor air laws
- Ensuring the Tobacco Quit Line is available for all Oregonians with enhancements for populations suffering from tobacco disparities
- Funding all LPHAs for tobacco education and prevention, health system changes, policy advancement in tobacco retail environments, and to create tobacco free environments
- Providing technical assistance to LPHAs, Tribes and other partners
- Providing statewide mass media campaigns

Benchmark 100%

	2016	2017	2018	2019
Statewide	63%	70%	70%	73%
Baker	0%	0%	0%	0%
Benton	100%	100%	100%	100%
Clackamas	0%	0%	0%	0%
Clatsop	100%	100%	100%	100%
Columbia	100%	100%	100%	100%
Coos	100%	100%	100%	100%
Crook	100%	100%	100%	100%
Curry	0%	0%	0%	0%
Deschutes	100%	100%	100%	100%
Douglas	100%	100%	100%	100%
Gilliam	0%	0%	0%	0%
Grant	0%	100%	100%	100%
Harney	0%	100%	100%	100%
Hood River	100%	100%	100%	100%
Jackson	0%	100%	100%	100%
Jefferson	0%	100%	100%	100%
Josephine	100%	100%	100%	100%
Klamath	100%	100%	100%	100%
Lake	0%	0%	0%	0%
Lane	100%	100%	100%	100%
Lincoln	0%	100%	100%	100%
Linn	0%	0%	0%	100%
Malheur	100%	100%	100%	100%
Marion	100%	100%	100%	100%
Morrow	0%	0%	0%	0%
Multnomah	100%	100%	100%	100%
Polk	100%	100%	100%	100%
Sherman	0%	0%	0%	0%
Tillamook	100%	100%	100%	100%
Umatilla	100%	100%	100%	100%
Union	100%	100%	100%	100%
Wallowa*	100%	100%		
Wasco	0%	0%	0%	0%
Washington	0%	0%	0%	0%
Wheeler	0%	0%	0%	0%
Yamhill	100%	100%	100%	100%

** Wallowa County legally transferred its public health authority to the Oregon Health Authority in 2018.*

Adult Smoking Prevalence

LOCAL PUBLIC HEALTH PROCESS MEASURE

Percent of population reached by tobacco retail licensure policies

Foundational capabilities used by LPHAs to achieve this measure:

- Leadership and organizational competencies
- ✓ Health equity and cultural responsiveness
- Community partnership development
- ✓ Policy and planning
- Communications
- Emergency preparedness
- Assessment and epidemiology

OHA supports this measure by:

- Enforcing Oregon's tobacco and clean indoor air laws
- Ensuring the Tobacco Quit Line is available for all Oregonians with enhancements for populations suffering from tobacco disparities
- Funding all LPHAs for tobacco education and prevention, health system changes, policy advancement in tobacco retail environments, and to create tobacco free environments
- Providing technical assistance to LPHAs, Tribes and other partners
- Providing statewide mass media campaigns

Benchmark 100%

	2016	2017	2018	2019
Statewide	23%	26%	26%	32%
Baker	0%	0%	0%	0%
Benton	29%	93%	97%	98%
Clackamas	0%	0%	0%	0%
Clatsop	0%	0%	0%	0%
Columbia	0%	0%	0%	0%
Coos	0%	0%	0%	0%
Crook	0%	0%	0%	0%
Curry	0%	0%	0%	0%
Deschutes	0%	0%	0%	0%
Douglas	0%	0%	0%	0%
Gilliam	0%	0%	0%	0%
Grant	0%	0%	0%	0%
Harney	0%	0%	0%	0%
Hood River	0%	0%	0%	0%
Jackson	0%	0%	0%	0%
Jefferson	0%	0%	0%	0%
Josephine	0%	0%	0%	0%
Klamath	0%	96%	96%	97%
Lake	0%	0%	0%	0%
Lane	31%	31%	32%	33%
Lincoln	0%	0%	0%	0%
Linn	0%	0%	0%	0%
Malheur	0%	0%	0%	0%
Marion	0%	0%	0%	0%
Morrow	0%	0%	0%	0%
Multnomah	100%	100%	100%	100%
Polk	0%	0%	0%	0%
Sherman	0%	0%	0%	0%
Tillamook	0%	0%	0%	0%
Umatilla	0%	0%	0%	0%
Union	0%	0%	0%	0%
Wallowa*	0%	0%		
Wasco	0%	0%	0%	0%
Washington	0%	0%	0%	0%
Wheeler	0%	0%	0%	0%
Yamhill	0%	0%	0%	0%

** Wallowa County legally transferred its public health authority to the Oregon Health Authority in 2018.*

All Opioid Mortality

HEALTH OUTCOME MEASURE

All opioid mortality rate per 100,000 population, Oregon 2014-18

The statewide opioid mortality rate of 8 per 100,000 for 2014-18 exceeded the benchmark of <6 per 100,000 (lower is better)

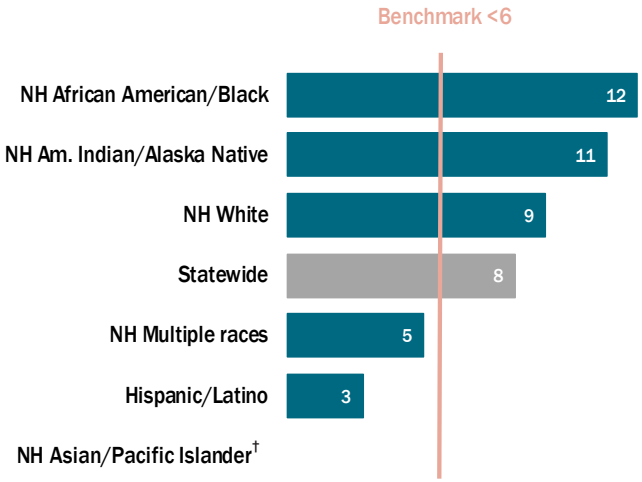
Opioid mortality rates have been declining steadily in Oregon in recent years

OHA provides capacity-building grants to nine LPHAs, which support 22 counties through regional work to bolster health equity by coordinating multi-sector overdose prevention initiatives, identifying and responding to the needs of impacted populations with culturally-responsive support, and developing stragwicw overdose prevention plans

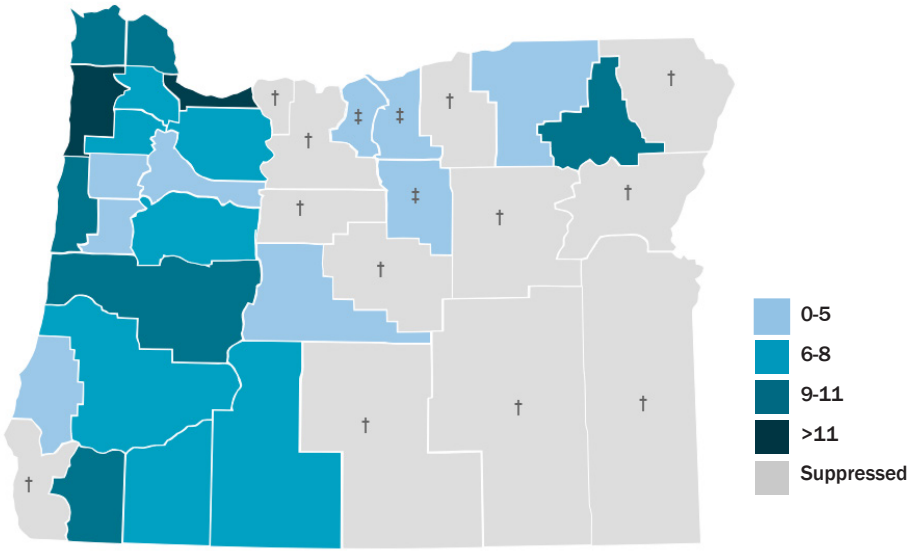
Three counties had no opioid-related deaths in 2014-18

Additional information about opioid mortality is available at healthoregon.org/ipv

American Indian/Alaska Native and African American/ Black Oregonians experience a notable disparity in the rate of opioid deaths*



Nine counties in Oregon were at or below (lower is better) the benchmark of <6 per 100,000 in 2014-18



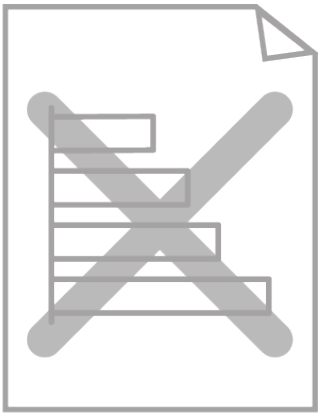
NH refers to non-Hispanic. † Rates not shown for 5 or fewer events or relative squared error >=30. ‡ Zero counts.

Active Transportation

HEALTH OUTCOME MEASURE

Percent of commuters who walk, bike, or use public transportation to get to work, Oregon 2018

Race/ethnicity data not available



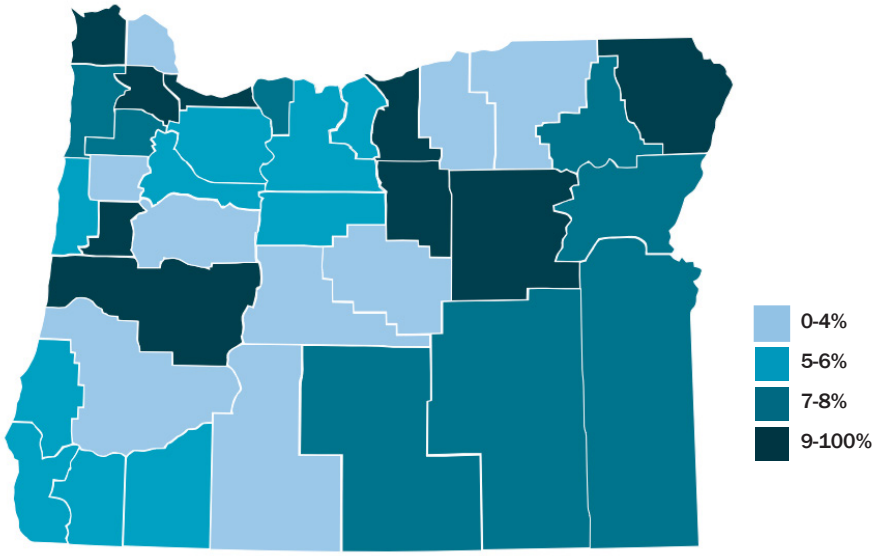
Statewide, 19% of Oregon adults reported getting no physical activity outside of work in the past month. Improving active transportation options can help people in Oregon be more active.

Statewide, Oregon has exceeded the 9% benchmark annually since 2016

The percent of Oregonians who use active transportation for work has remained constant since 2016

Additional information about active transportation is available at healthoregon.org/npa and healthoregon.org/epht

Nine counties in Oregon met or exceeded the benchmark of 9% in 2014-18



Active Transportation

LOCAL PUBLIC HEALTH PROCESS MEASURE

Local public health authority participation in leadership or planning initiatives related to active transportation, parks and recreation, or land use*

Foundational capabilities used by LPHAs to achieve this measure:

- ✓ Leadership and organizational competencies
- Health equity and cultural responsiveness
- ✓ Community partnership development
- ✓ Policy and planning
- Communications
- Emergency preparedness
- Assessment and epidemiology

OHA supports achievement of this process measure by:

- Partnering with ODOT to develop a statewide policy framework that prioritizes active transportation, health, and health equity
- Providing technical assistance for health impact assessments

OHA does not fund LPHAs for active transportation

Notably, over half of LPHAs participated or implemented initiatives related to active transportation, parks and recreation, or land use

	2018
Statewide	59%
Baker	no
Benton	yes
Clackamas	yes
Clatsop	no
Columbia	no
Coos	no
Crook	yes
Curry	no
Deschutes	yes
Douglas	yes
Grant	yes
Harney	yes
Hood River	no
Jackson	no
Jefferson	yes
Josephine†	
Klamath	yes
Lake	no
Lane	yes
Lincoln	yes
Linn‡	
Malheur‡	
Marion	yes
Morrow	no
Multnomah	yes
North Central PH District§	yes
Polk‡	
Tillamook	yes
Umatilla	no
Union	no
Wallowa‖	
Washington	yes
Wheeler	no
Yamhill	yes

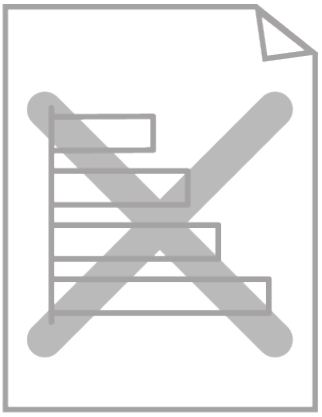
** Survey was not conducted in 2019. † LPHA did not respond to survey. ‡ LPHA responded there were no planning initiatives or unsure to all. § North Central Public Health District is comprised of Gilliam, Sherman, and Wasco counties. ‖ Wallowa County transferred its public health authority to the Oregon Health Authority in 2018.*

Drinking Water

HEALTH OUTCOME MEASURE

Percent of community waters systems meeting health-based standards, Oregon 2019*

Race/ethnicity not applicable

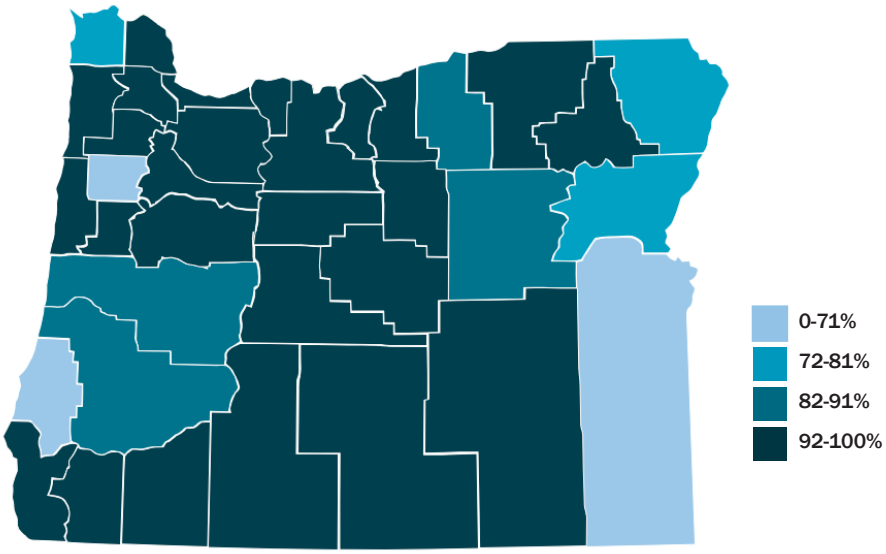


Statewide, the percent of community water systems meeting standards has exceeded the 92% benchmark annually since 2017

Ten counties did not have at least 92% of community water systems meeting standards in 2019

Additional information about drinking water is available at healthoregon.org/dws

Statewide, 93% of community water systems met health-based standards in 2019



*Data are based on violations for the federal fiscal year, October-September.

Drinking Water

LOCAL PUBLIC HEALTH PROCESS MEASURE

Percent of water systems surveys completed

Foundational capabilities used by LPHAs to achieve this measure:

- Leadership and organizational competencies
- Health equity and cultural responsiveness
- Community partnership development
- Policy and planning
- Communications
- ✓ Emergency preparedness
- ✓ Assessment and epidemiology

OHA supports achievement of this measure by:

- Managing laboratory data submitted by public water systems and maintaining statewide database
- Enforcing water system compliance
- Providing technical and field assistance to water systems
- Funding safe drinking water programs in some counties

A majority of LPHAs completed water system surveys in 2019

Benchmark 100%

	2016	2017	2018	2019
Statewide	97%	99%	99%	97%
Baker*		100%		
Benton	100%	100%	100%	100%
Clackamas	100%	100%	98%	100%
Clatsop	100%	100%	100%	100%
Columbia	100%	100%	100%	100%
Coos	100%	100%	100%	100%
Crook	100%	100%	100%	100%
Curry	83%	88%	100%	100%
Deschutes	100%	100%	100%	100%
Douglas	100%	100%	93%	100%
Gilliam	100%	100%	100%	100%
Grant*				
Harney*				
Hood River	100%	100%	100%	75%
Jackson	100%	100%	100%	100%
Jefferson	100%	100%	100%	100%
Josephine	56%	100%	100%	67%
Klamath	100%	100%	100%	100%
Lake*				
Lane	98%	98%	98%	100%
Lincoln	100%	100%	100%	100%
Linn	100%	100%	100%	100%
Malheur	100%	100%	100%	100%
Marion	100%	100%	100%	100%
Morrow*				
Multnomah	100%	100%	100%	100%
Polk	100%	100%	100%	100%
Sherman	100%	100%	100%	25%
Tillamook	100%	100%	100%	100%
Umatilla*				
Union	100%	100%	100%	100%
Wallowa* †				
Wasco	89%	100%	100%	100%
Washington	100%	94%	100%	100%
Wheeler*				
Yamhill	100%	100%	100%	100%

**No water systems surveys in years where no data are shown. † Wallowa County legally transferred its public health authority to the Oregon Health Authority in 2018.*

Drinking Water

LOCAL PUBLIC HEALTH PROCESS MEASURE

Percent of water quality alert responses

Foundational capabilities used by LPHAs to achieve this measure:

- Leadership and organizational competencies
- Health equity and cultural responsiveness
- Community partnership development
- Policy and planning
- Communications
- ✓ Emergency preparedness
- ✓ Assessment and epidemiology

OHA supports achievement of this measure by:

- Managing laboratory data submitted by public water systems and maintaining statewide database
- Enforcing water system compliance
- Providing technical and field assistance to water systems
- Funding safe drinking water programs in some counties

A majority of LPHAs responded to all water quality alerts in 2019

Benchmark 100%

	2016	2017	2018	2019
Statewide	87%	89%	91%	96%
Baker* †	0%			
Benton	86%	81%	36%	78%
Clackamas	97%	86%	86%	100%
Clatsop	93%	91%	100%	67%
Columbia	70%	100%	100%	80%
Coos	100%	100%	100%	100%
Crook	68%	94%	92%	100%
Curry	35%	68%	100%	100%
Deschutes	88%	94%	91%	100%
Douglas	94%	91%	94%	89%
Gilliam†	50%	100%		100%
Grant*				
Harney*				
Hood River	73%	57%	100%	89%
Jackson	85%	99%	92%	96%
Jefferson	100%	100%	100%	100%
Josephine	77%	100%	82%	77%
Klamath	85%	100%	100%	100%
Lake*				
Lane	97%	96%	100%	100%
Lincoln	100%	96%	94%	100%
Linn	94%	93%	100%	100%
Malheur	80%	57%	71%	69%
Marion	93%	98%	100%	100%
Morrow*				
Multnomah	100%	100%	100%	100%
Polk	75%	94%	100%	100%
Sherman	67%	43%	86%	100%
Tillamook	75%	85%	100%	92%
Umatilla*				
Union	57%	82%	100%	100%
Wallowa* ‡				
Wasco	67%	45%	51%	91%
Washington	93%	73%	100%	100%
Wheeler*				
Yamhill	100%	61%	88%	100%

** Water quality alerts not applicable where no data are shown. † Zero water quality alerts for Baker County in 2018, 2019; for Gilliam County in 2018. ‡ Wallowa County legally transferred its public health authority to the Oregon Health Authority in 2018.*

Drinking Water

LOCAL PUBLIC HEALTH PROCESS MEASURE

Percent of priority non-compliers resolved

Foundational capabilities used by LPHAs to achieve this measure:

- Leadership and organizational competencies
- Health equity and cultural responsiveness
- Community partnership development
- Policy and planning
- Communications
- ✓ Emergency preparedness
- ✓ Assessment and epidemiology

OHA supports achievement of this measure by:

- Managing laboratory data submitted by public water systems and maintaining statewide database
- Enforcing water system compliance
- Providing technical and field assistance to water systems
- Funding safe drinking water programs in some counties

All priority non-compliers were resolved in 2019. Nine LPHAs had no priority non-compliers in 2019.

Benchmark 100%

	2016	2017	2018	2019
Statewide	100%	100%	100%	100%
Baker†				
Benton†	100%			100%
Clackamas	100%	100%	100%	100%
Clatsop†	100%			100%
Columbia	100%	100%	100%	100%
Coos	100%	100%	100%	100%
Crook†	100%		100%	
Curry	100%	100%	100%	100%
Deschutes	100%	100%	100%	100%
Douglas	100%	100%	100%	100%
Gilliam†	100%			
Grant*				
Harney*				
Hood River†				
Jackson	100%	100%	100%	100%
Jefferson†				
Josephine	100%	100%	100%	100%
Klamath†	100%			
Lake*				
Lane	100%	100%	100%	100%
Lincoln	100%	100%	100%	100%
Linn	100%	100%	100%	100%
Malheur†			100%	100%
Marion	100%	100%	100%	100%
Morrow*				
Multnomah†	100%	100%		
Polk†	100%			
Sherman†				
Tillamook	100%	100%	100%	100%
Umatilla*				
Union	100%	100%	100%	100%
Wallowa*‡				
Wasco†		100%	100%	100%
Washington	100%	100%	100%	100%
Wheeler*				
Yamhill†			100%	100%

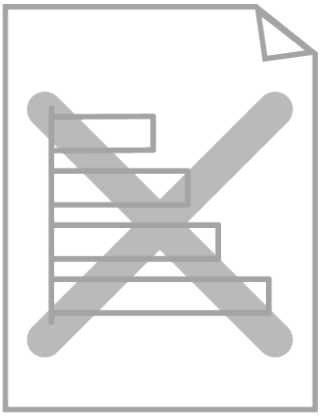
** Priority non-compliers (PNC) not applicable. † Zero PNCs in years where no data are shown. ‡ Wallowa County legally transferred its public health authority to the Oregon Health Authority in 2018.*

Effective Contraceptive Use

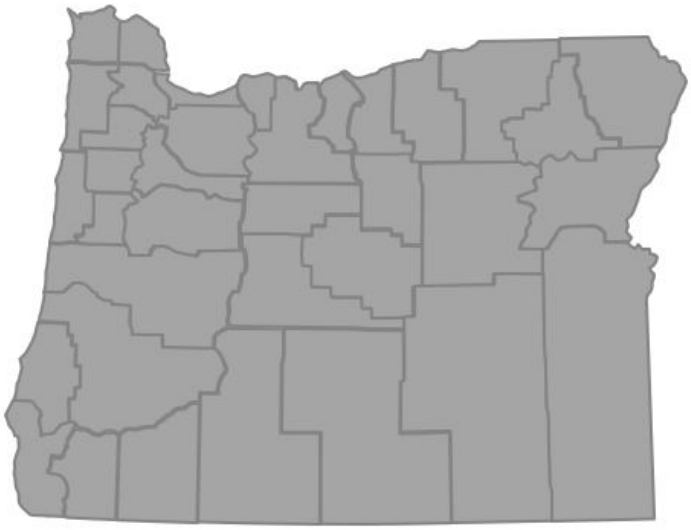
HEALTH OUTCOME MEASURE

Percent of women at risk of unintended pregnancy who use effective methods of contraception, Oregon 2018

Race/ethnicity data not available



68% percent statewide. County data not available.



The statewide benchmark of 70% has not been met since 2016

Effectiveness is only one factor that influences contraceptive method choice

Client-centered approaches should always be used in contraceptive counseling to ensure that an individual's choices are respected

Additional information about effective contraceptive use is available at healthoregon.org/rh

Effective Contraceptive Use

LOCAL PUBLIC HEALTH PROCESS MEASURE

Annual strategic plan that identifies gaps, barriers and opportunities for improving access to effective contraceptive use

Foundational capabilities used by LPHAs to achieve this measure:

- Leadership and organizational competencies
- ✓ Health equity and cultural responsiveness
- ✓ Community partnership development
- ✓ Policy and planning
- Communications
- Emergency preparedness
- Assessment and epidemiology

OHA supports achievement of this measure by:

- Providing technical assistance to a network of reproductive health clinics
- Supporting linkages to community resources
- Resolving gaps in existing services OHA funds LPHAs to assure access to reproductive health services
- Funding LPHAs to assure access to reproductive health services

LPHAs work collaboratively to identify gaps and barriers in access to reproductive health services. Funding supports LPHAs to take key steps toward developing a strategic plan, which may include identifying partners, developing collaborative relations, conducting a needs assessment, or developing a strategic plan

Benchmark 70%

	2018	2019
Statewide	0%	0%
Baker	no	no
Benton	no	no
Clackamas	no	no
Clatsop	no	no
Columbia	no	no
Coos	no	no
Crook	no	no
Curry	no	no
Deschutes	no	no
Douglas	no	no
Grant	no	no
Harney	no	no
Hood River	no	no
Jackson	no	no
Jefferson	no	no
Josephine	no	no
Klamath	no	no
Lake	no	no
Lane	no	no
Lincoln	no	no
Linn	no	no
Malheur	no	no
Marion	no	no
Morrow	no	no
Multnomah	no	no
Polk	no	no
Tillamook	no	no
Umatilla	no	no
Union	no	no
Wallowa*		
Washington	no	no
Wheeler	no	no
Yamhill	no	no

** Wallowa County legally transferred its public health authority to the Oregon Health Authority in 2018.*

Dental Visits Children Aged 0-5

Developmental Measure

Percent of children age 0-5 with any dental visit, Oregon 2018*

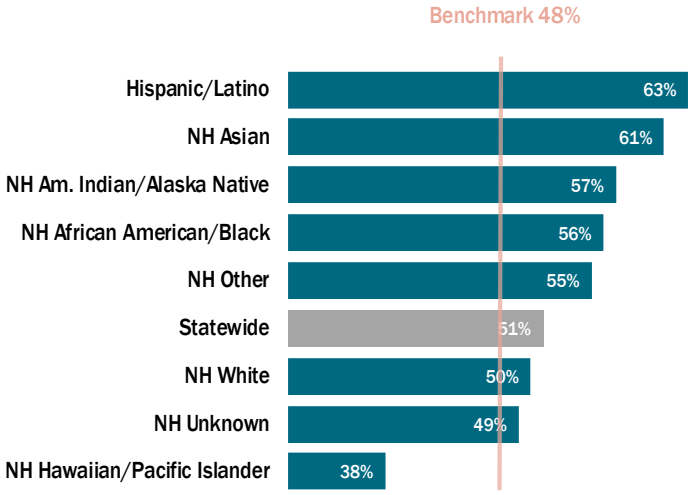
Statewide, the 48% benchmark has been met or exceeded since 2016 for Medicaid-enrolled children

Having a healthy mouth is an important part of overall health. If left untreated, cavities can negatively affect a child's development and school performance. The American Academy of Pediatric Dentistry recommends every child have a dental visit as soon as the first tooth appears or by age 1.

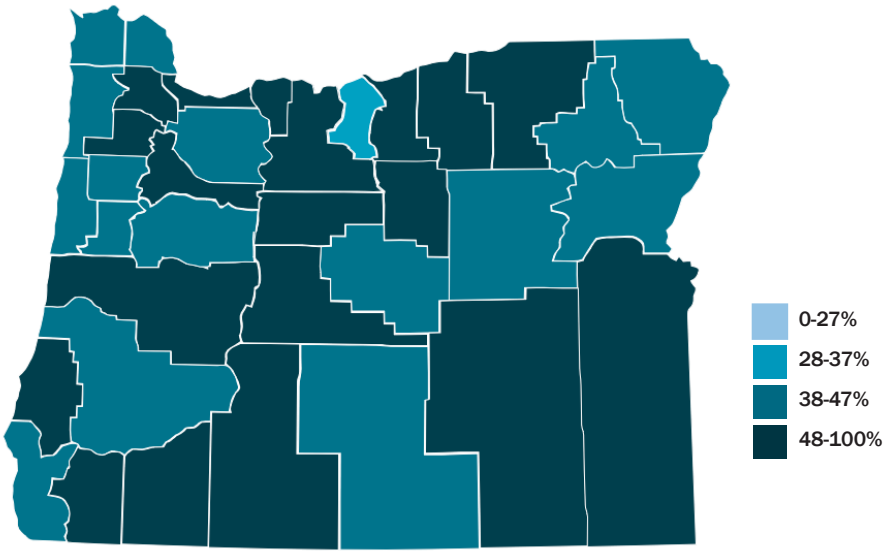
This measure is considered developmental and includes any service by a dentist or dental hygienist. It does not include dental services provided in a medical setting.

Additional information about oral health is available at healthoregon.org/oralhealth

Native Hawaiian/Pacific Islander children experienced a very large disparity in the rate of dental visits in 2018†



19 counties in Oregon met or exceeded the 48% benchmark in 2018



*Medicaid-enrolled children. †NH refers to non-Hispanic.

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