

Public health accountability metrics

Indicators and process measures

April 15, 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	93.9/100K live births (2022)	79.8/100k, 15% decrease	47.0/100K, 50% decrease	1. Percent of congenital syphilis cases averted (OR baseline: 67.7)	Orpheus	10% increase from LPHA baseline	1. Percent of congenital syphilis cases averted (OR baseline: 67.7)	Orpheus	83%
	Rate of syphilis (all stages) among people who can become pregnant	Orpheus	76.5/100K (2022)	75.0/100k, 2% decrease	68.9/100K, 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	26.2/100K (2022)	25.7/100k, 2% decrease	23.6/100K, 15% decrease	3. Percent completion of CDC core variables (84.3)	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 (65.8)	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	69% (2022)	74%	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. Percent of data dashboards and reports updated on schedule (Baseline: not tracked)	Program reporting	Under development
	Adult influenza vaccination rate, ages 65+	ALERT IIS	59% (2022)	64%	70%	2. Demonstrated actions to improve access to influenza vaccination for residents of LTCFs	LPHA reporting	Demonstrated expansion in strategies and engagement, under development	2. Percent of required data transfers for CCO incentive metrics completed on time (Baseline: TBD)	Program reporting	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. Percent of VFC clinics that received an IQIP visit at the state and county level in the prior year (Baseline: TBD)	IQIP database	25%
						4. Demonstrated actions with health care providers to improve access to vaccination	LPHA reporting	Demonstrated expansion in strategies and engagement, under development	4. Assure a state vaccine finance model that is sustainable, equitable and adequately funded to provide recommended vaccines to all people in Oregon (Baseline: No)	Program reporting	Yes
						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			
Increase community resilience for climate impacts on health: extreme heat and wildfire smoke	Emergency department and urgent care visits due to heat	OR-ESSENCE	259 heat-related illness visits (per 1M): 117 days ≥80°F Heat Index per season (May 1-September 30 2022)	1.99 HRI visits (per 1M) per day ≥80°F, 10% reduction from 2022 baseline (May 1-September 30, 2025)	1.11 HRI visits (per 1M) per day ≥80°F, 50% reduction from 2022 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	1. Percent of dashboards published and updated on schedule for EH indicators where data permissions already exist. Percent of dashboards published and updated on schedule for EH indicators where permission does not already exist. (Baseline: 0)	Program reporting	Under development
	Hospitalizations due to heat	Oregon inpatient hospital discharge data from OHA Health Analytics	64 hospitalizations (per 4.2M): 117 days ≥80°F Heat Index per season (May 1-September 30 2022)	48 heat-related hospitalizations, 25% reduction from 2022 baseline (May 1-September 30, 2025)	26 heat-related hospitalizations, 60% reduction from 2022 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	2. Demonstrated provision of activities to build LPHA capacity to assess and address wildfire smoke and heat by (1) Publishing guidance documents for measuring and reporting EH indicator data and (2) Offering trainings and convenings to share best practices and technical assistance. (Baseline: Not tracked/Not tracked)	Program reporting	Under development
	Heat deaths	Oregon Center for Health Statistics: Vital Records, OHA Oregon death certificates	22 total statewide deaths (state resident deaths in Oregon): 117 days ≥80°F Heat Index per season (May 1-September 30, 2022)	15 deaths, 30% reduction in statewide heat deaths compared to 2022 baseline (May 1-September 30, 2025)	7 deaths, 70% reduction in statewide heat deaths from 2022 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. (Baseline: 0)	Program reporting	Under development
	Respiratory (non-infectious) emergency department and urgent care visits	OR-ESSENCE	240 visits (per 100,000 population): 112 days at or above Moderate AQI (PM2.5 ≥9.1ug/m3) per season (May 1-Oct. 31, 2022)	2.03 visits (per 100,000 population) per day at or above Moderate AQI (PM2.5 ≥9.1ug/m3); 5% reduction from 2022 baseline, accounting for variability in wildfire season (May 1-Oct. 31, 2025)	1.71 visits (per 100,000 population) per day at or above Moderate AQI (PM2.5 ≥9.1ug/m3); 20% reduction from 2022 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. (Baseline: 0)	Program reporting	Under development
	Developmental: Drinking water security	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	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.

**Items under development will be finalized by February 2024.