Baseline Report: Public Health Modernization
(2015–Present)

Oregon's 2010 Action Plan for Health shifted the health system's focus to disease prevention. In 2013, the Legislature passed HB 2348, creating a task force to study and make recommendations for Oregon's public health system. In 2015, HB 3100 enacted Public Health Modernization.

Program background and summary

Historical background into how we got to where we are today.

Oregon is modernizing its public health system to be equitable, prevention-focused and prepared to address current and emerging threats. OHA's Public Health Modernization (PHM) initiative is essential to OHA's goal to eliminate health inequities in Oregon by 2030. PHM aims to improve the public health system, so that the people in Oregon can achieve a high standard of overall health while lowering costs.

PHM supports foundational public health services including the availability of a qualified workforce in every Oregon community.

The four focus areas of PHM include:

- Communicable Disease Prevention: Detect and respond to traditional and emerging infectious diseases.
- Health Promotion, Disease and Injury Prevention: Support environments and policies that provide access to wellbeing for everyone.
- Environmental Health Protection: Limit environmental risks to human health.
- Equitable Access to Preventive Health Services: Ensure preventive services are widely available.

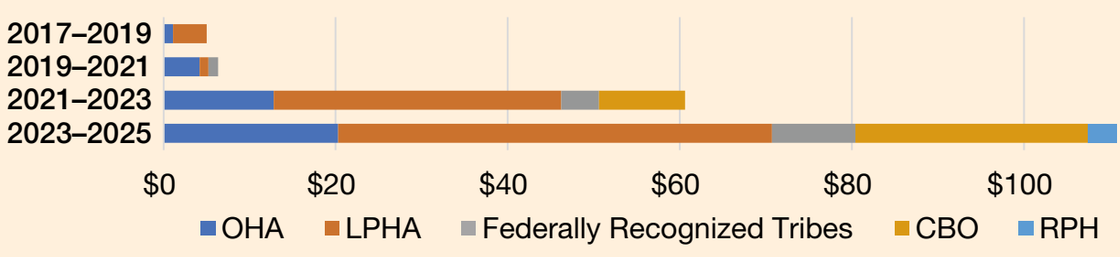
Trends and outcomes summary

Overall trends across the state relating to the program and the desired outcomes.

PHM launched during the 2017-19 biennium, and the Legislature has increased its investment since then more than 2,000 percent, from $5M in 2017-19 to $112M in 2023-25. This increase in investment has facilitated the funding of 132 Community Based Organizations (CBOs), in addition to every Local Public Health Authority (LPHA) in Oregon and the Nine Federally Recognized Tribes and the Urban Indian Program. In 2021-23, PHM funding supported nearly 300 staff positions within LPHAs. More than two-thirds of LPHAs hired staff for specialized positions, including in epidemiology, communications, community outreach and engagement, and policy, bringing critical infrastructure across health department program areas. These programs work to reduce the number of new cases of disease through improved prevention, detection and treatment. Additionally, with the expansion of the Public Health Equity grant in 2023-25, CBOs are now funded in every county to provide hyper-local, culturally specific and linguistically appropriate services that complement LPHA public health programming. One hundred percent of LPHAs report new or significantly expanded partnerships through PHM funding. Through these partnerships, CBOs extend services to harder-to-reach communities, helping to close gaps in health equity. Oregon has already seen the benefits these partnerships; as examples, in 2023, OHA mobilized CBOs to provide culturally specific outreach for mpox vaccinations and support well water testing and mitigation in the Lower Umatilla Basin Groundwater Management Area.

Spending and utilization

Total funding for each biennium, in millions



Description: Total funding for OHA, LPHAs, CBOs, and Reproductive Health Providers (RPH) for each biennium from 2017-2025. Includes new and ongoing investments.

The 2016 PHM Assessment Report examined the cost to fully implement PHM across Oregon LPHAs and identified gaps between fully funding PHM and initial allocations. Funding to LPHAs has consequently increased each biennium and also has expanded to CBOs and the 9 Federally Recognized Tribes, who were not included in the 2016 cost assessment.

Goals, outputs, and impacts

Project goals, and a subset of ongoing outputs and impacts outlining how PHM funding is contributing to addressing overall outcomes and trends.

Goal	Outputs	Impacts
Goal 1: Communicable Disease – Reduce the spread of syphilis and prevent congenital syphilis.	• Raising awareness of Oregon's syphilis epidemic and providing training to health care providers on treatment protocols. • Expanding expertise and training in data analysis and reporting through a regional epidemiologist program.	• Expanding access to appropriate and timely syphilis treatment. • More complete and accurate surveillance of syphilis cases.
Goal 2: Communicable Disease – increase vaccination rates.	• Partnering with hospitals to increase number of influenza vaccines offered to patients prior to discharge. • Hosting vaccination education events with community partners.	• Increasing the number of influenza vaccines provided at hospitals. • Increasing vaccination education amongst priority populations, including knowledge of where to access services.
Goal 3: Environmental Health – Build community resilience for climate impacts on health: extreme heat, wildfire smoke.	• Establishing and implementing strategies to monitor high-risk individuals during heat events. • Increasing access to cooling and clean air locations.	• Reducing the number of individuals at risk for heat-related illness during extreme heat events.

Future reports will highlight the recently defined Accountability Metrics for OHA and LPHAs, which will be collectively tracked, enabling more quantitative assessment of progress in focus areas. Future reports will also highlight new data from CBO PHM grantees on reach of public health service delivery and cross-sector partnerships developed.

Considerations

Discussion of project considerations for the future.

- PHM funding to date has served to strengthen and improve coordination of the local and regional public health infrastructure in Oregon. Looking forward, PHM partners will track specific health-related accountability metrics to assess progress in focus areas.
- In the 2025-27 biennium, every LPHA will work to complete a local public health modernization plan, outlining how they will implement all PHM statutory requirements.
- A costing assessment conducted in 2016 found that Oregon's public health system would require $210M to fully implement the PHM framework, though this estimate did not include funding to Tribes and CBOs and is therefore an underestimate. An updated costing assessment will be completed in fall 2024, with a revised estimate of what it would cost to fully implement PHM pursuant to statutory requirements.