

August 2017

# >> Public Health Division Strategic Plan

2017-2020



Oregon  
**Health**  
Authority  
PUBLIC HEALTH DIVISION

Oregon Health Authority  
Public Health Division

2017

# Contents

» Letter from the Public Health Division director .....	III
» Executive summary.....	IV
» Introduction.....	1
» About the Public Health Division .....	1
» Vision, mission and core values.....	2
» Process of revision.....	2
» Strategic plan.....	3
» Strategic plan priorities and goals .....	4
» Goals, objectives and targets.....	5
» Internal strengths and challenges, external opportunities and threats.....	15
» Implementation and reporting.....	17
» Appendix A – data definitions .....	18

# Letter from the Public Health Division director

Dear Public Health Division colleagues:

I am pleased to share with you the final Public Health Division (PHD) 2017-2020 strategic plan. This updated 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, and align with Oregon Health Authority's Action Plan for Health developed by the Oregon Health Policy Board, the PHD strategic plan is specific to our work in the PHD. The PHD strategic plan lays out the work the PHD will accomplish to modernize and achieve measurable improvements in the leading causes of death and disability for everyone in Oregon over the next three years.

As a commitment to accountability and performance management, we will report annually on the progress made for each objective measure in the PHD strategic plan.

I want to thank all of you for your participation in updating PHD's strategic plan. We received a lot of thoughtful feedback and you will see much of that reflected in the document.

Sincerely,



Lillian Shirley, BSN, MPH, MPA

Public Health director

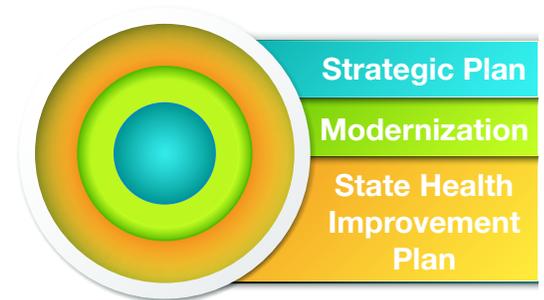
# Executive summary

According to Standard 5.3 of the Public Health Accreditation Board, Standards and Measures, accredited health departments are required to develop and implement an organizational strategic plan. The strategic plan for the Public Health Division (PHD) of the Oregon Health Authority (OHA) provides alignment with the priorities of the State Health Improvement Plan and public health modernization.

**Vision:** Lifelong health for all people in Oregon.

**Mission:** Promoting health and preventing the leading causes of death, disease and injury in Oregon.

**Values:** Service excellence, leadership, integrity, partnership, innovation and health equity



## Public health modernization strategic plan priorities

- Expand partnerships to maximize collective action
- Address health priorities using foundational capabilities
- Demonstrate impact through metrics and evaluation

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

- Create healthy environments
- Increase community preparedness and resilience
- Ensure access to clinical services
- Prevent and reduce tobacco use
- Improve nutrition, increase physical activity and reduce obesity
- Reduce violence and suicide rates through prevention
- Prevent and reduce alcohol and substance abuse
- Prevent and reduce rates of communicable diseases

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

- Develop and maintain an organizational culture of continuous quality improvement
- Promote and develop a competent, skilled, diverse and engaged workforce
- Promote health equity in all programs and policies
- Form and maintain relationships with diverse partners to define and achieve collaborative public health goals
- Invest in and maintain up-to-date systems and expertise for public health assessment, monitoring, and evaluation
- Implement policy, systems and environmental changes to meet changing needs and align with state and federal policies
- Use health communication strategies, interventions and tools in order to be a trusted source of information

# Introduction

According to Standard 5.3 of the Public Health Accreditation Board, Standards and Measures, accredited health departments are required to develop and implement an organizational strategic plan. The strategic plan for the Public Health Division (PHD) of the Oregon Health Authority (OHA) provides alignment with the priorities of the State Health Improvement Plan and public health modernization. There are three living documents guiding the work of PHD through 2020, the [State Health Improvement Plan](#) (SHIP), the [statewide public health modernization plan](#), and the [PHD strategic plan](#).

- The [State Health Improvement Plan](#) articulates statewide public health priorities for collective action by the public health system and its partners.
- The [statewide public health modernization plan](#) reflects the work ahead to build the capacity of the public health system and to ensure foundational public health protections are in place for every person in Oregon.
- The [PHD strategic plan](#) outlines the specific responsibilities of the PHD to achieve health outcomes and modernize the governmental public health system.

## About the Public Health Division

PHD is [one of seven divisions](#) in the [Oregon Health Authority](#). PHD's vision is lifelong health for all people in Oregon. PHD promotes health and prevents the leading causes of death, disease and injury in Oregon.

PHD achieves its mission through work organized in three centers. The Center for Prevention and Health Promotion houses programs to implement policies, systems and environmental changes designed to prevent chronic diseases and injury and support improved health across the lifespan. The Center for Health Protection includes public health regulatory functions, such as licensing health care facilities, inspecting restaurants and public water systems, as well as environmental health protections. The Center for Public Health Practice houses programs that protect the public from communicable diseases and prepare and respond to public health emergencies. Finally, the Office of the State Public Health Director provides leadership, fiscal and operations support, as well as coordination of policy and partnership activities across the public health system. See the [PHD organizational chart](#) for more information about the programs administered within each center.

Oregon's public health system includes local and tribal public health authorities and federal agencies. The public health system works to improve the health of everyone in Oregon in partnership with other state and local government agencies, nonprofit organizations and other partners. The [PHD Quality Improvement Plan](#) enhances the division's ability to improve, protect and maintain the health of Oregonians through applied use of quality improvement strategies. Oversight for the governmental public health system is provided by the [Public Health Advisory Board](#) (PHAB). The PHAB makes recommendations on statewide public health policies and goals.

## Vision, mission and core values

**Vision:** Lifelong health for all people in Oregon.

**Mission:** Promoting health and preventing the leading causes of death, disease and injury in Oregon.

**Core values:** Service excellence, leadership, integrity, partnership, innovation and health equity

## Process of revision

The last Public Health Division Strategic plan of the Oregon Health Authority outlined priorities for 2015–2019 and included three goals: improve quality of life and increase years of healthy life, promote and protect safe, healthy and resilient environments, and strengthen public health capacity to improve health outcomes. At the time of its development in 2014, work to develop measures was paused while the PHD prioritized the SHIP and public health modernization. The 2017-2020 PHD strategic plan includes the work of the PHD to implement the SHIP and public health modernization.

Staff from across the PHD have contributed to this strategic plan. SHIP priority targets, as identified by SHIP Priority Owners, are used for health outcome-related objectives. For objectives not included in the SHIP, PHD staff tasked by the PHD Executive Leadership Team identified measures based on recommendations from the 2015-2019 strategic plan planning process, recommendations from the PHAB Accountability Metrics subcommittee, or other sources, such as program specific strategic plan documents. An analysis of the strengths, weaknesses, opportunities and threats (SWOT) facing the PHD was completed via an online survey that was sent to all PHD staff. Staff from the Policy and Partnerships Team provided support and guidance where needed and facilitated broader communication to PHD staff about the strategic plan and revision process.

A special thanks goes to the following PHD strategic plan contributors:

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**Gabriela Goldfarb**, section manager, Environmental Public Health Section

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**Lisa Millet**, section manager, Injury and Violence Prevention Section

**Tim Noe**, administrator, Center for Prevention and Health Promotion

# Strategic plan

## Strategic plan priorities and goals

The public health system needs to modernize in order to be responsive to a changing health landscape. The Public Health Division is responding by transforming public health into a modern system that is accountable for improving health through three priorities:

- Expanding partnerships to maximize collective action
- Addressing health priorities using foundational capabilities
- Demonstrating impact through metrics and evaluation

These priorities are articulated in the statewide public health modernization plan.

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

- Create healthy environments
- Increase community preparedness and resilience
- Ensure access to clinical services
- Prevent and reduce tobacco use
- Improve nutrition, increase physical activity and reduce obesity
- Reduce violence and suicide rates through prevention
- Prevent and reduce alcohol and substance abuse
- Prevent and reduce rates of communicable diseases

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

- Develop and maintain an organizational culture of continuous quality improvement
- Promote and develop a competent, skilled, diverse and engaged workforce
- Promote health equity in all programs and policies
- Form and maintain relationships with diverse partners to define and achieve collaborative public health goals
- Invest in and maintain up-to-date systems and expertise for public health assessment, monitoring, and evaluation

- Implement policy, systems and environmental changes to meet changing needs and align with state and federal policies
- Use health communication strategies, interventions and tools in order to be a trusted source of information

## Goals, objectives and targets

The following goals, objectives and measures will guide the work of PHD through 2020. Measure definitions can be found in the appendix.

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

#### Objective 1: Create healthy environments

*Public health modernization foundational program – environmental health*

Vision: Environmental health works to prevent disease and injury, eliminate the disparate impact of environmental health risks and threats on population subgroups, and create health-supportive environments where everyone in Oregon can thrive.

Measures	Baseline	2020 Target	Lead	Data Source
Percentage of children under six years of age who received blood lead testing	4%	10%	<a href="#">Environmental Public Health</a>	<a href="#">Orpheus</a>
Percent of community water systems <sup>1</sup> that meet health-based standards throughout the year	90%	92%	<a href="#">Drinking Water Services</a>	<a href="#">Safe Drinking Water Information System database, Environmental Protection Agency</a>
Active Transportation	Forthcoming	TBD	Health Promotion and Chronic Disease Prevention (HPCDP)	HPCDP Panel Survey

<sup>1</sup> 23% of Oregonians access water via a private domestic well, which are not regulated by the Public Health Division.

## Objective 2: Increase community preparedness and resilience

*Public health modernization foundational capability – emergency preparedness and response*

Vision: A healthy community is a resilient community, which is prepared and able to respond to and recover from public health threats and emergencies.

Measures	Baseline	2020 Target	Lead	Data Source
Percentage of identified climate resilience strategies implemented at the state level	0%	100%	<a href="#">Environmental Public Health</a>	<a href="#">Oregon Climate and Health Annual Report</a>
Percentage of PHD staff who are registered on the Health Alert Network (HAN)	85%	100%	<a href="#">Health Security, Preparedness and Response</a>	Personnel records 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 year-round phone line	85%	100%	<a href="#">Health Security, Preparedness and Response</a>	<a href="#">Triennial review tool and quarterly tests by liaisons</a>

## Objective 3: Ensure access to clinical services

*SHIP priority and public health modernization foundational program – access to clinical preventive services*

Vision: Ensure people in Oregon receive recommended clinical preventive services that are cost-effective.

Measures	Baseline	2020 Target	Lead	Data Source
Adolescents who have had one or more cavities, ever	8th grade: 68.7% 11th grade: 75.1%	8th grade: 66.6% 11th grade: 70.3%	<a href="#">Maternal and Child Health</a>	<a href="#">Oregon Healthy Teens Survey</a>
Rate of 2-year-olds who have received all vaccines	70%	80%	<a href="#">Immunization Section</a>	<a href="#">ALERT Immunization Information System (IIS)</a>
Effective contraception use	68.4% (2014)	TBD	Adolescent, Genetic and Reproductive Health Section	BRFSS
Annual dental visits among children aged 0 - 5	Forthcoming in 2019	10% increase from baseline	Maternal Child Health Section	Medicaid claims data (Office of Health Analytics)

## Objective 4: Prevent and reduce tobacco use

*SHIP priority and public health modernization foundational program – prevention and health promotion*

Vision: The public health system prevents and reduces harms from chronic diseases and injuries through policy change, enhanced community systems and improved health equity to support the health and development of people in Oregon across the lifespan.

Measures	Baseline	2020 Target	Lead	Data Source
Cigarette smoking prevalence among youth	8th grade: 4% 11th grade: 9%	8th grade: 2% 11th grade: 7.5%	<a href="#">Health Promotion and Chronic Disease Prevention Section</a>	<a href="#">Oregon Healthy Teens Survey</a>
Other tobacco product (non-cigarette) use among youth	8th grade: 11% 11th grade: 23%	8th grade: 4% 11th grade: 15%	<a href="#">Health Promotion and Chronic Disease Prevention Section</a>	<a href="#">Oregon Healthy Teens Survey</a>
Cigarette smoking prevalence among adults	18%	15%	<a href="#">Health Promotion and Chronic Disease Prevention Section</a>	<a href="#">Behavioral Risk Factor Surveillance System (BRFSS)</a>

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

*SHIP priority and public health modernization foundational program – prevention and health promotion*

Vision: The public health system prevents and reduces harms from chronic diseases and injuries through policy change, enhanced community systems and improved health equity to support the health and development of people in Oregon across the lifespan.

Measures	Baseline	2020 Target	Lead	Data Source
Obesity prevalence among 2- to 5-year-olds	15.1%	14.5%	<a href="#">Health Promotion and Chronic Disease Prevention Section</a>	<a href="#">WIC</a> administrative data
Obesity prevalence among youth	8th grade: 11% 11th grade: 13%	8th grade: 9% 11th grade: 10%	<a href="#">Health Promotion and Chronic Disease Prevention Section</a>	<a href="#">Oregon Healthy Teens Survey</a>
Obesity prevalence among adults	29%	25%	<a href="#">Health Promotion and Chronic Disease Prevention Section</a>	<a href="#">BRFSS</a>

### Objective 6: Reduce violence and suicide rates through prevention

*SHIP priority and public health modernization foundational program – prevention and health promotion*

Vision: The public health system prevents and reduces harms from chronic diseases and injuries through policy change, enhanced community systems and improved health equity to support the health and development of people in Oregon across the lifespan.

Measures	Baseline	2020 Target	Lead	Data Source
Rate of suicide	17.7 per 100,000	16.0 per 100,000	<a href="#">Injury and Violence Prevention</a>	<a href="#">Vital Statistics</a>
Suicide attempts among 8th graders	8.2%	7.0%	<a href="#">Injury and Violence Prevention</a>	<a href="#">Oregon Healthy Teens Survey</a>

## Objective 7: Prevent and reduce alcohol and substance abuse

*SHIP priority and public health modernization foundational program – prevention and health promotion*

Vision: The public health system prevents and reduces harms from chronic diseases and injuries through policy change, enhanced community systems and improved health equity to support the health and development of people in Oregon across the lifespan.

Measures	Baseline	2020 Target	Lead	Data Source
Prescription opioid mortality	4.5 mortality/100,000	<3 mortality per 100,000	<a href="#">Injury and Violence Prevention</a>	<a href="#">Vital Statistics</a>
Alcohol-related motor vehicle deaths	176	98	<a href="#">Injury and Violence Prevention and Health Promotion and Chronic Disease Prevention Section</a>	<a href="#">Oregon Department of Transportation</a>

## Objective 8: Prevent and reduce rates of communicable diseases

*SHIP priority and public health modernization foundational program – communicable disease control*

Vision: Ensure everyone in Oregon is protected from communicable disease threats.

Measures	Baseline	2020 Target	Lead	Data Source
Hospital-onset Clostridium difficile infections	Standardized Infection Ratio (SIR) 0.88	SIR 0.57	<a href="#">Acute and Communicable Disease Prevention Section</a>	<a href="#">National Healthcare Safety Network</a>
Rate of gonorrhea infections in Oregon residents	108.4 per 100,000	72 per 100,000	<a href="#">HIV, STD and TB Section</a>	<a href="#">Orpheus</a>
Proportion of people living with HIV in Oregon that have a suppressed viral load within the previous 12 months	74%	90%	<a href="#">HIV, STD and TB Section</a>	<a href="#">Orpheus</a>
Infections caused by Shiga toxin-producing Escherichia coli (E. coli) 0157	2.4 per 100,000	0.6 per 100,000 residents	<a href="#">Acute and Communicable Disease Prevention Section</a>	<a href="#">Orpheus</a>

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

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

*Public health modernization foundational capability – leadership and organizational competencies*

Vision: Provide team-based leadership that defines the strategic plan direction needed to achieve public health goals. This leadership will guide stakeholders to accomplish those goals.

Measures	Baseline	2020 Target	Lead	Data Source
PHD will maintain accreditation status by the Public Health Accreditation Board (PHAB)	Accredited status	Reaccreditation status	<a href="#">Program Operations</a>	PBAB
Percentage of PHD staff who strongly agree and agree with the following statement: “The impetus for improving quality in the division is largely driven by an internal desire to make our services and outcomes better”	56%	70%	<a href="#">Program Operations</a>	Annual employee engagement survey

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

*Public health modernization foundational capability – leadership and organizational competencies*

Vision: Provide team-based leadership that defines the strategic plan direction needed to achieve public health goals. This leadership will guide stakeholders to accomplish those goals.

Measures	Baseline	2020 Target	Lead	Data Source
PHD workforce parity	White: 108% Black: 174% Native American: 56% Asian: 204% Pacific Islander: 0% Hispanic: 28% People with Disabilities: 22% Veterans: 69% Women: 142%	Equal to or more than 95% for all demographic groups	<a href="#">Fiscal and Business Operations</a>	<a href="#">Human Resources</a>
Percentage of PHD staff who strongly agree and agree with the following statement “I would recommend PHD as a good place to work”	60%	68%	<a href="#">Program Operations</a>	Annual Employee Engagement Survey
Percentage of PHD staff who strongly agree and agree with the following statement “PHD makes a commitment to professional development and a learning culture”	51%	70%	<a href="#">Program Operations</a>	Annual employee engagement survey

### **Objective 3: Promote health equity in all programs and policies**

*Public health modernization foundational capability – health equity and cultural responsiveness*

Vision: Ensure equal opportunity to achieve the highest attainable level of health for all populations through policies, programs and strategies that respond to the cultural factors that affect health. Correct historic injustices borne by certain populations. Prioritize development of strong cultural responsiveness.

Measures	Baseline	2020 Target	Lead	Data Source
Percentage of local public health authority <a href="#">Program Elements</a> include components to address health equity in the scope of work	0%	100%	<a href="#">Policy and Partnerships</a>	Local public health authority program elements
Number of health equity strategies in the SHIP that address a racial or ethnic disparity	1	7	<a href="#">Policy and Partnerships</a>	SHIP progress report
Number of federally recognized tribes that participated in a <a href="#">Public Health Modernization</a> programmatic assessment	0	4	<a href="#">Policy and Partnerships</a>	Contractor methodology summaries

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

*Public health modernization foundational capability – community partnership development*

Vision: Relationships with diverse partners allow the governmental public health system to define and achieve collaborative public health goals.

Measures	Baseline	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	TBD Summer, 2017	95%	<a href="#">Policy and Partnerships</a>	PHD partnership survey
Number of formal memoranda of understanding established with state agencies	2	4	<a href="#">Policy and Partnerships</a>	PHD administrative records

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

*Public health modernization foundational capability – assessment and epidemiology*

Vision: Apply the principles and skilled practice of epidemiology, laboratory investigation and program evaluation to support planning, policy and decision-making for Oregon’s governmental public health system.

Measures	Baseline	2020 Target	Lead	Data Source
Percentage of statewide population health indicators reported annually, by race, ethnicity	55%	75%	<a href="#">Science and Evaluation Unit</a>	State health indicators
Percentage of electronic laboratory reporting	89%	95%	<a href="#">Acute and Communicable Disease Prevention Section</a>	<a href="#">Orpheus</a>

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

*Public health modernization foundational capability – policy and planning*

Vision: The public health system will implement policy, systems and environmental changes to meet the community’s changing needs and align with state and federal policies. Public health policy, systems and environmental changes will eliminate health disparities, reduce leading causes of death and disability and improve health outcomes for all people in Oregon.

Measures	Baseline	2020 Target	Lead	Data Source
Number of public health division legislative concepts that become law	4	10	<a href="#">Policy and Partnerships</a>	<a href="#">Oregon Revised Statutes</a>

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

*Public health modernization foundational capability – communications*

Vision: Governmental public health is a trusted source of clear, consistent, accurate and timely health information. Governmental public health consistently uses health communication strategies, interventions and tools to eliminate health disparities and achieve equity.

Measures	Baseline	2020 Target	Lead	Data Source
PHD social media engagement/ web analytics	2,890 Facebook likes 3,227 Twitter followers	10,000 Facebook likes 7,000 Twitter followers	<a href="#">OHA External Relations Division</a>	Facebook and Twitter analytics
Press releases promoting division initiatives	8 per month	10 per month	<a href="#">OHA External Relations Division</a>	Community Assessment for Public Health Emergency Response (CASPER) database
Media stories (print, radio, TV, web) about division initiatives	52 per month	75 per month	<a href="#">OHA External Relations Division</a>	Google alerts

# Internal strengths and challenges, external opportunities and threats

Underlying the important work ahead for the PHD are various internal and external forces that will undoubtedly have an impact on our outcomes. In March 2017, PHD sent all staff an online survey in order to identify internal strengths, challenges, external trends, events or other factors that may affect the PHD in the coming years. The survey asked PHD staff to rank the most important internal and external forces for the PHD. Forces ranked were those identified in similar assessments. These assessments include the employee engagement survey, the PHD public health modernization assessment and public health accreditation. Staff were encouraged to identify additional factors in an open field. The following is a summary of the most important forces identified by staff, and strategies for leveraging or mediating these within a modernized framework.

## **Most important internal strengths**

- Dedicated, knowledgeable and engaged staff
- Reputation as public health experts
- Ability to produce accurate, complete and timely population health data

There are many opportunities to capitalize on our internal strengths in the coming years. The Public Health modernization manual identifies numerous opportunities for leveraging our dedicated and knowledgeable staff into a modernized workforce. The recently released workforce development plan provides the roadmap for getting there.

## **Most important internal challenges**

- Unstable state and federal funding
- Lack of adequate resources to address health priorities
- Health equity is our weakest foundational capability
- Antiquated IT systems

The internal challenges faced by the PHD are significant. Funding for Oregon's public health system is primarily through federal categorical grants. This makes it difficult to address certain health priorities in Oregon. Nationally, there is a risk that federal policy changes may negatively impact funding for core public health programs. At the time

of writing this strategic plan (Spring 2017), the state legislature is determining the 2017-19 budget amidst a significant budget shortfall. At the same time, the recently published [\*Public Health Modernization Assessment Report\*](#) found significant gaps in basic protections across the public health system.

### **Most important external opportunities**

- Health system transformation is improving care, lowering costs and emphasizing prevention.
- The vast majority of Oregonians (95%) have access to health insurance.
- There's an increasing interest in a health in all policies approach.

Given improvements in access to insurance and health care with implementation of Oregon's health system transformation, the role of PHD continues to be critical to improving population health. To strengthen the impact of both the SHIP and local community health improvement plans, the modernization plan also calls for an expansion of incentives for shared community and regional planning efforts. In the arena of policymaking, the modernization plan also prioritizes collaborative opportunities in both local and statewide policy making that helps to advance health priorities.

### **Most important external threats**

- Resources to address the social determinants of health are in crisis .
- Uncertain federal policy landscape that may affect our ability to meet the Triple Aim.
- State budget deficit.

Oregon has many needs in areas of education, transportation, housing and behavioral health care, essential social determinants that are critical to achieving our vision and mission. Improving our foundational capabilities, such as leadership and organizational competencies, health equity, responsiveness, emergency preparedness and response is essential. Improvements position the public health system to be the population health expert in policy approaches to achieving improvements in social determinants of health.

# Implementation and reporting

Standard 5.3 of the Public Health Accreditation Board, standards and measures requires completion of annual progress reports to report on implementation progress of the strategic plan. Therefore, the office of the State Public Health Director will be providing annual updates to PHD on all identified measures and report on any emerging issues.

# 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	Baseline	2020 Target	Numerator	Denominator
Percentage of children under 6 years of age who received blood lead testing	4%	10%	Number who have had blood lead testing in the past year	Total number of children under 6 years of age
Percent of community water systems that meet health-based standards throughout the year	90%	92% <sup>1</sup>	Number that meet health based standards	All Community Water systems
Active Transportation	Forthcoming	TBD	TBD	TBD

### Increase community preparedness and resilience

Measures	Baseline	2020 Target	Numerator	Denominator
Percentage of identified climate resilience strategies implemented at the state level	0%	100%	Strategies that are in progress or completed	Total number of climate resilience strategies
Percentage of PHD staff who are registered on the Health Alert Network (HAN)	85%	100%	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 year-round telephone line	85% <sup>2</sup>	100%	Number of local public health administrators that respond in 60 minutes	Number of local public health administrators that receive a test call

<sup>1</sup> Aligns with [Healthy People 2020](#).

<sup>2</sup> N=Number of LPHA that respond in 60 minutes/D=All test calls.

## Ensure access to clinical services

Measures	Baseline	2020 Target	Numerator	Denominator
Adolescents who have had one or more cavities, ever	8th grade: 68.7% 11th grade: 75.1%	8th grade: 66.6% 11th grade: 70.3%	Number who report having ever had a cavity	All 8th and 11th graders surveyed
Rate of 2-year-olds who are fully vaccinated	70%	80%	<a href="#">ALERT IIS Population Estimation Methodology</a>	<a href="#">ALERT IIS Population Estimation Methodology</a>
Effective contraception use	68.4% (2014)	TBD	Number that used effective (most and moderately) contraception at last intercourse	All surveyed women, aged 44 - 49, who are at risk of unintended pregnancy
Annual dental visits among children aged 0 - 5	Forthcoming in 2019	10% increase from baseline	Forthcoming	Forthcoming

## Prevent and reduce tobacco use

Measures	Baseline	2020 Target	Numerator	Denominator
Cigarette smoking prevalence among youth	8th grade: 4% 11th grade: 9%	8th grade: 2% 11th grade: 7.5%	Number that smoked cigarettes in past 30 days	All youths surveyed
Other tobacco product (non-cigarette) use among youth	8th grade: 11% 11th grade: 23%	8th grade: 4% 11th grade: 15%	Number that used other tobacco products in the past 30 days	All youth surveyed
Cigarette smoking prevalence among adults	18%	15%	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	Baseline	2020 Target	Numerator	Denominator
Obesity prevalence among 2- to 5-year-olds	15.1%	14.5%	All children 2- to 5-years-old entered into WIC	Children 2- to 5-years-old who report a body mass index (BMI) $\geq$ 95th percentile for age and sex
Obesity prevalence among youth	8th grade: 11% 11th grade: 13%	8th grade: 9% 11th grade: 10%	Number of youth who report a BMI that is $\geq$ 95th percentile for age and sex	All youths surveyed
Obesity prevalence among adults	29%	25%	Number of adults who report a BMI $\geq$ 30.0	All adults surveyed

## Reduce violence and suicide rates through prevention

Measures	Baseline	2020 Target	Numerator	Denominator
Rate of suicide	17.7 per 100,000	16.0 per 100,000	Number of residents who died by suicide	Number of Oregon residents according to US census
Suicide attempts among eighth graders	8.2%	7.0%	Number of students who report suicide attempt	All 8th graders surveyed

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

Measures	Baseline	2020 Target	Numerator	Denominator
Prescription opioid mortality	4.5 mortality per 100,000	<3 mortality per 100,000	Number of deaths due to prescription opioids	Oregon population
Alcohol-related motor vehicle deaths	176	98	n/a	n/a

## Prevent and reduce rates of communicable diseases

Measures	Baseline	2020 Target	Numerator	Denominator
Hospital-onset <i>Clostridium difficile</i> infections	SIR 0.88	SIR 0.57	Number of incident events identified >3 days after admit	Number of expected incidents of hospital-onset <i>Clostridium difficile</i> events
Rate of Gonorrhea infections in Oregon residents	108.7 per 100,000	72 per 100,000	Number of reported cases of gonorrhea in Oregon	U.S. Census Bureau population estimate
Proportion of people living with HIV in Oregon that have a suppressed viral load within the previous 12 months	74%	90%	People living with reported HIV in Oregon with $\geq 1$ viral load $\leq 200$ copies per milliliters in previous 12 months and no viral loads $> 200$	Number of people living with reported cases of HIV
Infections caused by Shiga toxin-producing <i>Escherichia coli</i> ( <i>E. coli</i> ) 0157	2.4 per 100,000	0.6 per 100,000	Average number of <i>E. coli</i> 0157 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	Baseline	2020 Target	Numerator	Denominator
PHD will maintain accreditation status by the Public Health Accreditation Board	Accredited status	Reaccreditation status	n/a	n/a
Percentage of PHD staff who strongly agree and agree with the following statement “The impetus for improving quality in the division is largely driven by an internal desire to make our services and outcomes better”	56% <sup>3</sup>	70%	Number who say they strongly agree or agree to the question	Number of respondents to survey

<sup>3</sup> Collected in 2014.

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

Measures	Baseline	2020 Target	Numerator	Denominator
PHD Workforce Parity	White: 108% Black: 174% Native American: 56% Asian: 204% Pacific Islander: 0% Hispanic: 28% People with Disabilities: 22% Veterans: 69% Women: 142%	Equal to or more than 95% for all demographic groups.	Number of PHD employees identified in each listed population category	Number of employees you'd expect if PHD workforce distribution matched the statewide distribution for each population/ category, according to the American Community Survey
Percentage of PHD staff who strongly agree and agree with the following statement "I would recommend PHD as a good place to work"	60%	68%	Number who say they strongly agree or agree to the question.	Number of respondents to survey
Percentage of PHD staff who strongly agree and agree with the following statement "PHD makes a commitment to professional development and a learning culture"	51%	70%	Number who say they strongly agree or agree to the question.	Number of respondents to survey

## Promote health equity in all programs and policies

Measures	Baseline	2020 Target	Numerator	Denominator
Percentage of local public health authority Program Elements include components to address health equity in the scope of work	0%	100%	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	1	7	n/a	n/a

Continued

Continued

Measures	Baseline	2020 Target	Numerator	Denominator
Number of federally recognized tribes that participated in a public health modernization programmatic assessment	0	4	n/a	n/a

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

Measures	Baseline	2020 Target	Numerator	Denominator
Percentage of partners that strongly agree or agree that their partnership with PHD is effective in achieving its desired outcomes or is on track to achieve those outcomes as planned	TBD Summer, 2017	95%	Number who strongly agree or agree that their partnership with PHD is effective	Number of respondents
Number of memoranda of understanding established with state agencies	2	4	n/a	n/a

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

Measures	Baseline	2020 Target	Numerator	Denominator
Percentage of statewide population health indicators analyzed annually, by race, ethnicity	55%	75%	Number analyzed by race/ethnicity	Number of updated indicators
Percentage of electronic laboratory reporting (ELR) volume	89%	95%	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	Baseline	2020 Target	Numerator	Denominator
Number of public health division legislative concepts that became law	4	10 total	n/a	n/a

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

Measures	Baseline	2020 Target	Numerator	Denominator
Social media engagement/web analytics	2,890 Facebook likes <sup>4</sup> 3,227 Twitter followers <sup>5</sup>	10,000 Facebook likes 7,000 Twitter followers	n/a	n/a
Press releases promoting Division initiatives.	8 per month	10 per month	n/a	n/a
Media stories (print, radio, TV, web) about Division initiatives	52 per month	75 per month	n/a	n/a

<sup>4</sup> Total count as of July 1, 2016.

<sup>5</sup> Total count as of July 1, 2016.



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