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Progress and Impact Report: Public Health Modernization (2023-2025)

The Legislature invested a total of \$112 million in the 2023-25 biennium to continue support for and to expand Public Health Modernization in Oregon.

Program background and summary

Oregon is modernizing its public health system to be equitable, prevention-focused and prepared to address current and emerging threats. Public health work happens every day—administering vaccines, preventing chronic diseases and drug overdoses, inspecting food and water systems, responding to emergencies and supporting community well-being. OHA’s Public Health Modernization (PHM) initiative is how we make sure those services are reliable, consistent, accessible and effective across Oregon, today and into the future.

Since 2015, PHM has supported 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 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 available.

Trends and outcomes summary

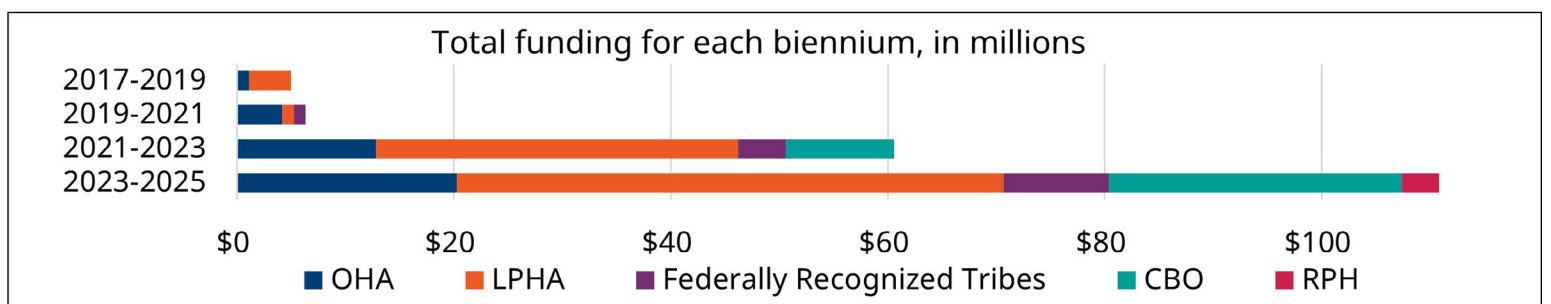
In 2023–25, PHM funding supported more than 300 new and existing local public health authority (LPHA) staff, enabling LPHAs to advance local interventions to improve immunization rates, decrease rates of syphilis, and ensure climate resilient communities. Refer to case studies from [Lincoln County](#) and [Multnomah County](#) for a detailed look at how LPHAs advanced work in these priority areas. In addition, LPHA staff partnered with community organizations to ensure these public health programs were created with and for communities most affected by health inequities.

PHM funding also supported 99 new positions and 385 existing positions in community-based organizations (CBOs). With this capacity, CBOs were able to advance PHM priorities.

To assess outcomes from investments in PHM, Oregon’s Public Health Advisory Board (PHAB) established [accountability metrics](#) for their priorities. LPHAs completed [Year 1 reporting](#) on accountability metrics in spring 2025. Reporting included whether LPHAs met process measures that track core functions of LPHAs to improve health outcomes, such as capacity for data and epidemiology, communications, and partnerships. August 2025 also marked the first time that LPHAs received incentive payments for meeting process measures based on a payment methodology developed by the PHAB. Overall, all LPHAs met at least one of six required process measures and incentive payments totaled \$469,761, with payments ranging from \$113 to \$58,915.

Program funding

Total funding for OHA, LPHAs, CBOs, and Reproductive Health Providers (RHP).



Objectives, outputs and outcomes

Table below includes selection of accountability metrics used to track progress toward 2030 PHM goals. Each LPHA is required to implement work to address a total of six process measures (two process measures in each priority area). The denominator for the output measures indicates the total number of LPHAs that selected a given process measure.

Objective	Outputs	Outcomes
Objective 1: Reduce spread of syphilis and prevent congenital syphilis	<ul style="list-style-type: none"> • Increase in percentage of people with syphilis interviewed from 2023–24: 16/27 (59%) LPHAs met • Increase in percentage of early cases treated with appropriate regimen within 14 days from 2023–24: 15/24 (62.5%) LPHAs met 	<ul style="list-style-type: none"> • Rate of congenital syphilis (cases per 100,000 live births) <ul style="list-style-type: none"> » 2023 baseline: 78 » 2024 status: 113 » 2030 goal: 39 • Rate of syphilis among people who can become pregnant (cases per 100,000 people who can become pregnant) <ul style="list-style-type: none"> » 2023 baseline: 72.2 » 2024 status: 62.2 » 2030 goal: 65.0
Objective 2: Protect people from preventable disease by increasing vaccination rates	<ul style="list-style-type: none"> • Demonstrated actions with health care providers to improve access to vaccinations for two-year olds: 18/18 (100%) LPHAs met • Demonstrated actions to improve access to influenza vaccination for residents of long-term care facilities: 14/14 (100%) LPHAs met. 	<ul style="list-style-type: none"> • Two-year old vaccination rate <ul style="list-style-type: none"> » 2023 baseline: 68.3% » 2024 status: 68.4% » 2030 goal: 80% • Adult influenza vaccination rate in populations 65 and older <ul style="list-style-type: none"> » 2023 baseline: 47% » 2024 status: 46.7% » 2030 goal: 60%
Objective 3: Increase community resilience for climate impacts on health: extreme heat and wildfire smoke	<ul style="list-style-type: none"> • Demonstrated actions in communications to reduce the health impacts of extreme heat: 16/19 (84%) LPHAs met • Demonstrated use of data to identify population(s) of focus for wildfire smoke: 13/16 (81%) LPHAs met 	<ul style="list-style-type: none"> • Heat-related hospitalizations per 4.2 million people: <ul style="list-style-type: none"> » 2023 baseline: 69 » 2024 status: 88 » 2030 goal: 28 • Non-infectious respiratory illness emergency department and urgent care visits per 10,000 population: <ul style="list-style-type: none"> » 2023 baseline: 1.63 » 2024 status: 1.94 » 2030 goal: 1.3

Considerations

- The 2023-25 PHM Accountability Metrics Report will be available in March 2026; the report will include 2024 data and provide interpretations for trends in health outcome indicators.
- OHA is collecting expanded workforce data from LPHAs to capture the effects of reduced funding to the public health system; data will be available in March 2026.
- The PHAB Accountability Metrics Subcommittee is developing process and outcomes metrics for the prevention and health promotion program area over the next year; PHM funding is still not available to support LPHAs and partners in this foundational program area.