Public Health Performance Measures

The key DHS performance measures that relate to health are listed below. In addition to the outcome measures currently reported, Health Services has committed to developmental performance measures for which data had not been collected in past years. These new measures indicate the agency's performance by racial and ethnic group on each of the DHS key performance measures (KPM) related to health.

Performance Measures

- **KPM #11 – The percentage of women subjected to domestic violence in the past year.** The measure provides a population-based estimate of the percentage of women who self-report domestic violence in the Oregon Behavioral Risk Factor Surveillance Survey (BRFSS). The BRFSS also helps assess potential risk and protective factors for domestic violence by allowing examining the demographics and health status of those who report domestic violence compared to the general population. *(See Page 37 of the DHS Annual Performance Measure Report, in the Agency Appendices.)*
    - Because of its potential to capture ongoing, population-based data, BRFSS is one important source of information about domestic violence. However, using BRFSS rates alone results in an underestimation of the true prevalence of domestic violence in Oregon. In 2001 the department implemented the Oregon Women's Health and Safety Survey. Although the time period and geographic location were the same in the two surveys, BRFSS found that 1.7 percent of Oregon women age 20-55 had experienced physical violence by an intimate partner in the past 12 months – about half as many as those who reported intimate partner violence in the Women's Health and Safety Survey.

- DHS met the target for 2002, the latest year data is available. However, because of the data source limitations mentioned above, it is difficult to make accurate and reliable comparisons.
- DHS is designing and implementing a public health data collection system to develop improved methods to determine statewide incidence and prevalence of intimate partner violence as well as risk and protective factors associated with intimate partner violence.
- This measure is linked to Oregon Benchmark #45 (Preventable Death, Years of life lost before age 70 – rate per 1,000).

♦ **KPM #12 – The rate of suicides among adolescents per 100,000**. The rate of youth suicide has decreased between 2000-2002. The agency has made progress in supporting the development of suicide prevention activities and in some communities suicide prevention has become integrated into the work of the agency. For example, some agency staff have been trained in intervention skills and provide training in their communities to increase the number of people who feel capable and confident that they could effectively intervene with someone who is suicidal. *(See Page 39 of the DHS Annual Performance Measure Report, in the Agency Appendices.)*

- If 2002 is an indication, the suicide rate will increase. Suicide rates have historically increased as the economy takes a down turn. In addition, the availability of mental health care in Oregon has decreased. This decrease in care may cause a rise in deaths among youth over time.
- The age of youth used in the Oregon benchmark for youth suicide is less than 18 years of age. The DHS measure is calculated from youth ages 10-24. Because rates are higher among youth as they age, the DHS measure will always be higher than the Oregon benchmark.

- This measure is linked to Oregon Benchmark #45 (Preventable Death, Years of life lost before age 70 – rate per 1,000).

♦ **KPM #16 – The percentage of pregnancies that were unintended or were terminated.** Because unintended pregnancy is associated with several negative health behaviors and outcomes (e.g. delayed entry into prenatal care, increased substance use during pregnancy, low birth weight), this performance measure can be seen as an early indicator of health. The measure also reflects Oregonians' access to the reproductive health information and contraceptive technology that are necessary for pregnancy planning. *(See Page 47 of the DHS Annual Performance Measure Report, in the Agency Appendices.)*

- While the trend is continuing downward, the state did not meet its target.
- The proportion of pregnancies that were unintended or terminated is decreasing. In a separate analysis, family planning program staff determined that the percentage of <u>births</u> that were unintended pregnancies is also declining. The decline from 1999 – 2002 was greater among the target population for the Family Planning Expansion Project (FPEP),which is part of the family planning Medicaid waiver. The small upswing in unintended births to FPEP-eligibles in 2002 may be attributable to measurement changes in the data source.
- ***Proposed change for 2005-07*** – "The rate of unintended pregnancies per 1,000 women aged 15-44." The proposed change would create a rate that excludes approximately 5 percent of abortions from the numerator.This accounts for the fact that not all abortions represent pregnancies that were unintended.

- This measure links to Oregon Benchmark #39 (Teen Pregnancy, pregnancy rate per 1,000 females, age 15-17) and #41 (Infant Mortality, infant mortality rate per 1,000).

- **KPM #17 – The percentage of low-income women who receive prenatal care in the first 4 months of pregnancy.** Oregon has surpassed the state target and is steadily moving toward the national target. Healthy People 2010 includes outcomes around first trimester maternal care (2010 target = 90 percent), and early and adequate prenatal care (2010 target = 90 percent). The Oregon MothersCare (OMC) program goal assists women to enter prenatal care within the first three months. Currently, it is in slightly over half the counties, but does not exist in Multnomah or Clackamas counties where there is the largest need. *(See Page 49 of the DHS Annual Performance Measure Report, in the Agency Appendices.)*
  - This measure is also related to Oregon Benchmark #40 (Prenatal Care, Percent of babies whose mothers received prenatal care beginning in the first trimester).

- **KPM #20 – Tobacco use among: adults, youth and pregnant women.** Tobacco use is the leading preventable cause of death in Oregon and the nation. Cigarette smoking is the most common form of tobacco use. Quitting tobacco at any age has significant health benefits. DHS, through the Tobacco Prevention and Education Program, is the lead public agency working on tobacco prevention in Oregon. The Tobacco Prevention and Education Program has been effective at reducing the use of tobacco in Oregon. Because of its success the Oregon program has served as a model for other states' tobacco prevention programs. *(See Page 55 of the DHS Annual Performance Measure Report, in the Agency Appendices.)*

- Since the beginning of Oregon's Tobacco Prevention and Education Program in 1996, the percentage of adults who smoke has decreased from 23.4 percent to 20.9 percent. Though adult tobacco use in Oregon declined marginally from 2002 to 2003, Oregon did not meet the 2003 target. This may reflect tobacco use in response to difficult, stressful economic circumstances.
- Studies show that 90 percent of adult smokers started smoking before they were 18 years old. Preventing youth from starting to smoke will lead to lower smoking rates among adults in the years ahead.
- A woman's use of tobacco during pregnancy is associated with serious, at times fatal, health problems for the child, ranging from low birth weight and prematurity to stillbirth and Sudden Infant Death Syndrome (SIDS). Successful efforts by the DHS/Tobacco Prevention and Education Program and the Smoke-free Mothers and Babies project to decrease the prevalence of tobacco use among pregnant women should reduce morbidity and mortality associated with the conditions mentioned above.
- This measure links to the following Oregon Benchmarks: #44 (Adult Non-Smokers, Percent of Oregonians 18 and older who report that they do not currently smoke cigarettes); #45 (Preventable Death, Years of life lost before age 70 – rate per 1,000); #49 (Teen Substance Abuse, Percent of 8th grade students who report using in the previous month: c. cigarettes); and #52 (Alcohol/Tobacco Use During Pregnancy, Percent of pregnant women who report not using: b. tobacco).

♦ **KPM #21 – Number of cigarette packs sold per capita.** There are many factors that affect this performance measure, including national trends, cigarette price increases, and the work of the Tobacco Prevention and

Education Program. Various evaluation studies have shown the Tobacco Prevention and Education Program has reduced the burden of tobacco in Oregon, and the recent declines in per capita cigarette sales reflect this success. *(See Page 61 of the DHS Annual Performance Measure Report, in the Agency Appendices.)*

- Since the Tobacco Prevention and Education Program began in 1996, per capita cigarette sales in Oregon have declined twice as quickly as the national rate.
- Voter-approved initiatives mandate that a specific portion of tobacco taxes be allocated to the Department for tobacco prevention activities. In 1997, the Department began the Tobacco Prevention and Education Program, funded by these tobacco taxes (approximately $16million/biennium). The Legislature suspended the program in April 2003 through the end of that biennium. Funding for the 2003-05 biennium is approximately $7 million.
- This measure links to the following Oregon Benchmarks: #44 (Adult Non-Smokers, Percent of Oregonians 18 and older who report that they do not currently smoke cigarettes); #45 (Preventable Death, Years of life lost before age 70 – rate per 1,000); #49 (Teen Substance Abuse, Percent of 8th grade students who report using in the previous month: c. cigarettes); and #52 (Alcohol/Tobacco Use During Pregnancy, Percent of pregnant women who report not using: b. tobacco).

♦ **KPM #22 – The percentage of 19-35 month old children who are adequately immunized.** This measures the immunization status of 19 – 35 month-olds who receive their immunizations in their local health departments. Adequate immunization for this measure includes four diphtheria, tetanus, pertussis (DTaP) vaccinations, three polio (IPV) vaccinations, and one measles, mumps & rubella (MMR) vaccination. *(See*

Page 63 of the DHS Annual Performance Measure Report, in the Agency Appendices.)

- Oregon's 2003 immunization rate of 66.2 percent for 19 – 35 months olds continues to exceed the target. Private primary health care providers immunize most children in Oregon. Approximately 75 percent of all children in Oregon are immunized by age 2. Children who are seen by local health departments are less likely to have regular routine health care, and their immunization rates are lower.
- The DHS Immunization Program provides leadership in immunization efforts, working with both public and private immunization providers. Efforts are focused on strongly encouraging all providers to participate in ALERT (the statewide immunization registry) and quality improvement measures including individual clinic assessments and feedback.
- This measure links to Oregon Benchmark #42 (Immunizations, Percent of two-year-olds who are adequately immunized.)

♦ **KPM #23 – The percentage of adults aged 65 and over who receive an influenza vaccine.** The DHS Immunization Program provides leadership in immunization efforts, working with all levels of the healthcare system. Current innovations such as pharmacy and hospital based interventions, as well as development of an adult immunization registry are longer term projects and are expected to demonstrate positive results in future years. *(See Page 65 of the DHS Annual Performance Measure Report, in the Agency Appendices.)*

- Oregon's immunization rate for older Oregonians has remained at approximately 70 percent for several years. Approximately 307,000

out of 438,000 older Oregonians were protected against complications from influenza in the 2003-2004 flu season.

- 70.5 percent is an increase in the number of Oregonians age 65 and older compared with 68 percent in 2002. The 2.5 percent increase means that approximately 11,000 additional older Oregonians were vaccinated in 2003 than in 2002.
- The actual rate of 70.5 percent is less than the target rate of 75.5 percent. Vaccine supply was adequate early in the influenza season, but became unavailable later in the season because of unusual and unexpected consumer demand. It is difficult to estimate the impact late season shortages had on influenza immunization rates as those 65 and older usually are vaccinated early in the season.
- The state average for influenza vaccination coverage in the U.S. in 2002 was 68.4%, which Oregon currently exceeds.
- This measure is linked to Oregon Benchmark #45 (Preventable Death, Years of life lost before age 70 – rate per 1,000).

♦ **KPM #24 – The annual rate of HIV infection per 100,000 persons.** Oregon continues to be a lower incidence state for HIV. This impacts the agency in terms of funding opportunities on a national level and requires the agency to make strategic choices on how to target prevention activities that reach high-risk groups, while trying to ensure that services also reach communities and populations that are disproportionately impacted by HIV. *(See Page 67 of the DHS Annual Performance Measure Report, in the Agency Appendices.)*

- Because of a change in the definition of the data that is being used, the actual performance is much better than the target. Last year, the data included all positive HIV test results. The new definition,

counts only positive tests that have also had a confirmatory Western Blot – a supplemental test.

- This measure links to Oregon Benchmark #43 (HIV Diagnosis, Number of new HIV diagnoses among Oregonians aged 13 and older.)

♦ **KPM #27 – The percentage of uninsured Oregonians served by safety net clinics.** DHS works with Local Health Departments and community partners to expand the safety net and secure financial resources to operate safety net clinics. *(See Page 75 of the DHS Annual Performance Measure Report, in the Agency Appendices.)*

- The annual target was not met due to several environmental changes that were unexpected when targets were set in 2002. The most recent data shows the percentage of uninsured Oregonians served by safety net clinics is 19.6 percent. High unemployment and a continued downturn in the economy contributed to an increase in the number of uninsured and underinsured Oregonians. Legislative cuts to the Oregon Health Plan also contributed to an increase in the number of uninsured and underinsured Oregonians.