Ways & Means Presentation
Key Performance Metrics

Presented to
Joint Ways & Means Subcommittee on Human Services
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What are Key Performance Measures (KPMs)?

- **Purpose:**
  - KPMs help to evaluate agency activities and programs based on performance outcomes
- **Updates:**
  - KPMs are updated and reviewed during odd-numbered years
  - OHA annually submits the Annual Performance Progress Report to LFO
- **Future Focus:**
  - Aligning OHA's KPMs with the Strategic Plan

OHA's Key Performance Metrics

Population Health

30-Day Illicit Drug Use Among 8th Graders	30-Day Alcohol Use Among 8th Graders
Rate of Tobacco Use (Adults)	Rate of Tobacco Use (Teens)
Rate of Obesity (Adults)	Rate of Obesity (Teens)
Infant Mortality Rate	Severe Maternal Morbidity
Quality of Life - Poor Physical Health	Quality of Life - Poor Mental Health
Premature Death	Mortality From Drug Overdose

Government to Tribal Government Relations

- Critical Events Meeting the 14-Calendar Day Timeline to Provide Correspondence to Tribal Leaders
- Tribal Consultations Meeting the 30-Calendar Day Timeline for Reporting of Outcome of Consultation

Health Disparity

- Component #1 Meaningful Language Access to Culturally Responsive Health Care Services for CCO Members
- Component #2 Meaningful Language Access to Culturally Responsive Health Care Services for CCO Members

OHA's Key Performance Metrics

Quality of Care

Initiation of Alcohol and Other Drug Dependence Treatment	Engagement of Alcohol and Other Drug Dependence Treatment
Follow-Up After Hospitalization for Mental Health Illness	Health Assessments for Children in ODHS Custody

Partner Satisfaction

Customer Service
- Overall
- Timeliness
- Accuracy
- Helpfulness
- Expertise
- Availability of Information

Care Experience

Access to Care
- Adult
- Child

Member Satisfaction of Care
- Adult
- Child

OHA's Key Performance Metrics

Clinical & Population Health

Timeliness of Translations During Emerging Public Health Events

Regulating & Ensuring Compliance

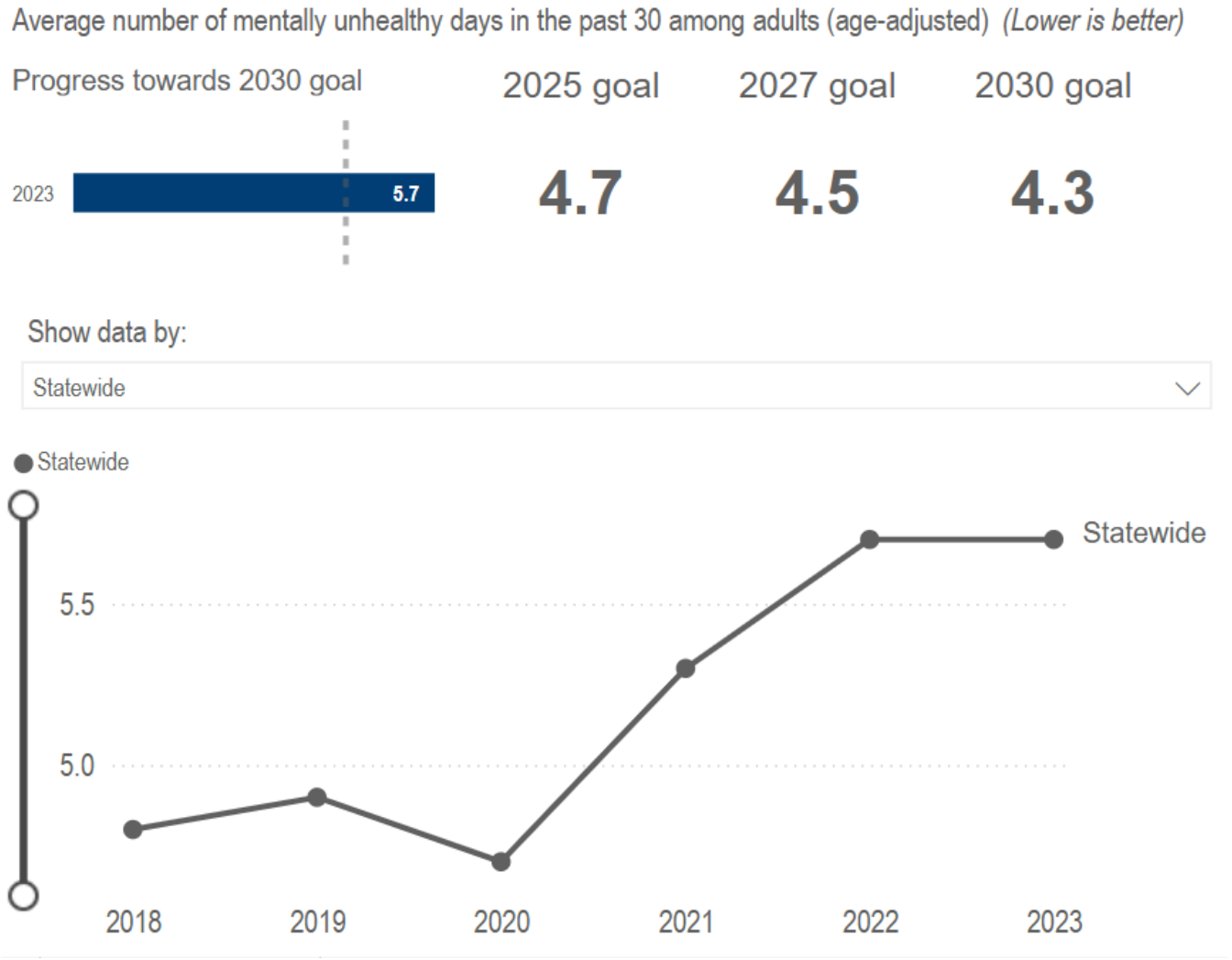
Pending Redetermination Applications Over 45 Days Old

Health Care Costs

Statewide Sustainable Cost of Care

OHA Sustainable Cost of Care

KPM – Quality of Life: Poor Mental Health



KPM – Mortality from Drug Overdose

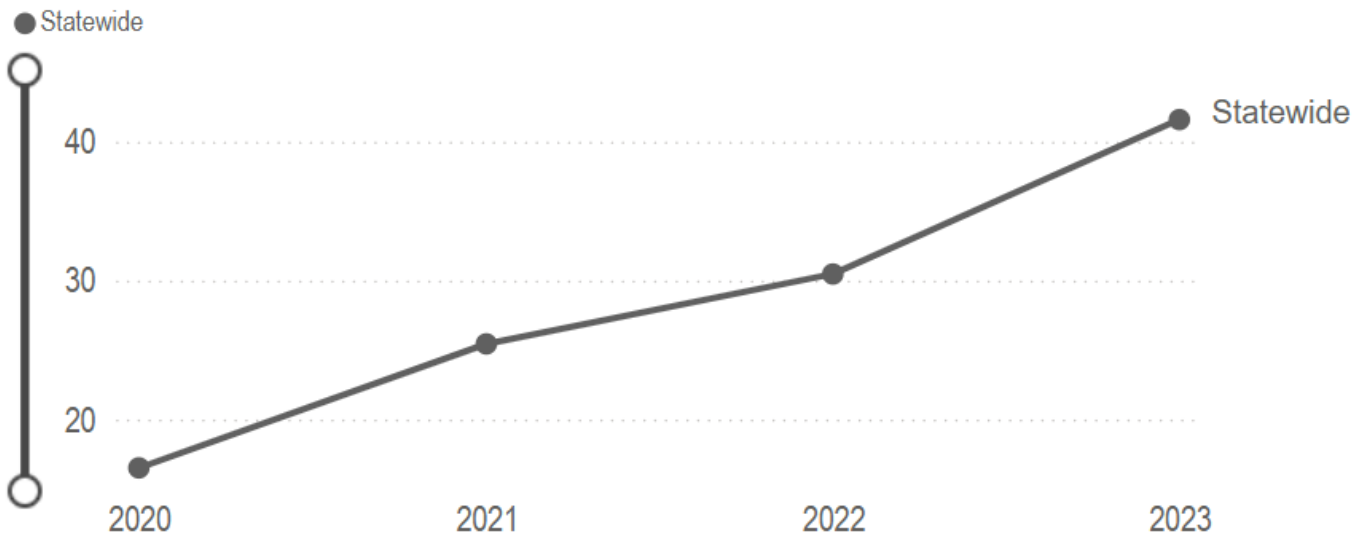
Rate of mortality from drug overdoses (per 100,000 population) *(Lower is better)*

Progress towards 2030 goal	2025 goal	2027 goal	2030 goal
2023 **41.6**	**Maintain current unintentional overdose deaths from baseline MY2023**	**TBD**	**TBD**

See "About the data" for more information about these goals.

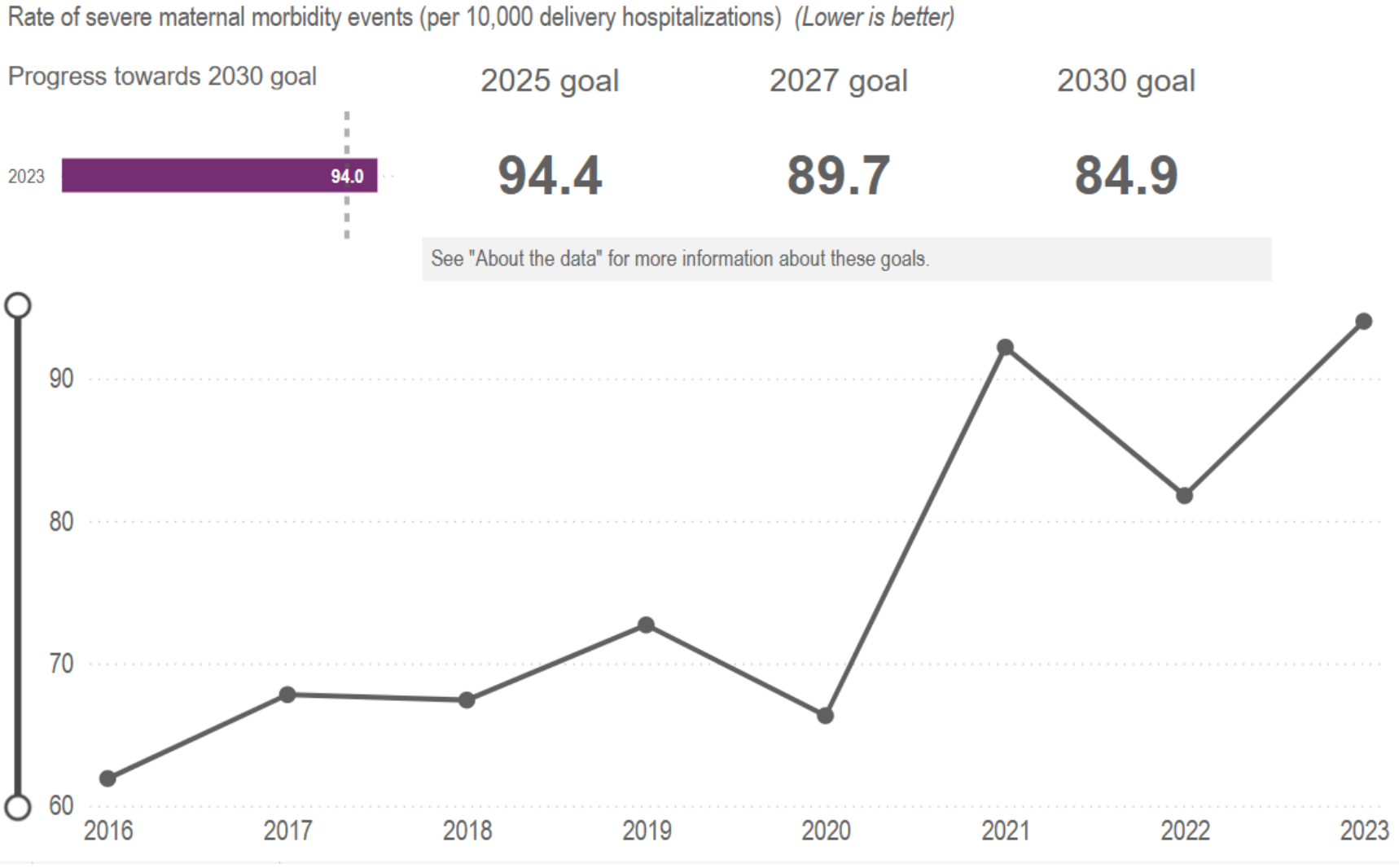
Show data by:

Statewide



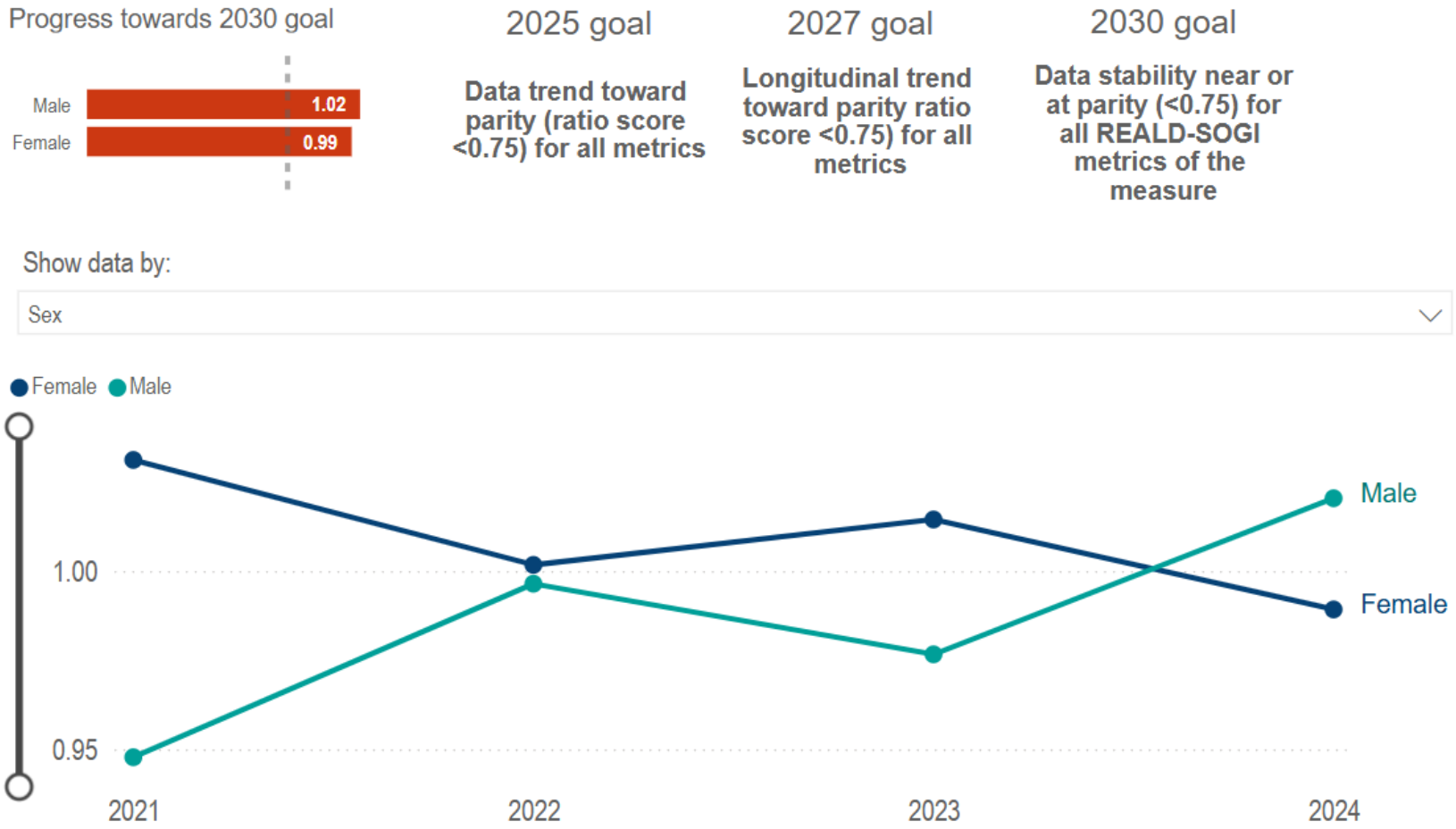
KPM – Severe Maternal Morbidity

Rate of severe maternal morbidity events (per 10,000 delivery hospitalizations) *(Lower is better)*



KPM – Voluntary Separations

Ratio of OHA voluntary separations to all agency separations by group *(Lower is better)*

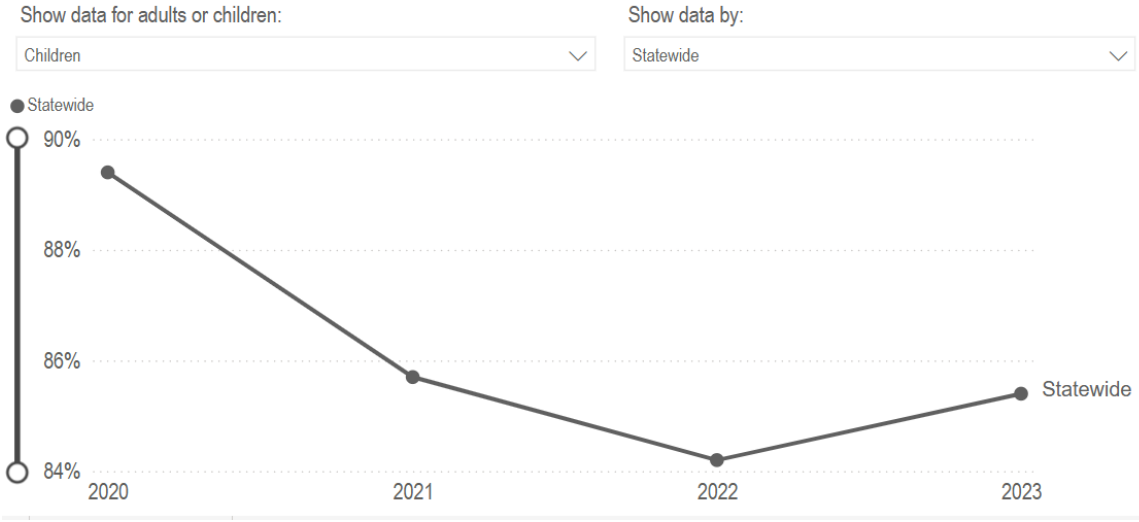


KPM – Access to care

Children

Percent of guardians who reported their child usually or always received care as soon as needed

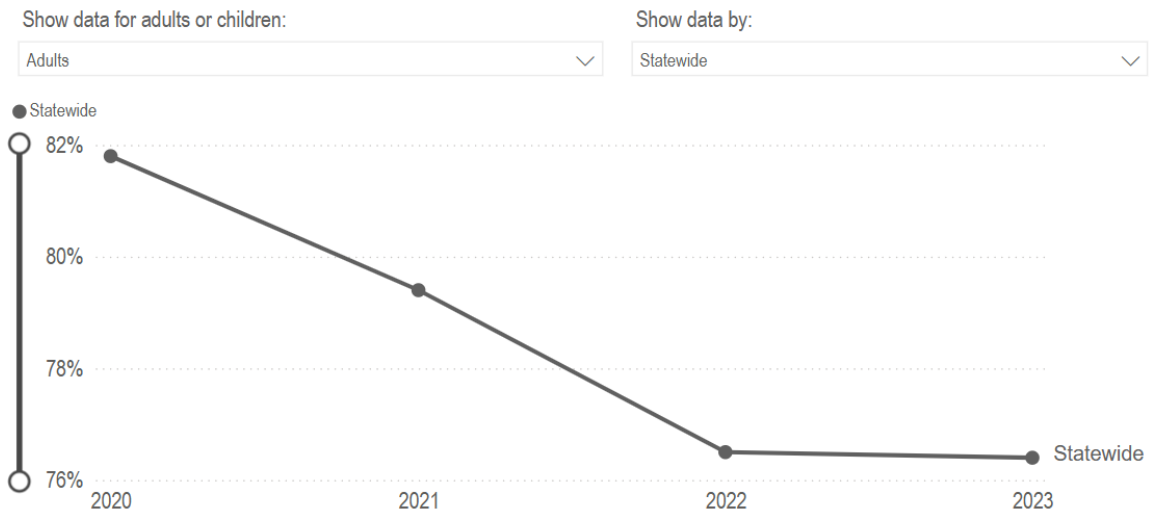
Progress towards 2030 goal	2025 goal	2027 goal	2030 goal
2023 85.4%	86.4%	88.4%	90.2%



Adults

Percent of adults who reported they usually or always received care as soon as needed

Progress towards 2030 goal	2025 goal	2027 goal	2030 goal
2023 76.4%	77.4%	79.4%	81.4%



Thank you

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OREGON HEALTH AUTHORITY

OREGON HEALTH AUTHORITY

Appendix

Annual Performance Progress Report

Annual Performance Progress Report

KPM #	Approved Key Performance Measures (KPMs)
1	INITIATION OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT - Percentage of members with a new episode of alcohol or other drug dependence who received initiation of AOD treatment within 14 days of diagnosis.
2	ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT - Percentage of members with a new episode of alcohol or other drug dependence who received two or more services within 30 days of initiation visit.
3	FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS - Percentage of enrollees 6 years of age and older who were hospitalized for treatment of mental health disorders and who were seen on an outpatient basis or were in intermediate treatment within seven days of discharge.
4	MENTAL, PHYSICAL, AND DENTAL HEALTH ASSESSMENTS FOR CHILDREN IN DHS CUSTODY - Percentage of children in DHS custody who receive a mental, physical, and dental health assessment within 60 days of the state notifying CCOs that the children were placed into custody with DHS (foster care).
9	30 DAY ILLICIT DRUG USE AMONG 8TH GRADERS - Percentage of 8th graders who have used illicit drugs in the past 30 days.
10	30 DAY ALCOHOL USE AMONG 8TH GRADERS - Percentage of 8th graders who have used alcohol in the past 30 days.
20	ACCESS TO CARE - Percentage of members who responded "always" or "usually" to getting care quickly.
21	MEMBER SATISFACTION OF CARE - Composite measurement: how well doctors communicate; health plan information and customer service (Medicaid population).
23	RATE OF TOBACCO USE (POPULATION) - Rate of tobacco use among adults.
25	RATE OF OBESITY (POPULATION) - Percentage of adults who are obese among Oregonians.
34	CUSTOMER SERVICE - Percentage of OHA customers rating their satisfaction with the agency's customer service as "good" or "excellent" overall, timeliness, accuracy, helpfulness, expertise, availability of information.
35	HEALTH EQUTY MEASURE – COMPONENT #1: MEANINGFUL LANGUAGE ACCESS TO CULTURALLY RESPONSIVE HEALTH CARE SEVICES FOR CCO MEMBERS - Component 1 is based on an annual language access self-assessment survey and designed to evaluate the development of structures and workflow processes to provide quality and consistent interpreter services.
36	HEALTH EQUITY MEASURE - COMPONENT #2: MEANINGFUL LANGUAGE ACCESS TO CULTURALLY RESPONSIVE HEALTH CARE SERVICES FOR CCO MEMBERS - Component 2 is based on the reporting of quarterly utilization data on interpreter services and designed to measure quality of interpreter services.
37	INFANTE MORTALITY RATE - Numerator: # of deaths of infants <365 days of age in specified time period Denominator: # of live births in specified time period. Rate calculation: (Num/Denom)*1,000
38	REDUCTION OF SEVERE MATERNAL MORBIDITY - Numerator: # of cases of severe maternal morbidity* in specified time period Denominator: # of delivery hospitalizations in specified time period Rate calculation: (Num/Denom)*10,000 (read out as "[number] per 10,000 delivery hospitalizations") *Note: Severe maternal morbidity cases are determined by using a validated set of ICD-10 diagnosis and procedure codes to examine hospital data.
39	COMPARISON OF OHA WORKFORCE TO POTENTIAL LABOR MARKET - Comparisons of the OHA workforce to the potential labor market provide a measurement of parity, defined as: achieving comparable representation of Tribal communities, communities of color, people with disabilities and females (binary gender for now) in OHA's workforce to the same proportion in the potential labor market.
40	COMPARISON OF OHA NON-SUPERVISORY MANAGERS TO POTENTIAL LABOR MARKET - Comparisons of OHA non-supervisory managers to the potential labor market provide a measurement of parity, defined as: achieving comparable representation of Tribal communities, communities of color, people with disabilities and females (binary gender for now) who are OHA non-supervisory managers to the same proportion in the potential labor market.
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42	COMPARISON OF OHA VOLUNTARY SEPARATIONS TO ALL AGENCY SEPARATIONS - OHA defines parity as achieving comparable representation of Tribal communities, communities of color, people with disabilities and females (binary gender for now) in OHA's workforce to the same proportion to OHA's potential labor market.
43	COMPARISON OF OHA INVOLUNTARY SEPARATIONS TO ALL AGENCY SEPARATIONS - Parity is determined by a ratio of OHA involuntary separations—dismissal, dismissal during trial service or layoff—(numerator) and all agency separations (denominator). If the ratio score is greater than or equal to 90% for Tribal communities, communities of color, people with disabilities or females, then there is a relatively high representation of that group in involuntary separations from the agency. Excludes deaths and unknown separations.
44	QUALITY OF LIFE - POOR PHYSICAL HEALTH - Average number of physically unhealthy days in the past 30 among adults. Measuring health-related quality of life helps build understanding around people's lived experience with disabilities and chronic diseases across the population. Self-report of days when physical health was not good is a reliable estimate of recent health status.
45	QUALITY OF LIFE - POOR MENTAL HEALTH - Average number of mentally unhealthy days in the past 30 days (age 18+). Measuring health-related quality of life helps build understanding around people's lived experience with disabilities and chronic diseases across the population. Self-report of days when mental health was not good is a reliable estimate of recent health status.
46	PREMATURE DEATH - Number of years of potential life lost (YPLL) per 100,000 before age 75. Premature death is measured by summing the years between age at death and age 75 across all people who died before reaching that age. It's a way of quantifying the societal impact of early deaths in a population. Causes of death that are more likely to affect younger people – such as congenital anomalies and accidental injuries – contribute to higher rates of premature death.
47	MORTALITY FROM DRUG OVERDOES - Number of deaths per 100,000 from drug overdoses excluding suicide. Drug overdose deaths account for a major proportion of all premature deaths and are largely preventable.
48	TOBACCO USE - TEENS - Percent of 11th graders who use tobacco (past 30 days). Cigarette smoking is the most common cause of preventable death and disease. It is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Many teen smokers become adult smokers. Measuring the prevalence of tobacco use in the youth population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for prevention programs or the effectiveness of existing programs.
49	OBESITY - TEENS - Percent of 11th graders who are obese (BMI >= 95th percentile for age/sex). Obesity is the second leading cause of preventable death in Oregon. It is a major risk factor for high blood pressure, high cholesterol, diabetes, heart disease, and cancer. Obese teens are at an increased risk of becoming obese adults.

KPM #	Approved Key Performance Measures (KPMs)
50	STATEWIDE SUSTAINABLE COST OF CARE - Comparison of health care cost changes to personal income changes. Any value 0 or higher is green because we want per capita income growth to equal or exceed per capita health care cost growth. By way of background, the statewide sustainable cost of care measure is a comparison between per person growth in income in Oregon and health care spending growth in Oregon. Historically, health care costs have grown faster than income and Oregon is trying to change that with the Cost Growth Target program and other initiatives. When the result from subtracting per person income growth minus per person health care cost growth is 0 or positive, it means income is growing at the same pace or faster than health care costs, which is good. When the measure is a negative number, it means health care costs are growing faster than income, which is not good.
51	OHA SUSTAINABLE COST OF CARE - Difference between real personal income and health care inflation. Any value 0 or higher is green because we want per capita income growth to equal or exceed OHA's per person spending on PEBB, OEBB, and OHP. By way of background, the OHA sustainable cost of care measure is a comparison between per person growth in income in Oregon and health care spending growth for OHA's three health programs: Oregon Health Plan, Public Employees Benefits and Oregon Educators Benefits. When the result from subtracting per person income growth in Oregon minus per person spending on PEBB, OEBB, and OHP is 0 or positive, it means income is growing at the same pace or faster than OHA's health care costs, which is good. When the measure is a negative number, it means the cost of OHA's three health care programs is growing faster than income, which is not good.
52	CRITICAL EVENTS MEETING THE 14-CALENDAR DAY TIMELINE TO PROVIDE CORRESPONDENCE TO TRIBAL LEADERS - To track compliance with the OHA Tribal Consultation Policy timelines, % of critical events meeting the timeline. Total number of critical events meeting the timeline/total number of identified critical events.
53	TRIBAL CONSULTATIONS MEETING THE 30-CALENDAR DAY TIMELINE FOR REPORTING OF OUTCOME OF CONSULTATION - To track compliance with the OHA Tribal Consultation Policy timelines, % of consultations reporting outcome within 30 calendar days. Total number of consultations meeting reporting timeline/total number of consultations
54	TIMELINESS OF TRANSLATIONS DURING EMERGING PUBLIC HEALTH EVENTS - To allow for equitable access to important public health information during public health events. Meet Federal and state legal obligations to provide information in alternative languages and formats, including Title VI of the Civil Rights Act. Compliance with agency policies, including DHS|OHA-010-013 Alternate Formats and Language Access Services. Number of hours from Incident Manager approval of an important (expedited) public information document for an identified public health event to the return of translated documents to the incident's Joint Information Center.
55	PENDING REDETERMINATION APPLICATIONS OVER 45 DAYS OLD - Total number of pending applications for redetermination that are over 45 days old.

Proposal	Proposed Key Performance Measures (KPMs)
Delete	COMPARISON OF OHA WORKFORCE TO POTENTIAL LABOR MARKET - Comparisons of the OHA workforce to the potential labor market provide a measurement of parity, defined as: achieving comparable representation of Tribal communities, communities of color, people with disabilities and females (binary gender for now) in OHA's workforce to the same proportion in the potential labor market.
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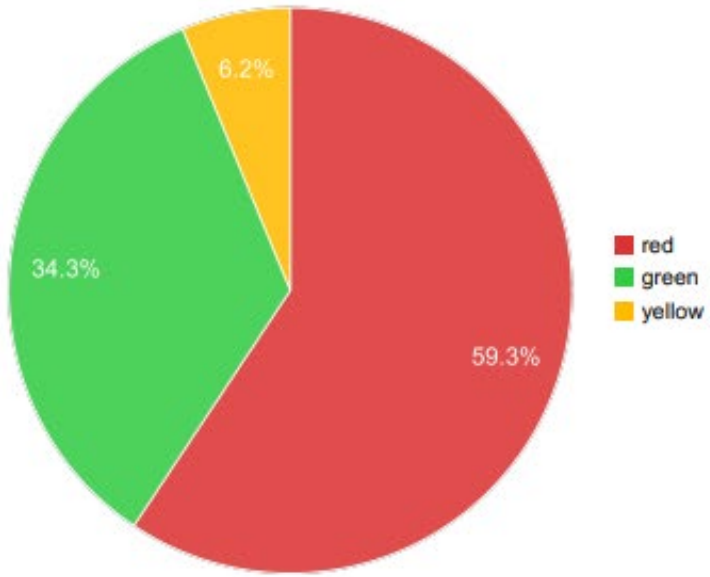
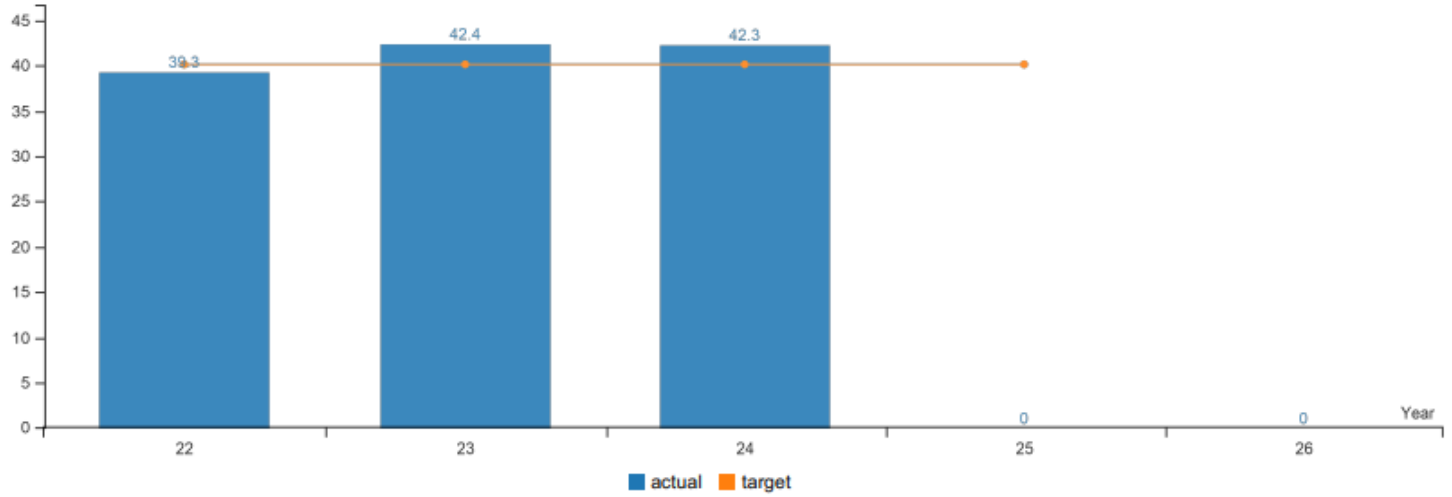


Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	34.38%	6.25%	59.38%

KPM #1	INITIATION OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT - Percentage of members with a new episode of alcohol or other drug dependence who received initiation of AOD treatment within 14 days of diagnosis.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2022	2023	2024	2025	2026
Initiation of alcohol and other drug dependence treatment					
Actual	39.30%	42.40%	42.30%		
Target	40.20%	40.20%	40.20%	40.20%	

How Are We Doing

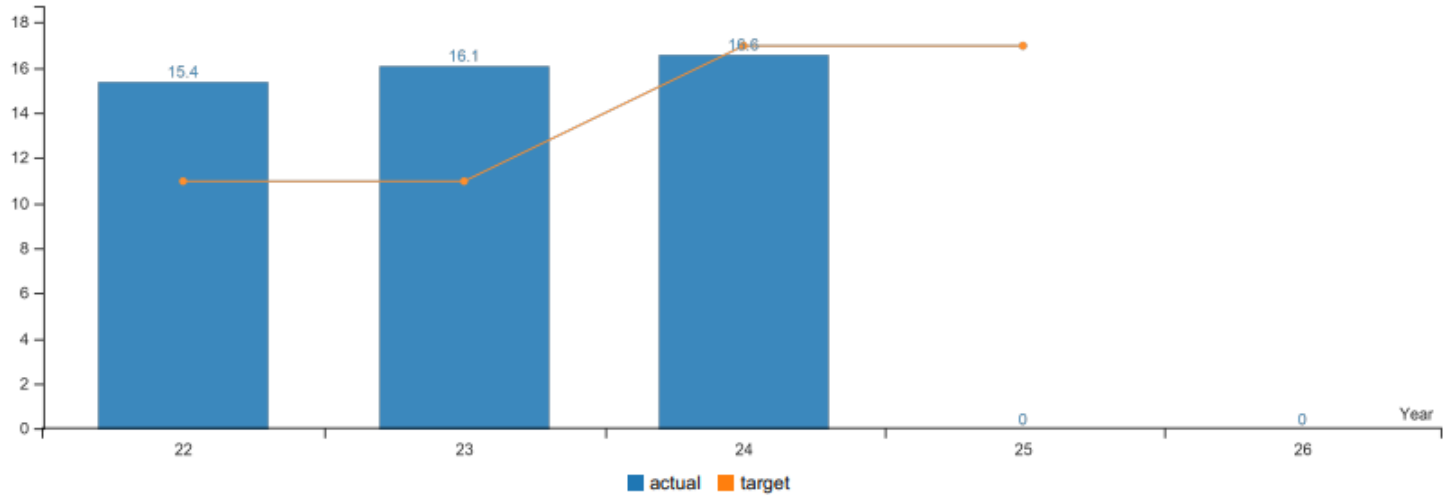
The percentage of members age 18 and older newly diagnosed with alcohol or other drug dependencies who initiated treatment within 14 days stayed was 42.3% in 2023. This stayed steady from 2022 to 2023, and is above the 2019 pre-pandemic rate. Data prior to 2022 are not directly comparable due to a methodology change.

Factors Affecting Results

It is possible that the increased statewide emphasis on alcohol and drug use screenings (SBIRT) due to the CCO incentive measure in 2020 resulted in an increase in initiation of alcohol and drug treatment, as more individuals with risky or problematic substance use are identified and referred to treatment services.

KPM #2	ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT - Percentage of members with a new episode of alcohol or other drug dependence who received two or more services within 30 days of initiation visit.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2022	2023	2024	2025	2026
Engagement of alcohol and other drug dependence treatment					
Actual	15.40%	16.10%	16.60%		
Target	11%	11%	17%	17%	

How Are We Doing

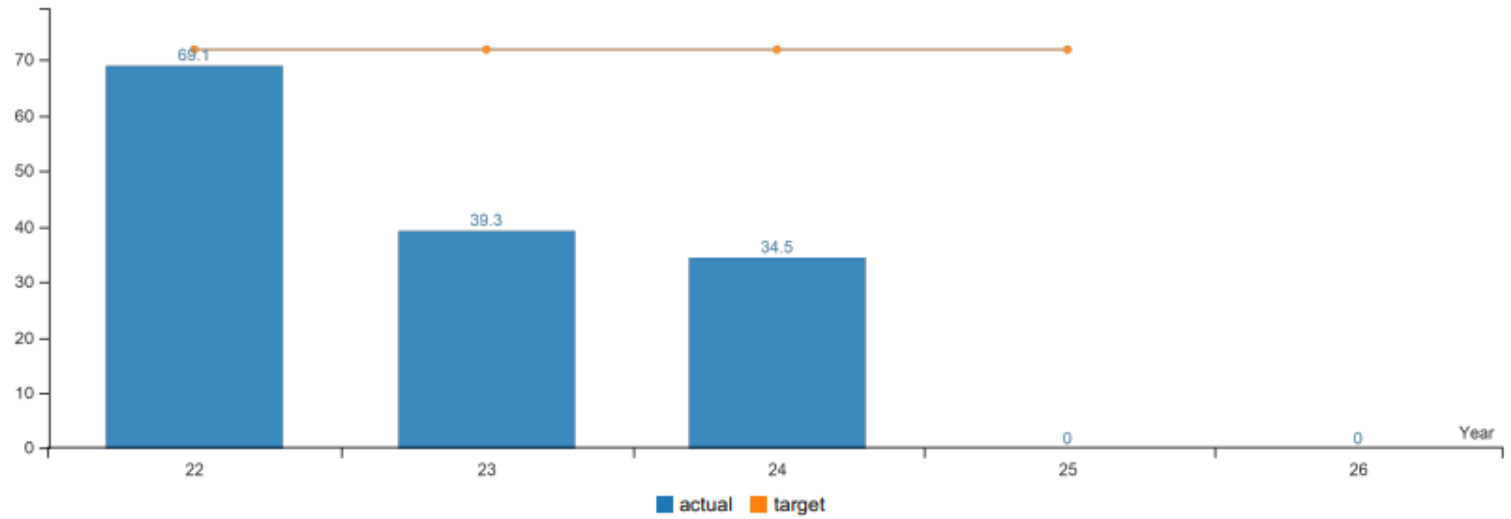
The percentage of members who continued their treatment was 16.6% in 2023. This rate slightly improved from 2022 to 2023, but is still below the 2019 pre-pandemic rate. Data prior to 2022 is not directly comparable due to a methodology change.

Factors Affecting Results

This was selected to be an incentive measure beginning in 2020, which possibly brought increase focus on this measure.

KPM #3	FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS - Percentage of enrollees 6 years of age and older who were hospitalized for treatment of mental health disorders and who were seen on an outpatient basis or were in intermediate treatment within seven days of discharge.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2022	2023	2024	2025	2026
Follow-up after hospitalization for mental illness					
Actual	69.10%	39.30%	34.50%		
Target	72%	72%	72%	72%	

How Are We Doing

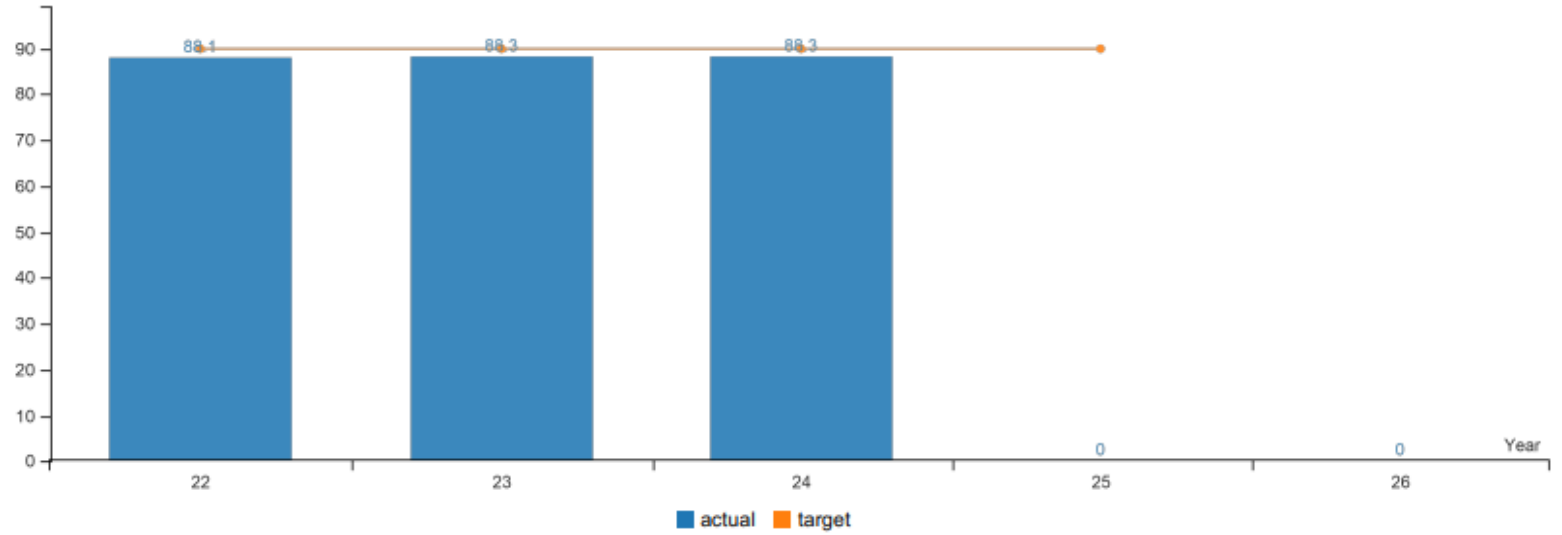
The percentage of members who received a follow-up visit within seven days after a mental illness-related hospitalization was 34.5%. This rate worsened from 2022 by 4.8 percentage points, and is below the 2019 pre-pandemic rate. Results prior to 2022 are not directly comparable to later years.

Factors Affecting Results

Starting in 2022, this measure now aligns wit HEDIS specifications, which require services to be provided by mental health providers and not to be on the same day as discharge.

KPM #4	MENTAL, PHYSICAL, AND DENTAL HEALTH ASSESSMENTS FOR CHILDREN IN DHS CUSTODY - Percentage of children in DHS custody who receive a mental, physical, and dental health assessment within 60 days of the state notifying CCOs that the children were placed into custody with DHS (foster care).
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2022	2023	2024	2025	2026
MENTAL, PHYSICAL, AND DENTAL HEALTH ASSESSMENTS FOR CHILDREN IN DHS CUSTODY					
Actual	88.10%	88.30%	88.30%		
Target	90%	90%	90%	90%	

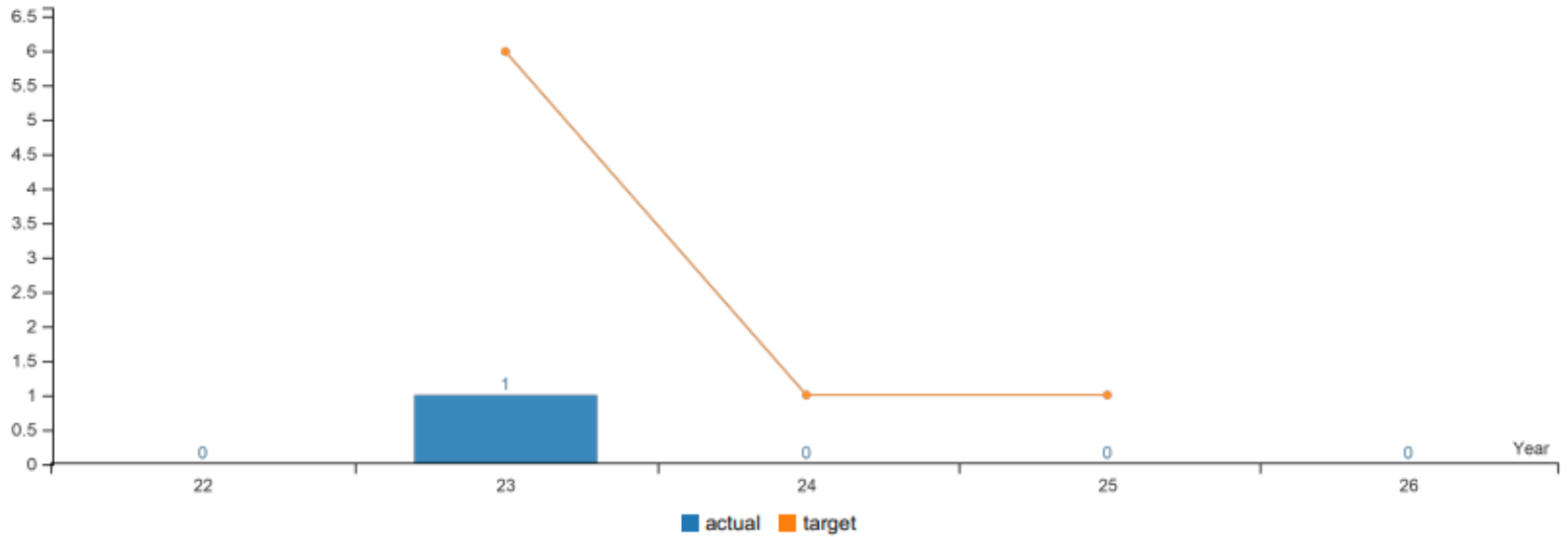
How Are We Doing

Data represents performance in calendar year 2022

Factors Affecting Results

KPM #9	30 DAY ILLICIT DRUG USE AMONG 8TH GRADERS - Percentage of 8th graders who have used illicit drugs in the past 30 days.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



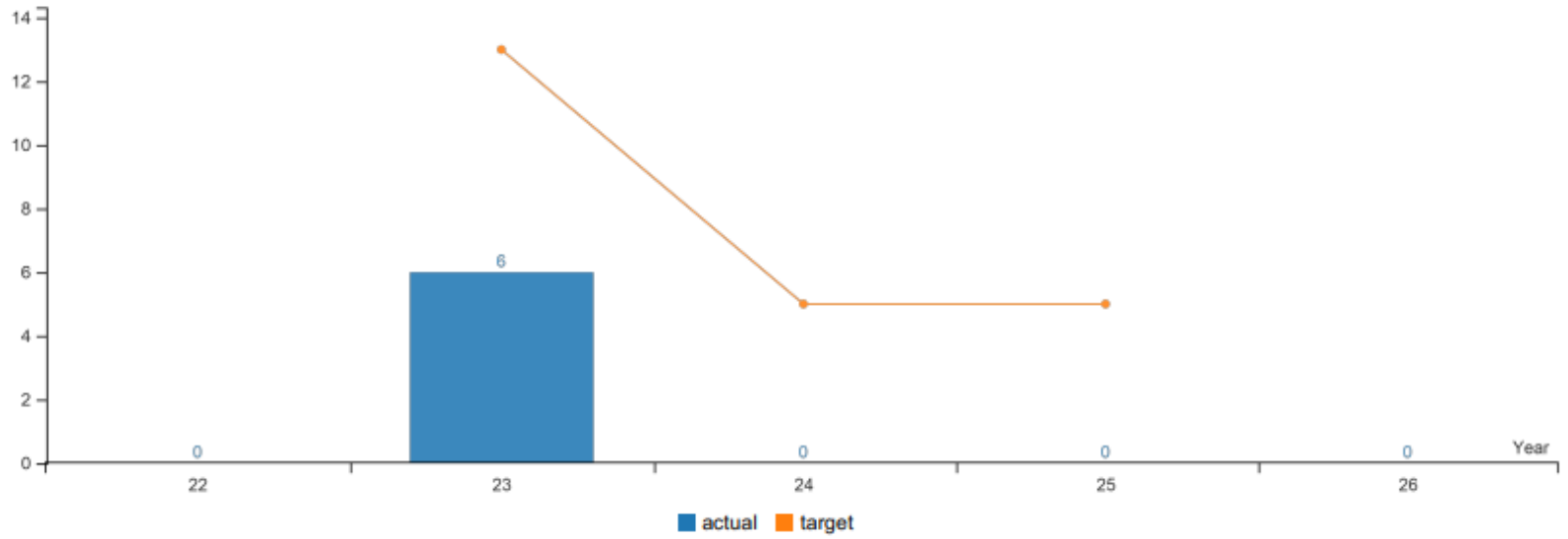
Report Year	2022	2023	2024	2025	2026
30 day illicit drug use among 8th graders					
Actual		1%			
Target		6%	1%	1%	

How Are We Doing

Factors Affecting Results

KPM #10	30 DAY ALCOHOL USE AMONG 8TH GRADERS - Percentage of 8th graders who have used alcohol in the past 30 days.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*

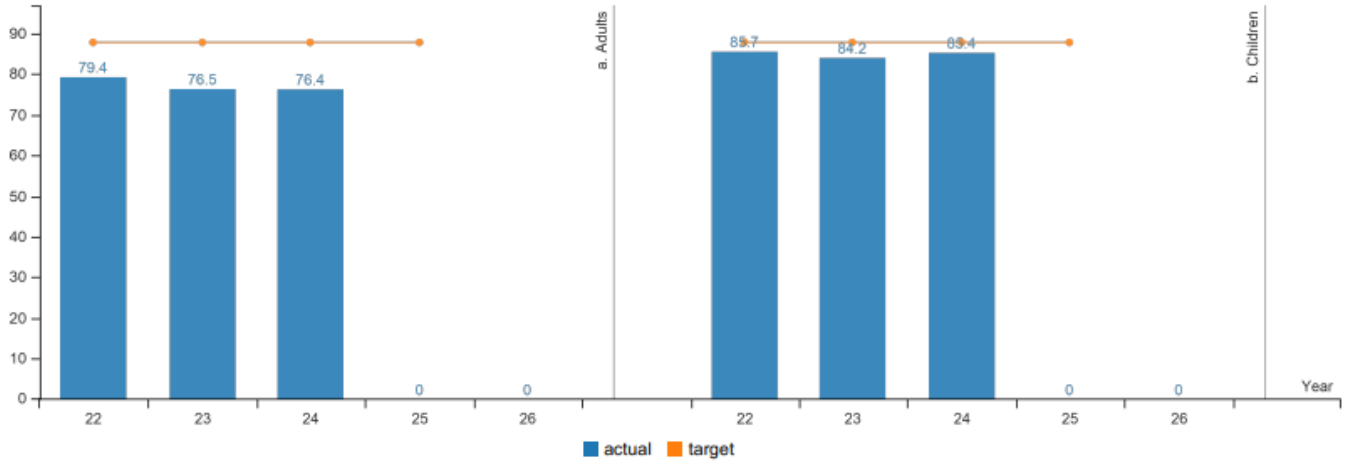


Report Year	2022	2023	2024	2025	2026
30 day alcohol use among 8th graders					
Actual		6%			
Target		13%	5%	5%	

How Are We Doing

Factors Affecting Results

KPM #20	ACCESS TO CARE - Percentage of members who responded "always" or "usually" to getting care quickly.
	Data Collection Period: Jan 01 - Dec 31



Report Year	2022	2023	2024	2025	2026
a. Adults					
Actual	79.40%	76.50%	76.40%		
Target	88%	88%	88%	88%	
b. Children					
Actual	85.70%	84.20%	85.40%		
Target	88%	88%	88%	88%	

How Are We Doing

The percentage of adult members who reported they received appointments and care when needed was 76.4% in 2023. This rate held steady from 2022 to 2023, below the 2019 pre-pandemic rate.

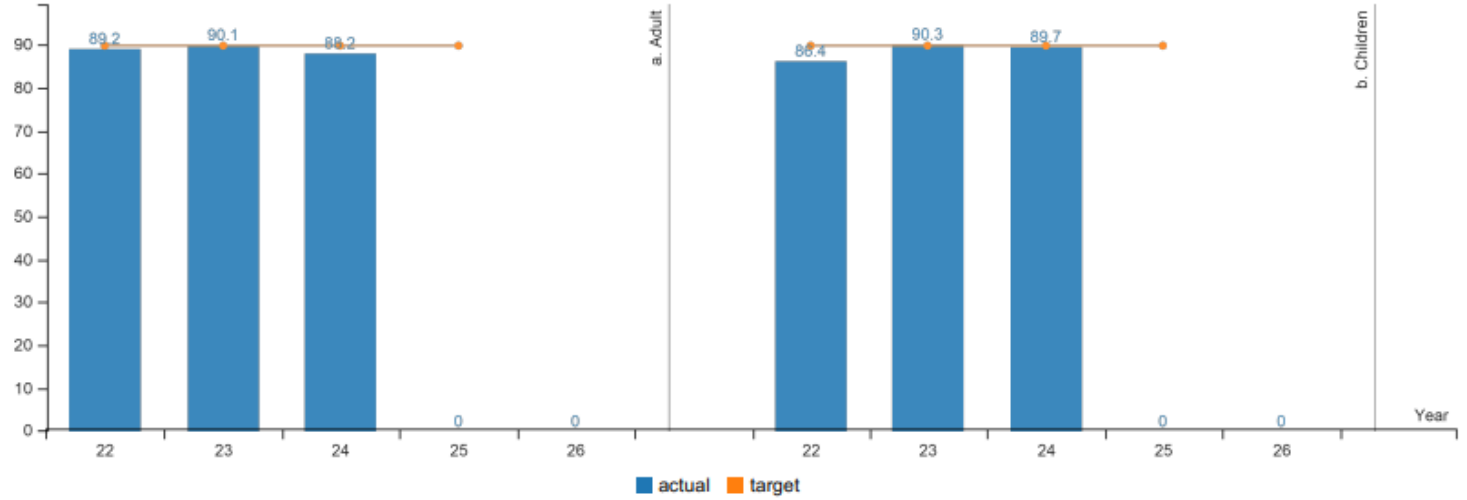
The percentage of child members who received appointments and care when needed was 85.4% in 2023. This rate held steady from 2022 to 2023, below the 2019 pre-pandemic rate.

Adult and Child data from 2022 onward are not directly comparable to previous years. Staring in 2020, OHA refined calculations for composite metrics. Starting in 2021, we began including the oversamples of target race and ethnicity groups in our results.

Factors Affecting Results

The COVID-19 pandemic may have affected the most recent performance. This measure is included in the state's Medicaid demonstration agreement with CMS.

KPM #21	MEMBER SATISFACTION OF CARE - Composite measurement: how well doctors communicate; health plan information and customer service (Medicaid population).
	Data Collection Period: Jan 01 - Dec 31



Report Year	2022	2023	2024	2025	2026
a. Adult					
Actual	89.20%	90.10%	88.20%		
Target	90%	90%	90%	90%	
b. Children					
Actual	86.40%	90.30%	89.70%		
Target	90%	90%	90%	90%	

How Are We Doing

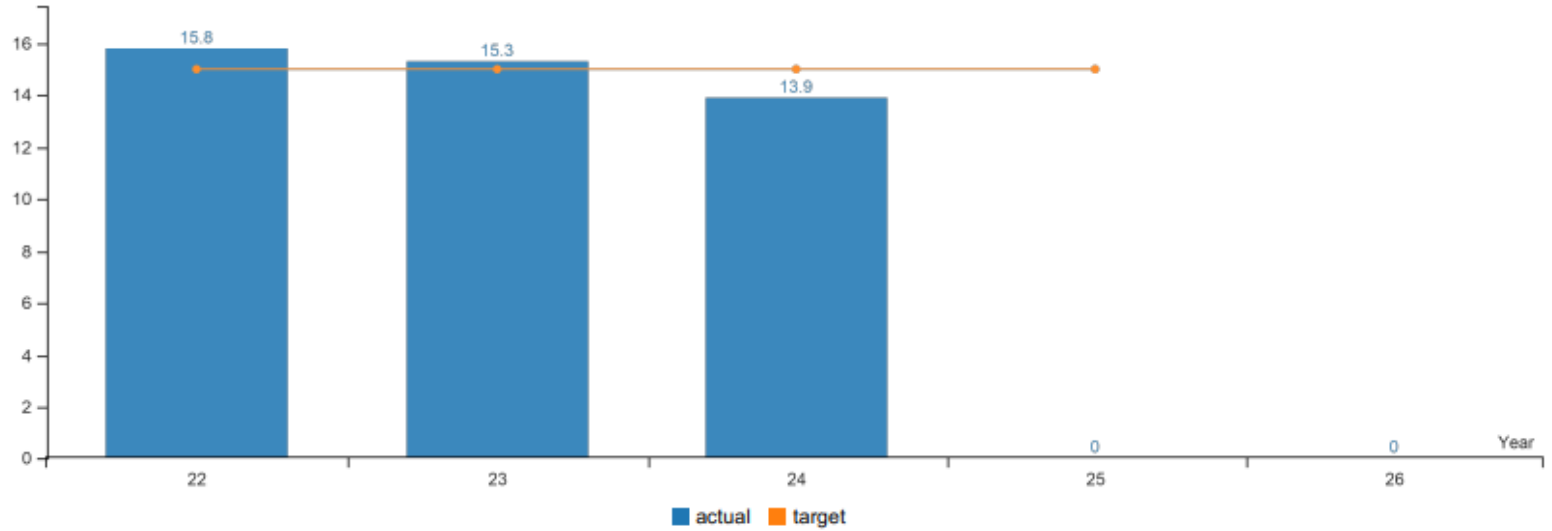
These rates held steady from 2022 to 2023, below the 2019 pre-pandemic rate. Data from 2022 onward are not directly comparable to previous years. Starting in 2020, OHA refined calculations for composite metrics. Starting in 2021, we began including the oversample of target race and ethnicity groups in our results.

Factors Affecting Results

The COVID-19 pandemic may have affected most recent performance. This measure is included in the state's Medicaid demonstration agreement with CMS

KPM #23	RATE OF TOBACCO USE (POPULATION) - Rate of tobacco use among adults.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



Report Year	2022	2023	2024	2025	2026
Rate of tobacco use - adult population					
Actual	15.80%	15.30%	13.90%		
Target	15%	15%	15%	15%	

How Are We Doing

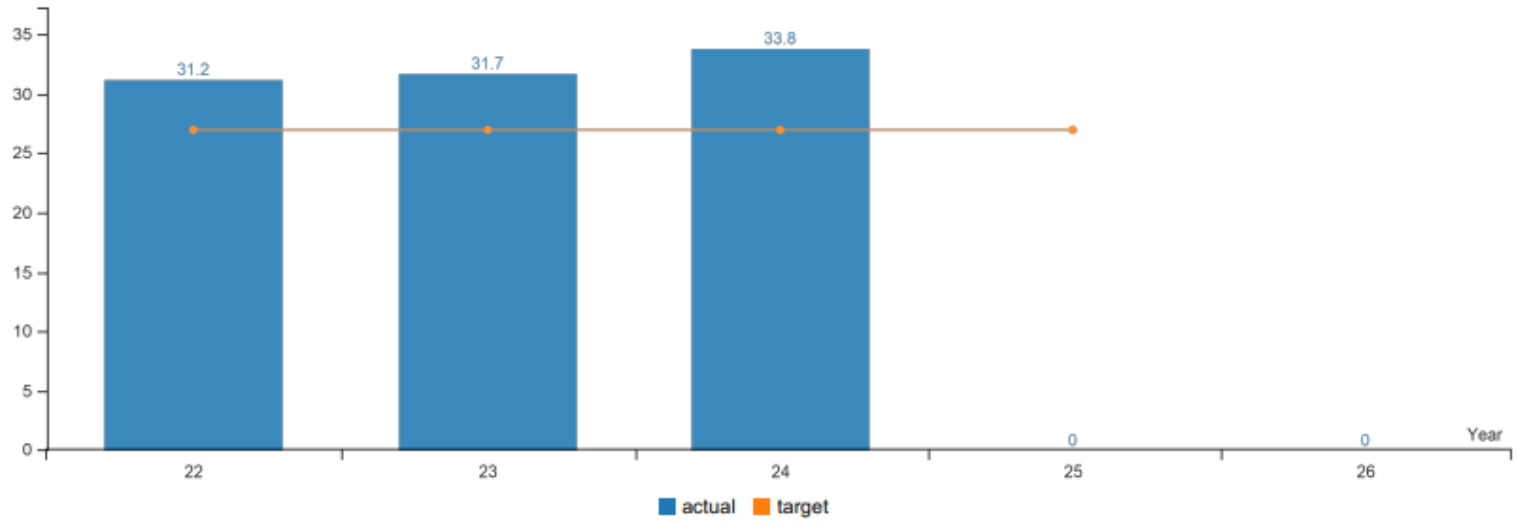
Oregon has exceeded both the threshold of less than 15.8% of Oregon adults using tobacco (cigarette and smokeless tobacco) and the target of 15.0%.

Factors Affecting Results

This decrease comes after voters increased the taxes on tobacco products and that state implanting a fully operational Tobacco Retail Licensure Program. This measure does not include the increase in use of e-cigarettes.

KPM #25	RATE OF OBESITY (POPULATION) - Percentage of adults who are obese among Oregonians.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



Report Year	2022	2023	2024	2025	2026
Rate of obesity - adult population					
Actual	31.20%	31.70%	33.80%		
Target	27%	27%	27%	27%	

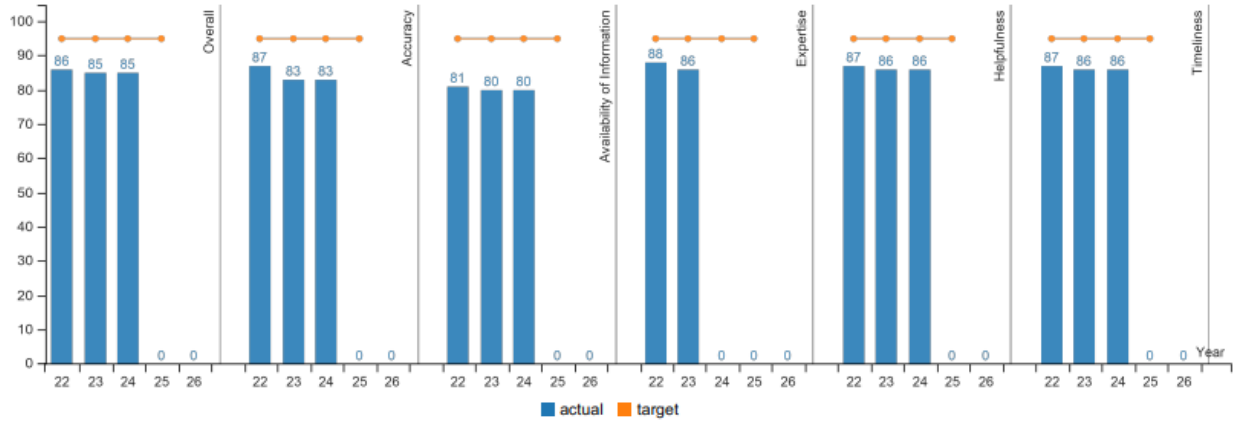
How Are We Doing

The obesity rate continues to increase (worsen) in Oregon.

Factors Affecting Results

The main factor affecting Oregonian's results is limited funds for statewide initiatives that promote healthy environments where access to physical activity is improved and barriers to nutrition security are reduced.

KPM #34	CUSTOMER SERVICE - Percentage of OHA customers rating their satisfaction with the agency's customer service as "good" or "excellent" overall, timeliness, accuracy, helpfulness, expertise, availability of information.
	Data Collection Period: Jan 01 - Dec 31



Report Year	2022	2023	2024	2025	2026
Overall					
Actual	86%	85%	85%		
Target	95%	95%	95%	95%	
Accuracy					
Actual	87%	83%	83%		
Target	95%	95%	95%	95%	
Availability of Information					
Actual	81%	80%	80%		
Target	95%	95%	95%	95%	
Expertise					
Actual	88%	86%			
Target	95%	95%	95%	95%	
Helpfulness					
Actual	87%	86%	86%		
Target	95%	95%	95%	95%	
Timeliness					
Actual	87%	86%	86%		
Target	95%	95%	95%	95%	

How Are We Doing

Overall - Results continue to be stable year over year.

Availability of Information - Results continue to be stable year over year, with a slight improvement over 2021 results.

Expertise -

Helpfulness - Results continue to be stable year over year, with a slight improvement over 2021 results.

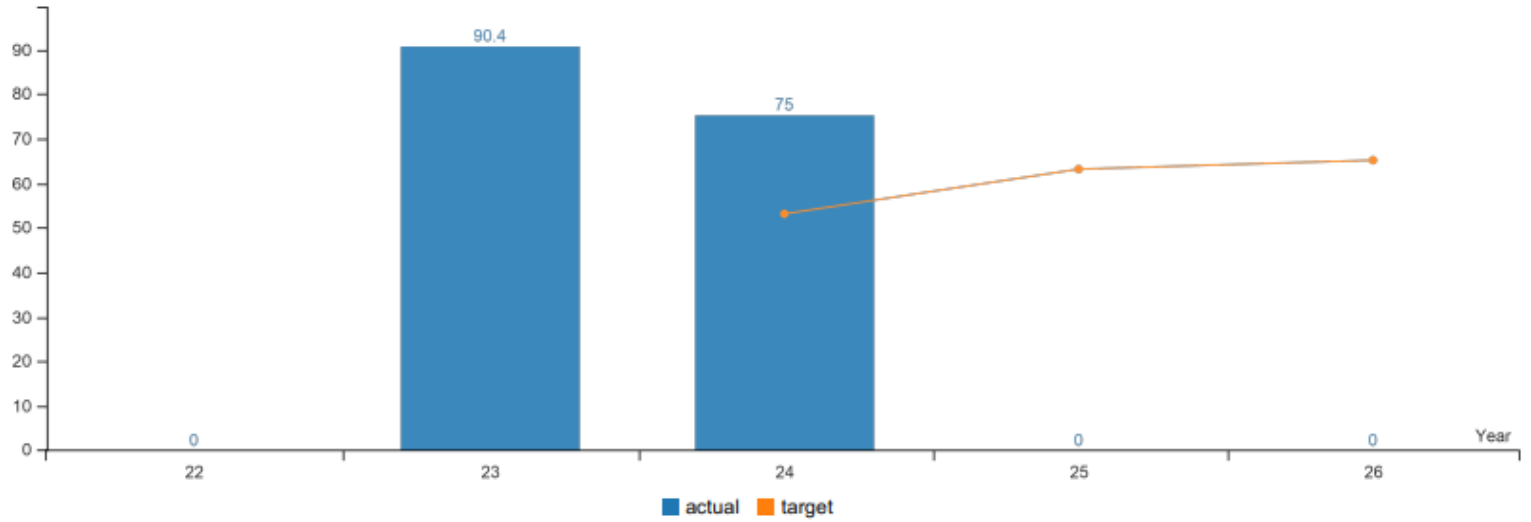
Timeliness - Results continue to be stable year over year.

Factors Affecting Results

While we send the survey to the same audience (all PEBB members) each year, only about 20-25% of members respond. It's not always the same members, so it's difficult to really gauge improvement or lack thereof. We hope to see improved results in our next survey. We have implemented a monthly newsletter and are updating our website. We are focusing on language and reading level accessibility in outgoing communications, resources, and web pages.

KPM #35	HEALTH EQUTY MEASURE – COMPONENT #1: MEANINGFUL LANGUAGE ACCESS TO CULTURALLY RESPONSIVE HEALTH CARE SEVICES FOR CCO MEMBERS - Component 1 is based on an annual language access self-assessment survey and designed to evaluate the development of structures and workflow processes to provide quality and consistent interpreter services.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = positive result*



Report Year	2022	2023	2024	2025	2026
Health Equity Measure – component #1: Meaningful language access to culturally responsive health care services for CCO members					
Actual		90.40%	75%		
Target			53%	63%	65%

How Are We Doing

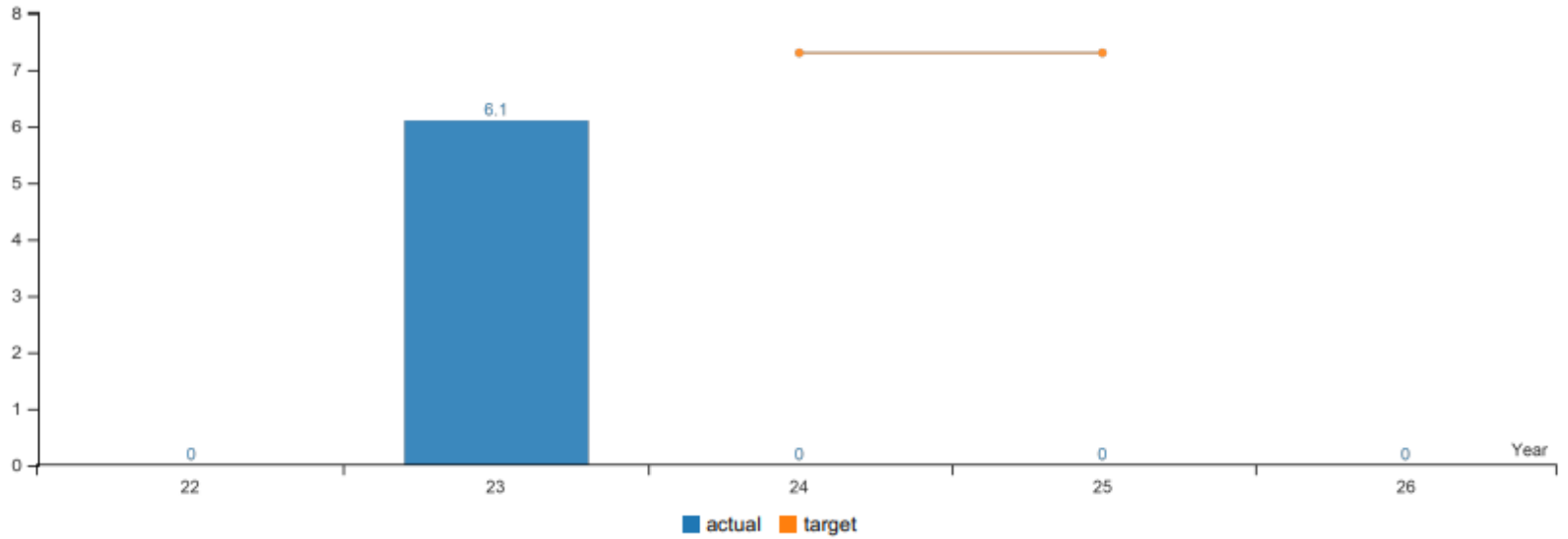
The total score for 2023 is 102 and the minimum percentage score is 75%.

Factors Affecting Results

While each CCOs percentage score for 2023 is higher than 75%, one of the sixteen CCOs failed component 1 because they did not pass all must pass questions in all 4 domains of component 1. A passing score for this component has 2 parts, meeting the minimum percentage score and passing all must pass questions in all domains for the measurement year.

KPM #36	HEALTH EQUITY MEASURE - COMPONENT #2: MEANINGFUL LANGUAGE ACCESS TO CULTURALLY RESPONSIVE HEALTH CARE SERVICES FOR CCO MEMBERS - Component 2 is based on the reporting of quarterly utilization data on interpreter services and designed to measure quality of interpreter services.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = positive result*



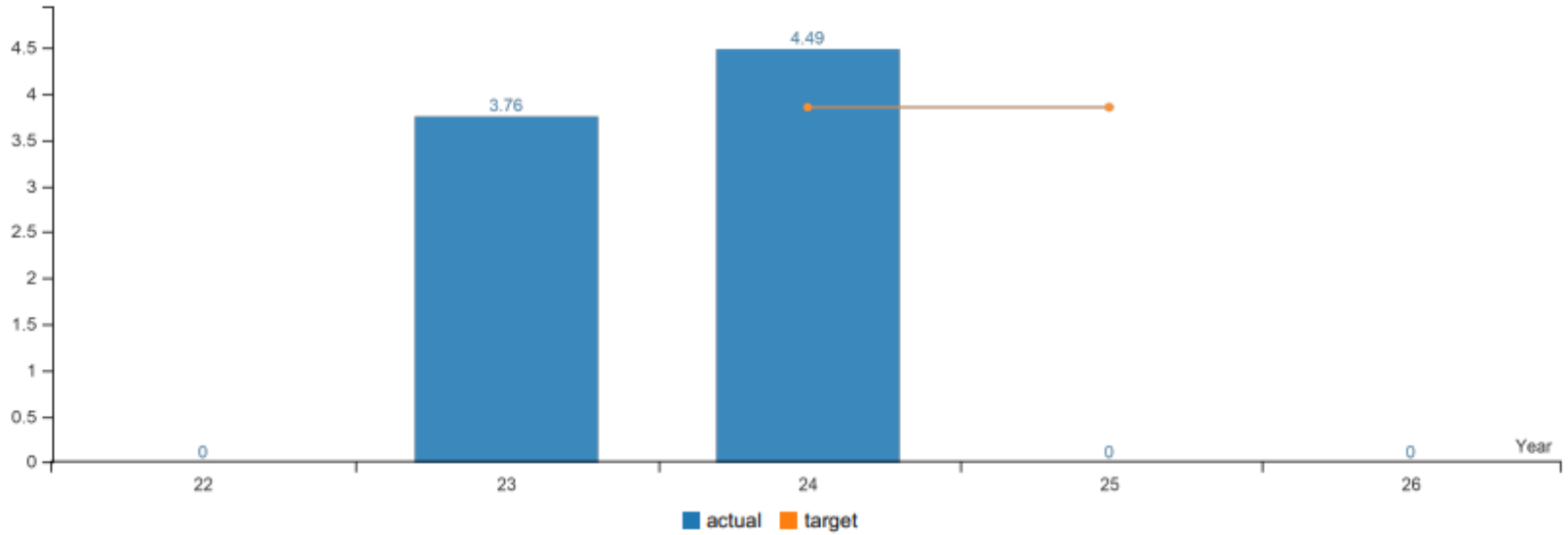
Report Year	2022	2023	2024	2025	2026
Health Equity Measure – component #2: Meaningful language access to culturally responsive health care services for CCO members					
Actual		6.10%			
Target			7.30%	7.30%	

How Are We Doing

Factors Affecting Results

KPM #37	INFANTE MORTALITY RATE - Numerator: # of deaths of infants <365 days of age in specified time period Denominator: # of live births in specified time period. Rate calculation: (Num/Denom)*1,000
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = positive result*



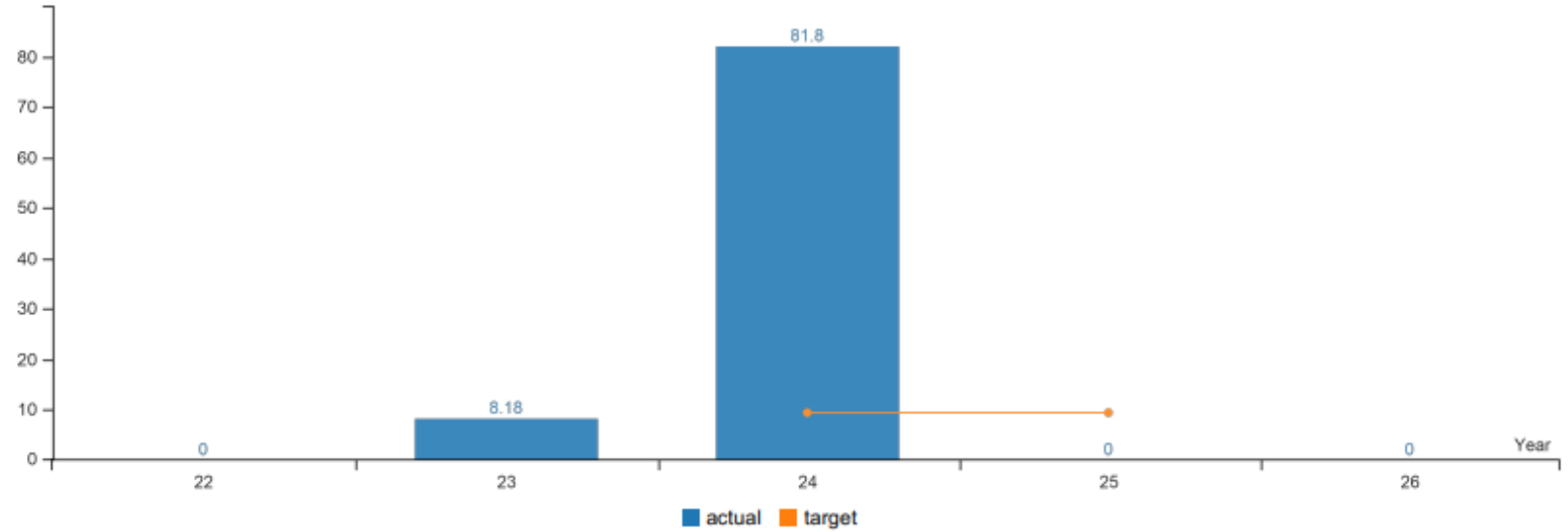
Report Year	2022	2023	2024	2025	2026
Infant Mortality Rate					
Actual		3.76%	4.49%		
Target			3.86%	3.86%	

How Are We Doing

Factors Affecting Results

KPM #38	REDUCTION OF SEVERE MATERNAL MORBIDITY - Numerator: # of cases of severe maternal morbidity* in specified time period Denominator: # of delivery hospitalizations in specified time period Rate calculation: (Num/Denom)*10,000 (read out as "[number] per 10,000 delivery hospitalizations") *Note: Severe maternal morbidity cases are determined by using a validated set of ICD-10 diagnosis and procedure codes to examine hospital data.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = positive result*



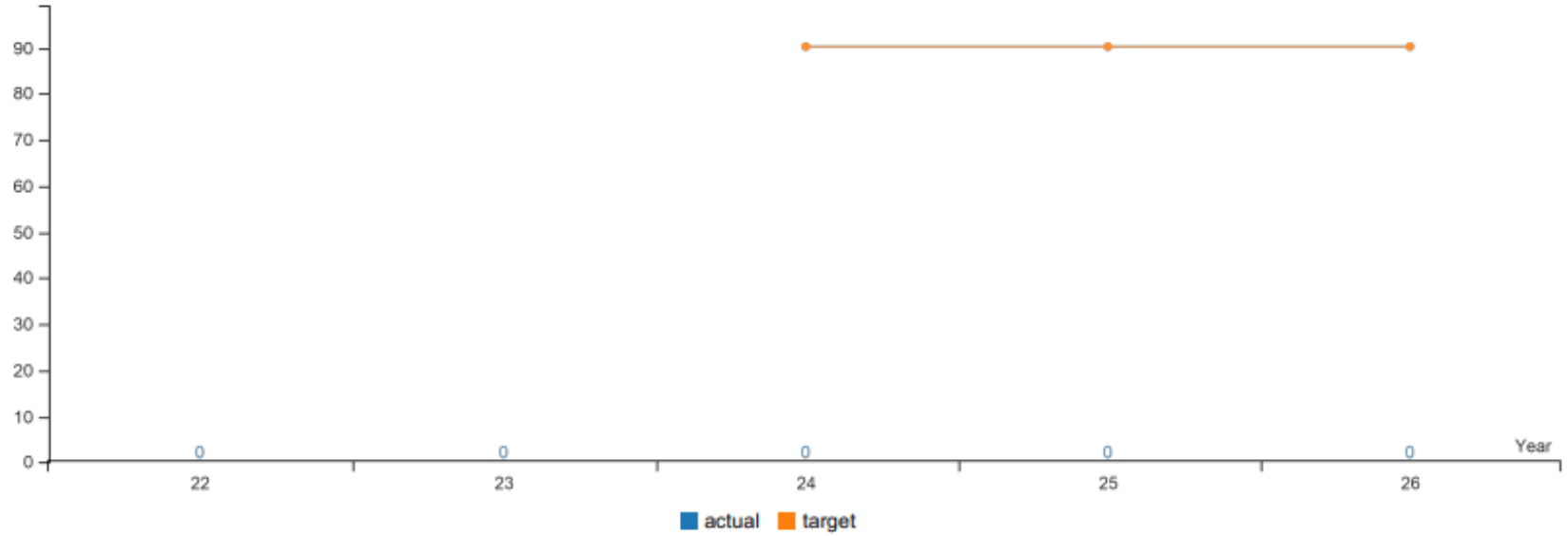
Report Year	2022	2023	2024	2025	2026
Reduction of Severe Maternal Morbidity					
Actual		8.18%	81.80%		
Target			9.40%	9.40%	

How Are We Doing

Factors Affecting Results

KPM #39	COMPARISON OF OHA WORKFORCE TO POTENTIAL LABOR MARKET - Comparisons of the OHA workforce to the potential labor market provide a measurement of parity, defined as: achieving comparable representation of Tribal communities, communities of color, people with disabilities and females (binary gender for now) in OHA's workforce to the same proportion in the potential labor market.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = positive result*



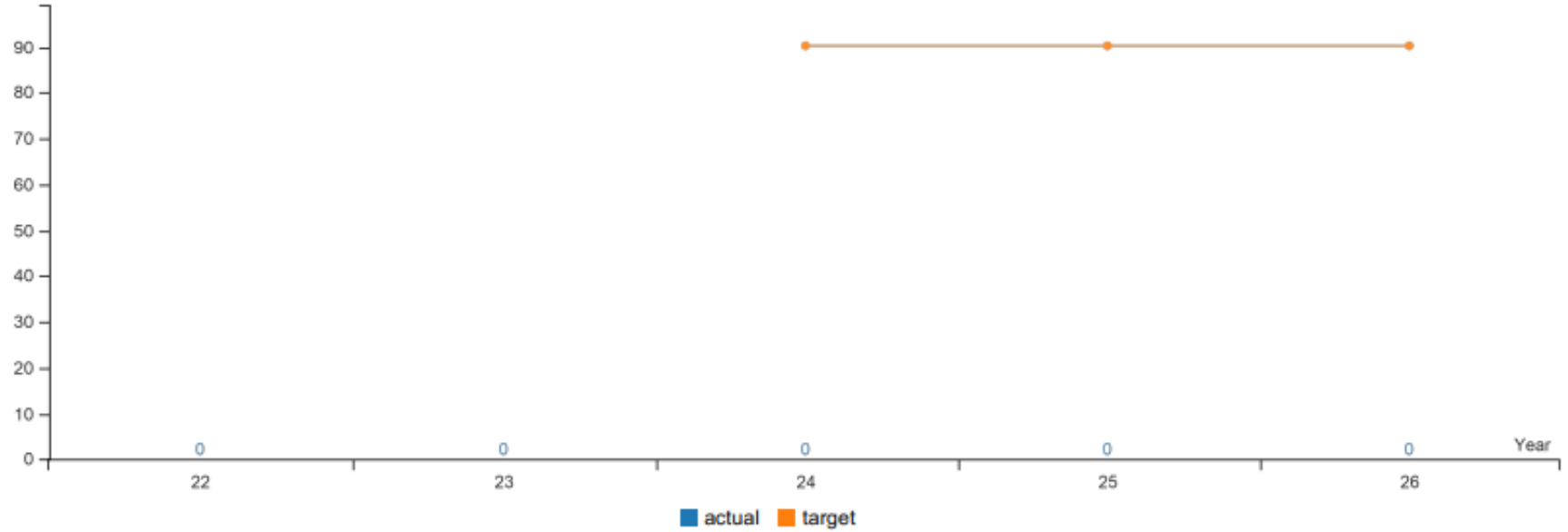
Report Year	2022	2023	2024	2025	2026
Comparison of OHA Workforce to Potential Labor Market					
Actual					
Target			90%	90%	90%

How Are We Doing

Factors Affecting Results

KPM #40	COMPARISON OF OHA NON-SUPERVISORY MANAGERS TO POTENTIAL LABOR MARKET - Comparisons of OHA non-supervisory managers to the potential labor market provide a measurement of parity, defined as: achieving comparable representation of Tribal communities, communities of color, people with disabilities and females (binary gender for now) who are OHA non-supervisory managers to the same proportion in the potential labor market.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = positive result*



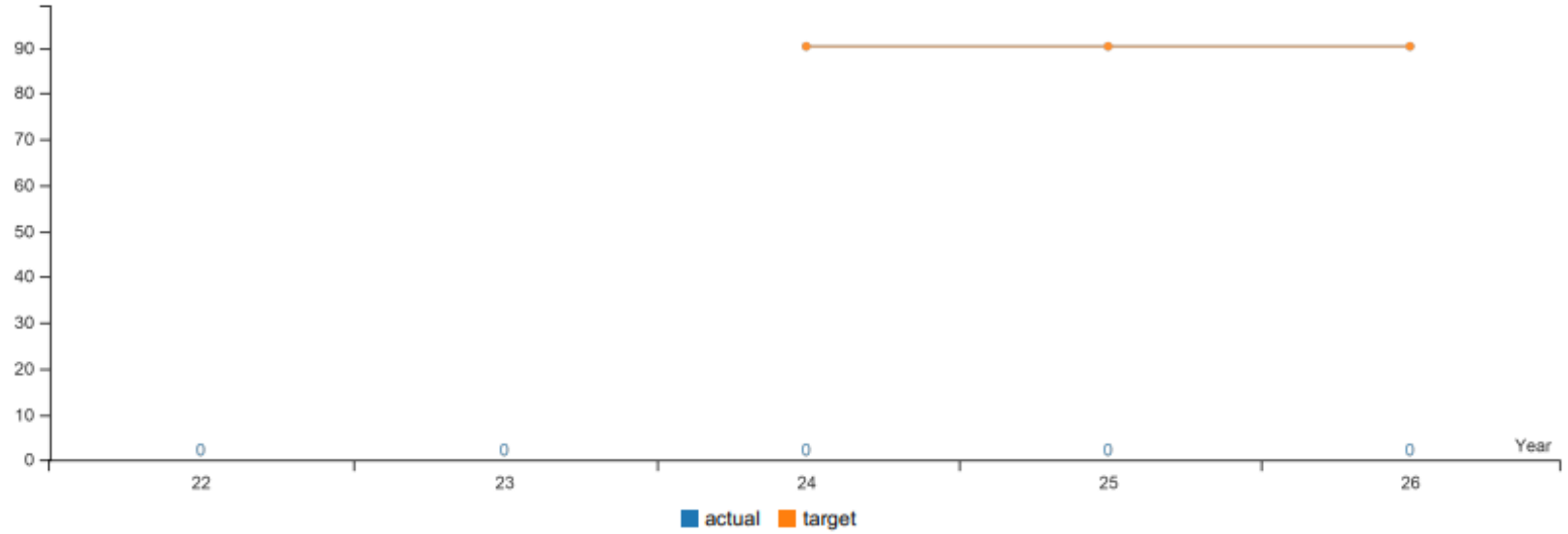
Report Year	2022	2023	2024	2025	2026
Comparison of OHA Non-Supervisory Managers to Potential Labor Market					
Actual					
Target			90%	90%	90%

How Are We Doing

Factors Affecting Results

KPM #41	COMPARISON OF OHA SUPERVISORY MANAGERS TO POTENTIAL LABOR MARKET - Comparisons of OHA supervisory managers to the potential labor market provide a measurement of parity, defined as: achieving comparable representation of Tribal communities, communities of color, people with disabilities and females (binary gender for now) who are OHA supervisory managers to the same proportion in the potential labor market.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = positive result*



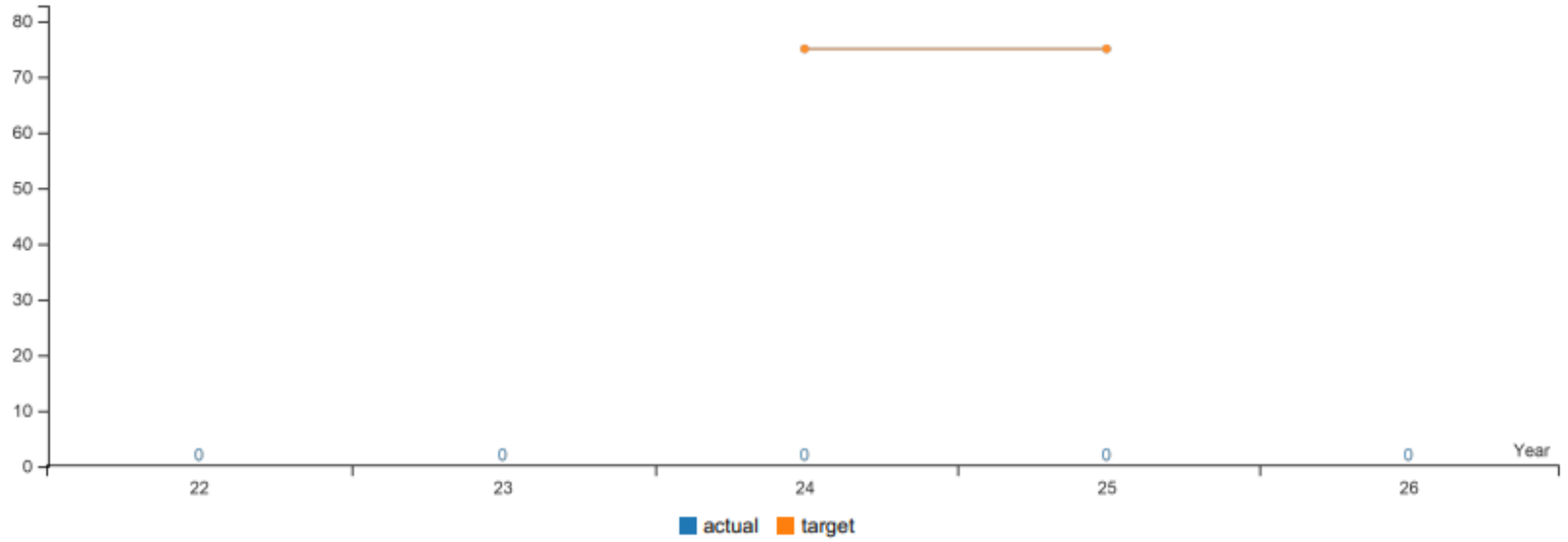
Report Year	2022	2023	2024	2025	2026
Comparison of OHA Supervisory Managers to Potential Labor Market					
Actual					
Target			90%	90%	90%

How Are We Doing

Factors Affecting Results

KPM #42	COMPARISON OF OHA VOLUNTARY SEPARATIONS TO ALL AGENCY SEPARATIONS - OHA defines parity as achieving comparable representation of Tribal communities, communities of color, people with disabilities and females (binary gender for now) in OHA's workforce to the same proportion to OHA's potential labor market.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = negative result*



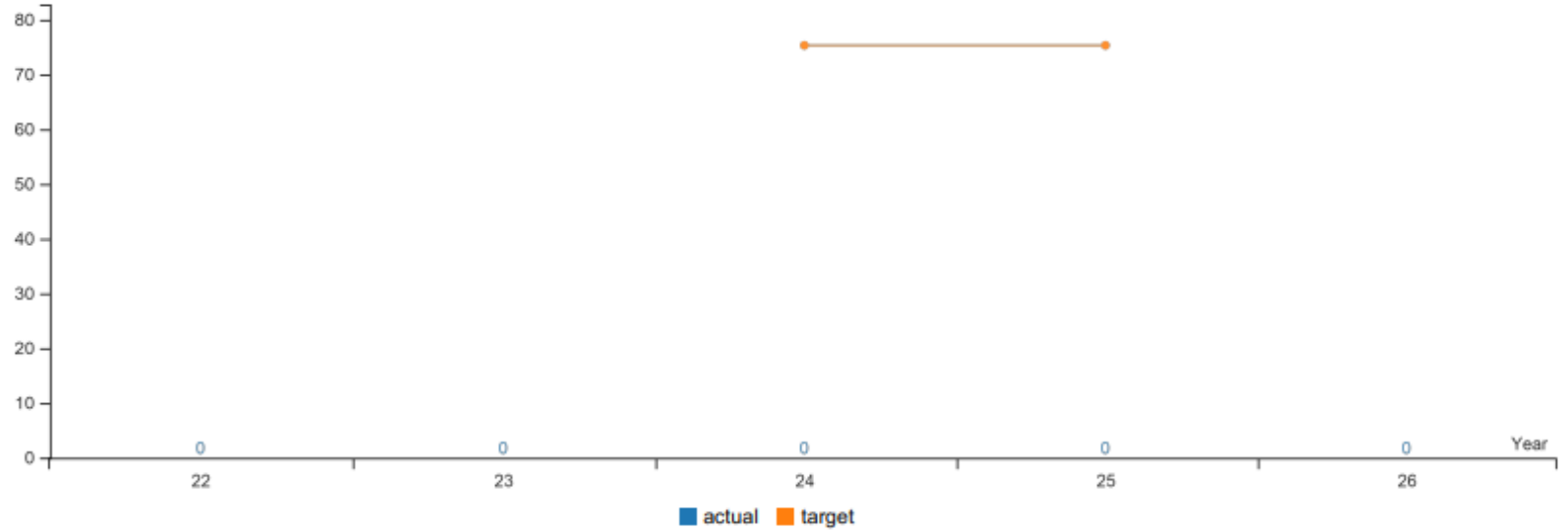
Report Year	2022	2023	2024	2025	2026
Comparison of OHA Voluntary Separations to All Agency Separations					
Actual					
Target			75%	75%	

How Are We Doing

Factors Affecting Results

KPM #43	COMPARISON OF OHA INVOLUNTARY SEPARATIONS TO ALL AGENCY SEPARATIONS - Parity is determined by a ratio of OHA involuntary separations—dismissal, dismissal during trial service or layoff—(numerator) and all agency separations (denominator). If the ratio score is greater than or equal to 90% for Tribal communities, communities of color, people with disabilities or females, then there is a relatively high representation of that group in involuntary separations from the agency. Excludes deaths and unknown separations.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = negative result*



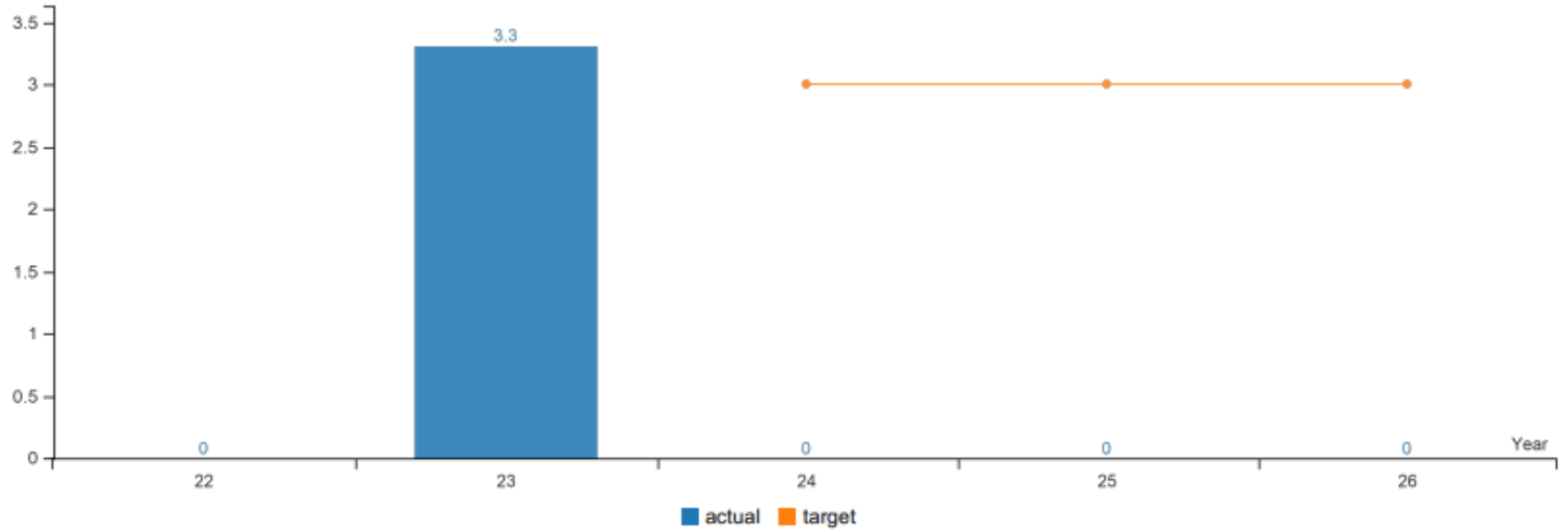
Report Year	2022	2023	2024	2025	2026
Comparison of OHA Involuntary Separations to All Agency Separations					
Actual					
Target			75%	75%	

How Are We Doing

Factors Affecting Results

KPM #44	QUALITY OF LIFE - POOR PHYSICAL HEALTH - Average number of physically unhealthy days in the past 30 among adults. Measuring health-related quality of life helps build understanding around people's lived experience with disabilities and chronic diseases across the population. Self-report of days when physical health was not good is a reliable estimate of recent health status.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = negative result*



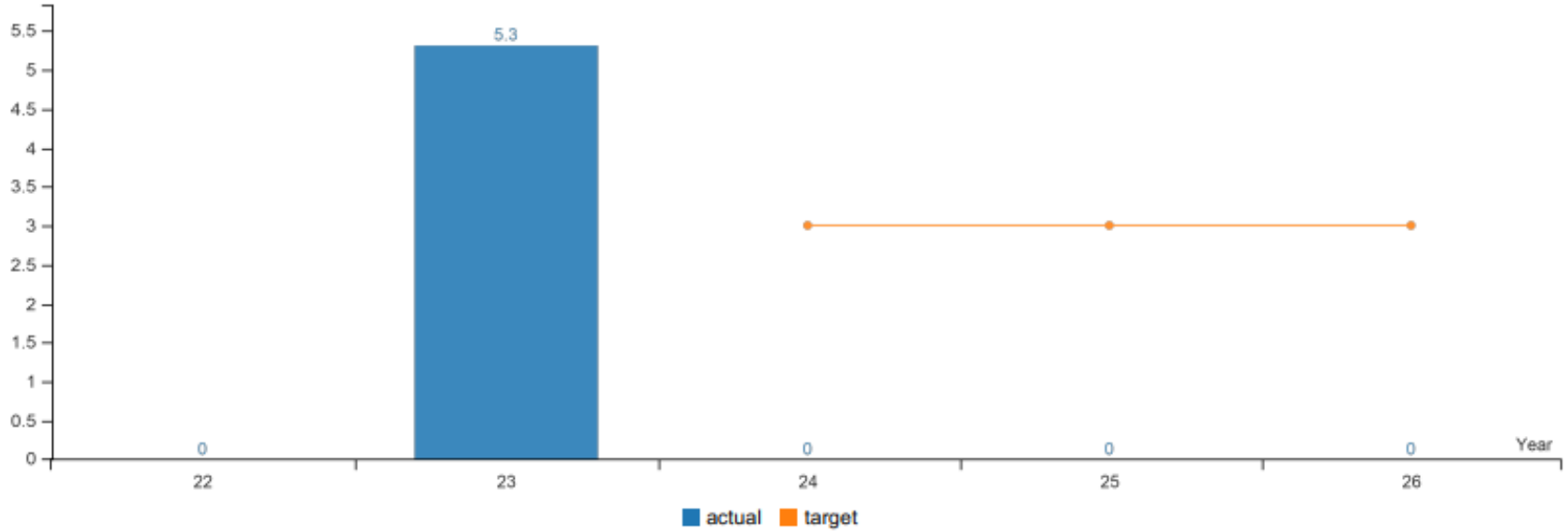
Report Year	2022	2023	2024	2025	2026
Quality of Life - Poor Physical Health					
Actual		3.30			
Target			3	3	3

How Are We Doing

Factors Affecting Results

KPM #45	QUALITY OF LIFE - POOR MENTAL HEALTH - Average number of mentally unhealthy days in the past 30 days (age 18+). Measuring health-related quality of life helps build understanding around people's lived experience with disabilities and chronic diseases across the population. Self-report of days when mental health was not good is a reliable estimate of recent health status.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = negative result*



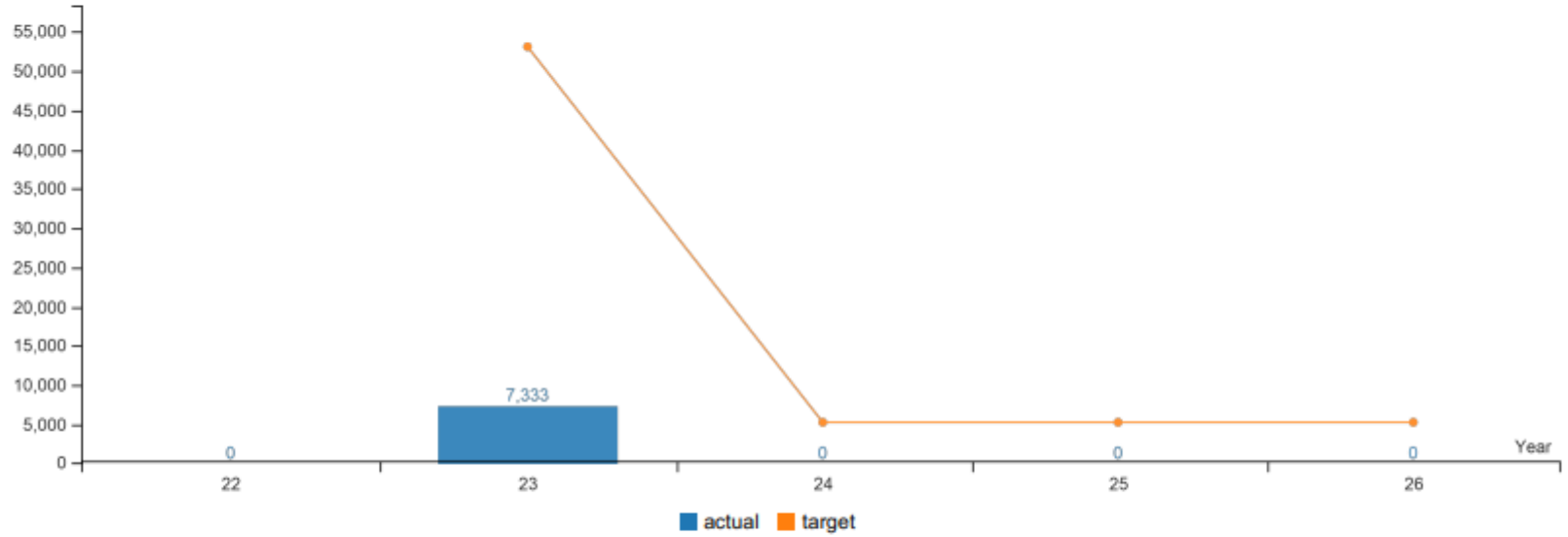
Report Year	2022	2023	2024	2025	2026
Quality of Life - Poor Mental Health					
Actual		5.30			
Target			3	3	3

How Are We Doing

Factors Affecting Results

KPM #46	PREMATURE DEATH - Number of years of potential life lost (YPLL) per 100,000 before age 75. Premature death is measured by summing the years between age at death and age 75 across all people who died before reaching that age. It's a way of quantifying the societal impact of early deaths in a population. Causes of death that are more likely to affect younger people – such as congenital anomalies and accidental injuries – contribute to higher rates of premature death.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = negative result*



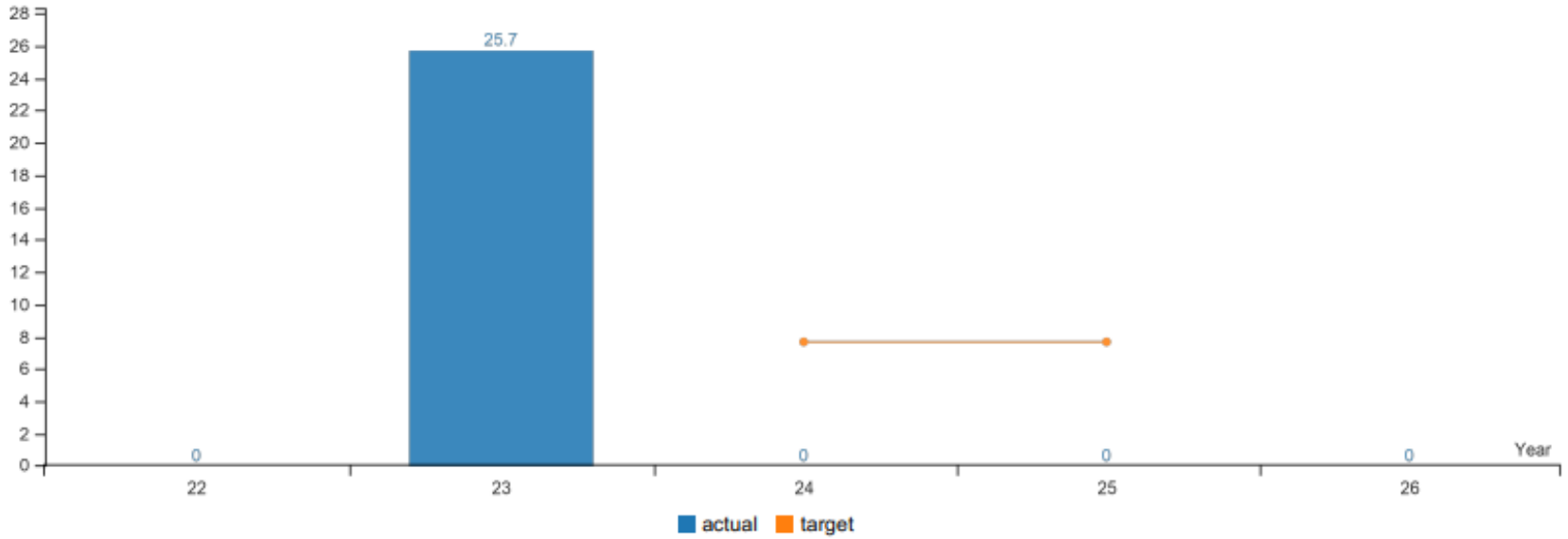
Report Year	2022	2023	2024	2025	2026
Premature Death					
Actual		7,333			
Target		53,000	5,300	5,300	5,300

How Are We Doing

Factors Affecting Results

KPM #47	MORTALITY FROM DRUG OVERDOES - Number of deaths per 100,000 from drug overdoses excluding suicide. Drug overdose deaths account for a major proportion of all premature deaths and are largely preventable.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = negative result*



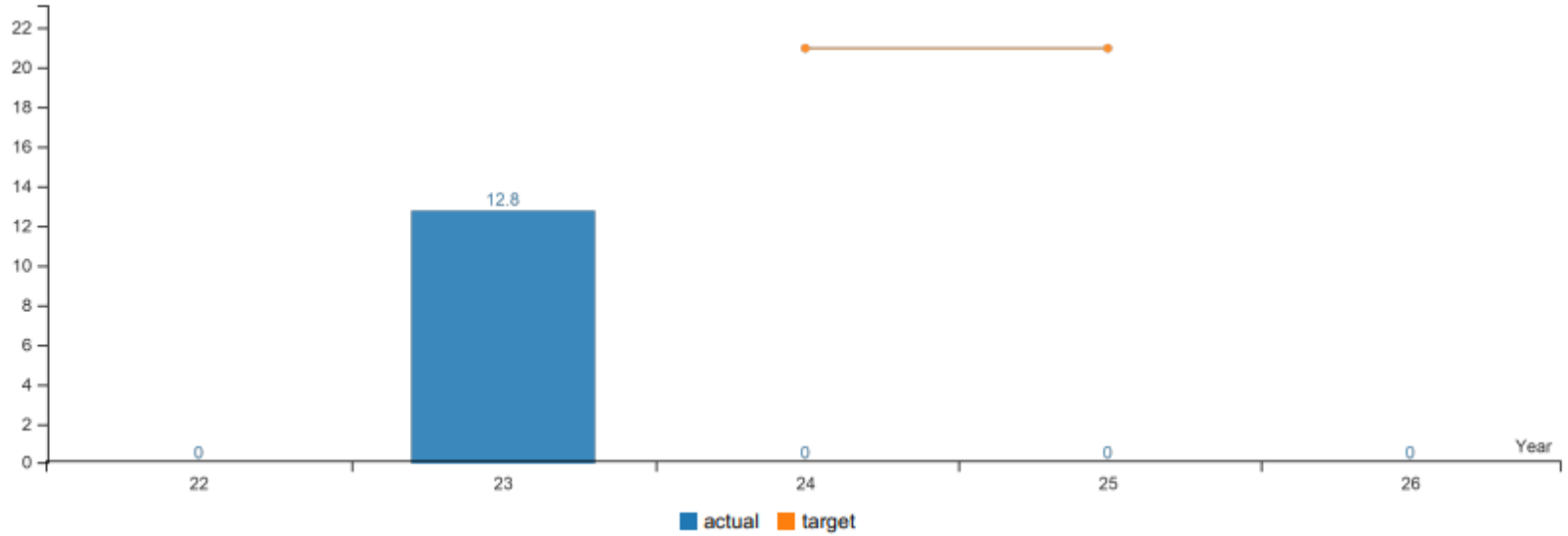
Report Year	2022	2023	2024	2025	2026
Mortality from Drug Overdose					
Actual		25.70			
Target			7.70	7.70	

How Are We Doing

Factors Affecting Results

KPM #48	TOBACCO USE - TEENS - Percent of 11th graders who use tobacco (past 30 days). Cigarette smoking is the most common cause of preventable death and disease. It is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes. Many teen smokers become adult smokers. Measuring the prevalence of tobacco use in the youth population can alert communities to potential adverse health outcomes and can be valuable for assessing the need for prevention programs or the effectiveness of existing programs.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = negative result*



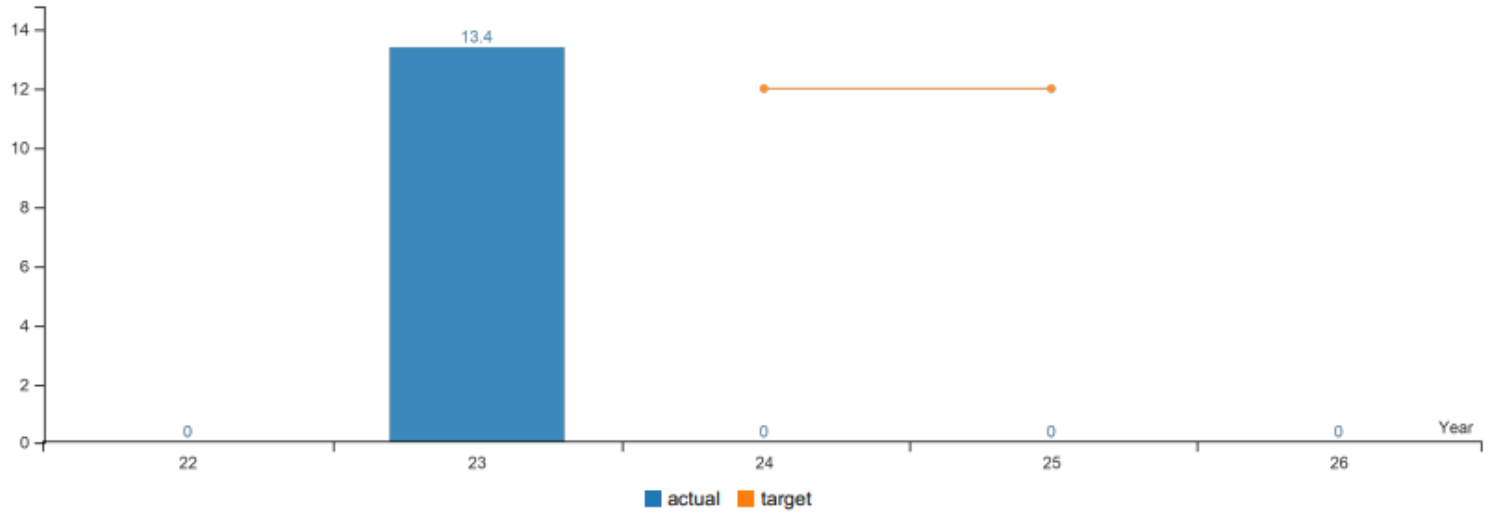
Report Year	2022	2023	2024	2025	2026
Tobacco Use - Teens					
Actual		12.80%			
Target			21%	21%	

How Are We Doing

Factors Affecting Results

KPM #49	OBESITY - TEENS - Percent of 11th graders who are obese (BMI >= 95th percentile for age/sex). Obesity is the second leading cause of preventable death in Oregon. It is a major risk factor for high blood pressure, high cholesterol, diabetes, heart disease, and cancer. Obese teens are at an increased risk of becoming obese adults.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = positive result*



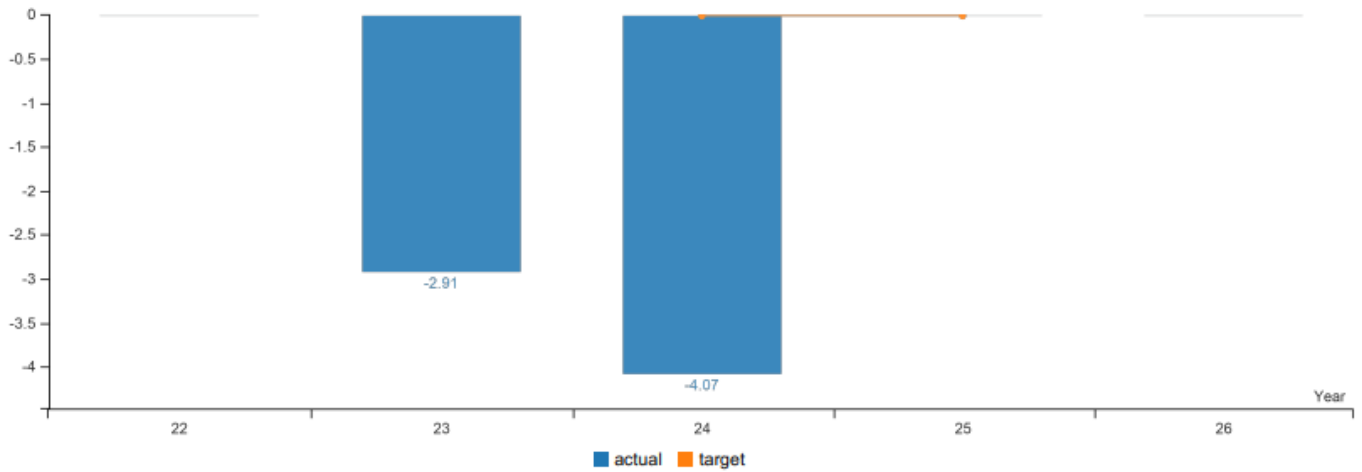
Report Year	2022	2023	2024	2025	2026
Obesity - Teens					
Actual		13.40			
Target			12	12	

How Are We Doing

Factors Affecting Results

KPM #50	STATEWIDE SUSTAINABLE COST OF CARE - Comparison of health care cost changes to personal income changes. Any value 0 or higher is green because we want per capita income growth to equal or exceed per capita health care cost growth. By way of background, the statewide sustainable cost of care measure is a comparison between per person growth in income in Oregon and health care spending growth in Oregon. Historically, health care costs have grown faster than income and Oregon is trying to change that with the Cost Growth Target program and other initiatives. When the result from subtracting per person income growth minus per person health care cost growth is 0 or positive, it means income is growing at the same pace or faster than health care costs, which is good. When the measure is a negative number, it means health care costs are growing faster than income, which is not good.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = positive result*



Report Year	2022	2023	2024	2025	2026
Statewide Sustainable Cost of Care					
Actual		-2.91	-4.07		
Target			0	0	

How Are We Doing

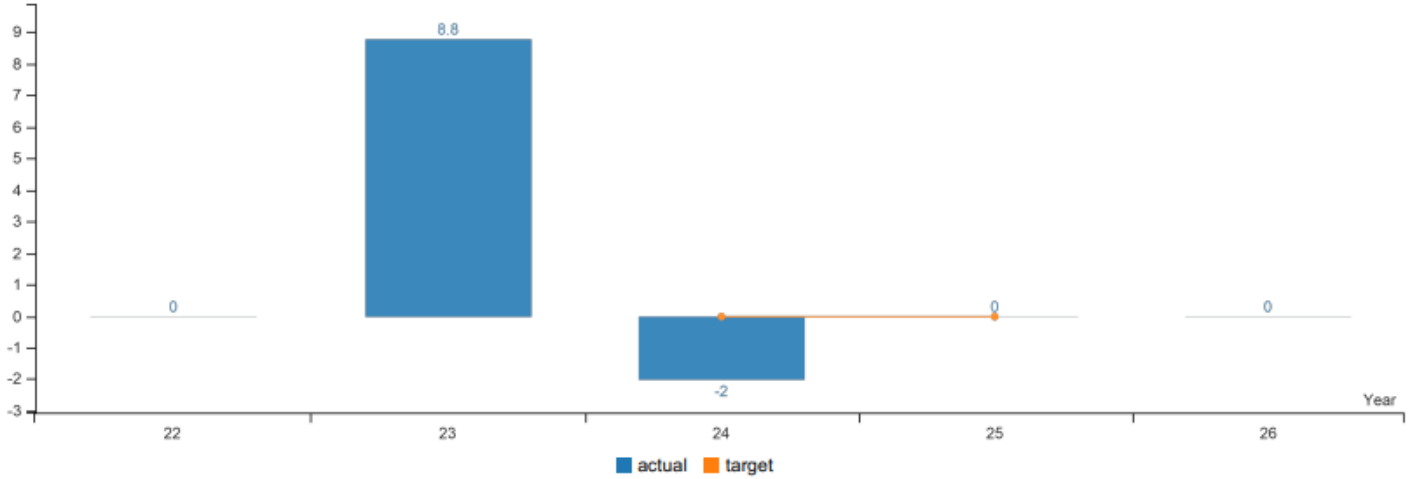
We are facing challenges in sustaining the cost of care putting more financial strain on households.

Factors Affecting Results

Per Capita income decreased by 0.5%, while per person health care spending increased 3.6%. Income growth minus health care cost growth was -4.07%

KPM #51	OHA SUSTAINABLE COST OF CARE - Difference between real personal income and health care inflation. Any value 0 or higher is green because we want per capita income growth to equal or exceed OHA's per person spending on PEBB, OEBB, and OHP. By way of background, the OHA sustainable cost of care measure is a comparison between per person growth in income in Oregon and health care spending growth for OHA's three health programs: Oregon Health Plan, Public Employees Benefits and Oregon Educators Benefits. When the result from subtracting per person income growth in Oregon minus per person spending on PEBB, OEBB, and OHP is 0 or positive, it means income is growing at the same pace or faster than OHA's health care costs, which is good. When the measure is a negative number, it means the cost of OHA's three health care programs is growing faster than income, which is not good.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = positive result*



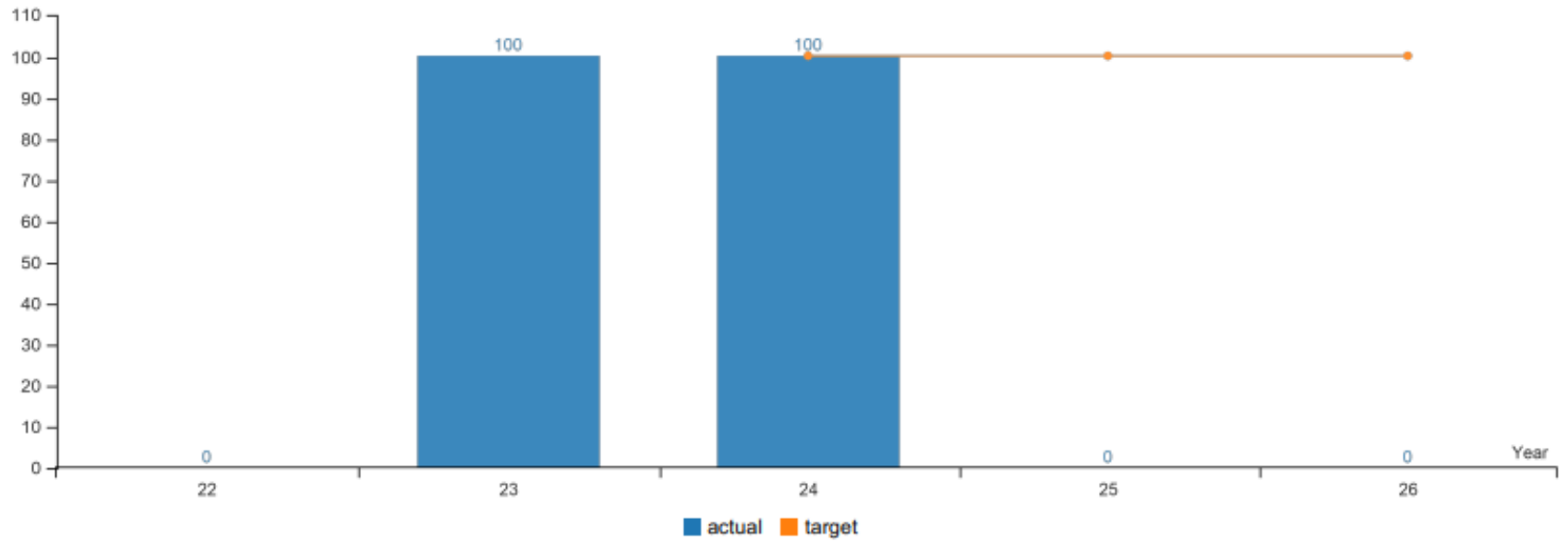
Report Year	2022	2023	2024	2025	2026
OHA Sustainable Cost of Care					
Actual		8.80	-2		
Target			0	0	

How Are We Doing

Factors Affecting Results

KPM #52	CRITICAL EVENTS MEETING THE 14-CALENDAR DAY TIMELINE TO PROVIDE CORRESPONDENCE TO TRIBAL LEADERS - To track compliance with the OHA Tribal Consultation Policy timelines, % of critical events meeting the timeline. Total number of critical events meeting the timeline/total number of identified critical events.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = positive result*



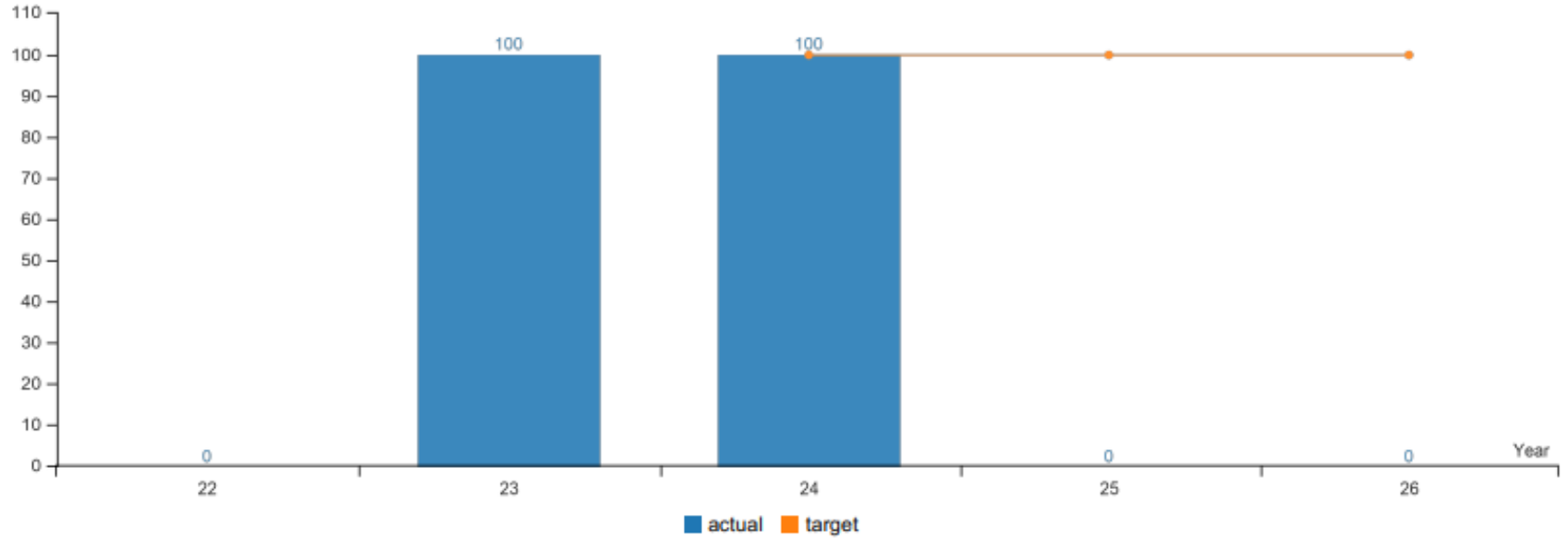
Report Year	2022	2023	2024	2025	2026
Critical events meeting the 14-calendar day timeline to provide correspondence to Tribal Leaders					
Actual		100%	100%		
Target			100%	100%	100%

How Are We Doing

Factors Affecting Results

KPM #53	TRIBAL CONSULTATIONS MEETING THE 30-CALENDAR DAY TIMELINE FOR REPORTING OF OUTCOME OF CONSULTATION - To track compliance with the OHA Tribal Consultation Policy timelines, % of consultations reporting outcome within 30 calendar days. Total number of consultations meeting reporting timeline/total number of consultations
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = positive result*



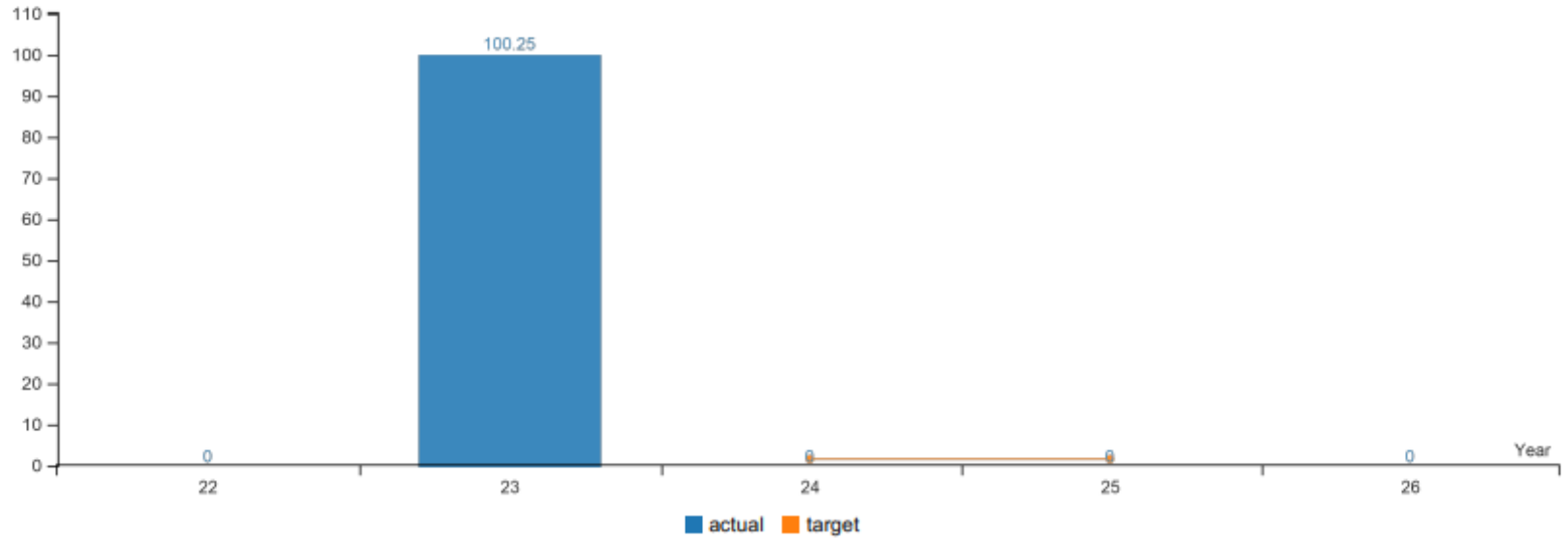
Report Year	2022	2023	2024	2025	2026
Tribal consultations meeting the 30-calendar day timeline for reporting of outcome of consultation					
Actual		100%	100%		
Target			100%	100%	100%

How Are We Doing

Factors Affecting Results

KPM #54	TIMELINESS OF TRANSLATIONS DURING EMERGING PUBLIC HEALTH EVENTS - To allow for equitable access to important public health information during public health events. Meet Federal and state legal obligations to provide information in alternative languages and formats, including Title VI of the Civil Rights Act. Compliance with agency policies, including DHS|OHA-010-013 Alternate Formats and Language Access Services. Number of hours from Incident Manager approval of an important (expedited) public information document for an identified public health event to the return of translated documents to the incident's Joint Information Center.
	Data Collection Period: Jan 01 - Jan 01

** Upward Trend = positive result*



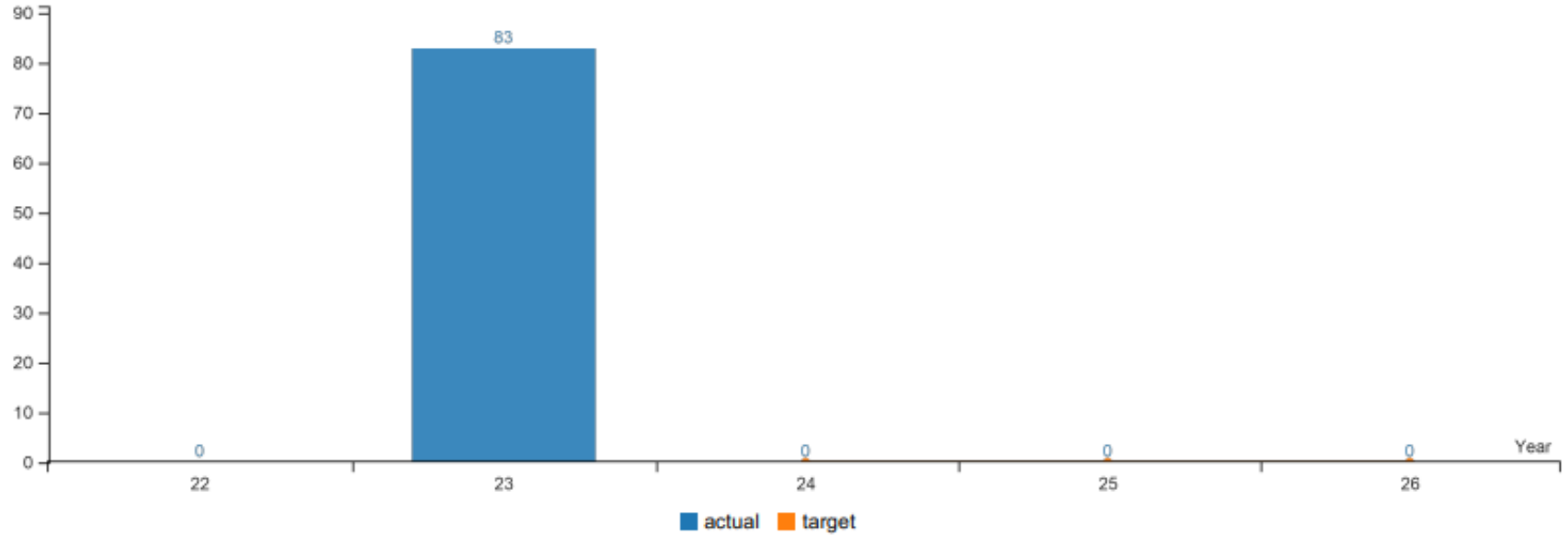
Report Year	2022	2023	2024	2025	2026
Timeliness of Translations During Emerging Public Health Events					
Actual		100.25			
Target			2	2	

How Are We Doing

Factors Affecting Results

KPM #55	PENDING REDETERMINATION APPLICATIONS OVER 45 DAYS OLD - Total number of pending applications for redetermination that are over 45 days old.
	Data Collection Period: Jul 01 - Sep 30

** Upward Trend = positive result*



Report Year	2022	2023	2024	2025	2026
PENDING REDETERMINATION APPLICATIONS OVER 45 DAYS OLD					
Actual		83	0		
Target			0	0	0

How Are We Doing

Factors Affecting Results