AGENDA

PUBLIC HEALTH ADVISORY BOARD
Accountability Metrics Subcommittee

April 28, 2023
12:00-1:00 PM

Join ZoomGov Meeting
https://www.zoomgov.com/j/1616889251?pwd=YXQyS2RmZEFId0JnTUJMazF5MGIwQT09

Meeting ID: 161 688 9251
Passcode: 157025
(669) 254-5252

Meeting Objectives:

- Approve April 11 meeting minutes
- Review feedback from local public health authorities on communicable disease priority areas and indicators
- Discuss recommendations to PHAB on communicable disease priority areas and indicators, with focus on vaccine preventable diseases and seasonal and emerging respiratory pathogens
- Discuss moving toward a syndemic approach to communicable disease accountability metrics

Subcommittee members: Cristy Muñoz, Jeanne Savage, Kat Mastrangelo, Ryan Petteway, Sarah Present, Jocelyn Warren

PHAB's Health Equity Policy and Procedure

9:00-9:10 AM	**Welcome and introductions** • Approve April 11 meeting minutes • Review group agreements and proceeding with metrics discussions that are person-centered	Sara Beaudrault, Oregon Health Authority
9:10-9:50 AM	**Communicable disease priorities and indicators** • Discuss feedback provided by LPHAs on communicable disease priority areas • Discuss recommendations for vaccine preventable diseases • Discuss recommendations for seasonal and emerging respiratory pathogens • Discuss moving toward a syndemic approach to communicable disease accountability metrics	All

	• **Decision:** Is the subcommittee prepared to recommend communicable disease priorities and indicators to PHAB in May? If not, what additional information would the subcommittee like to discuss?	
9:50-9:55 AM	**Subcommittee business** • The next meeting is scheduled for 5/9 at 9:00-10:00	All
9:55-10:00 AM	**Public comment**	
10:00 AM	**Adjourn**	All

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters.
- Written materials in other languages.
- Braille.
- Large print.
- Audio and other formats.

If you need help or have questions, please contact Sara Beaudrault: at 971-645-5766, 711 TTY, or publichealth.policy@dhsoha.state.or.us, at least 48 hours before the meeting.

PHAB Accountability Metrics
Group agreements

- Stay engaged
- Speak your truth and hear the truth of others
- Expect and accept non-closure
- Experience discomfort
- Name and account for power dynamics
- Move up, move back
- Confidentiality
- Acknowledge intent but center impact: ouch / oops
- Hold grace around the challenges of working in a virtual space
- Remember our interdependence and interconnectedness
- Share responsibility for the success of our work together

April 11 Subcommittee discussion and recommendations

Based on:

- Input provided by state and local communicable disease staff through the CLHO communicable disease accountability metrics workgroup
- Input provided by LPHA officials through consultation, and
- PHAB Accountability Metrics subcommittee discussions and data reviews

The PHAB Accountability Metrics subcommittee

1. Recommends that PHAB adopt sexually transmitted infections and three related indicators for syphilis for public health accountability metrics.
2. Will continue to discuss vaccine preventable diseases and seasonal and emerging respiratory pathogens as possible areas for accountability metrics.
    - The CLHO CD accountability metrics workgroup recommends vaccine preventable diseases and would like the PHAB subcommittee to discuss options for maintaining focusing on seasonal and emerging respiratory pathogens, even if not an accountability metric.
3. Will not continue to discuss Hepatitis C, foodborne diseases, HIV or Tuberculosis at this time.

Public health system metrics

The following set of metrics brings attention to health priorities in Oregon.

These metrics provide a framework to bring together governmental public health authorities, other sectors and partners, and state and local health officials to collectively change policies to create health for everyone.

These metrics also demonstrate improvements in Oregon Health Authority and local public health authorities' core system functions through public health modernization

<table>
<tr><th colspan="2">Collective responsibility across sectors and partners</th><th>Oregon Health Authority and local public health authority accountability</th></tr>
<tr><th>Health priorities</th><th>Policy actions</th><th>Public health data, partnerships and policy</th></tr>
<tr><td>Public health assessment</td><td>Public health policy development</td><td>Public health assurance</td></tr>
<tr><td>Indicators of health outcomes

What are priority health issues throughout Oregon?

Which groups experience disproportionate harm?</td><td>Measures of policy landscape

How are policies contributing to or eliminating root causes of health inequities?</td><td>Measures of foundational capabilities

Are public health authorities increasing capacity and expertise needed to address priority health issues?

Are public health authorities better able to provide core public health functions within their community?</td></tr>
<tr><td colspan="2">Level of accountability

The governmental public health system as a whole, other sectors and partners, elected officials.

Oregon's Public Health Advisory Board has a critical role to influence necessary policy changes.</td><td>Level of accountability

OHA and individual LPHAs</td></tr>
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Framework for public health accountability metrics

Past accountability metrics	New metrics framework
Minimal context provided for disease risks and root causes of health inequities	Provides context for **social determinants of health and systemic inequities resulting from systemic racism and oppression**
Focus on disease outcome measures	Disease outcomes used as **indicators of progress**, but are **secondary to** process measures of **public health system accountability**
Focus on programmatic process measures	Focus on **data** and data systems; community **partnerships**; and **policy**.
Focus on LPHA accountability	Focus on **governmental public health system accountability**.
Minimal connection to other state and national initiatives	Direct and explicit **connections to state and national initiatives**.

Proposed communicable disease priority areas and indicators

The following priority areas and indicators have been developed by state and local public health authority staff. The goal is for the PHAB subcommittee to eventually narrow recommendations to 1-2 priority areas and one or more related indicators.

Priority areas	Indicators
Seasonal and emerging respiratory pathogens	• All respiratory outbreaks (influenza-like illness, RSV, COVID and others) in long-term care facilities • Influenza hospitalizations and mortality rates • Influenza vaccination rates
Sexually transmitted infections	• Rate of congenital syphilis • Rate of any stage syphilis among people who can become pregnant • Rate of primary and secondary syphilis • Rate of gonorrhea
HIV	• Rate of new HIV infections • Proportion of people living with HIV with an undetectable viral load within three months of diagnosis • Proportion of people living with HIV with an undetectable viral load in the prior year
Vaccine preventable diseases	• Rates of high impact vaccine preventable diseases (i.e. pertussis, measles), including by race, ethnicity, gender, sexual orientation, housing status (includes carceral settings), injection drug use • Adolescent vaccination rates • Adult vaccination rates • Two-year old vaccination rates

	• School vaccination rates and non-medical exemption rates
Viral hepatitis	• Rates of acute hepatitis, including by race and ethnicity, gender, sexual orientation, housing status (includes carceral settings), injection drug use
Foodborne diseases	• Rates of foodborne diseases, including by race, ethnicity, gender, sexual orientation, housing status (includes carceral settings), injection drug use
Tuberculosis	• Rate of active TB infection

Public Health Accountability Metrics
Communicable Disease

April 4, 2023

Sara Beaudrault
Kusuma Madamala, Ph.D
Tim Menza, MD
Ann Thomas, MD
Rex Larsen

Oregon Health Authority

PUBLIC HEALTH DIVISION
Office of the State Public Health Director

Today's agenda

1. Accountability metrics overview
2. Communicable disease priorities and indicators
   - Sexually transmitted infections
   - HIV
   - Seasonal and emerging respiratory pathogens
   - Viral hepatitis
   - Vaccine preventable diseases
   - Foodborne diseases
   - Tuberculosis
3. Discussion

Public health accountability metrics overview

Oregon Revised Statutes and Administrative Rule

- ORS 431.123: Establish accountability metrics for the purpose of evaluating the progress of OHA and LPHAs in achieving statewide public health goals.

- OAR 333-014-0540: OHA will consult with LPHAs through CLHO on proposed changes to accountability metrics. LPHAs will be notified of changes and updates when finalized by the Public Health Advisory Board.

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Groups involved in developing and updating metrics

CLHO metrics workgroups

- Work with OHA staff to develop recommendations

CLHO

- Provide LPHA leadership perspective on metrics

PHAB Accountability Metrics Subcommittee

- Review and synthesize metrics recommendations; develop recommendation for PHAB

PHAB

- Formally adopt public health accountability metrics

Today's consultation

Questions we hope to answer:

- Which 1-2 priority areas and indicators do LPHAs recommend? Why?
- Which priority areas and indicators do LPHAs recommend against? What are the issues, challenges or barriers?

Ways we are collecting feedback:

- Verbal feedback provided today
- Feedback provided in the Chat today
- LPHA accountability metrics survey

Proposed communicable disease priority areas and indicators

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HIV	• Rate of new HIV infections • Proportion of people living with HIV with an undetectable viral load within three months of diagnosis • Proportion of people living with HIV with an undetectable viral load in the prior year
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Tuberculosis	• Rate of active TB infection

Sexually transmitted infections

Issue summary:

Why is this a priority now, and which groups are experiencing disproportionate harm?

Syphilis diagnoses are higher than ever, including among people who can become pregnant, people who are pregnant, and infants. Persistent and systemic causes of inequities that impact the syphilis epidemic include poverty, housing instability, racism, stigma, the criminal justice system, substance use, and mental and behavioral health challenges.

Recommendations

If STIs is selected as a priority area, OHA recommends the following indicators:

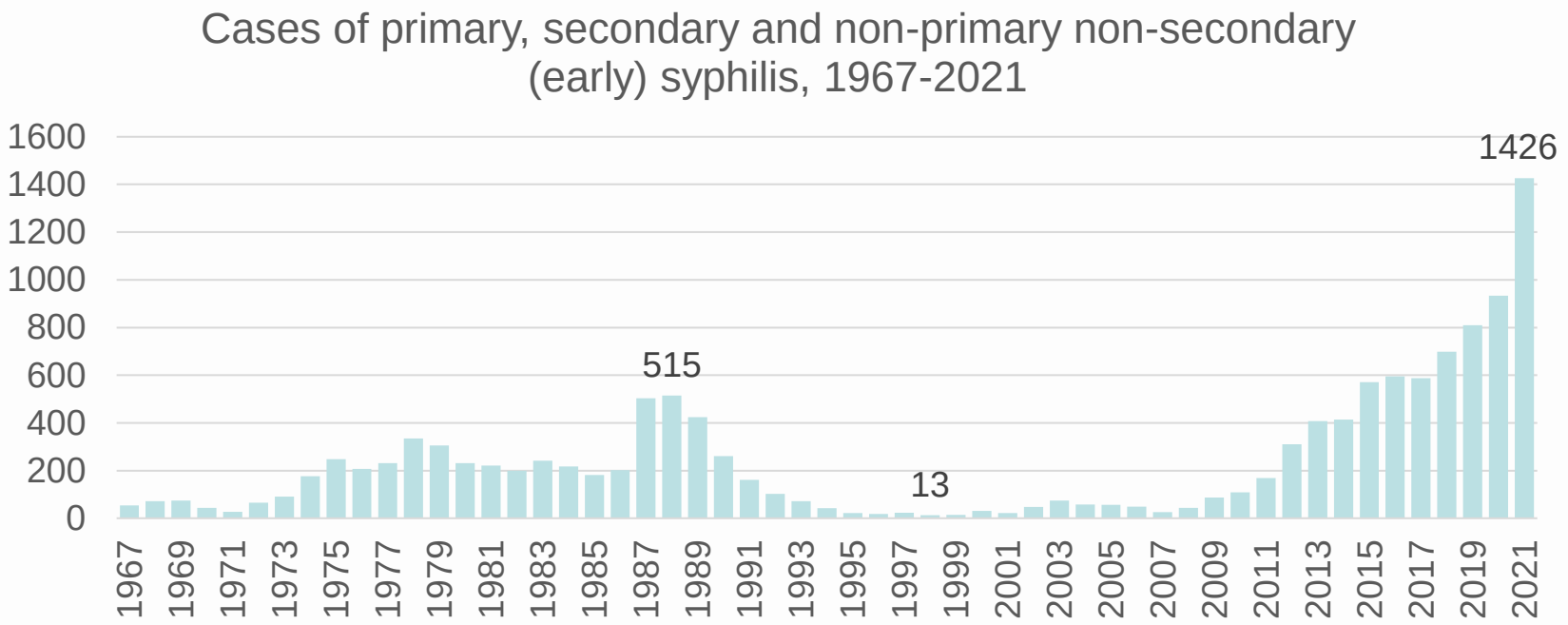
- Rate of congenital syphilis
- Rate of syphilis (all stages) among people who can become pregnant
- Rate of primary and secondary syphilis
- Rate of gonorrhea

- Rationale
  - The three indicators together provide a more comprehensive understanding of the dramatic increase in syphilis cases, which groups are most affected and areas for intervention.
  - The rate of gonorrhea was a prior public health accountability metric

Data for indicators

Proposed indicators	Data source	Other Oregon plans that use these measures (if any)	Populations that experience a disproportionate burden of illness, death or risks	Data are reportable at a county level or other geographic breakdowns	Data can be stratified*
Sexually transmitted infections					
Rate of congenital syphilis	ORPHEUS	END HIV/STI Oregon	Black, Native American/Alaska Native, Latinx, Native Hawaiian/Pacific Islander people, people who use drugs, people who are unhoused, people involved in the criminal justice system, youth, queer and trans people, people with prior STI diagnoses, people who live in rural and frontier areas	Yes	Yes
Rate of any stage of syphilis among people who can become pregnant	ORPHEUS	END HIV/STI Oregon	Same as listed above	Yes	Yes
Rate of primary and secondary syphilis	ORPHEUS	END HIV/STI Oregon	Same as listed above	Yes	Yes
Rate of gonorrhea	ORPHEUS	END HIV/STI Oregon, Healthier Together Oregon	Same as listed above	Yes	Yes

Early (Infectious) syphilis diagnoses are higher than ever

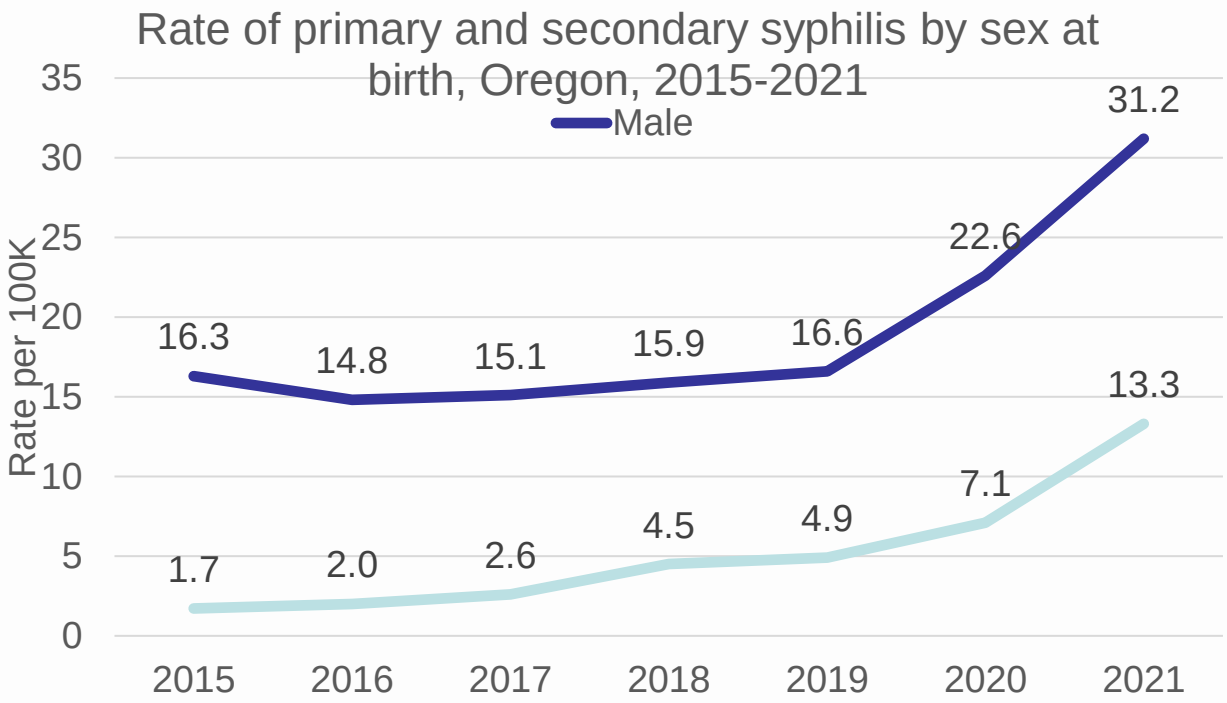


Oregon Health Authority

Since 2019, the rate of syphilis diagnoses has been increasing rapidly

Oregon Health Authority

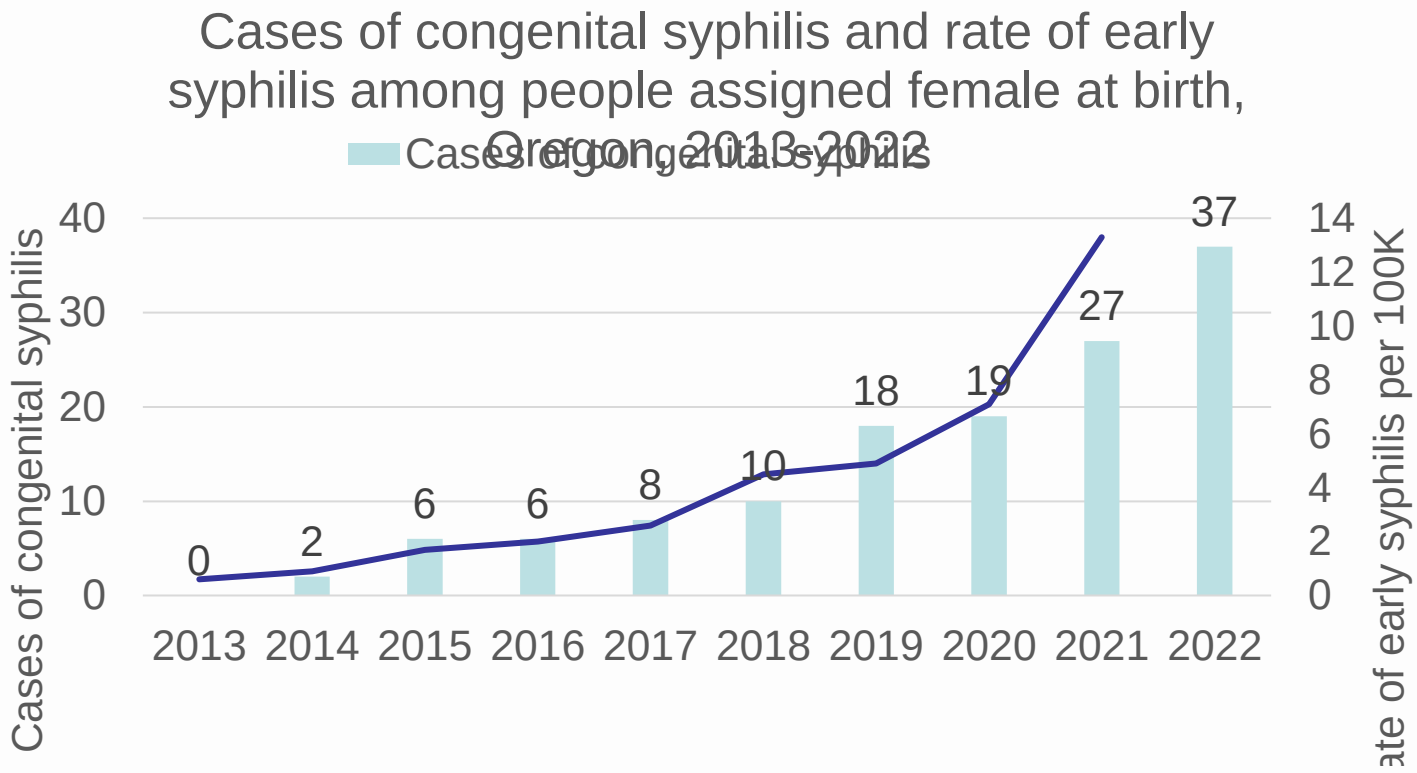
Primary and Secondary (P/S) syphilis diagnoses almost tripled among people assigned female at birth between 2019 and 2021



Almost 50% of people assigned female at birth with syphilis in Oregon do not have an identifiable risk factor for infection

Oregon Health Authority

There were no congenital syphilis cases in 2013 and 37 cases in 2022



Syphilis in Pregnancy, Oregon, 2014-2021

- 337 cases of syphilis in pregnancy from 2014 through 2021
  - 15 cases among 45557 pregnancies, or 3 cases per 10,000 pregnancies, in 2014
  - 86 cases among 40931 pregnancies, or 21 cases per 10,000 pregnancies, in 2021

- 96 (28%) of those pregnancies resulted in a case of congenital syphilis
  - 2/15 (13%) cases in 2014
  - 27/86 (32%) cases in 2021

Syphilis Disproportionately Affects Pregnant People of Color

- Median age 27 years (IQR: 22-31, range 16-43)

Race	People with an infant with CS, n(%)	People with a live birth, %*
American Indian/Alaska Native	5 (5%)	1%
Black/African American	5 (5%)	2%
Native Hawaiian/Pacific Islander	5 (5%)	1%
Hispanic/Latina/o/x	11 (11%)	19%
Multiracial, other race	1 (1%)	4%
Asian	1 (1%)	5%
White	66 (69%)	67%

* Average proportion of live births by race and ethnicity from 2014-2021

Oregon Health Authority

Housing Instability and Criminal Justice Involvement are Very Common

Housing

- 34/96 (35%) were houseless or unstably housed
  - Unstable housing includes incarceration, moving homes, or residing in a substance use disorder treatment facility or group residence during pregnancy
  - 32/96 (33%) were missing housing status

Criminal justice involvement (2014-2020 only)

- 42/69 (61%) had any history of criminal justice involvement
  - 17/69 (25%) had criminal justice involvement in the 12 months prior to or during pregnancy, including incarceration during pregnancy, community supervision, outstanding cases or warrants

Many Report Substance Use and Have Had Prior HIV/STI and HCV Diagnoses

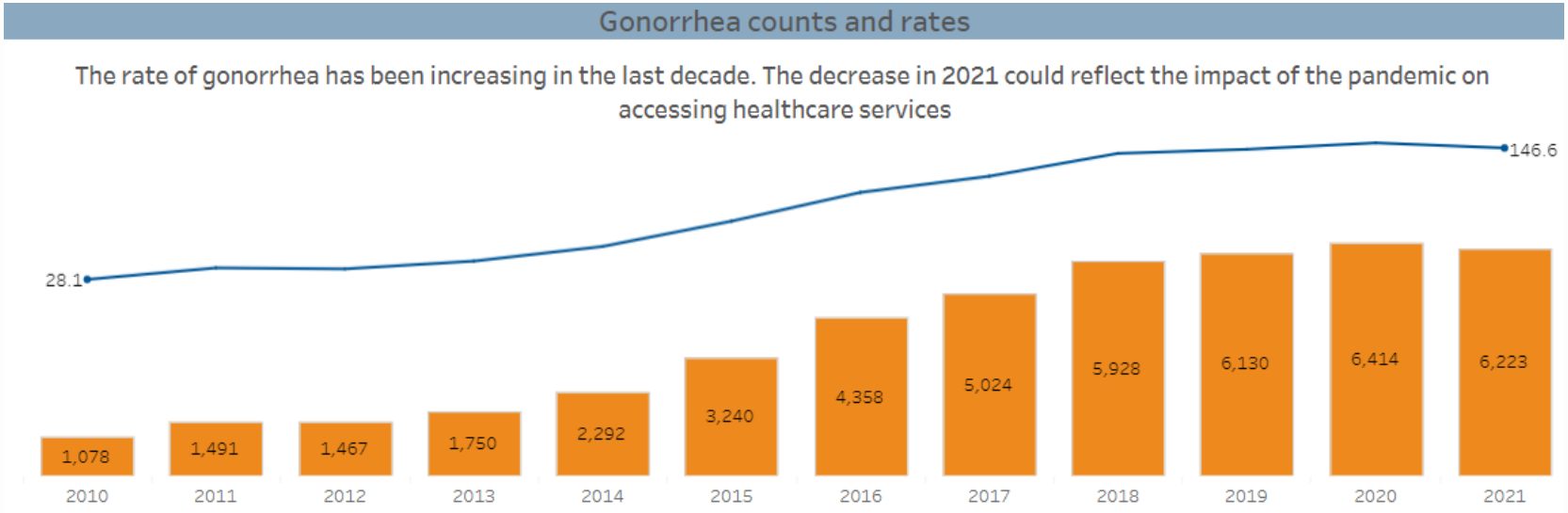
Substance use

- 46/96 (48%) had a history of injection drug use
- 43/96 (45%) had a history of methamphetamine use
- 18/96 (19%) had a history of heroin/opiate use
  - 32/96 (33%) were missing data on injection drug use
  - 1/96 (1%) were missing data on meth/heroin use

HIV/STI and HCV

- Most patients reported 1 male sexual partner in the prior 12 months (max = 3)
- None were known to be living with HIV
- 43/96 (45%) had a history of either chlamydia or gonorrhea
  - 41/96 (43%) had a history of chlamydia
  - 18/96 (19%) had a history of gonorrhea
- 11/96 (11%) had chronic HCV prior to diagnosis of syphilis in pregnancy

Gonorrhea diagnoses have been increasing over time with a reduced rate of increase over time



https://public.tableau.com/app/profile/oregon.health.authority.public.health.divison/viz/Gonorrhea_16536733712190/Story2021

Oregon Health Authority

HIV

Issue summary:

Why is this a priority now, and which groups are experiencing disproportionate harm?

Overall, HIV diagnoses have decreased over time in Oregon. However, the decreases in HIV have largely been experienced by white cisgender gay men living in urban areas. Persistent, systemic factors of racism, homophobia, transphobia, trauma, stigma, housing instability, substance use, and mental and behavioral health continue to drive new infections among Black/African American, Indigenous, Native Hawaiian, Pacific Islander, and Latinx/o/a/e people, youth, transgender people, people who use methamphetamine, and people who live in rural areas.

Recommendations

If HIV is selected as a priority area, OHA recommends all three of the following indicators:

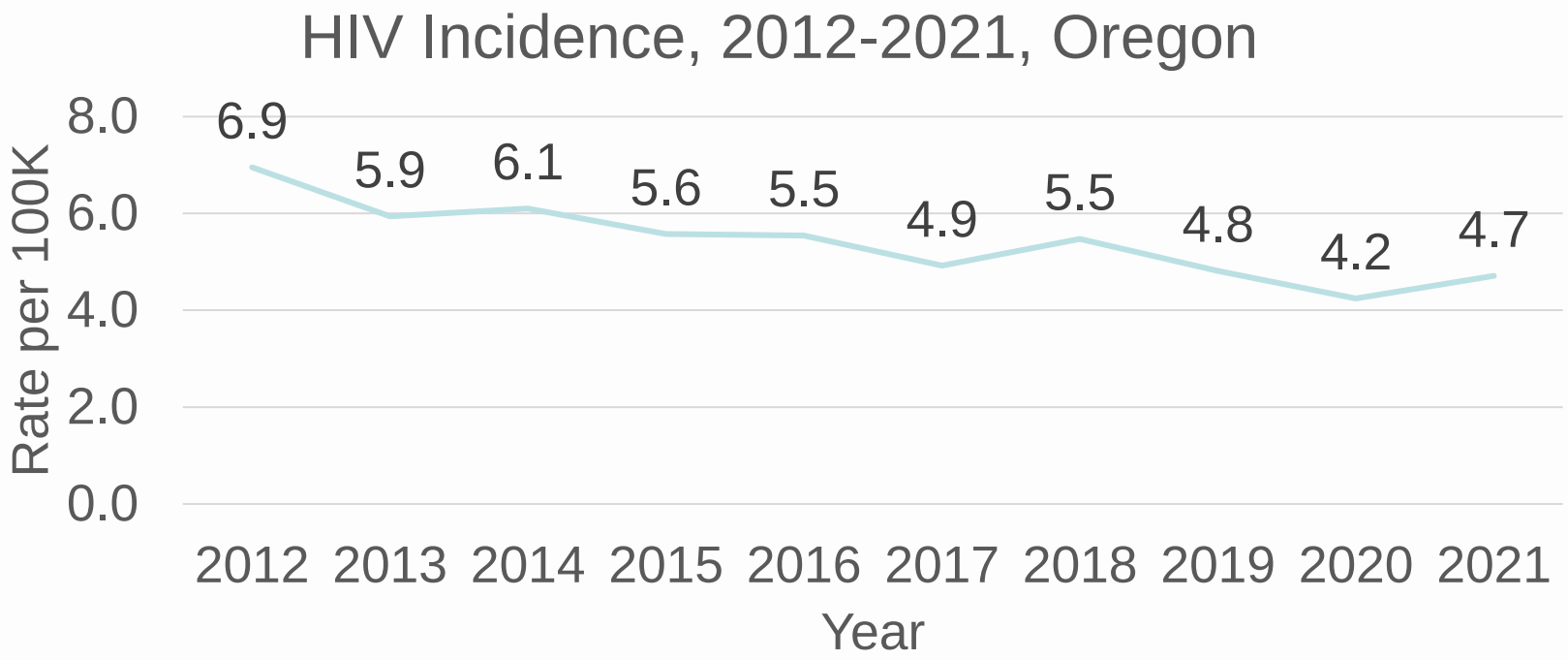
- Rate of new HIV infections
- Proportion of people living with HIV with an undetectable viral load within three months of diagnosis
- Proportion of people living with HIV with an undetectable viral load in the prior year

- Rationale
  - The three indicators together provide a comprehensive understanding of HIV in Oregon and areas for intervention from HIV transmission to rapid care linkage and initiation of antiretrovirals to the impact of effective long term treatment.
  - These indicators align with End HIV/STI Oregon

Data for indicators

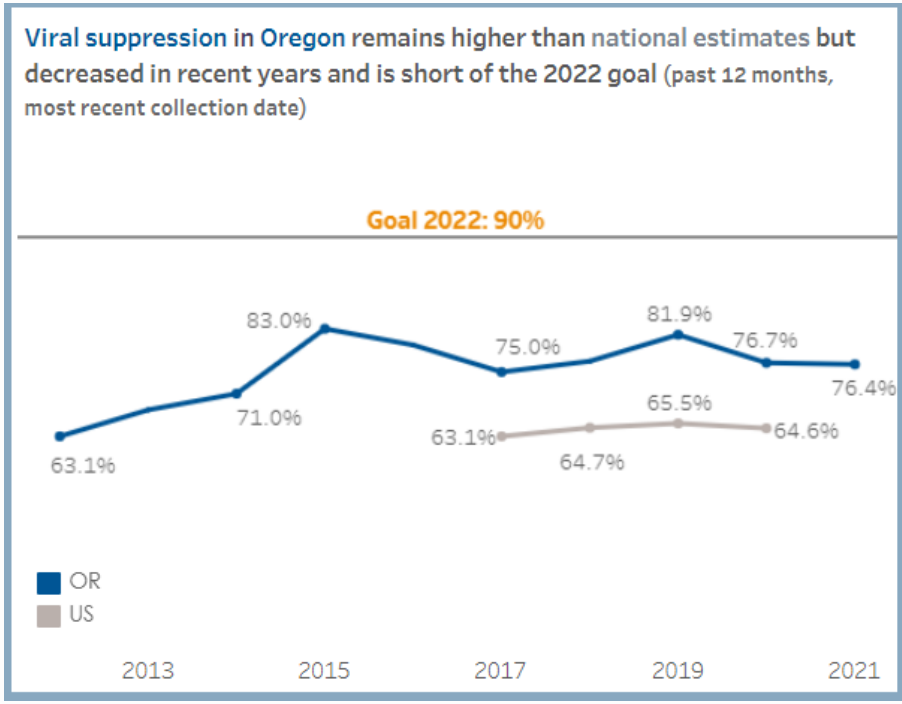
Proposed indicators	Data source	Other Oregon plans that use these measures (if any)	Populations that experience a disproportionate burden of illness, death or risks	Data are reportable at a county level or other geographic breakdowns	Data can be stratified*
HIV					
Rate of new HIV infections	ORPHEUS	END HIV/STI Oregon	Black, Native American/Alaska Native, Latinx, Native Hawaiian/Pacific Islander people, people who use drugs, people who are unhoused, people involved in the criminal justice system, youth, queer and trans people, people with prior STI diagnoses, people who live in rural and frontier areas	Yes	Yes
Proportion of PLWH with an undetectable viral load within 3 months of diagnosis	ORPHEUS	Same as above	Same as above	Yes	Yes
Proportion of PLWH with an undetectable viral load in the prior year	ORPHEUS	Same as above	Same as above	Yes	Yes

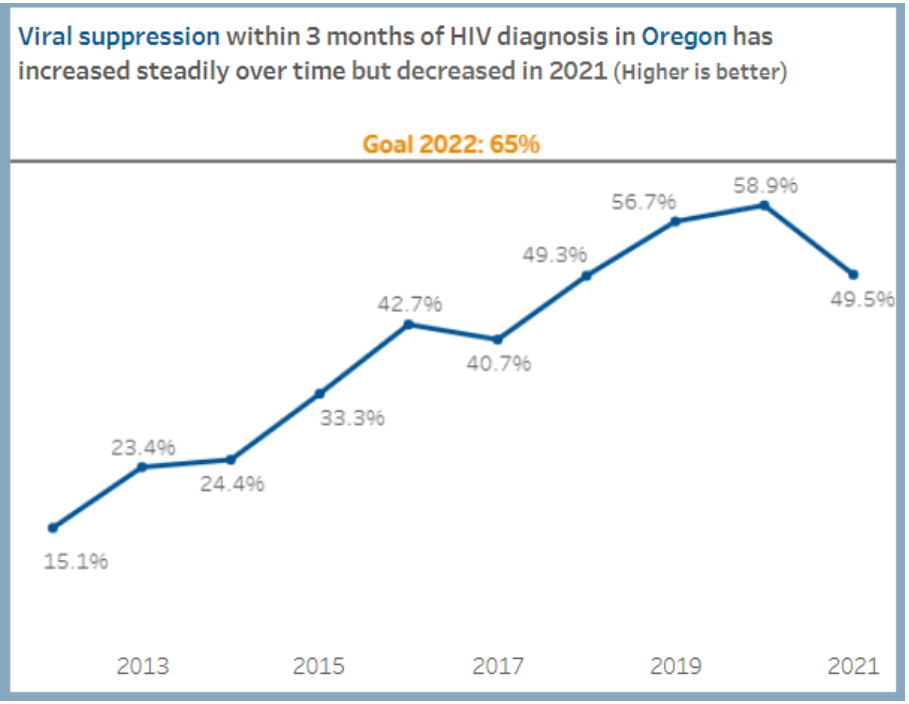
HIV incidence in Oregon has been declining over time



Oregon Health Authority

Viral suppression at last lab draw and within 3 months of diagnosis have been increasing





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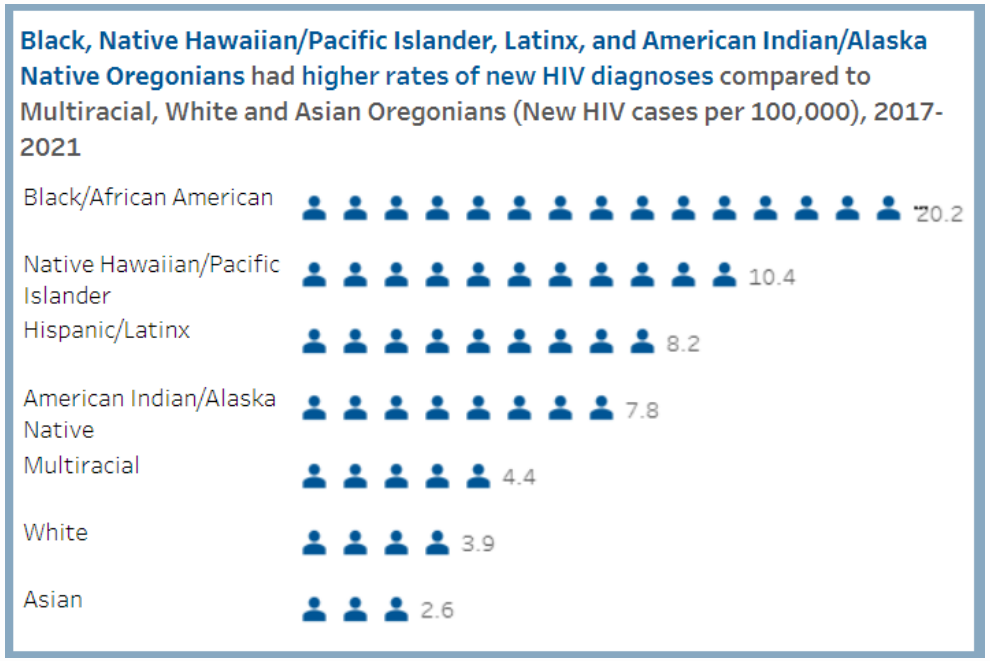
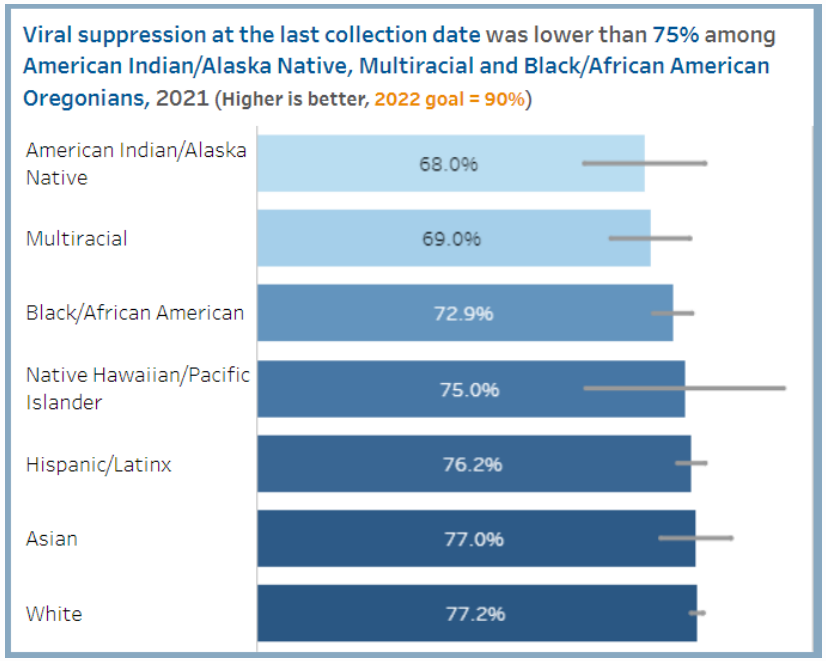
Oregon Health Authority

HIV-related health inequities by race and ethnicity persist in Oregon





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Oregon Health Authority

Seasonal and emerging respiratory infections

Issue summary:

Why is this a priority now, and which groups are experiencing disproportionate harm?

	Influenza	COVID-19
CDC burden of disease estimates	Oct 2022 to March 2023 39 million illnesses 46,000 hospitalizations 37,000 deaths	Feb 2020 to Sept 2021 124 million illnesses 7.5 million hospitalizations 921,000 deaths
Population at risk	Elderly; people who live in congregate settings; Black people, Indigenous, Hispanic/Latino/a people, and Native Hawaiian/Pacific Islander people; pregnant people, individuals with comorbid health conditions such as heart disease, lung disease, immunocompromising conditions	

Recommendations

If Seasonal and Emerging Pathogens is selected as a priority area, OHA recommends the following indicators:

- All respiratory outbreaks (influenza-like illness, RSV, COVID and others) in long-term care facilities
- COVID Hospitalizations and deaths
- Influenza hospitalization and mortality rates
- Influenza vaccination rates
- COVID vaccination rates

- Rationale
  - The selected indicators reflect multiple facets of public health responses to seasonal and emerging pathogens, including responding to outbreaks as well as ongoing prevention work
  - LPHAs historically have responded to and provided control measures for respiratory outbreaks in long term care facilities

Data for indicators

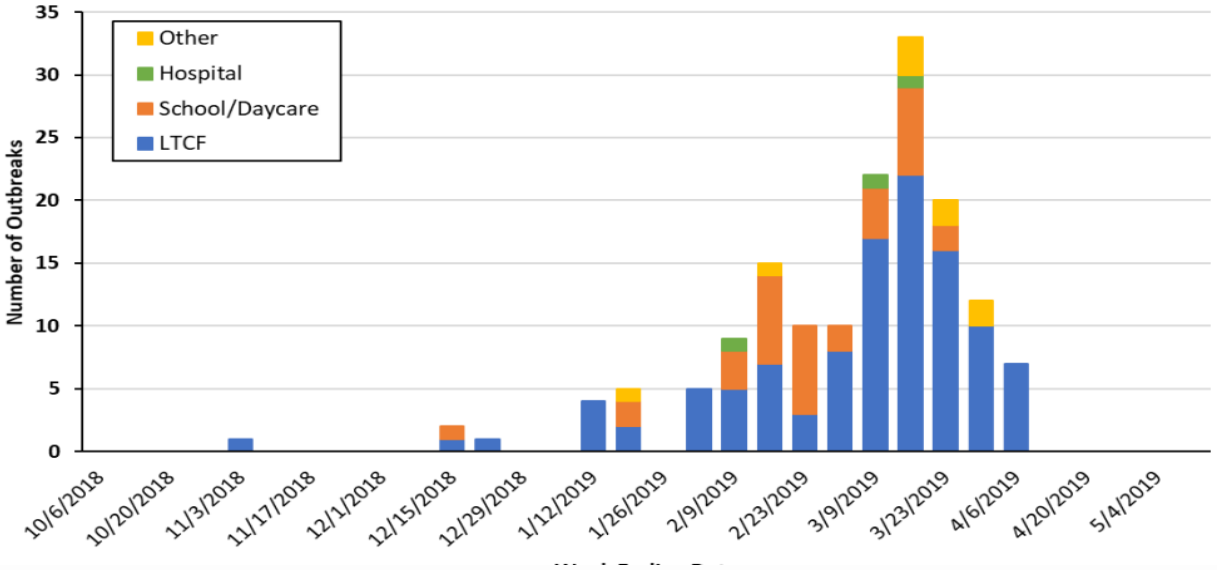
Proposed indicators	Data source	Other Oregon plans that use these measures (if any)	Populations that experience a disproportionate burden of illness, death or risks	Data are reportable at a county level or other geographic breakdowns	Data can be stratified*
Seasonal and emerging respiratory pathogens					
COVID Hospitalizations and deaths	Emerging Infections Program COVID-Net data, Center for Health Statistics Vital Records		Elderly, people who live in congregate settings, Black, Native American/Alaska Native, Latinx, Native Hawaiian/Pacific Islander people, pregnant people, people with comorbid health conditions such as heart disease, lung disease, immunocompromising conditions		REALD/SOGI unavailable, but age, gender, census race/ethnicity categories, and insurance data are available for hospitalizations in tricounty area and deaths statewide
All respiratory outbreaks (influenza-like illness, RSV, COVID and others) in long-term care facilities	Filemaker Outbreaks database		Elderly people living in congregate care, staff likely to be members of marginalized populations (low income, low educational attainment)		No individual level data collected, typically track number of cases, duration of outbreak, what control measures implemented, such as vaccination of staff or use of antiviral prophylaxis
Influenza hospitalization and mortality rates	Emerging Infections Program COVID-Net data, Center for Health Statistics Vital Records		Elderly, people who live in congregate settings, Black, Native American/Alaska Native, Latinx, Native Hawaiian/Pacific Islander people, pregnant people, comorbid health conditions such as heart disease, lung disease, people with immunocompromising conditions		REALD/SOGI unavailable, but age, gender, census race/ethnicity categories, and insurance data are available for hospitalizations in tricounty area and deaths statewide
Influenza vaccination rates	ALERT IIS	HP 2030 goal to increase proportion of people who get the flu vaccine every year. Former Oregon Public Health Key Performance Measure	Elderly, infants and young children, people who live in congregate settings, Black, Native American/Alaska Native, Latinx, Native Hawaiian/Pacific Islander people, pregnant people, people with comorbid health conditions such as heart disease, lung disease, immunocompromising conditions		Data can be stratified by age, sex, race and ethnicity, Medicaid and VAccines for Children Program participation and geographic area down to zip code.
COVID vaccination	ALERT IIS		Elderly, people who live in congregate settings, Black, Native American/Alaska Native, Latinx, Native Hawaiian/Pacific Islander people, pregnant people, people with comorbid health conditions such as heart disease, lung disease, immunocompromising conditions		Data can be stratified by age, sex, race and ethniicty, and geographic area down to zip code.

Outbreaks of influenza in LTCFS

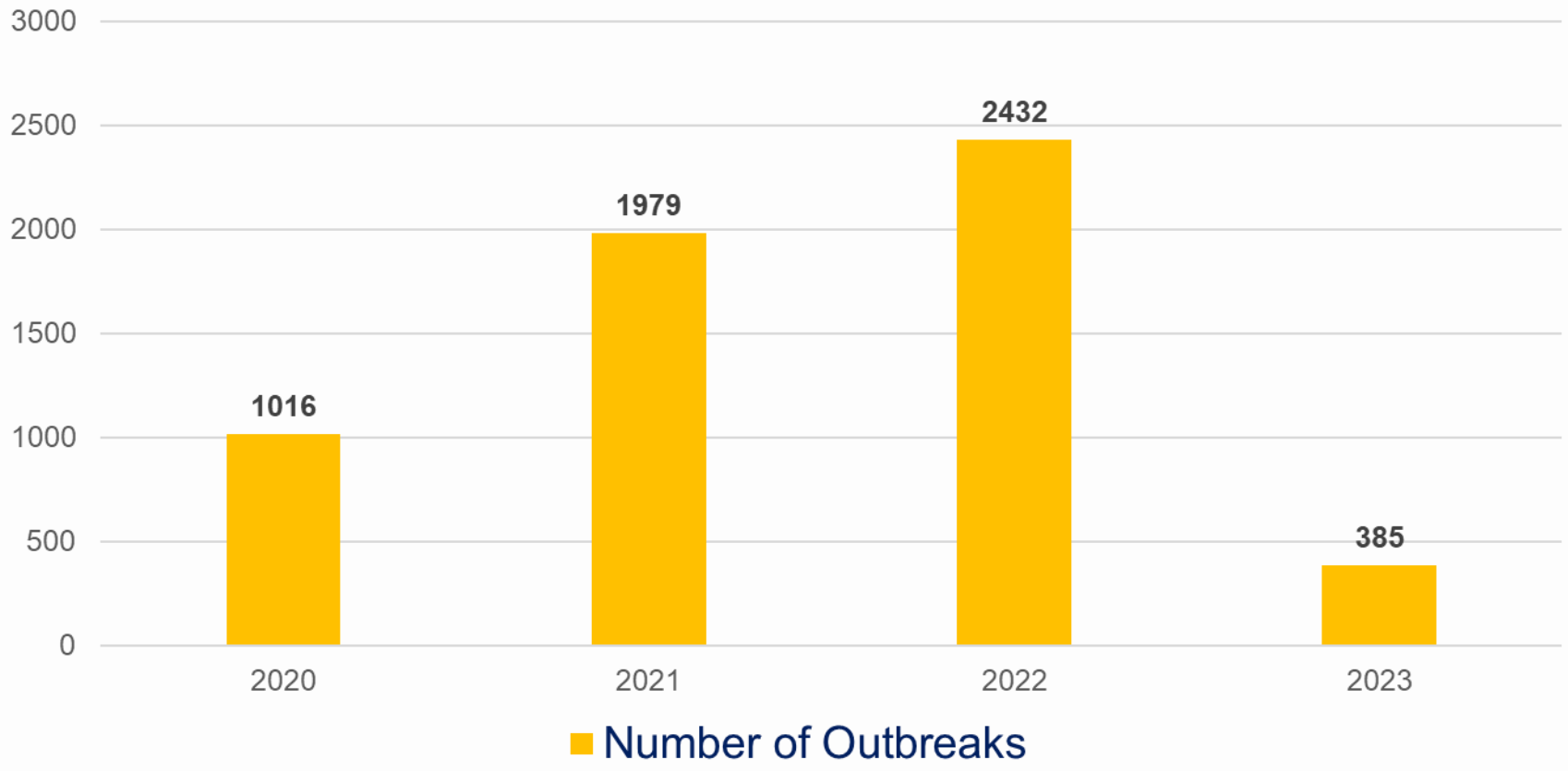
Typical year (2018-19) in pre-pandemic era

Influenza Outbreaks: There were 0 influenza outbreaks reported during Week 18, 2019. There have been a total of 156 influenza outbreaks reported to the Oregon Health Authority in the 2018–2019 flu season, 109 of which have occurred in long-term care facilities, 35 of which have occurred in schools, and 3 of which occurred in a hospital.

Figure 4. Number of Influenza Outbreaks in Oregon by Setting, 2018-2019 Season

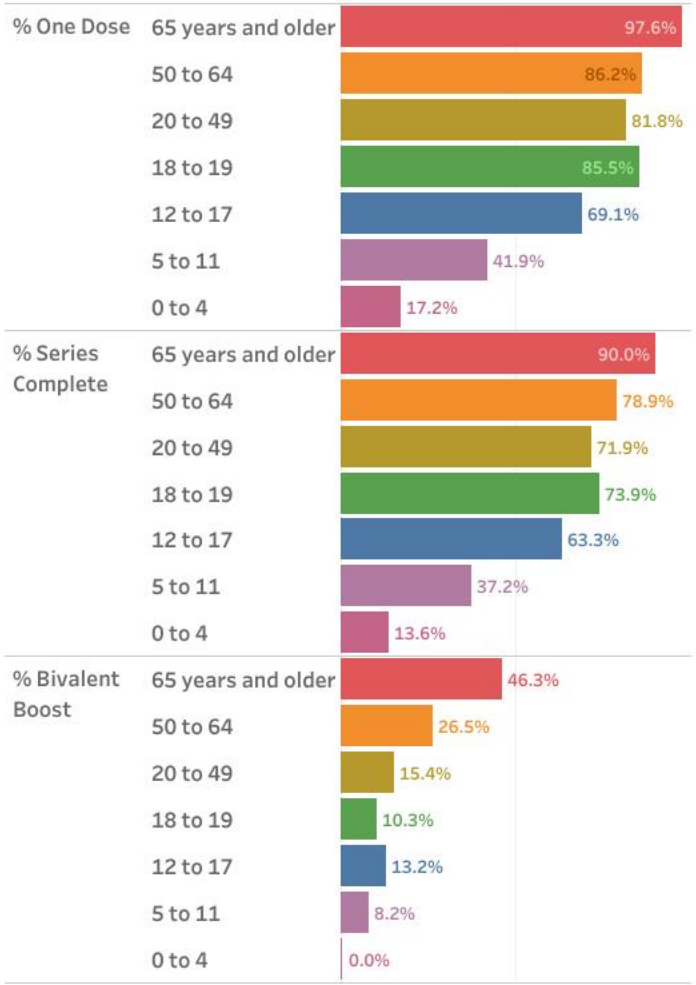


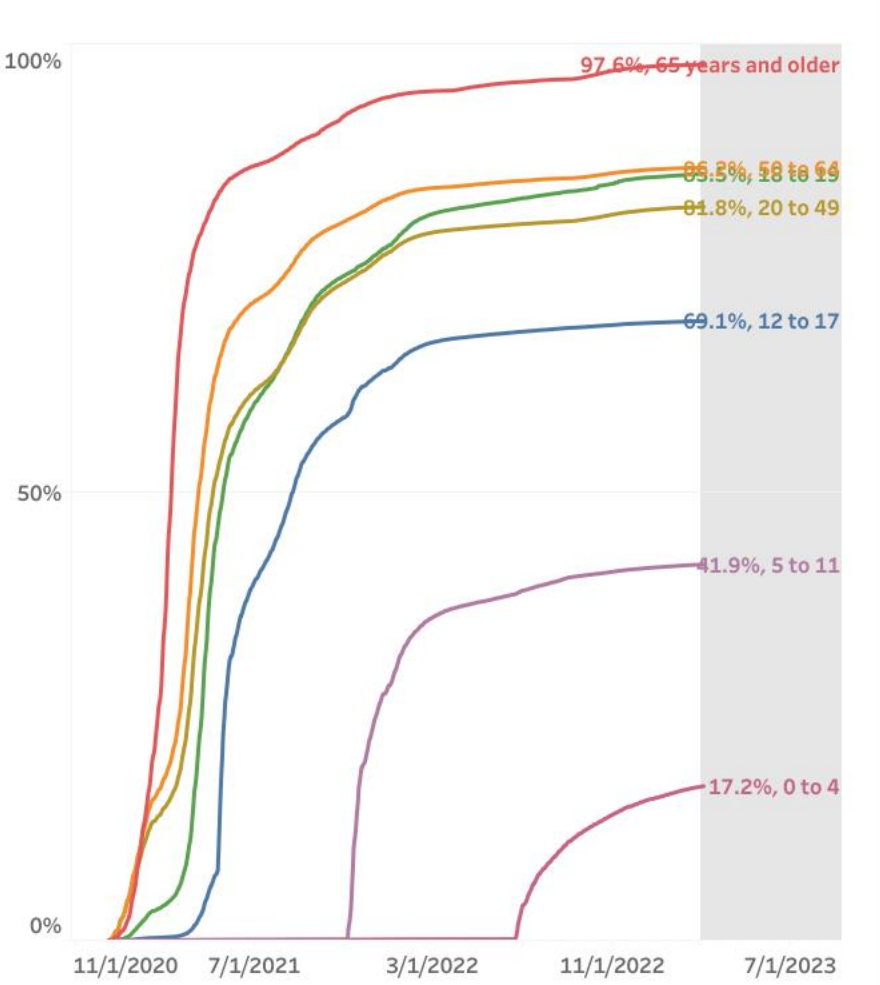
Outbreaks of COVID-19 in LTCFs, 2020-2023
(as of March 9, 2023)



Seasonal Respiratory Virus Vaccination

COVID-19 Vaccination by Age

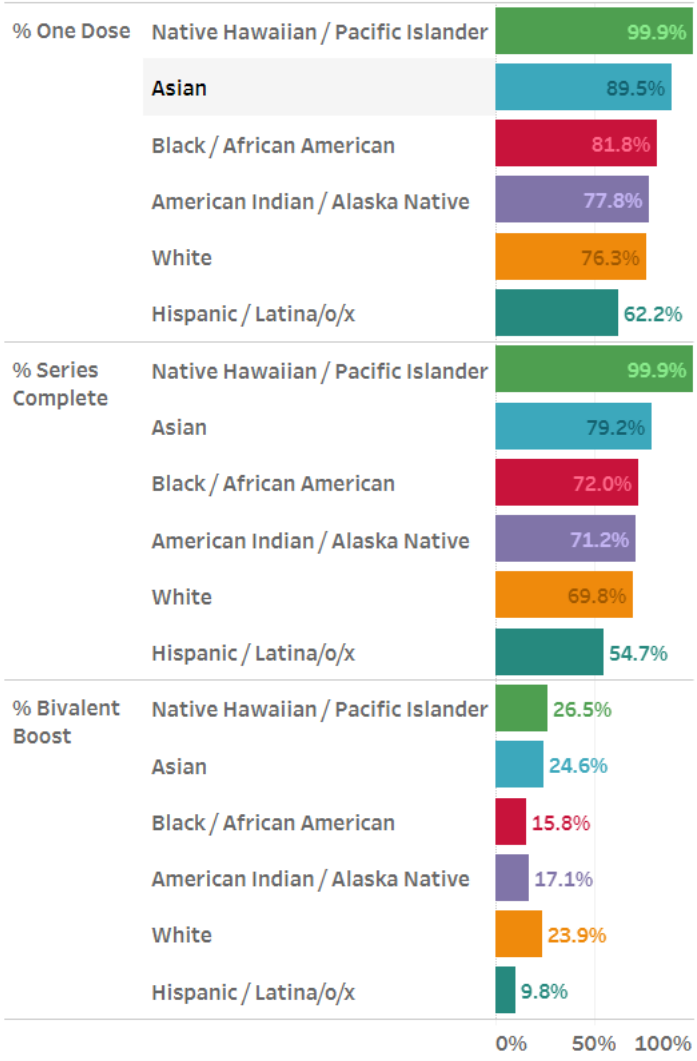


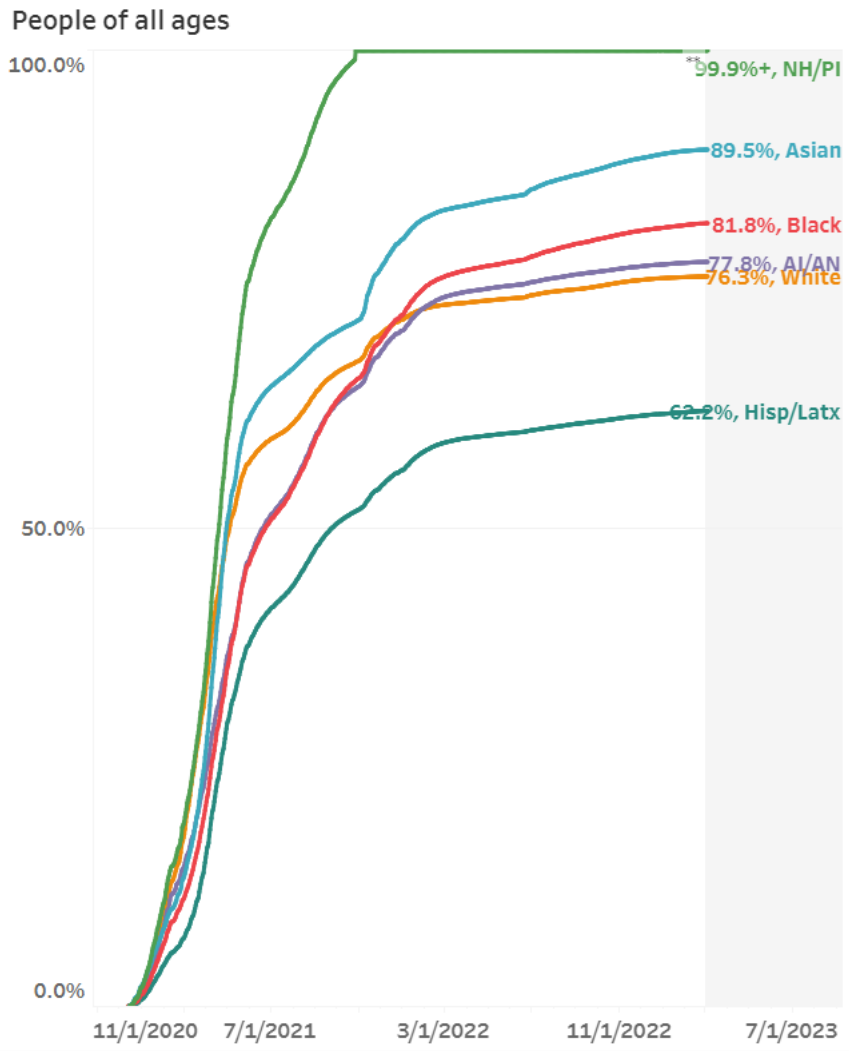


Oregon Immunization Program
Public Health Division

Seasonal Respiratory Virus Vaccination

COVID-19 Vaccination by Race and Ethnicity



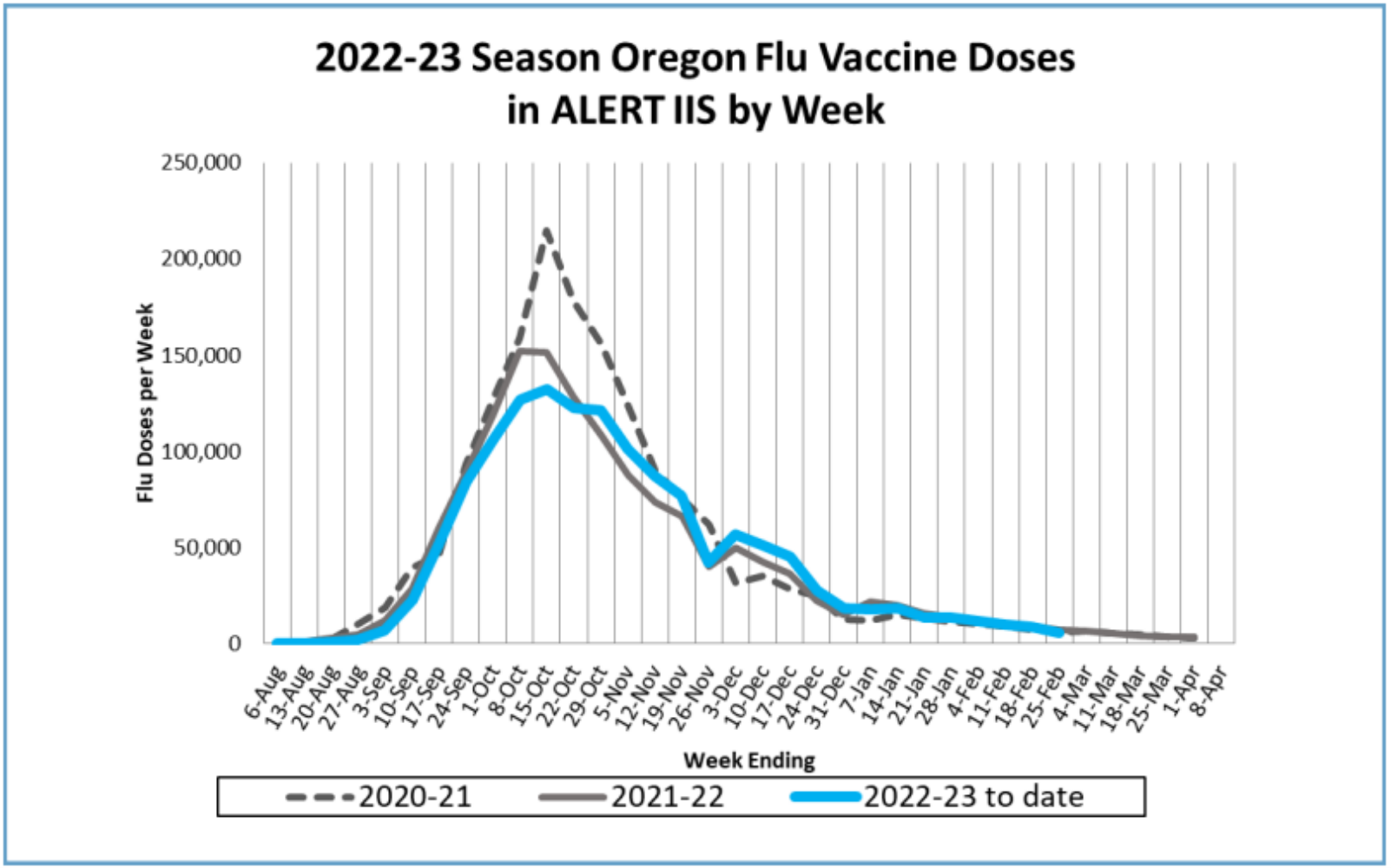


Oregon Immunization Program
Public Health Division

Oregon Health Authority

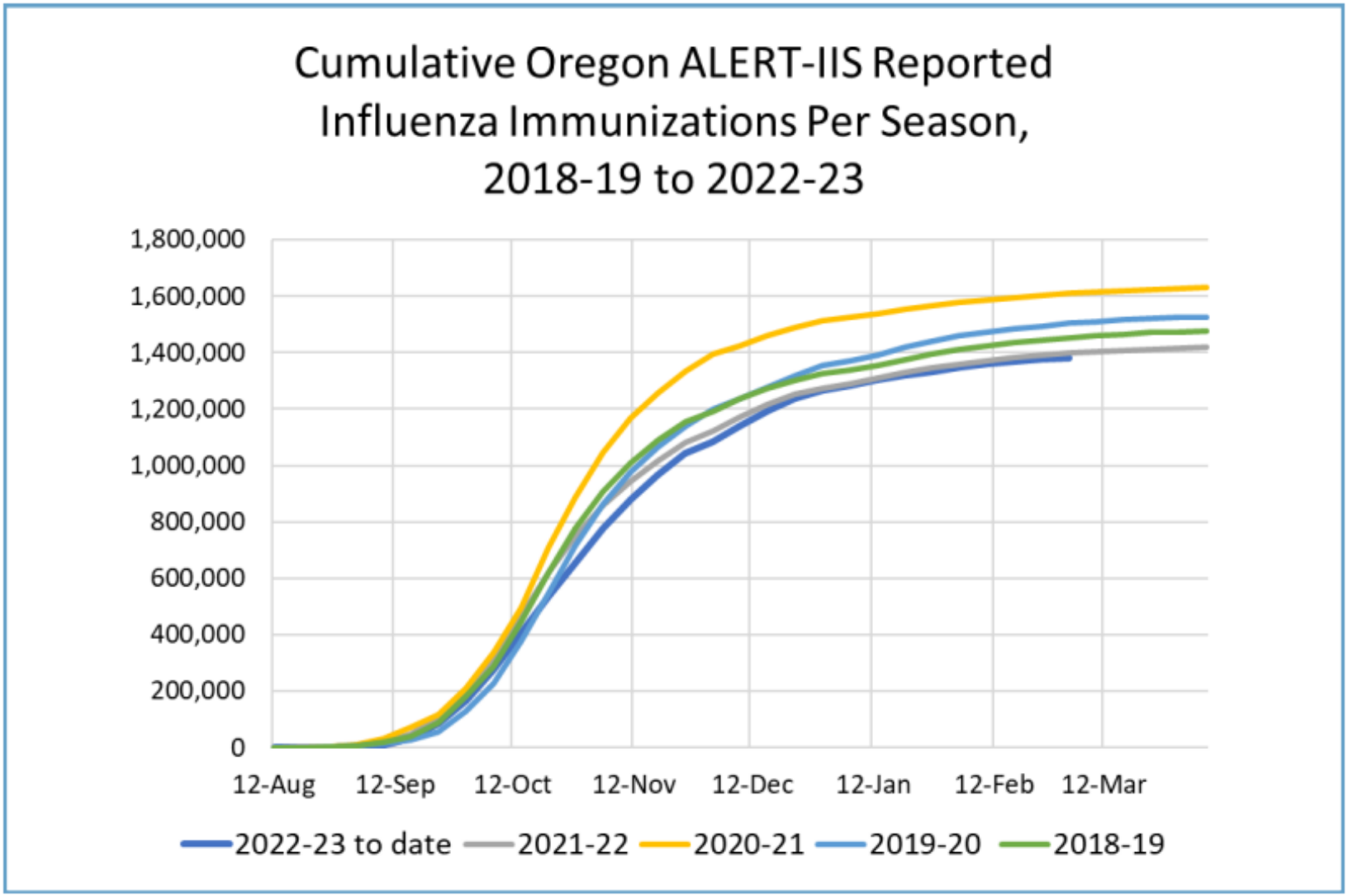
Seasonal Respiratory Virus Vaccination

Influenza Vaccination by Season



Seasonal Respiratory Virus Vaccination

Influenza Vaccination by Season



Seasonal Respiratory Virus Vaccination

Adult Influenza Vaccination Statewide and by County

Oregon: Adult Immunization Rates

	2016-2017	2017-2018	2018-2019	2019-2020
Influenza Vaccination Rates[a,b]				
Female				
18 to 49 years	32.4%	33.6%	38.2%	41.6%
50 to 64 years	49.7%	52.0%	53.7%	57.2%
≥65 years	63.6%	66.1%	69.4%	69.8%
Male				
18 to 49 years	20.8%	22.3%	25.7%	29.6%
50 to 64 years	42.6%	44.5%	45.9%	48.6%
≥65 years	60.1%	62.6%	65.4%	64.5%
All adults				
18 to 49 years	27.0%	28.3%	32.4%	36.0%
50 to 64 years	46.4%	48.5%	50.0%	53.1%
≥65 years	62.0%	64.5%	67.6%	67.4%

Vaccine preventable diseases

Issue summary:

Why is this a priority now, and which groups are experiencing disproportionate harm?

An unintended consequence of the response to COVID-19 was a sharp reduction in routine immunization of children, adolescents and adults, leaving groups at higher risk of diseases that are preventable. Public health can improve vaccination rates by addressing access barriers, providing culturally relevant outreach and education and working with health care and other partners.

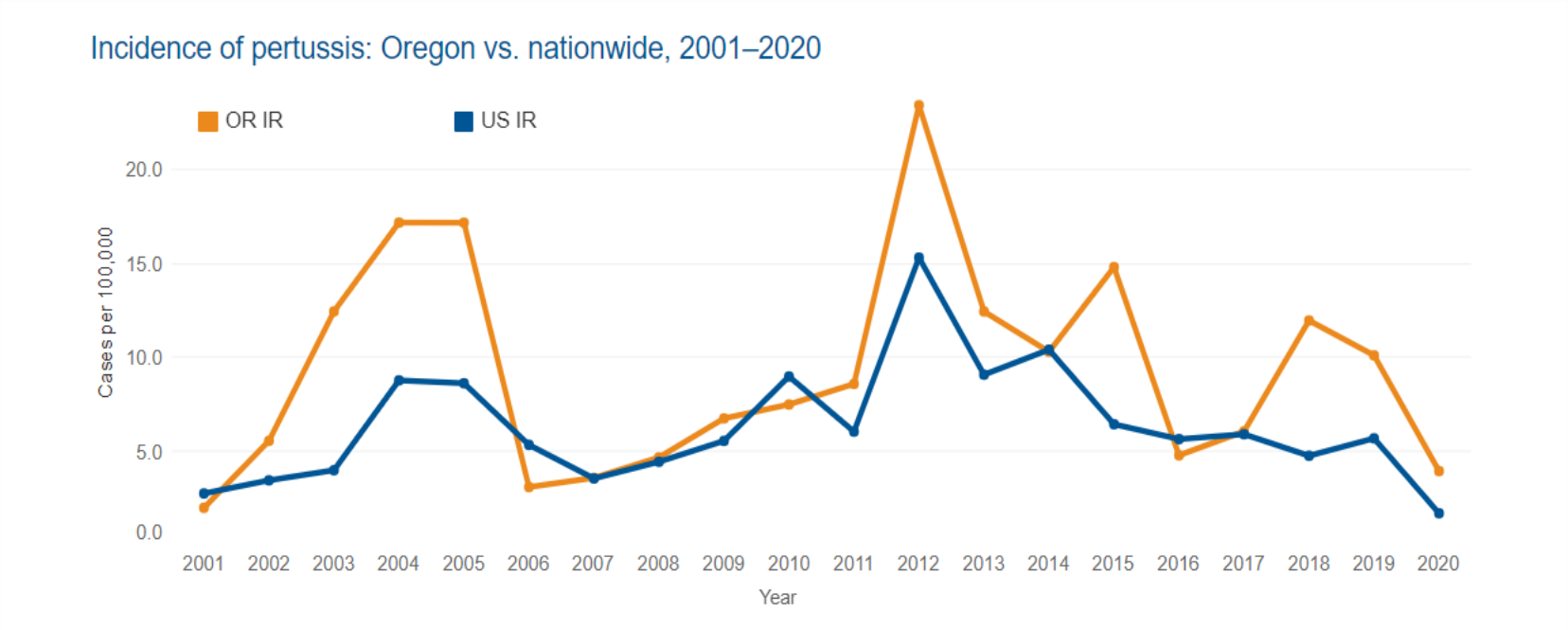
Recommendations

If vaccine preventable diseases are selected as a priority area, OHA recommends any combination of the following indicators:

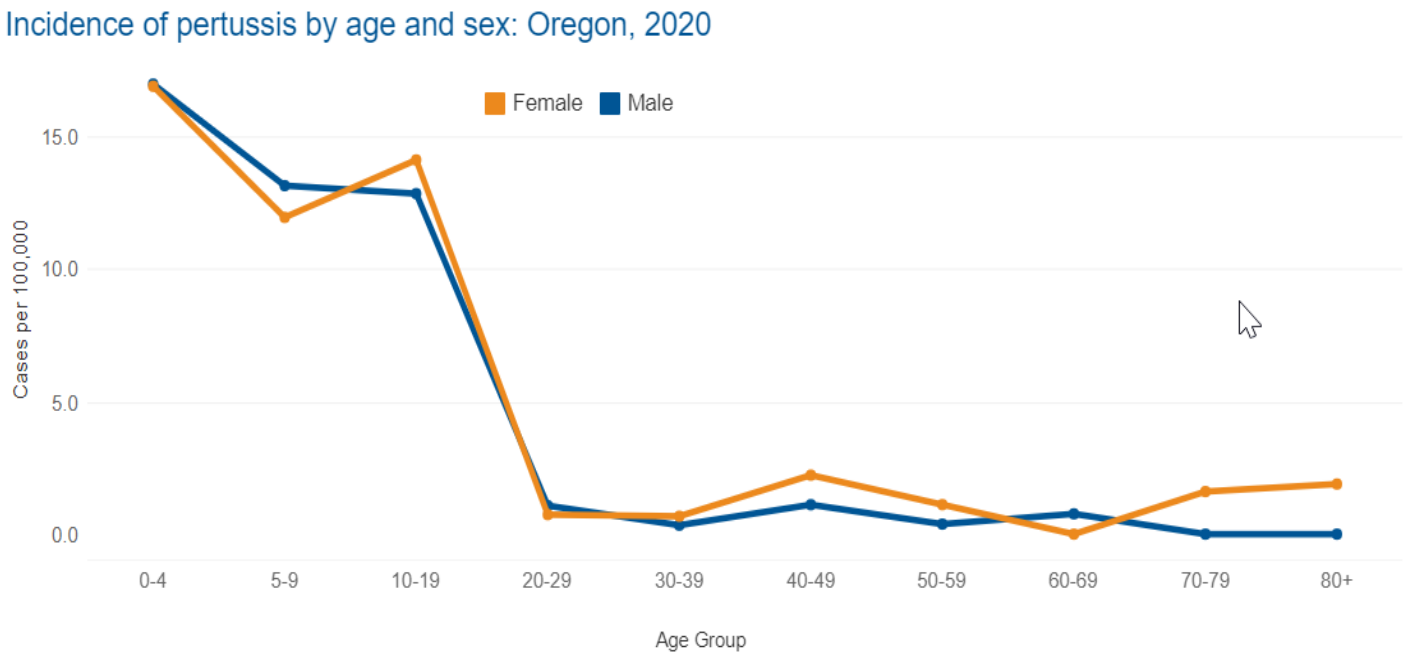
- Rates of high impact vaccine preventable diseases (pertussis, measles), including by race, ethnicity, gender, sexual orientation, housing status (includes carceral setting), injection drug use.
- Adolescent vaccination rates/HPV rates
- Adult vaccination rates
- Two year old vaccination rates
- School vaccination rates and Non-medical exemption rate

Proposed indicators	Data source	Other Oregon plans that use these measures (if any)	Populations that experience a disproportionate burden of illness, death or risks	Data are reportable at a county level or other geographic breakdowns	Data can be stratified*
Vaccine preventable diseases					
Rates of high impact vaccine preventable diseases (pertussis, measles)					
Adolescent vaccination rates	ALERT IIS	Existing CCO incentitve measure for HEDIS adolescent combo 2	Elderly, infants and young children, people who live in congregate settings, Black, Native American/Alaska Native, Latinx, Native Hawaiian/Pacific Islander people, pregnant people, people with comorbid health conditions such as heart disease, lung disease, immunocompromising conditions		Data can be stratified by age, sex, race and ethnicity, Medicaid and Vaccines for Children Program participation and geographic area down to zip code.
Adult vaccination rates	ALERT IIS		Elderly, infants and young children, people who live in congregate settings, Black, Native American/Alaska Native, Latinx, Native Hawaiian/Pacific Islander people, pregnant people, people with comorbid health conditions such as heart disease, lung disease, immunocompromising conditions		Data can be stratified by age, sex, race and ethnicity, Oregon Vaccine Access Program Participation for uninsured adults and geographic area down to zip code.
Two year old vaccination rates	ALERT IIS	Existing CCO incentive measure for HEDIS childhood combo 3 Existing PH modernization goal to increase rates of vaccinations in 2 year	Elderly, infants and young children, people who live in congregate settings, Black, Native American/Alaska Native, Latinx, Native Hawaiian/Pacific Islander people, pregnant people, people with comorbid health		Data can be stratified by age, sex, race and ethnicity, Medicaid and VAccines for Children Program participation and geographic area down to zip code.

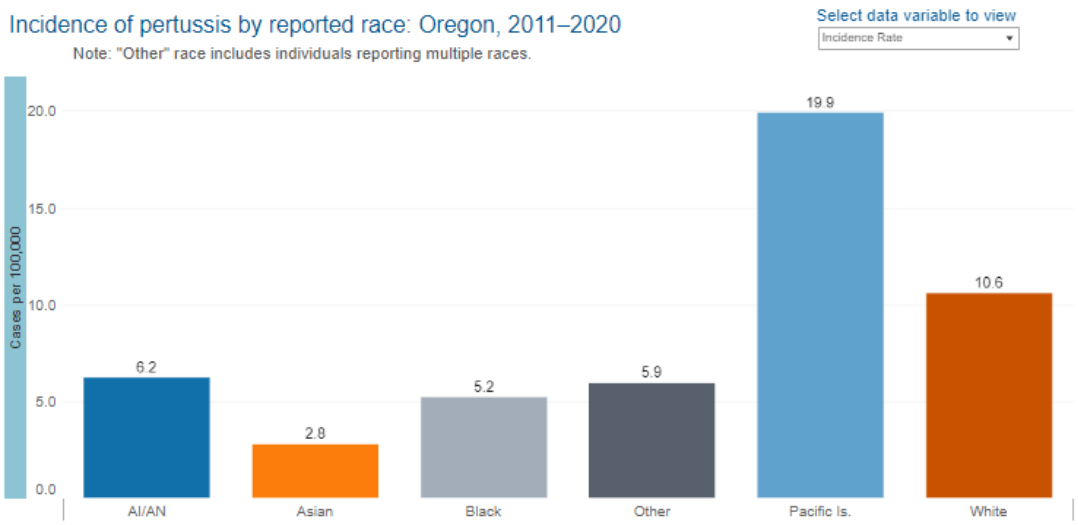
Incidence of pertussis (cases per 100,000) in Oregon vs US, 2001-2020

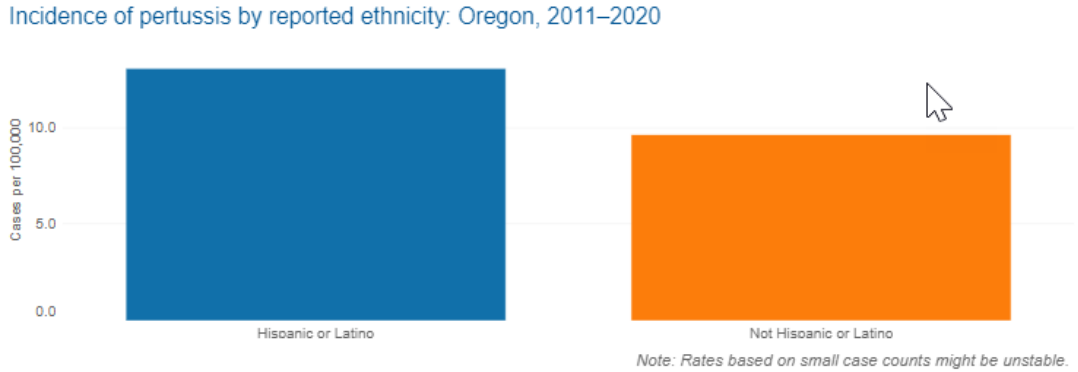


Incidence of pertussis by age and sex, Oregon, 2020



Incidence of pertussis by race and ethnicity, Oregon, 2011-2020

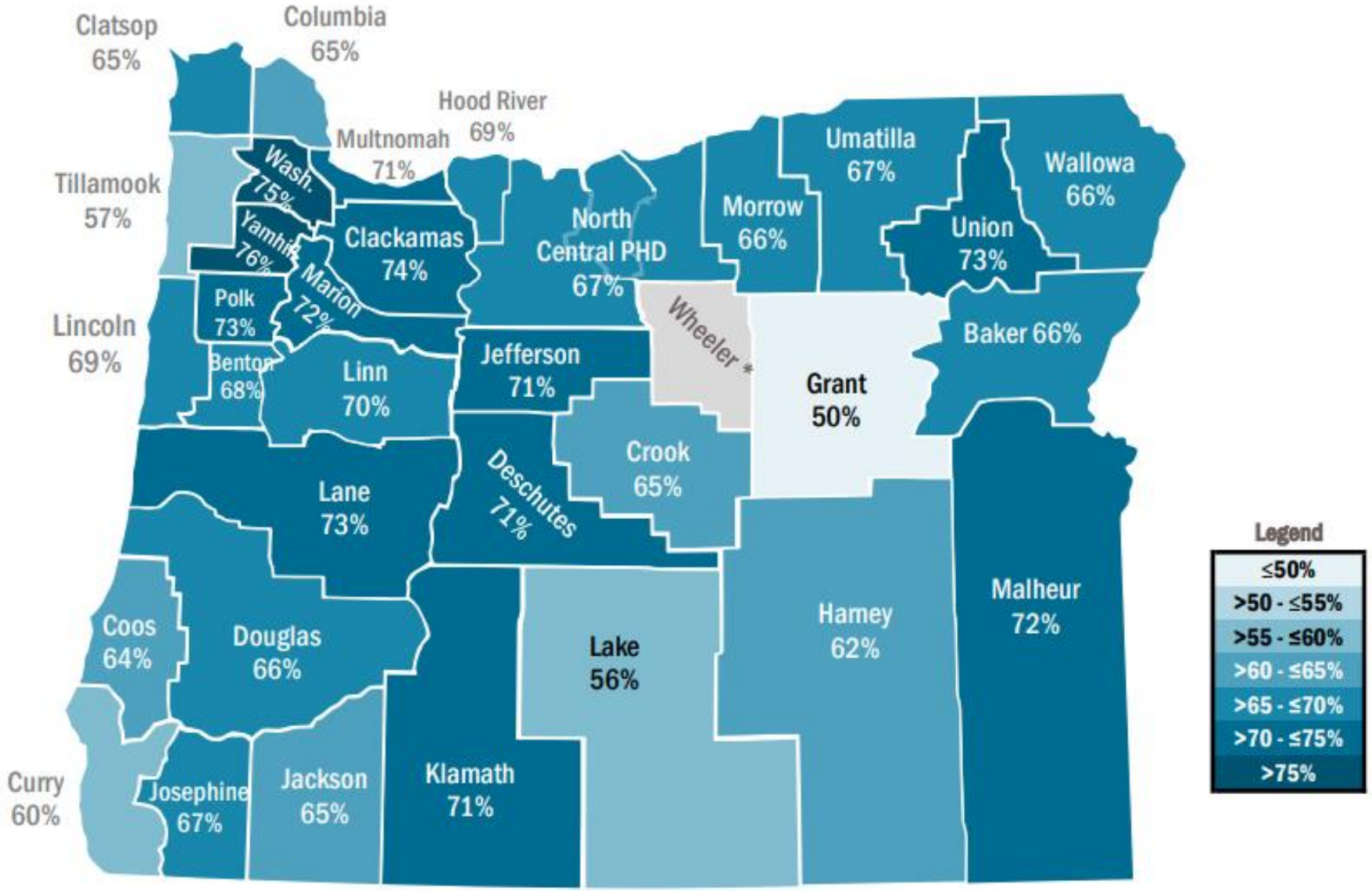




Routine Vaccination
2 Year-Old-Vaccination Rates

	2014	2015	2016	2017	2018	2019	2020	2021
Two-Year-Olds[a] Up-to-Date Rate[b]								
4:3:1:3:3:1:4[c]	60%	64%	66%	68%	69%	71%	71%	71%
4 doses DTaP	76%	77%	78%	80%	80%	81%	81%	80%
3 doses IPV	87%	88%	89%	89%	89%	90%	90%	89%
1 dose MMR	87%	89%	88%	88%	88%	91%	90%	88%
3 doses Hib	87%	87%	88%	88%	88%	89%	89%	88%
3 doses HepB	82%	83%	85%	85%	85%	87%	87%	87%
1 dose Varicella	85%	86%	86%	87%	86%	88%	88%	87%
4 doses PCV	72%	75%	76%	77%	77%	78%	79%	78%
1 dose HepA	86%	87%	87%	87%	87%	88%	88%	87%
2-3 doses Rotavirus	65%	67%	68%	70%	71%	72%	74%	75%
1 dose Flu (in most recent season)	55%	52%	54%	55%	57%	61%	64%	58%
One or more VFC vaccines[d,e]	60%	64%	65%	66%	66%	69%	68%	68%
No VFC vaccines[d,e]	59%	63%	67%	71%	73%	75%	76%	76%
Hispanic[d,f]	63%	68%	70%	69%	72%	74%	72%	72%
White[d,f]	60%	64%	67%	69%	70%	72%	72%	72%
African American[d,f]	55%	59%	60%	62%	61%	61%	63%	63%
Asian[d,f]	64%	68%	69%	73%	73%	76%	77%	77%
American Indian and Alaskan Native[d,f]	60%	63%	65%	66%	66%	69%	67%	66%
Hawaiian/Pacific Islander[d,f]	54%	59%	61%	62%	61%	65%	64%	64%

2021 2 Year-Old-Vaccination Rates



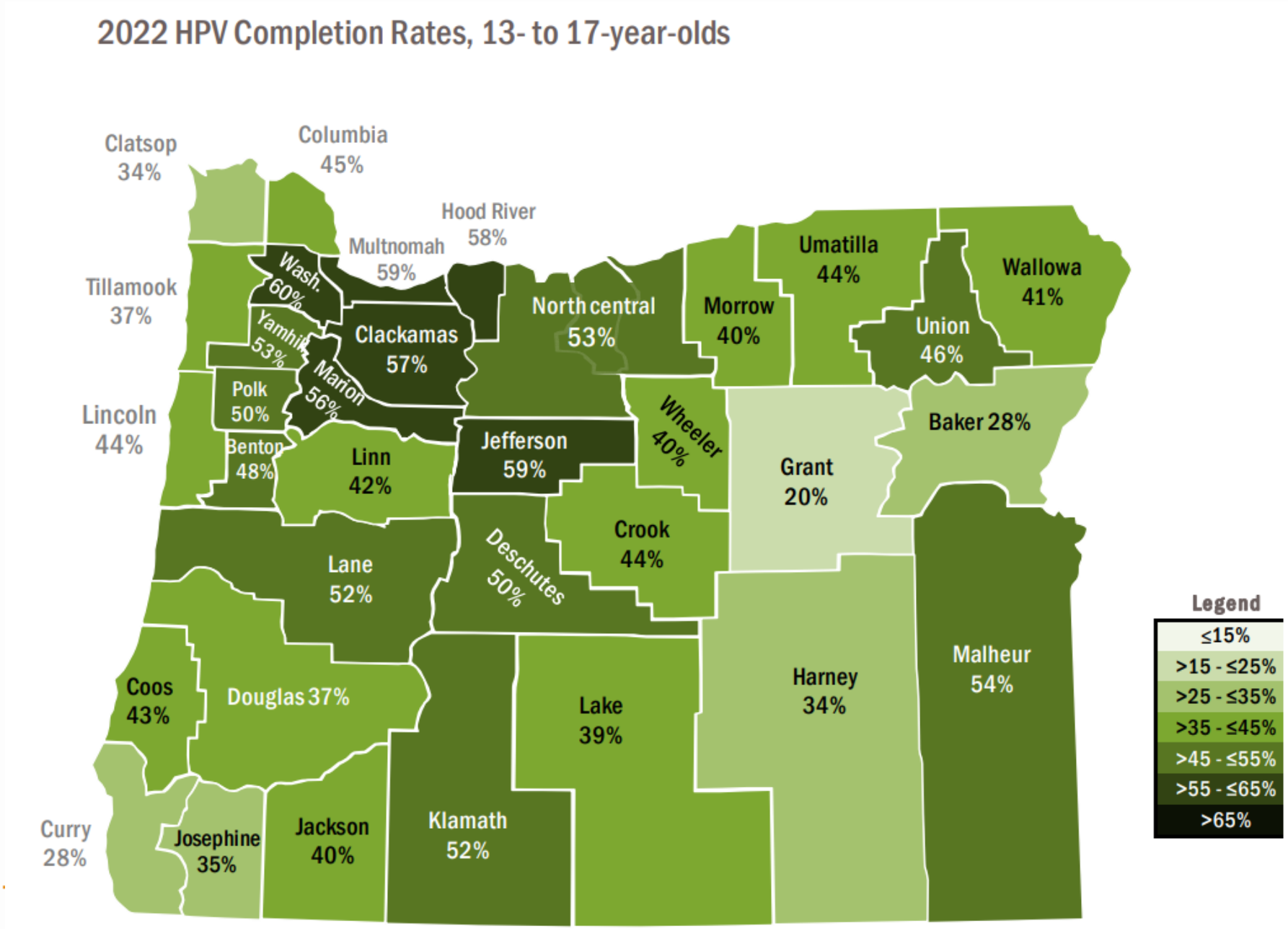
*Rates not displayed for populations of fewer than 50 people.

Routine Vaccination
Adolescent Vaccination Rates

Oregon: Adolescent Immunization Rates

	2017	2018	2019	2020	2021	2022
Thirteen- to Seventeen-Year-Old[a,b] Vaccination Rates						
Tdap (1 dose)	93%	93%	93%	92%	90%	91%
Meningococcal A,C,W,Y (1 dose)	75%	77%	80%	81%	81%	81%
Flu (1 dose in most recent complete season)	25%	28%	30%	32%	33%	25%
HPV initiation (1+ dose)	65%	67%	70%	73%	71%	73%
HPV completion (2-3 doses)[c]	44%	46%	51%	55%	55%	53%
HPV completion[c] by race/ethnicity[d]						
Hispanic[d]	56%	56%	60%	62%	65%	64%
White[d]	46%	49%	53%	56%	57%	58%
Black/African American[d]	53%	54%	57%	59%	58%	58%
Asian[d]	53%	56%	59%	62%	62%	64%
American Indian and Alaskan Native[d]	56%	59%	64%	67%	67%	66%
Native Hawaiian/Pacific Islander[d]	52%	53%	57%	60%	59%	59%
Thirteen-Year-Old[e,f] Vaccination Rates[g]						
Tdap (1 dose)	80%	82%	84%	81%	84%	83%
Meningococcal A,C,W,Y (1 dose)	66%	67%	71%	69%	73%	72%
HPV initiation (1+ dose)	52%	56%	65%	57%	61%	63%
HPV[c] completion (2 doses)	33%	32%	33%	30%	34%	35%
Teen series[h]	30%	30%	31%	28%	33%	33%

May 2022 Adolescent Vaccination Rates



Hepatitis C virus (HCV)

Issue summary:

Why is this a priority now, and which groups are experiencing disproportionate harm?

- Oregon has the second highest HCV-related mortality rate in the country, and the third highest prevalence of HCV
- New cases (acute) of HCV are most common in persons 20-29 years, and the proportion of chronic cases of HCV occurring in this age group has tripled in the past 3 years
- The most common route of transmission is injection drug use
  - People who use drugs are a heavily stigmatized population with mental and behavioral health issues and high rates houselessness
- Although APAC data shows a trend of increasing testing in this age group between 2010-2019, treatment of HCV patients in their 20s lags behind
- Rates of HCV mortality are highest in Black and Indigenous people
- Access to harm reduction services and treatment particularly difficult in rural Oregon

Recommendations

If viral hepatitis is selected as a priority area, OHA recommends the following indicator:

- Rates of acute HCV, including by race, ethnicity, gender, sexual orientation, housing status (includes carceral setting), injection drug use
- Rates of chronic HCV cases occurring in persons < 30 years
- Rationale
  - Most new cases occur in young people who inject drugs, so to interrupt transmission of disease, critical need is to focus efforts on harm reduction programs and promotion screening/linkage to treatment for young adults
  - Oregon has goal to eliminate HCV by 2030

Data for indicators

Proposed indicators	Data source	Other Oregon plans that use these measures (if any)	Populations that experience a disproportionate burden of illness, death or risks	Data are reportable at a county level or other geographic breakdowns	Data can be stratified*
Viral hepatitis					
Rates of acute hepatitis C, including by race, ethnicity, gender, sexual orientation, housing status (includes carceral setting), injection drug use.	ORPHEUS	Oregon HCV Elimination Plan	Black and Indigenous people, people who inject drugs, houseless populations, carceral settings, rural populations		REALD/SOGI data available, along with age and risk factors.
Rates of chronic HCV in persons under 30 years of age	Same	Same	Same		Age, gender, county

Age group of cases of acute hepatitis, 2016-2020, Oregon

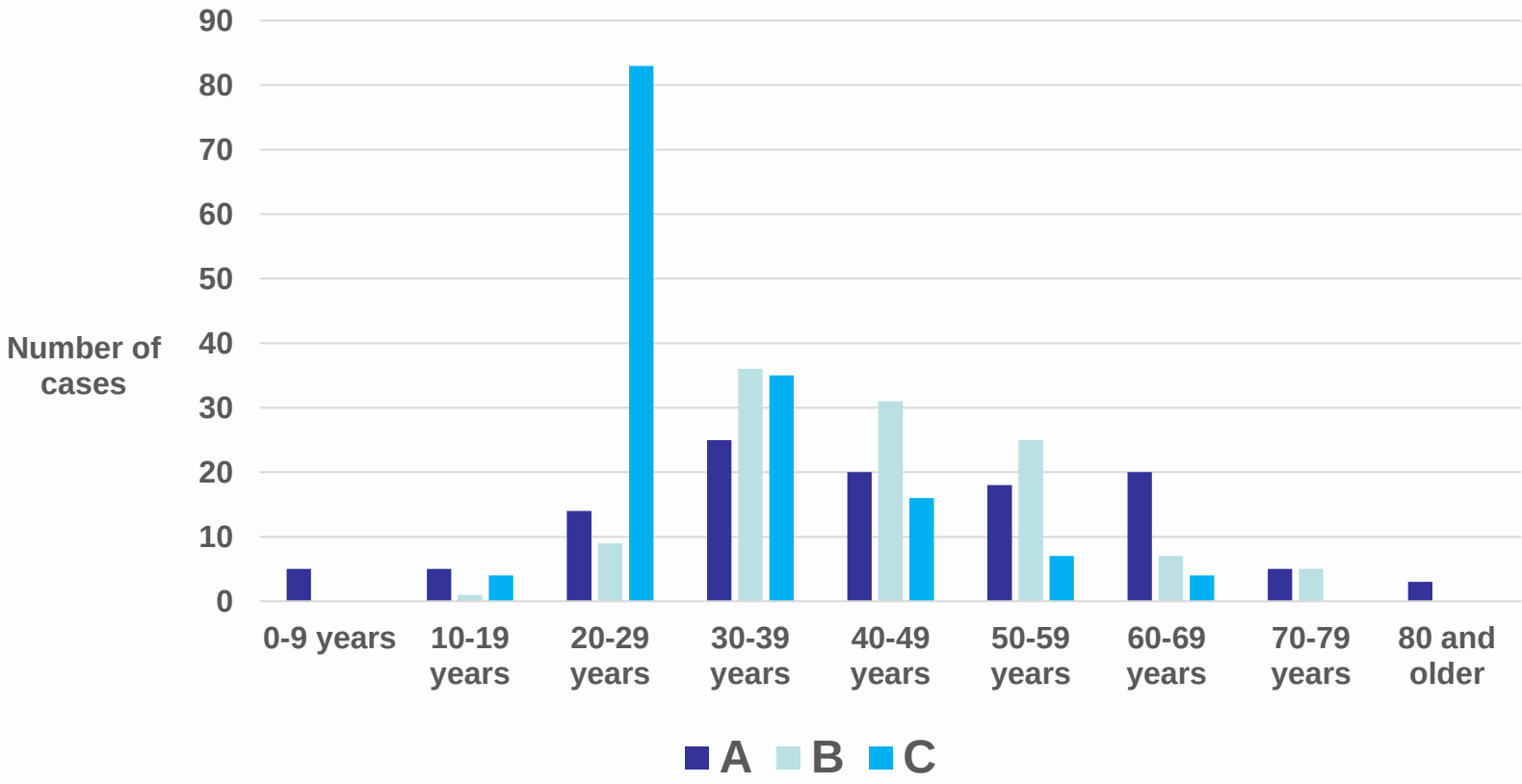


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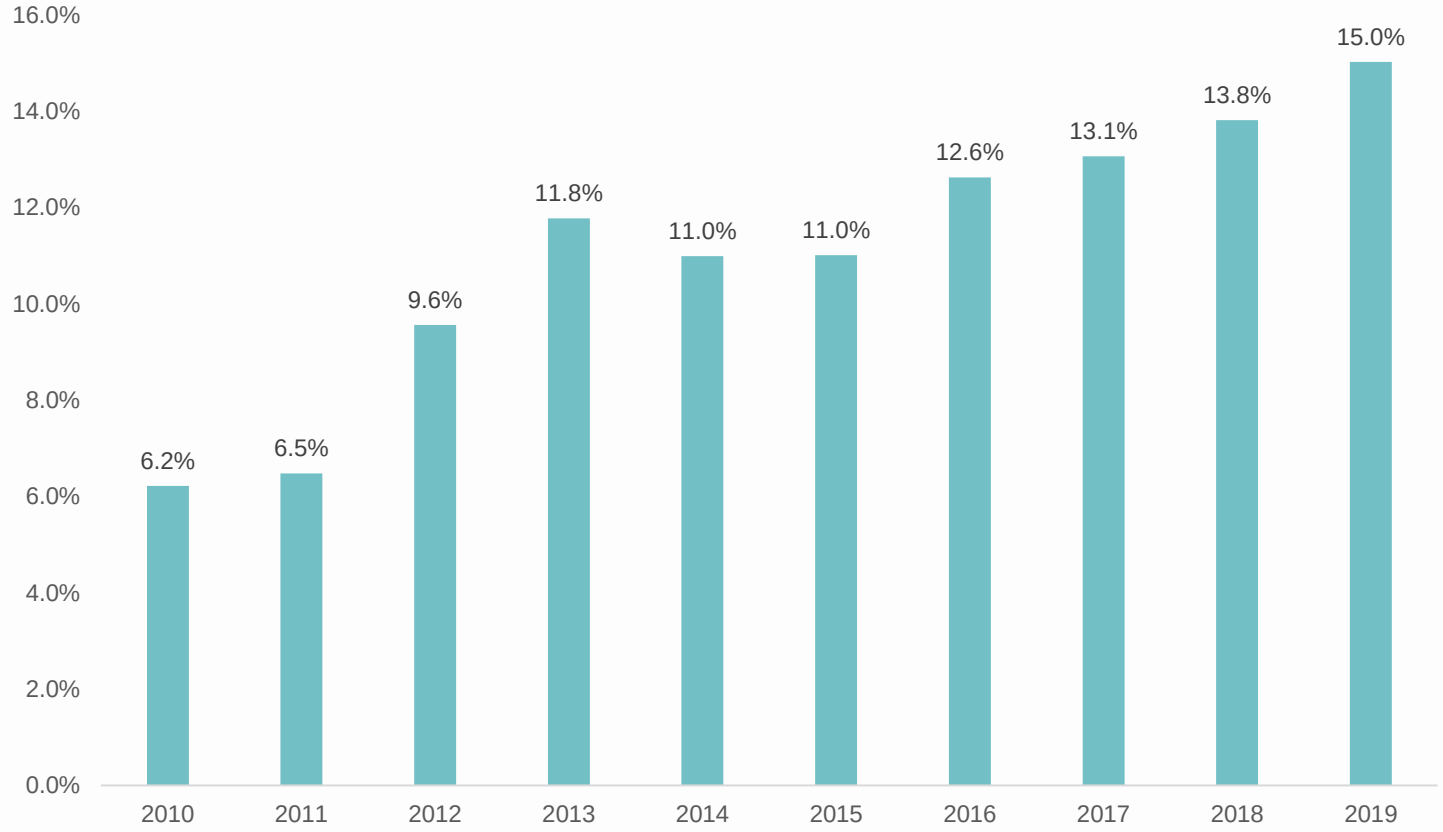
Figure 2. Proportion of chronic HCV cases in persons aged 20-29 years, Oregon, 2010-2019



Race and ethnicity of cases of acute hepatitis, 2016-2020, Oregon

Race	HAV	HBV	HCV	Population of Oregon
AI/AN	1%	1%	3%	2%
Asian	5%	5%	3%	5%
Black	1%	1%	5%	2%
Pacific Is.	2%	4%	0%	0.5%
White	76%	74%	72%	75%
Multiple	4%	1%	3%	4%
Other/Unk	12%	15%	16%	-
Ethnicity				
Latinx	12%	7%	7%	13%

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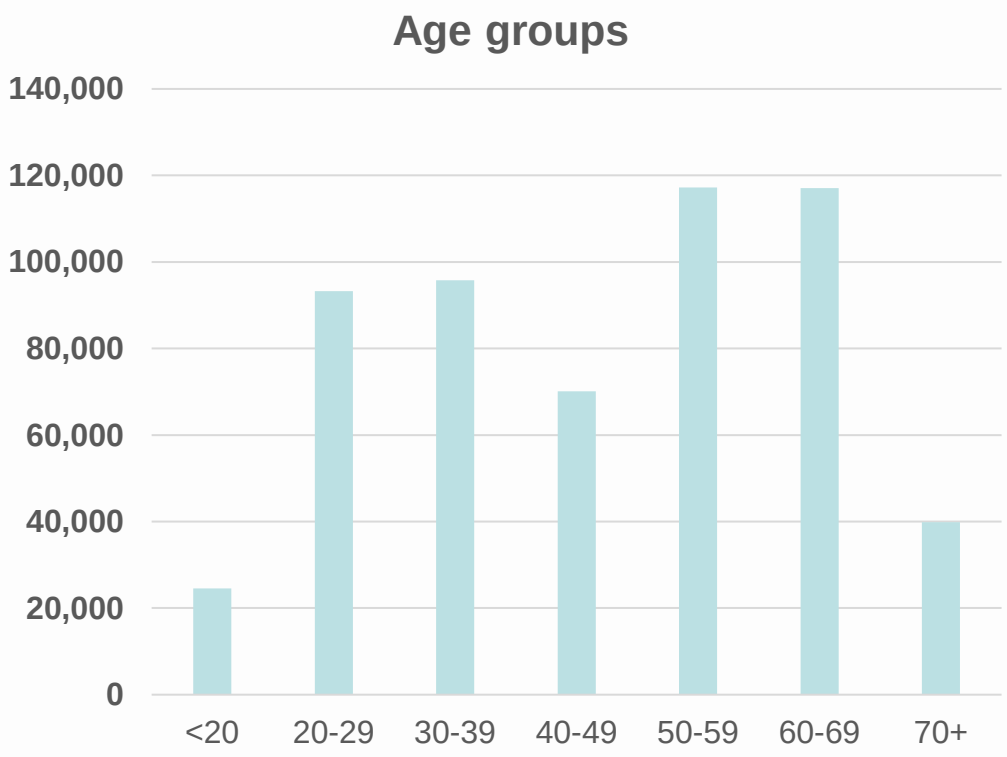
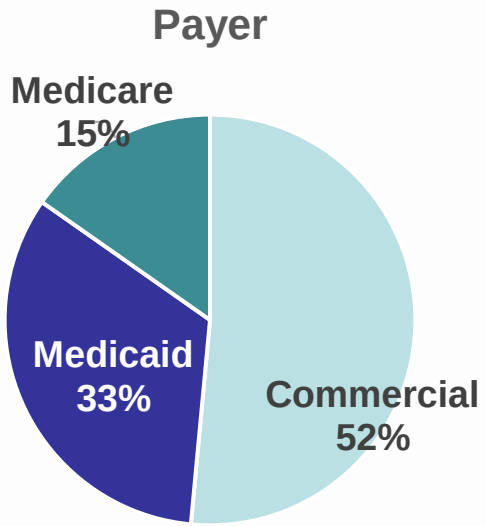
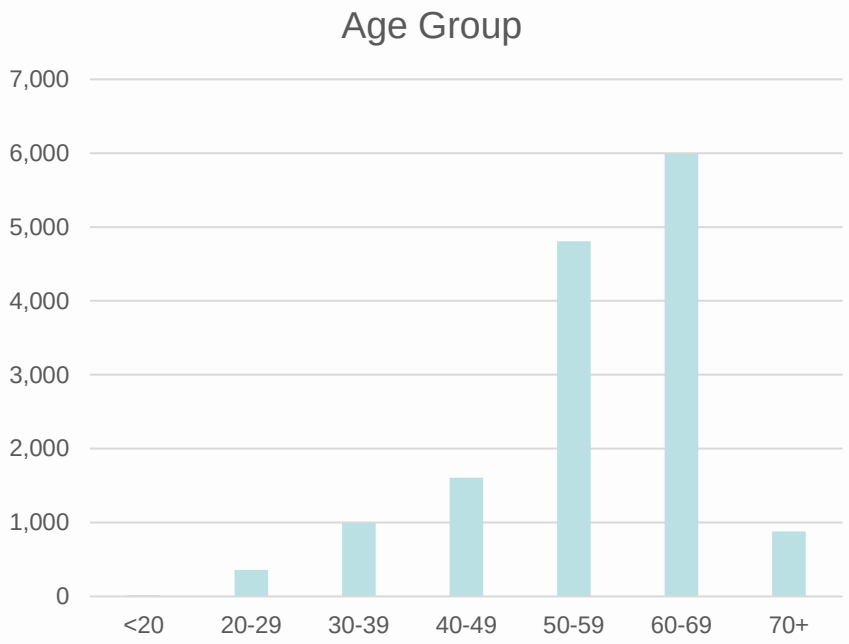
Characteristics of persons screened for HCV, Oregon 2010-2019

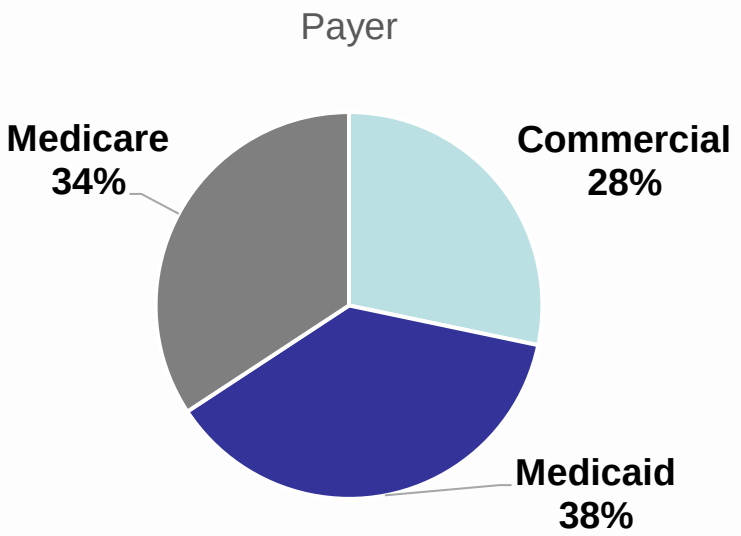




Gender	%
Male	41%
Female	59%

Characteristics of persons initiating treatment for HCV, Oregon 2010-2019





Gender	%
Male	60%
Female	40%

Foodborne diseases

Issue summary:

Why is this a priority now, and which groups are experiencing disproportionate harm?

- CDC estimates 48 million people get sick, 128,000 are hospitalized, and 3,000 die from foodborne disease each year in US
  - Over 400 cases of Salmonella are reported each year in OR
  - Although less common, E. coli 0157 and other Shiga toxin-producing E. coli (STEC) infections cause painful bloody diarrhea
  - Children and elderly have a 2%-7% risk of developing hemolytic uremic syndrome, higher in OR than rest of US
- Disparities
  - Children (especially daycare outbreaks)
  - In 2020 a large outbreak occurred of Shigella primarily in houseless populations or people working with houseless populations
  - Shigella common in MSM
  - Racial and ethnic disparities for Salmonella, Shigella, STEC in Oregon

Recommendations

If foodborne diseases are selected as a priority area, OHA recommends the following indicator:

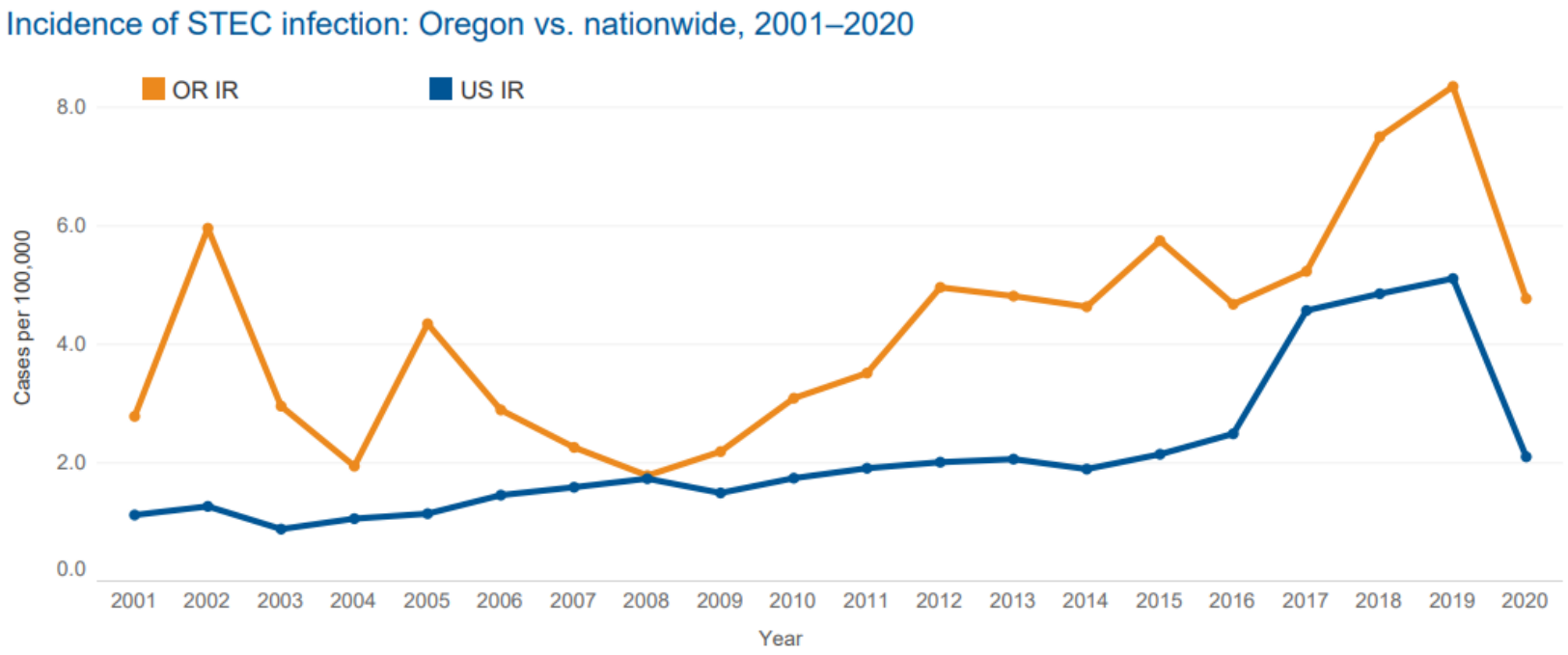
- Rates of Salmonella, Shigella and STEC, including by race, ethnicity, gender, sexual orientation, housing status (includes carceral setting), injection drug use.

- Rationale
  - LPHAs in Oregon routinely investigate cases and outbreaks of foodborne illness
  - Opportunities for prevention include education about handwashing, proper handling of raw foods, avoidance of certain food items (unpasteurized milk), prompt investigation and implementation of control measures

Data for indicators

Proposed indicators	Data source	Other Oregon plans that use these measures (if any)	Populations that experience a disproportionate burden of illness, death or risks	Data are reportable at a county level or other geographic breakdowns	Data can be stratified*
Foodborne diseases					
Rates of foodborne illness, including by race, ethnicity, gender, sexual orientation, housing status .	Orpheus		Children, elderly, people living in congregate settings, Black, NH/PI, Hispanic or Latino/a people, MSM	Yes	Yes

Rates of STEC in Oregon vs US, 2001-2020



Racial/ethnic disparities in foodborne illnesses, Oregon, 2016-2020

	Salmonella		Shigella		STEC	
	Rate*	RR**	Rate	RR	Rate	RR
Black	14.3	2.4	6.4	3.1	4.8	1.6
Asian	6.1	1.1	2.1	1.0	2.8	0.9
AI/AN	10.3	1.8	2.6	1.3	2.6	0.9
NH/PI	13.9	2.4	11.7	5.6	-	-
Hispanic or Latino/a	10.2	1.7	5.2	2.5	5.8	1.9
US rates or HP 2030 goals	HP 2030: <11.5		US rate in 2016: 3.92		HP 2030: <3.7	

***Rate in cases /100,000**
****RR=Relative risk compared to Oregon average**
Source: Orpheus, OHA

Oregon Health Authority

Tuberculosis

Issue summary:

Why is this a priority now, and which groups are experiencing disproportionate harm?

- Active TB infection has been stable over time in Oregon. However, the rate of active TB has increased dramatically among Pacific Islanders and continues to affect those involved in the criminal justice system, people who experience housing instability, and new arrivals to Oregon from other countries.

Recommendations

If Tuberculosis is selected as a priority area, OHA recommends the following indicator:

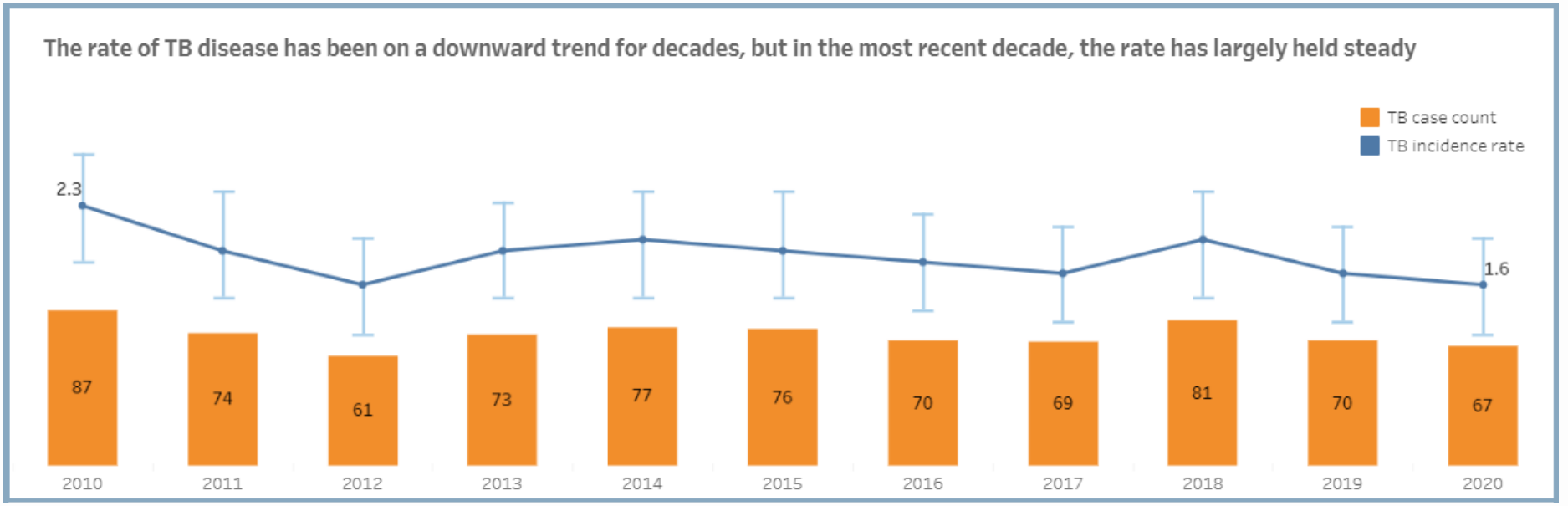
- Rate of active TB infection

- Rationale
  - TB elimination is a key public health priority
  - This measure is consistent with the CDC TB Elimination Plan

Data for indicators

Proposed indicators	Data source	Other Oregon plans that use these measures (if any)	Populations that experience a disproportionate burden of illness, death or risks	Data are reportable at a county level or other geographic breakdowns	Data can be stratified*
Tuberculosis					
Rate of active TB infection	ORPHEUS	National TB Elimination Plan	Pacific Islanders, people who are unhoused, people involved in the criminal justice system, new arrivals to the US from other countries	Yes	Yes

The rate of active TB in Oregon has held steady over time



https://public.tableau.com/app/profile/oregon.health.authority.public.health.divison/viz/TuberculosisAnnualProfile/1-Main?publish=yes

Oregon Health Authority

Discussion

1. Which of the priority areas discussed today should be prioritized as a statewide area of focus for public health accountability metrics? Why would you prioritize this area/these areas?

2. Which of the priority areas discussed today should not be prioritized as a statewide area of focus for public health accountability metrics? Why would you recommend against selecting this area/these areas?

Wrap up and next steps