

# AGENDA

## PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee

March 14, 2023  
9:00-10:00 AM

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1616889251?pwd=YXQyS2RmZEFld0JnTUJMazF5MGIwQT09>

Meeting ID: 161 688 9251

Passcode: 157025

(669) 254-5252

### Meeting Objectives:

- Discuss group agreements and a person-centered approach to public health metrics
- Discuss communicable disease priority areas and indicators

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

### PHAB's [Health Equity Policy and Procedure](#)

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9:00-9:05 AM	<b>Welcome and introductions</b> <ul style="list-style-type: none"><li>• Both the March 3 and March 14 meeting minutes will be reviewed at the 4/11 subcommittee meeting</li><li>• LPHA consultation meetings scheduled for April 4 and April 6</li><li>• Hear updates from subcommittee members</li></ul>	Sara Beaudrault, Oregon Health Authority
9:05-9:20 AM	<b>Group agreements and a person-centered approach to public health metrics</b> <ul style="list-style-type: none"><li>• Review and discuss group agreements within the context of recent subcommittee discussions</li><li>• Discuss changes the subcommittee may wish to make to ensure that data and metrics discussions are person-centered.</li></ul>	All
9:20-9:50 AM	<b>Communicable disease priorities and indicators</b> <ul style="list-style-type: none"><li>• Review proposed health priorities and indicators for communicable disease data, including current data</li></ul>	All

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- Review compiled information on available data and community input
  - **Decision:** Does the subcommittee support taking these priorities and indicators to LPHAs for consultation? If not, what changes are needed?
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9:50-9:55 AM

**Subcommittee business**

- Review agenda for April 11 meeting
- Discuss upcoming meeting schedule

All

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9:55-10:00 AM

**Public comment**

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10:00 AM

**Adjourn**

All

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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@dhsosha.state.or.us](mailto:publichealth.policy@dhsosha.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

# 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

Collective responsibility across sectors and partners	
Health priorities	Policy actions
Public health assessment	Public health policy development
Indicators of health outcomes  <i>What are priority health issues throughout Oregon?</i>  <i>Which groups experience disproportionate harm?</i>	Measures of policy landscape  <i>How are policies contributing to or eliminating root causes of health inequities?</i>
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.	

Oregon Health Authority and local public health authority accountability
Public health data, partnerships and policy
Public health assurance
Measures of foundational capabilities  <i>Are public health authorities increasing capacity and expertise needed to address priority health issues?</i>  <i>Are public health authorities better able to provide core public health functions within their community?</i>
Level of accountability  OHA and individual LPHAs

## Public health accountability metrics

February 14, 2023

### Updated timeline

Through June 2023, PHAB will focus on finalizing indicators of health priorities for communicable disease control and environmental health. From June-December PHAB and CLHO will shift focus to related process and policy measures.

#### February and March 2023

- PHAB Accountability Metrics focus on environmental health and communicable disease indicators.

#### April 2023

- CLHO Consultation
- PHAB Accountability Metrics Subcommittee focus on incorporating feedback from CLHO consultation and finalizing indicator recommendations to PHAB

#### May 2023

- PHAB approval of accountability metrics indicators

#### June 2023

- Produce initial public health accountability metrics report

#### July-December 2023

- Continued development of policy and process measures
- PHAB vote to approve policy and process measures
- Development of process measure specifications and mechanisms for data collection.

#### January-June 2024

- Process measure data collection
- Development of complete public health accountability metrics report

## Groups involved and roles for developing public health accountability metrics

### CLHO metrics workgroups

- **Generate metrics recommendations for all metrics tiers**
- These are the local and state programmatic subject matter experts
- Review available data, existing plans and metrics, research
- Prepare materials for PHAB Accountability Metrics subcommittee
- Meet every other week

### CLHO

- **Provide LPHA leadership perspective on metrics**
- Formal consultation for input (tentatively planned for April 2023)
- Monthly informal opportunity for input at CLHO meetings

### PHAB Accountability Metrics subcommittee

- **Review and synthesize metrics recommendations from CLHO metrics workgroups, CLHO and other groups**
- Provide a range of perspectives and considerations, including community and health system perspectives
- Provide direction for development of accountability metrics report, including communications materials
- Provide leadership for discussing public health accountability metrics with other groups (for example, CCO Metrics & Scoring Committee)
- Meets monthly

### PHAB

- **Formally adopt public health accountability metrics** (tentatively planned for June 2023)
- Monitor progress toward accountability metrics
- Provide guidance for application of public health accountability metrics across sectors and partners, in line with PHAB charter
- Meets monthly

## PHAB Accountability Metrics subcommittee

Proposed communicable disease priority areas and indicators

March 14, 2023

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.

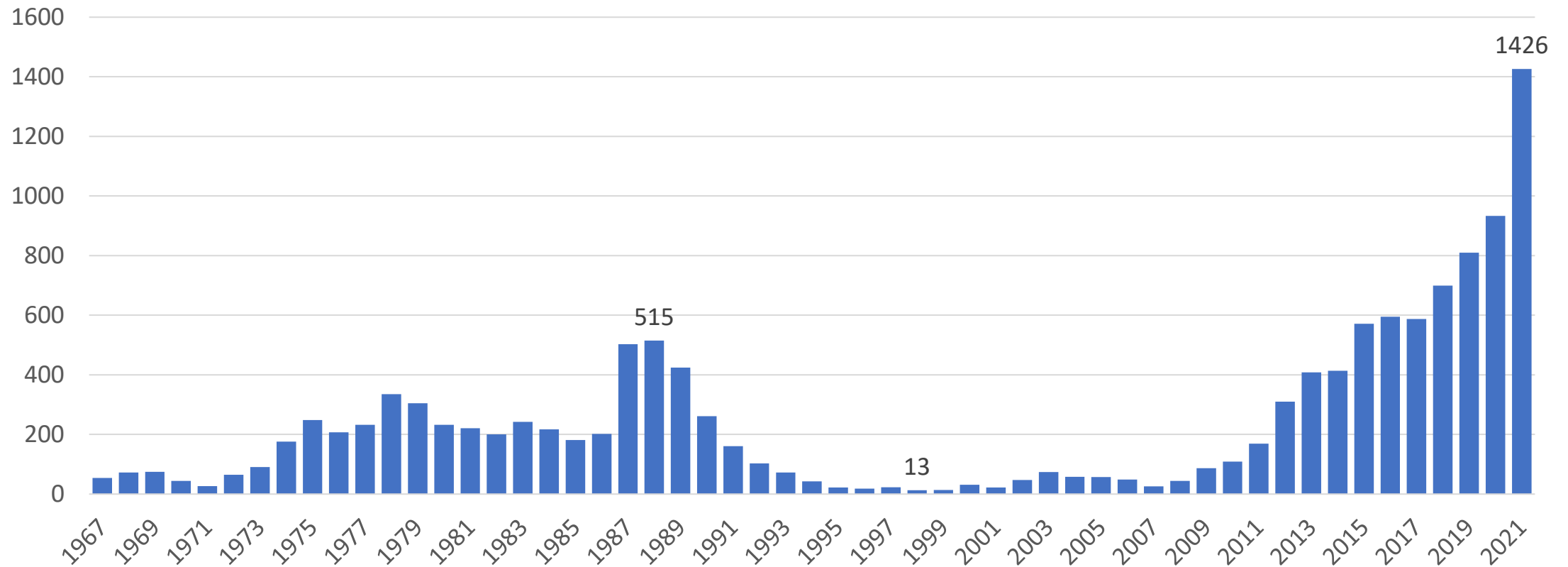
Priority areas	Indicators
<b>Seasonal and emerging respiratory pathogens</b>	<ul style="list-style-type: none"><li>• All respiratory outbreaks (influenza-like illness, RSV, COVID and others) in long-term care facilities</li><li>• Influenza hospitalizations and mortality rates</li><li>• Influenza vaccination rates</li></ul>
<b>Sexually transmitted infections</b>	<ul style="list-style-type: none"><li>• Rate of congenital syphilis</li><li>• Rate of any stage syphilis among people who can become pregnant</li><li>• Rate of primary and secondary syphilis</li><li>• Rate of gonorrhea</li></ul>
<b>HIV</b>	<ul style="list-style-type: none"><li>• Rate of new HIV infections</li><li>• Proportion of people living with HIV with an undetectable viral load within three months of diagnosis</li><li>• Proportion of people living with HIV with an undetectable viral load in the prior year</li></ul>
<b>Viral hepatitis</b>	<ul style="list-style-type: none"><li>• Rates of acute hepatitis, including by race and ethnicity, gender, sexual orientation, housing status (includes carceral settings), injection drug use</li></ul>

<b>Vaccine preventable diseases</b>	<ul style="list-style-type: none"><li>• 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</li><li>• Adolescent vaccination rates</li><li>• Adult vaccination rates</li><li>• Two-year old vaccination rates</li><li>• School vaccination rates and non-medical exemption rates</li><li>•</li></ul>
<b>Foodborne diseases</b>	<ul style="list-style-type: none"><li>• Rates of foodborne diseases, including by race, ethnicity, gender, sexual orientation, housing status (includes carceral settings), injection drug use</li></ul>
<b>Tuberculosis</b>	<ul style="list-style-type: none"><li>• Rate of active TB infection</li></ul>

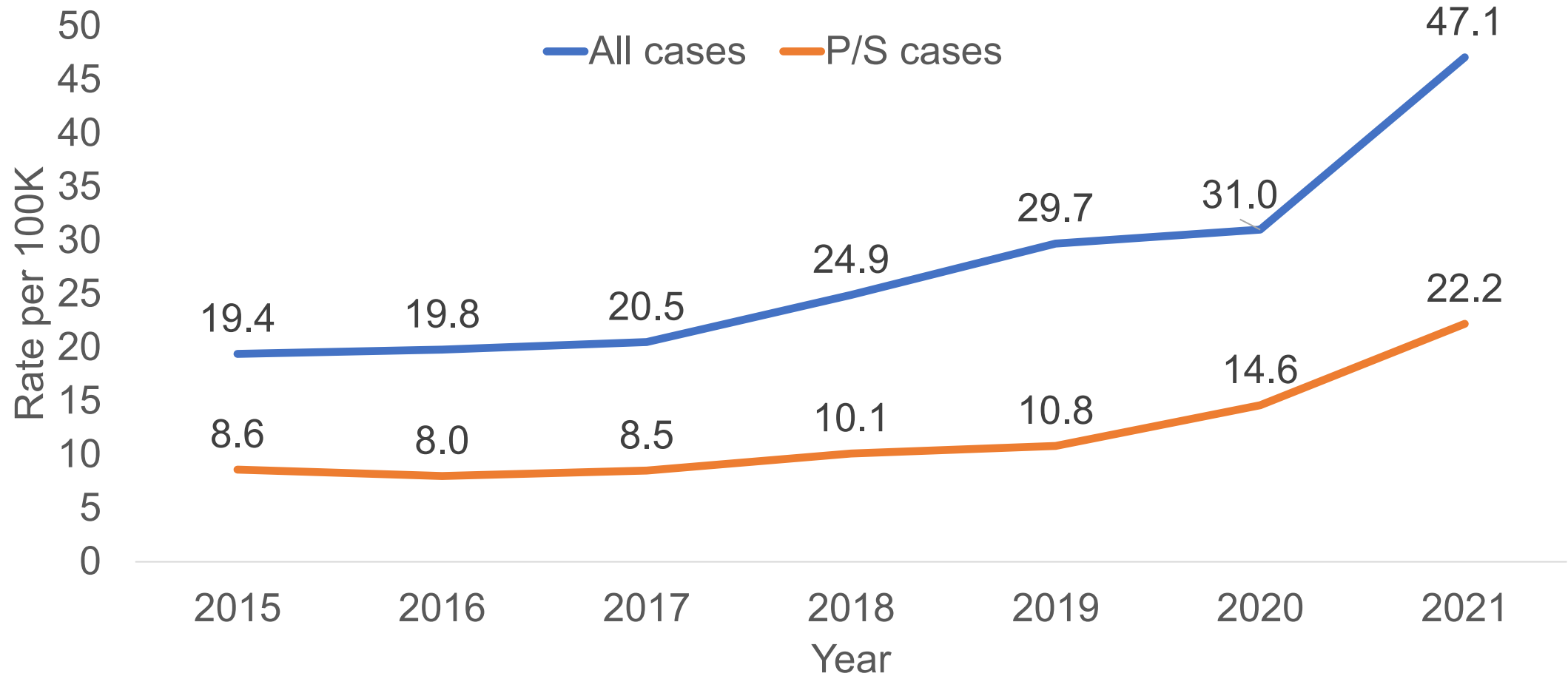


# Early (Infectious) syphilis diagnoses are higher than ever

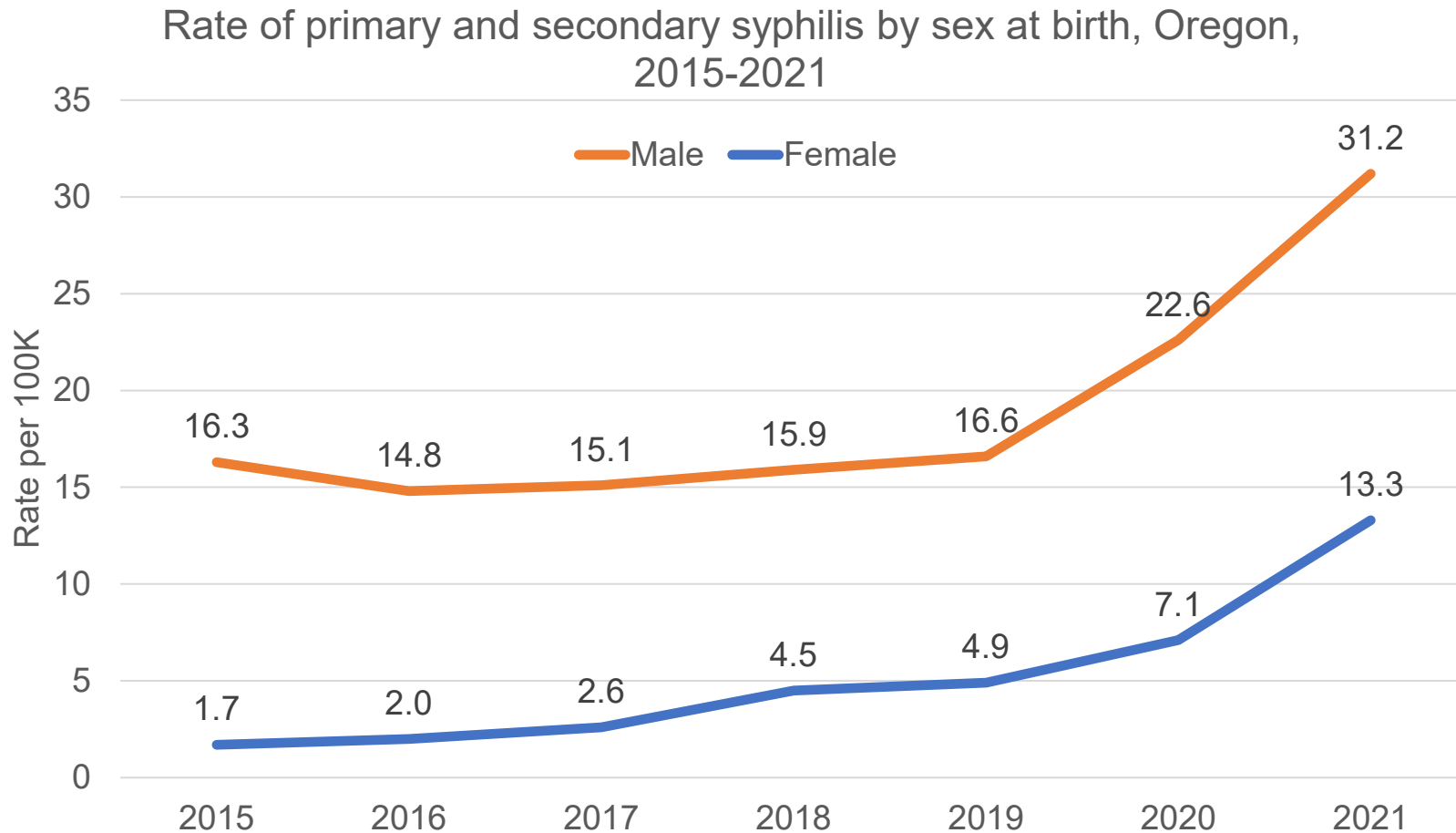
Cases of primary, secondary and non-primary non-secondary (early) syphilis, 1967-2021



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



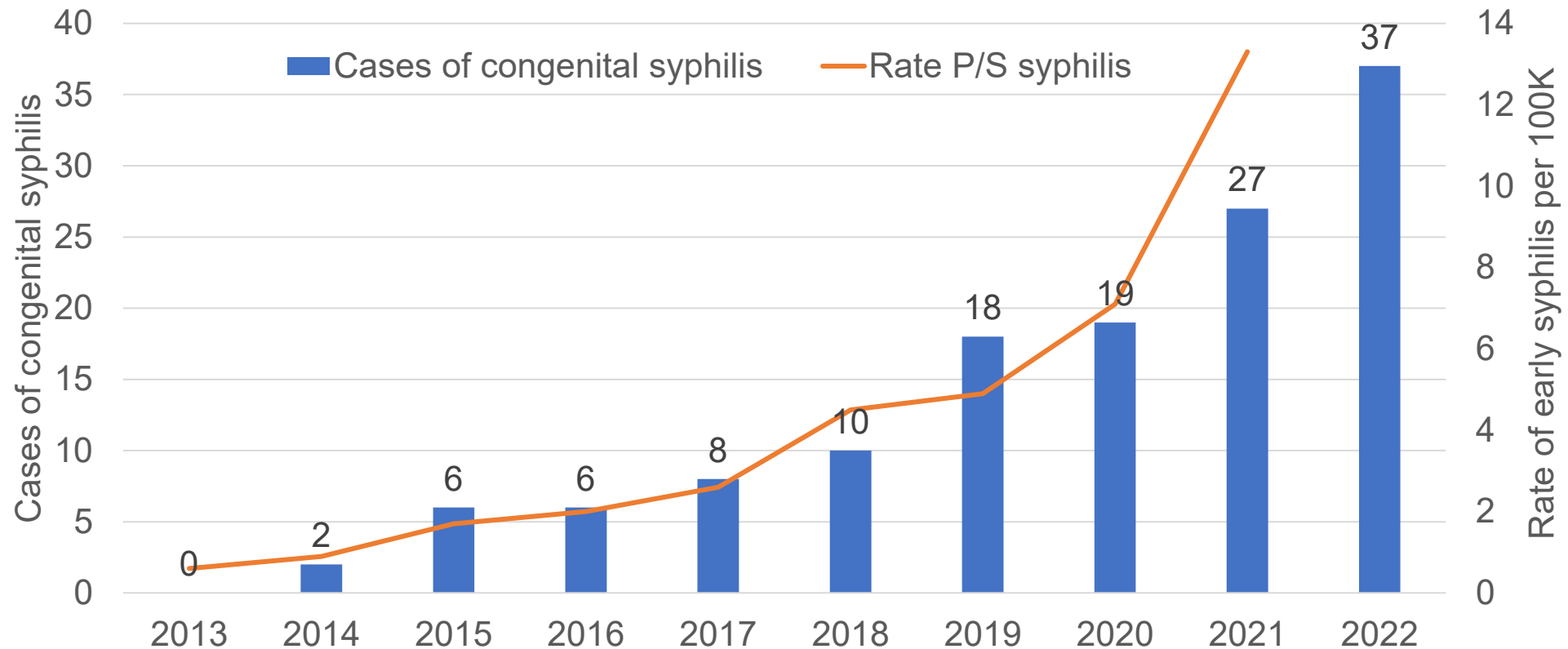
# Primary and Secondary (P/S) syphilis diagnoses almost tripled among people assigned female at birth between 2019 and 2021



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

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

Cases of congenital syphilis and rate of early syphilis among people assigned female at birth, Oregon, 2013-2022



# 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

# 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**

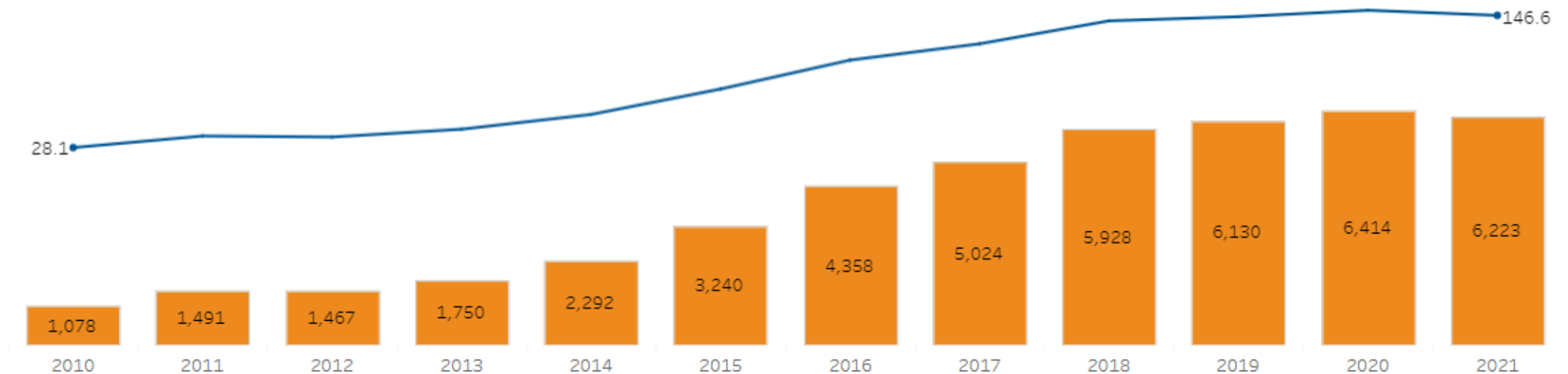
- Most patients reported 1 male sexual partner in the prior 12 months (max = 3)
- None were known to be living with HIV
- 43/96 (45%) had a history of either chlamydia or gonorrhea
  - 41/96 (43%) had a history of chlamydia
  - 18/96 (19%) had a history of gonorrhea
- 11/96 (11%) had chronic HCV prior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



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

## Gonorrhea counts and rates

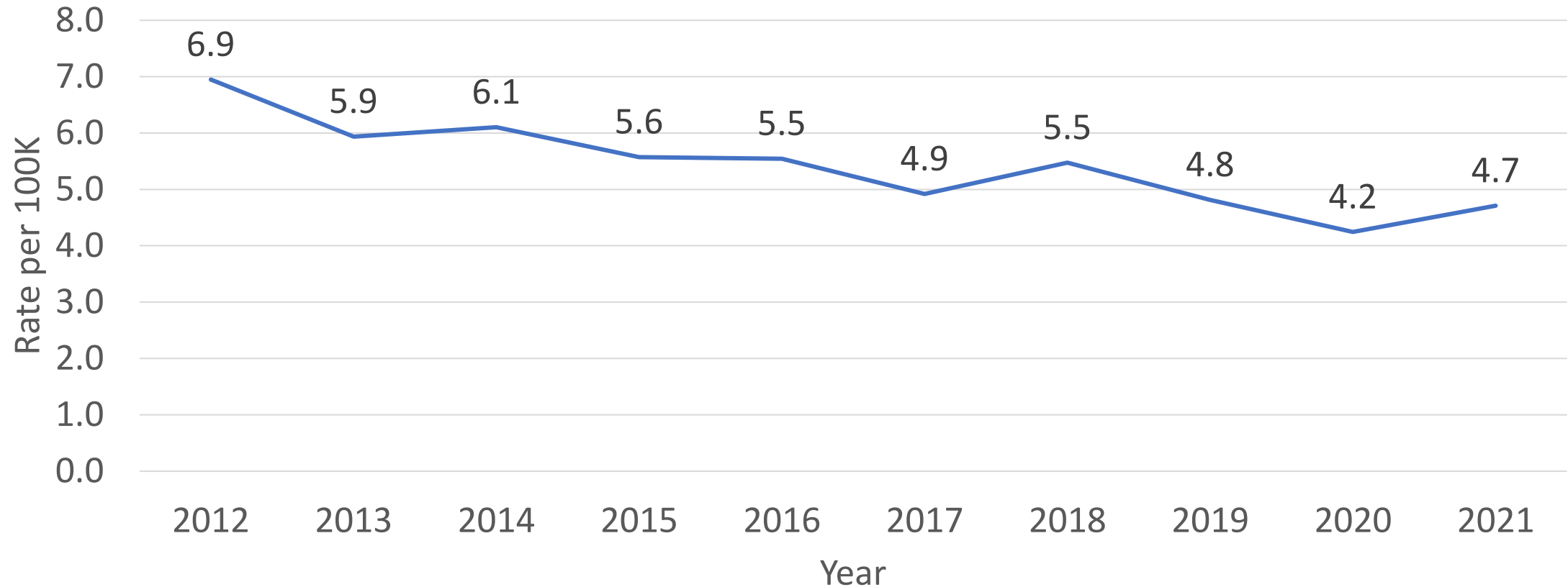
The rate of gonorrhea has been increasing in the last decade. The decrease in 2021 could reflect the impact of the pandemic on accessing healthcare services



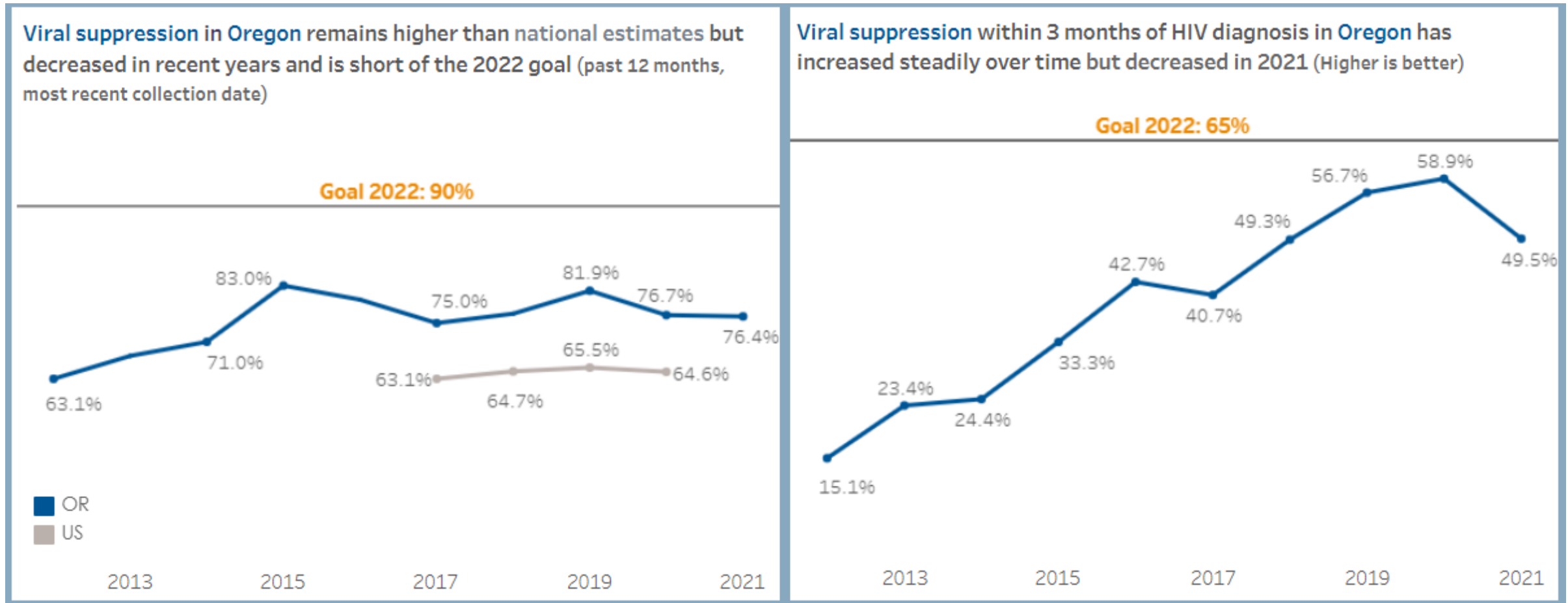
[https://public.tableau.com/app/profile/oregon.health.authority.public.health.divison/viz/Gonorrhea\\_16536733712190/Story2021](https://public.tableau.com/app/profile/oregon.health.authority.public.health.divison/viz/Gonorrhea_16536733712190/Story2021)

# HIV incidence in Oregon has been declining over time

HIV Incidence, 2012-2021, Oregon



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

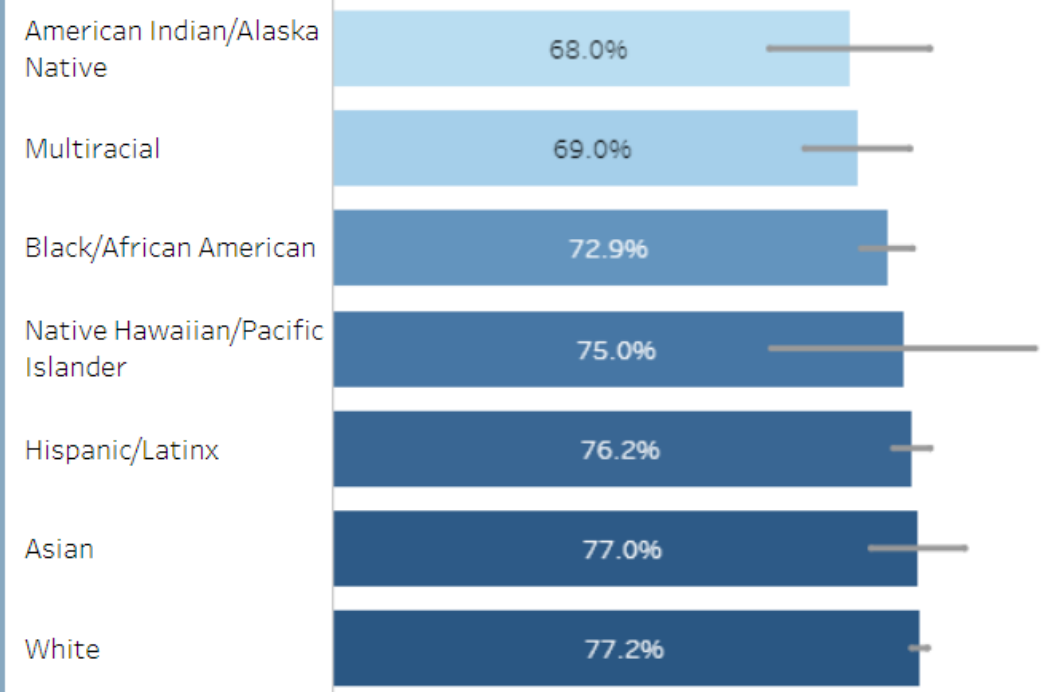


# HIV-related health inequities by race and ethnicity persist in Oregon

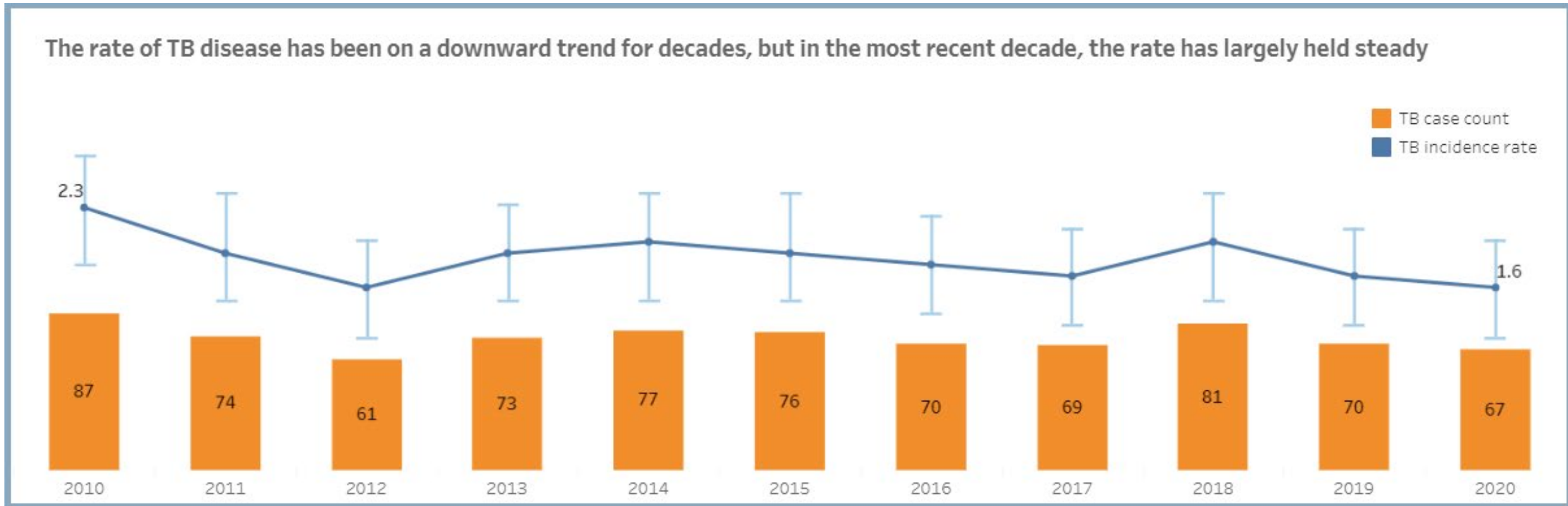
**Black, Native Hawaiian/Pacific Islander, Latinx, and American Indian/Alaska Native Oregonians had higher rates of new HIV diagnoses compared to Multiracial, White and Asian Oregonians (New HIV cases per 100,000), 2017-2021**



**Viral suppression at the last collection date was lower than 75% among American Indian/Alaska Native, Multiracial and Black/African American Oregonians, 2021 (Higher is better, 2022 goal = 90%)**



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



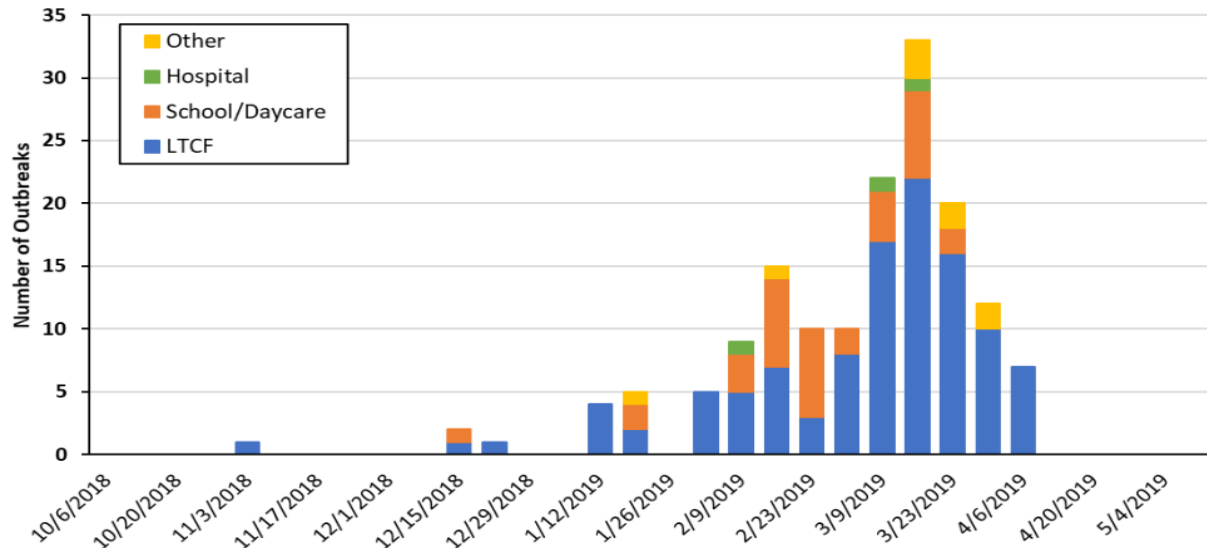
<https://public.tableau.com/app/profile/oregon.health.authority.public.health.divison/viz/TuberculosisAnnualProfile/1-Main?publish=yes>

# Outbreaks of influenza in LTCFS

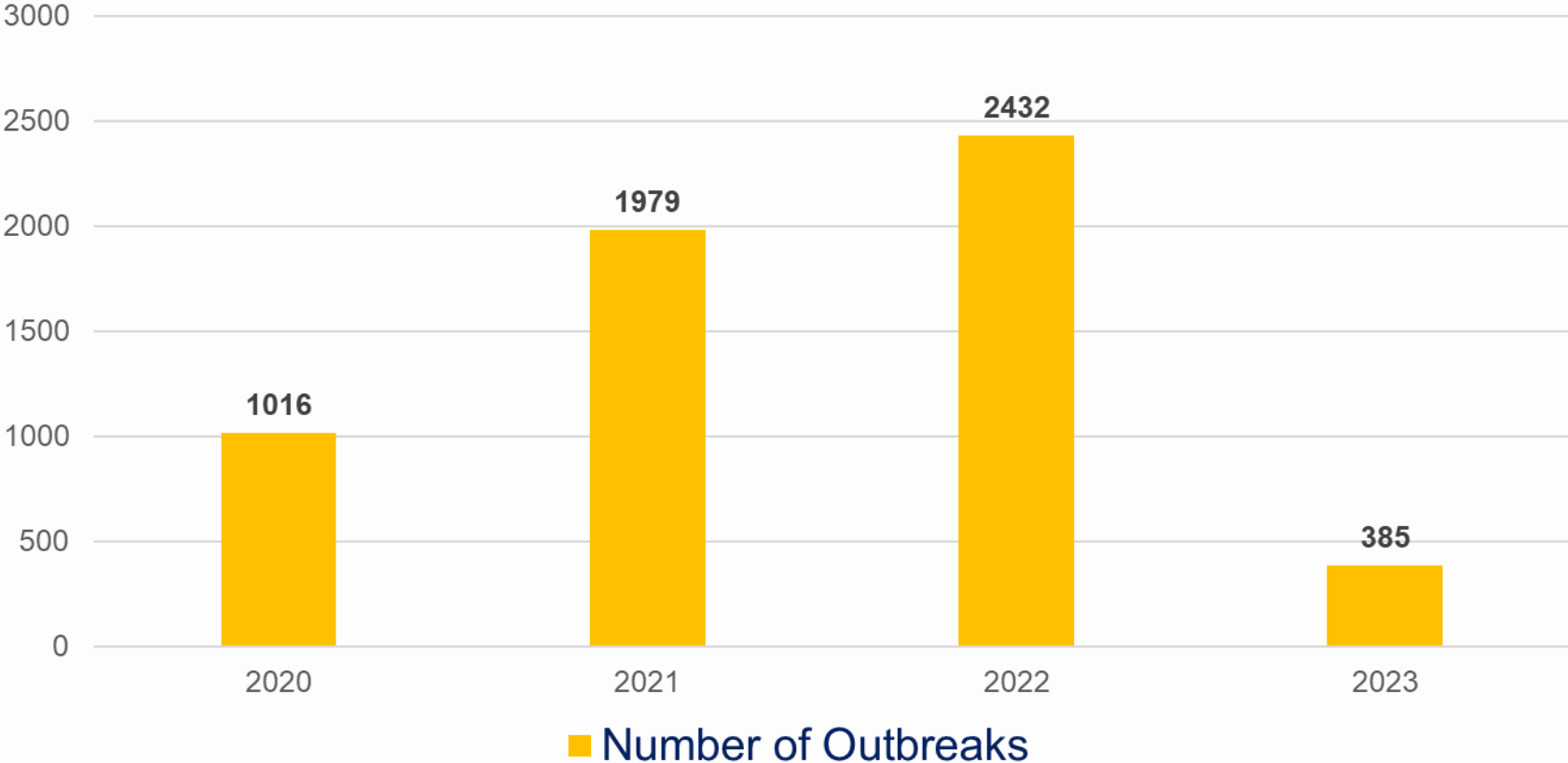
## Typical year (2018-19) in pre-pandemic era

**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**

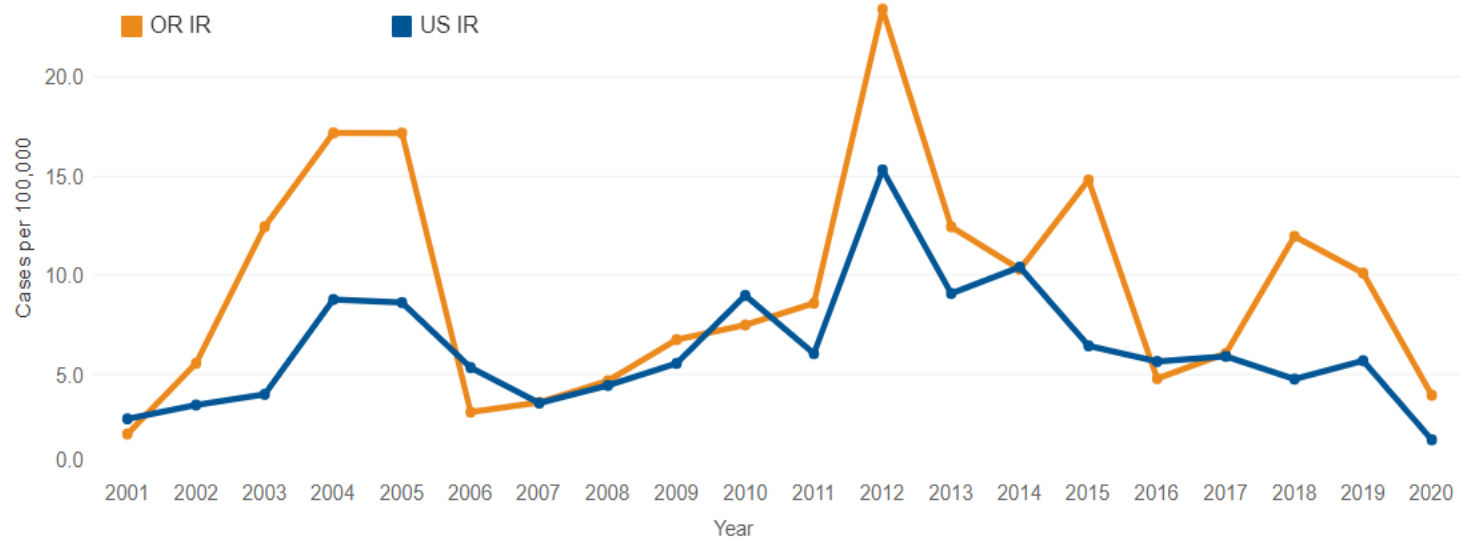


# Outbreaks of COVID-19 in LTCFs, 2020-2023 (as of March 9, 2023)



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

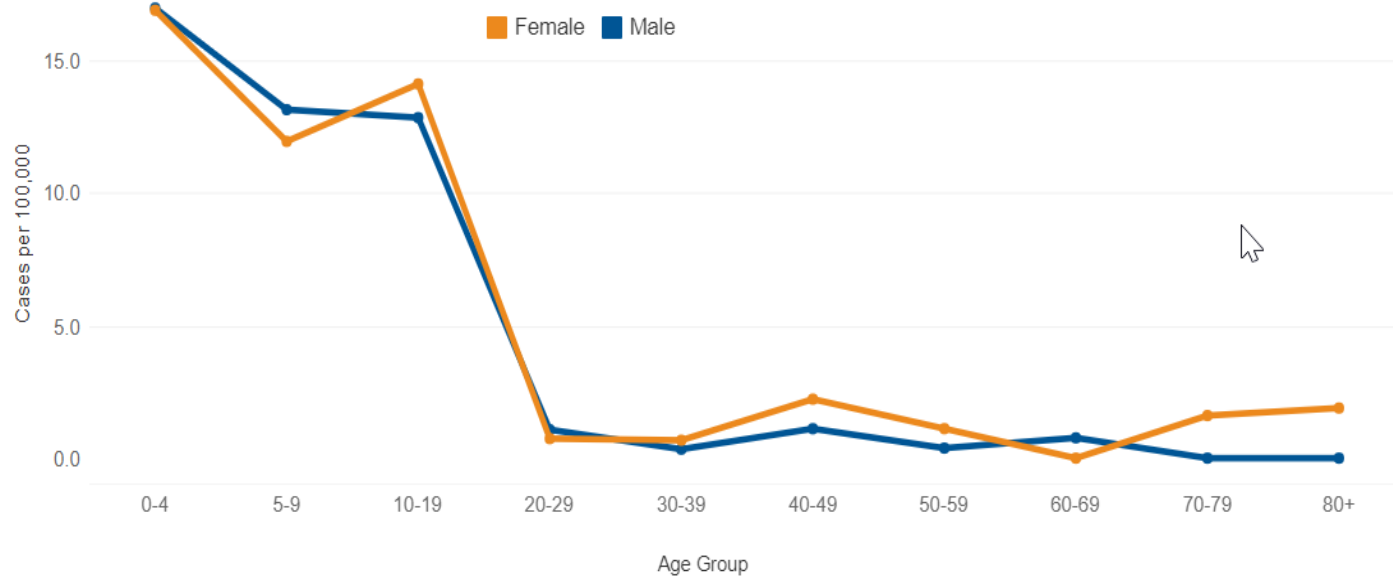
Incidence of pertussis: Oregon vs. nationwide, 2001–2020



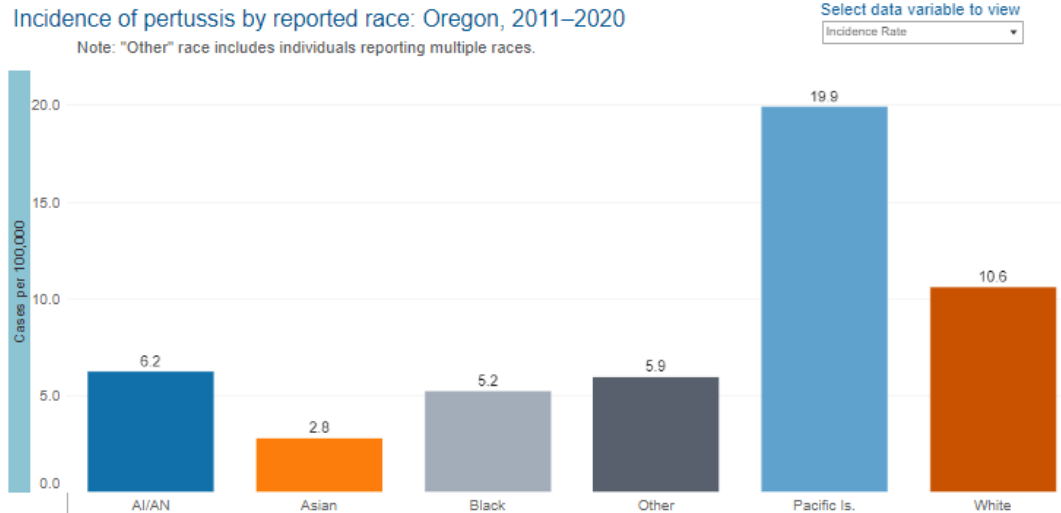


# Incidence of pertussis by age and sex, Oregon, 2020

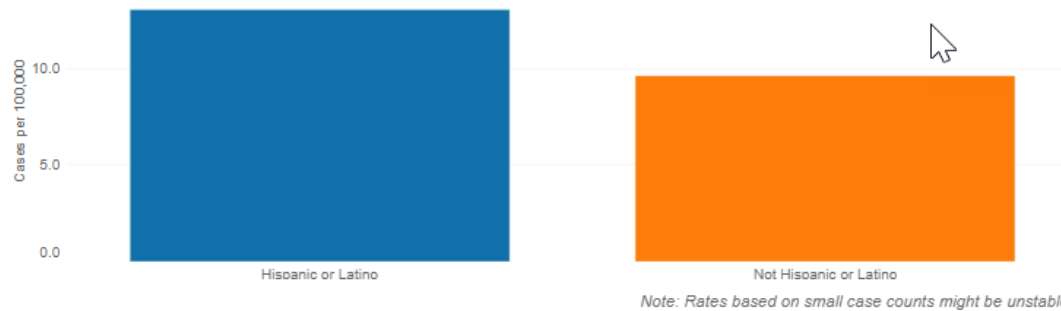
Incidence of pertussis by age and sex: Oregon, 2020



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



Incidence of pertussis by reported ethnicity: Oregon, 2011–2020



## Contact information

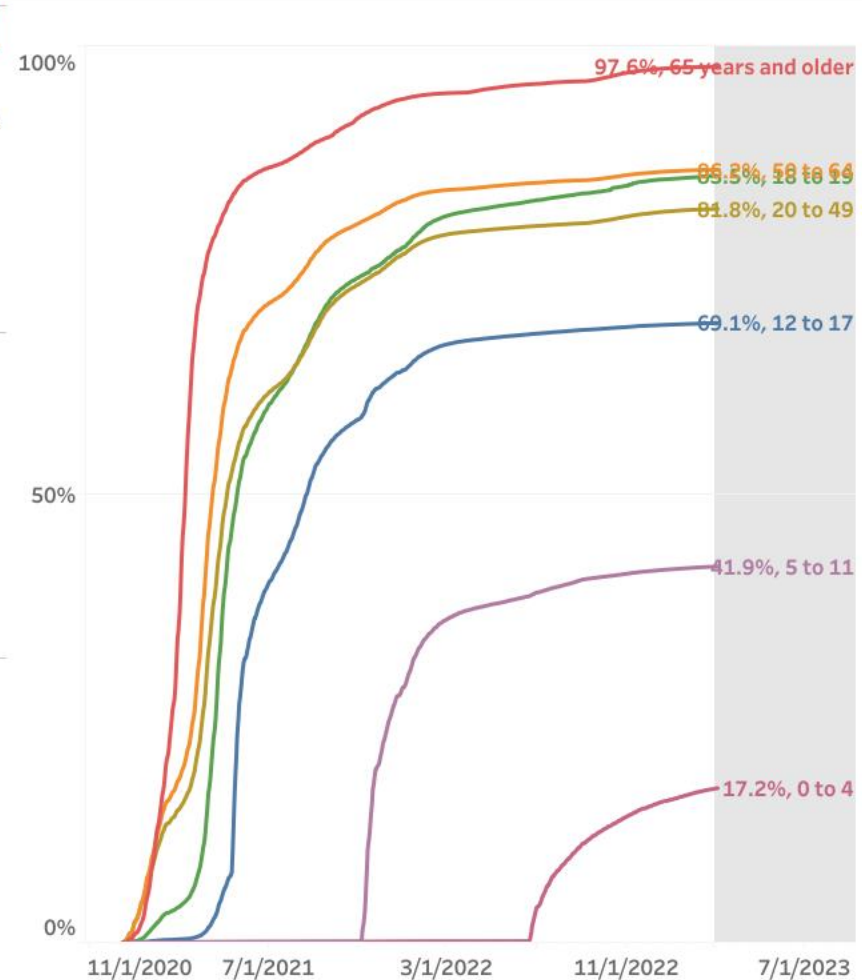
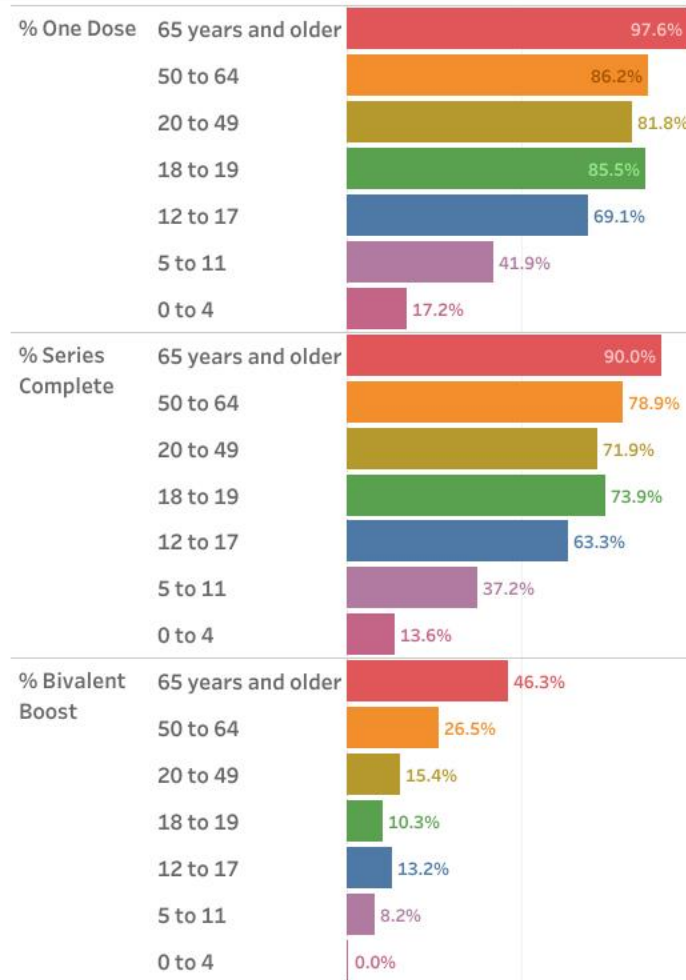
**Ann Thomas**

**Acute & Communicable Disease Prevention  
Public Health Physician**

**[ann.r.thomas@dhsoha.state.or.us](mailto:ann.r.thomas@dhsoha.state.or.us)**

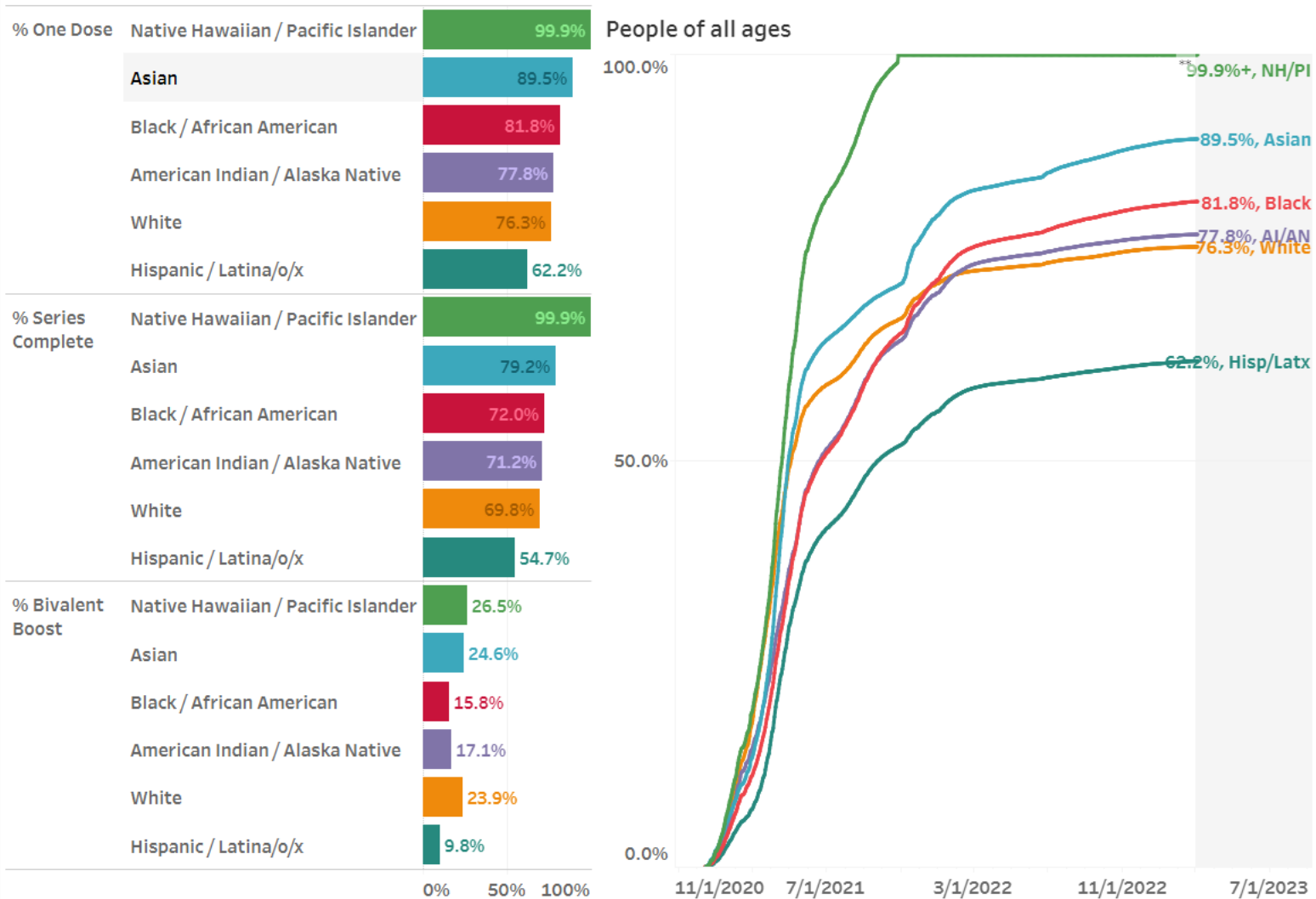
# Seasonal Respiratory Virus Vaccination

## COVID-19 Vaccination by Age



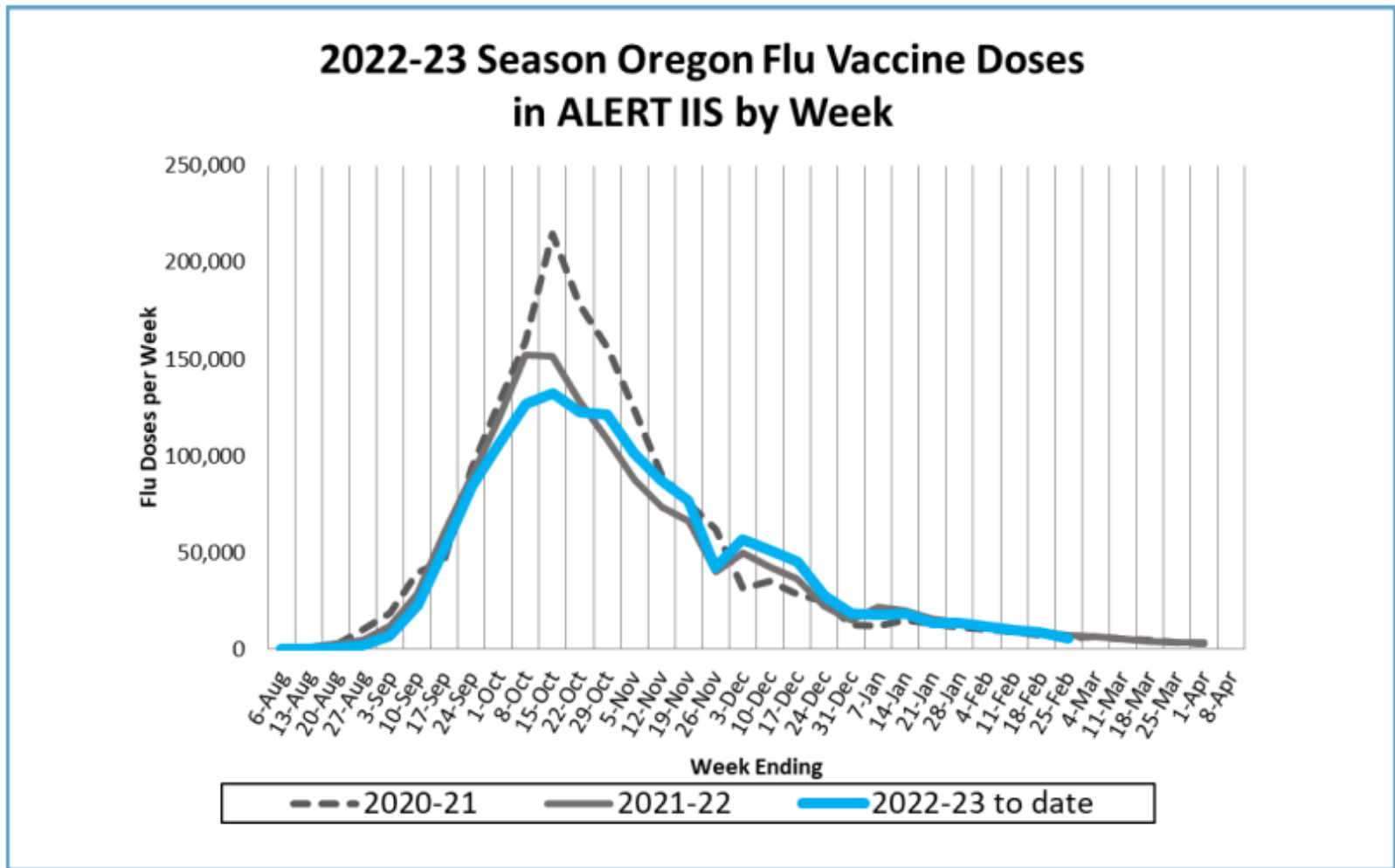
# Seasonal Respiratory Virus Vaccination

## COVID-19 Vaccination by Race and Ethnicity



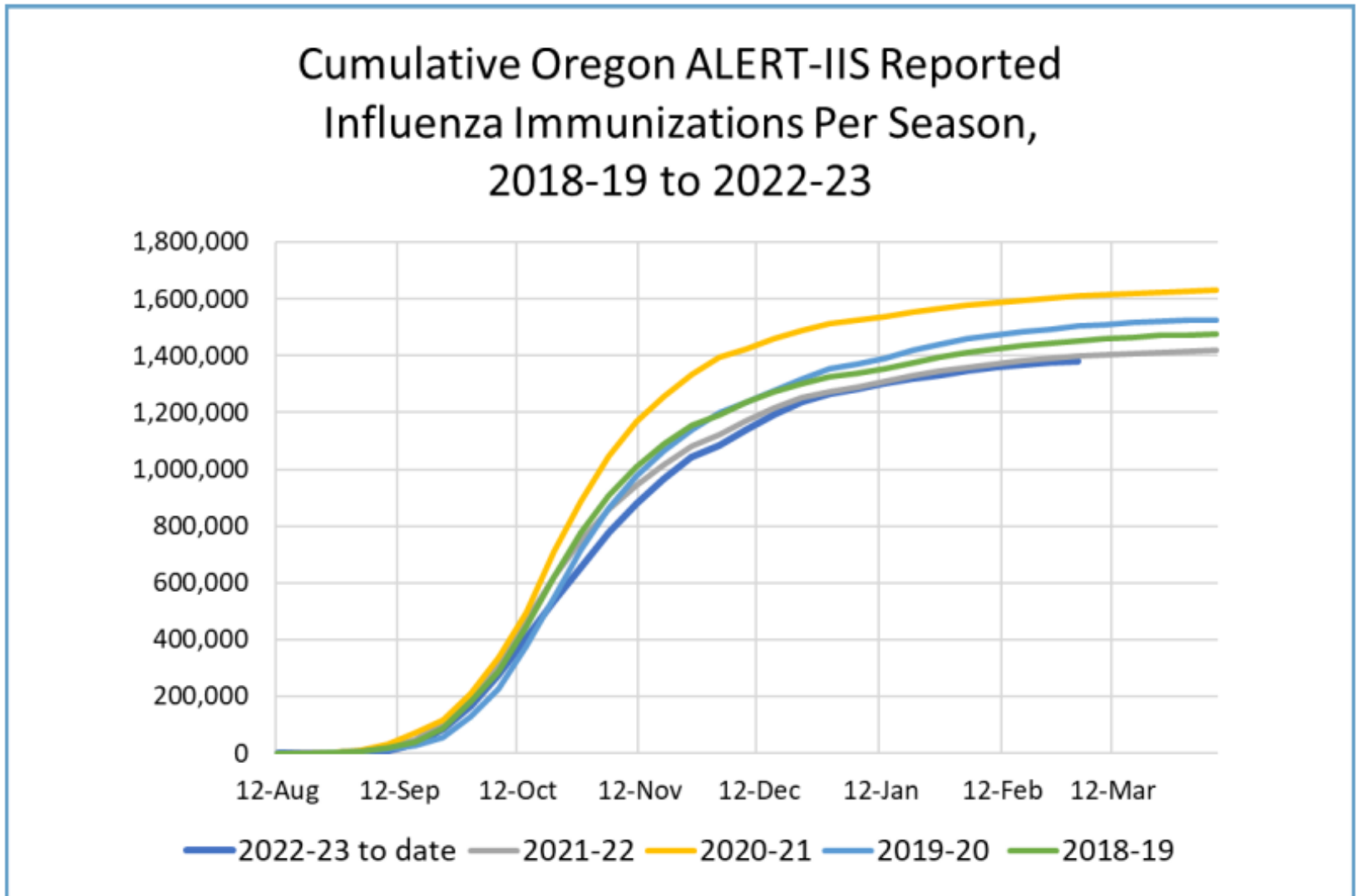
# Seasonal Respiratory Virus Vaccination

## 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
<b>Influenza Vaccination Rates<sup>a,b</sup></b>				
<b>Female</b>				
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%
<b>Male</b>				
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%
<b>All adults</b>				
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%

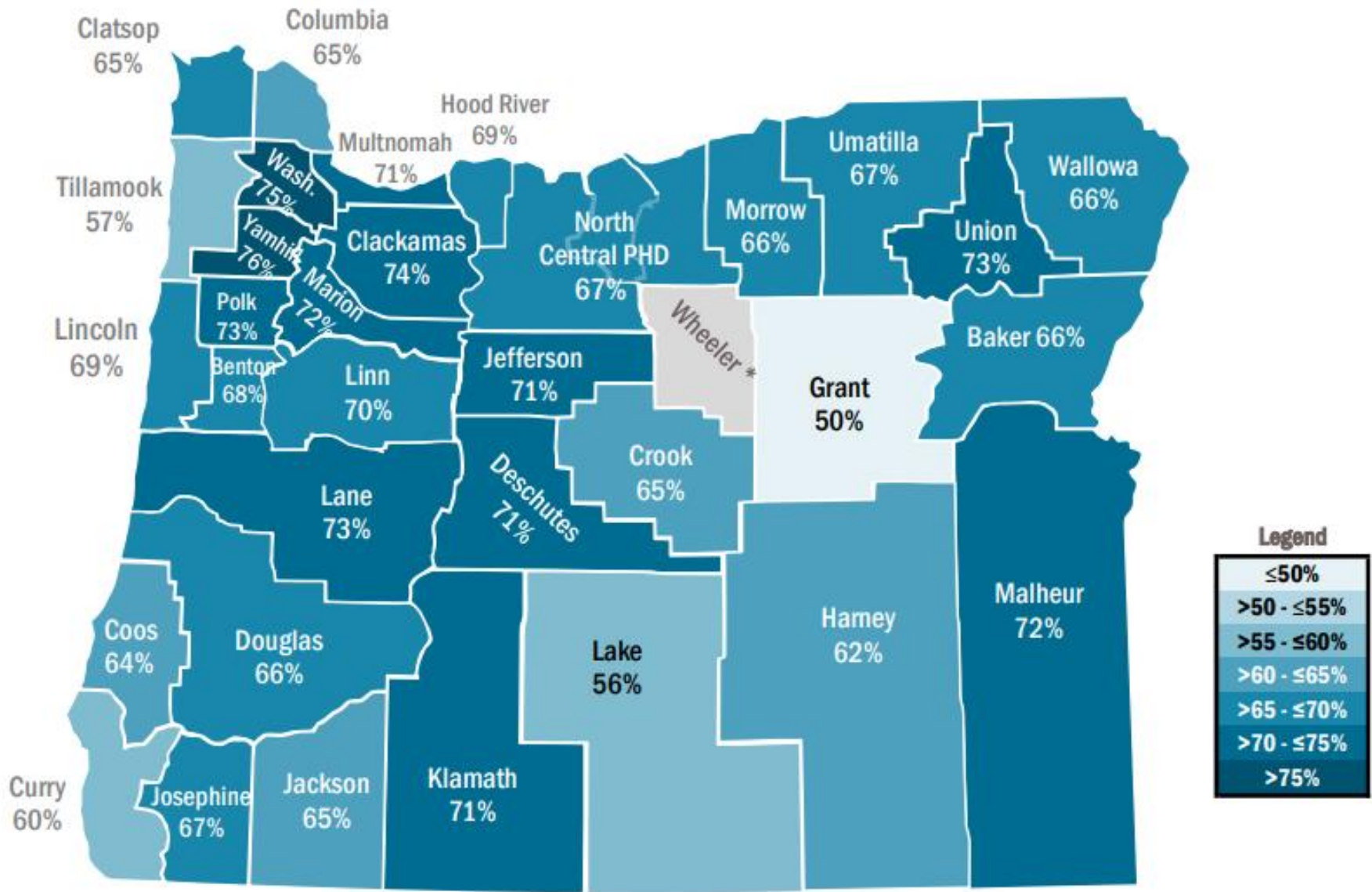


# Routine Vaccination

## 2 Year-Old-Vaccination Rates

	2014	2015	2016	2017	2018	2019	2020	2021
Two-Year-Olds <sup>a</sup> Up-to-Date Rate <sup>b</sup>								
4:3:1:3:3:1:4 <sup>c</sup>	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 <sup>d,e</sup>	60%	64%	65%	66%	66%	69%	68%	68%
No VFC vaccines <sup>d,e</sup>	59%	63%	67%	71%	73%	75%	76%	76%
Hispanic <sup>d,f</sup>	63%	68%	70%	69%	72%	74%	72%	72%
White <sup>d,f</sup>	60%	64%	67%	69%	70%	72%	72%	72%
African American <sup>d,f</sup>	55%	59%	60%	62%	61%	61%	63%	63%
Asian <sup>d,f</sup>	64%	68%	69%	73%	73%	76%	77%	77%
American Indian and Alaskan Native <sup>d,f</sup>	60%	63%	65%	66%	66%	69%	67%	66%
Hawaiian/Pacific Islander <sup>d,f</sup>	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

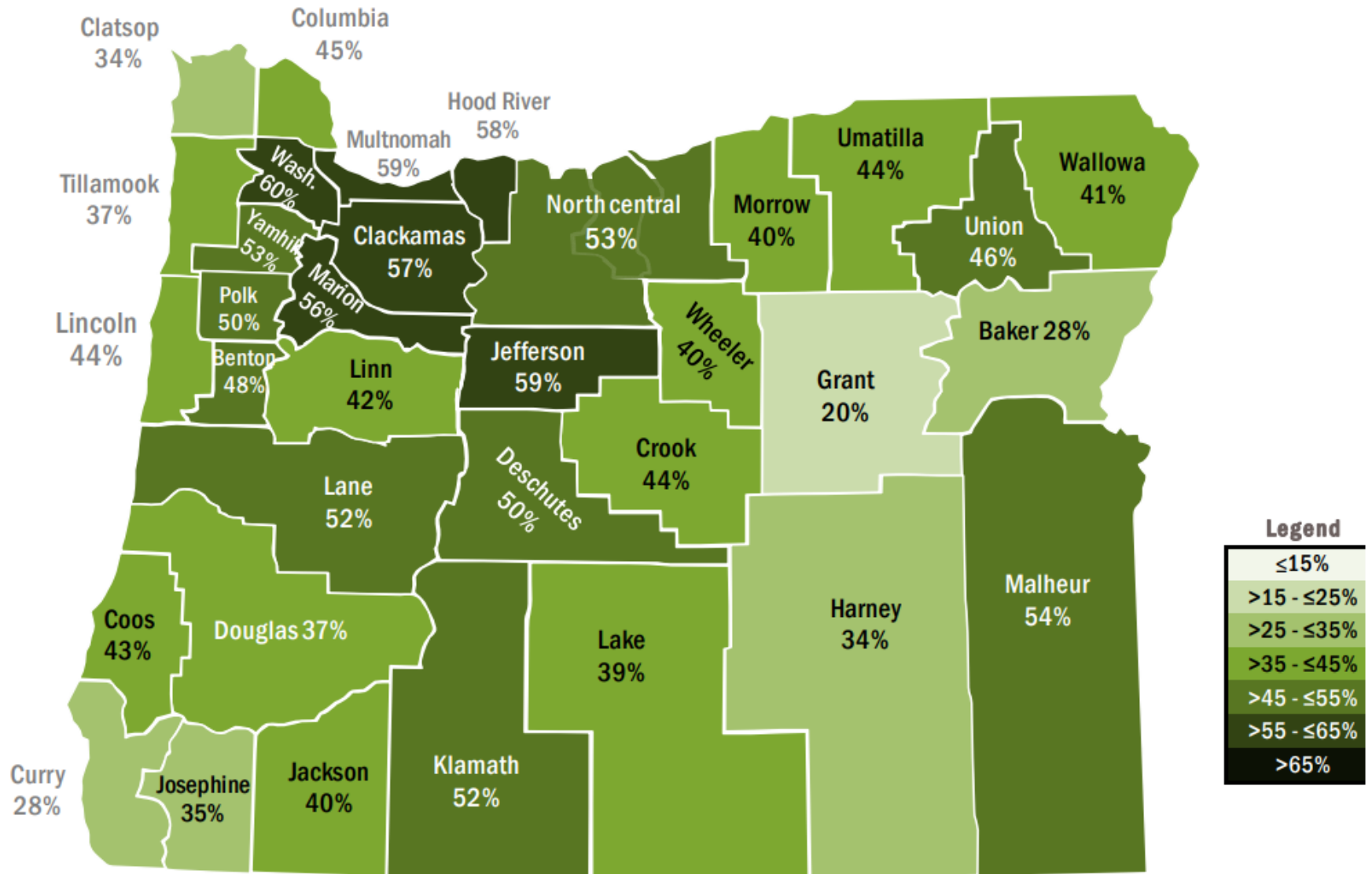
## Adolescent Vaccination Rates

### Oregon: Adolescent Immunization Rates

	2017	2018	2019	2020	2021	2022
<b>Thirteen- to Seventeen-Year-Old<sup>a,b</sup> Vaccination Rates</b>						
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) <sup>c</sup>	44%	46%	51%	55%	55%	53%
<b>HPV completion<sup>c</sup> by race/ethnicity<sup>d</sup></b>						
Hispanic <sup>d</sup>	56%	56%	60%	62%	65%	64%
White <sup>d</sup>	46%	49%	53%	56%	57%	58%
Black/African American <sup>d</sup>	53%	54%	57%	59%	58%	58%
Asian <sup>d</sup>	53%	56%	59%	62%	62%	64%
American Indian and Alaskan Native <sup>d</sup>	56%	59%	64%	67%	67%	66%
Native Hawaiian/Pacific Islander <sup>d</sup>	52%	53%	57%	60%	59%	59%
<b>Thirteen-Year-Old<sup>e,f</sup> Vaccination Rates<sup>g</sup></b>						
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 <sup>c</sup> completion (2 doses)	33%	32%	33%	30%	34%	35%
Teen series <sup>h</sup>	30%	30%	31%	28%	33%	33%

# May 2022 Adolescent Vaccination Rates

2022 HPV Completion Rates, 13- to 17-year-olds



**Rex Larsen**

**Immunization Surveillance and Quality Manager**

**OREGON HEALTH AUTHORITY**

**Public Health Division**

**Immunization Program**

**[rex.a.larsen@oha.oregon.gov](mailto:rex.a.larsen@oha.oregon.gov)**

**Phone: 503-250-3047**

PHAB Accountability Metrics subcommittee  
 Communicable disease priorities and indicators  
 March 14, 2023

Health outcomes and reduced differences among populations - Proposed indicators	Measure source	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 by race and ethnicity, gender, sexual orientation, age, disability, income level, insurance status or other relevant risk factor data (when applicable)	Strengths or opportunities of existing data	Limitations of the existing health outcome data	List any ways in which communities have expressed support for this priority area (for example through End HIV Oregon coalition or through community input opportunities)
<b>Seasonal and emerging respiratory pathogens</b>								
All respiratory outbreaks (influenza-like illness, RSV, COVID and others) in long-term care facilities	ACDP	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	ACDP	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 tricity area and deaths statewide	Already have high quality surveillance for influenza hospitalizations, data available within months of end of respiratory season Already have existing dashboards	Hospitalization data unavailable outside tricity area Death certificate data has one year lag time	
Influenza vaccination rates	Immunization program	ALERT IIS  <a href="https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/Influenza/Pages/surveil.aspx">https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/Influenza/Pages/surveil.aspx</a>  <a href="https://www.oregon.gov/oha/PH/PreventionWellness/VaccinesImmunization/Pages/researchadult.aspx">https://www.oregon.gov/oha/PH/PreventionWellness/VaccinesImmunization/Pages/researchadult.aspx</a>	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.	Data already collected. Reporting to ALERT IIS is high. Tableau dashboard will be available for upcoming 23/24 flu season. Data can be transferred easily to LPHAs via SFTP.	REALD data currently not available with ALERT IIS. REALD data may become available with new statewide IIS, at least 5 years out. National denominators may not be available for small geographic areas such as zip code or census tract to support the use of the data broken down by age and race and ethnicity. Data is subject to small numbers limitations and privacy protections.	Communities and partners have expressed interest in targeted flu measures numerous times. Most often with a desire to focus on populations at risk including people living in long term and congregate care or people over the age of 65.
<b>Sexually transmitted infections</b>								
Rate of congenital syphilis	HST	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	Yes	A census of all cases	Limitations to the social determinants of health that are collected which limit policy and program development; room for improvement with REAL-D and SOGI data collection	END HIV/STI Oregon; Northwest Portland Area Indian Health Board; March of Dimes; Oregon Perinatal Collaborative

Rate of any stage of syphilis among people who can become pregnant	HST	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	A census of all cases	Limitations to the social determinants of health that are collected which limit policy and program development; room for improvement with REAL-D and SOGI data collection	END HIV/STI Oregon
Rate of primary and secondary syphilis	HST	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	A census of all cases	Limitations to the social determinants of health that are collected which limit policy and program development; room for improvement with REAL-D and SOGI data collection	END HIV/STI Oregon
Rate of gonorrhea	HST	ORPHEUS	END HIV/STI Oregon, Healthy Together 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	A census of all cases	Limitations to the social determinants of health that are collected which limit policy and program development; room for improvement with REAL-D and SOGI data collection	END HIV/STI Oregon, Healthy Together Oregon
<b>HIV</b>								
Rate of new HIV infections	HST	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	A census of all cases	Limitations to the social determinants of health that are collected which limit policy and program development; room for improvement with REAL-D and SOGI data collection	END HIV/STI Oregon
Proportion of PLWH with an undetectable viral load within 3 months of diagnosis	HST	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		Limitations to the social determinants of health that are collected which limit policy and program development; room for improvement with REAL-D and SOGI data collection; data also depends on providers ordering routine labs	END HIV/STI Oregon

Proportion of PLWH with an undetectable viral load in the prior year	HST	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		Limitations to the social determinants of health that are collected which limit policy and program development; room for improvement with REAL-D and SOGI data collection; data also depends on providers ordering routine labs	END HIV/STI Oregon
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**Viral hepatitis**

Rates of acute hepatitis, including by race, ethnicity, gender, sexual orientation, housing status (includes carceral setting), injection drug use.	ACDP	ORPHEUS	Healthy People 2030 goals to reduce infections caused by Salmonella and Shiga toxin-producing E. coli (STEC) infections HP 2030 goals to increase proportion of adults who get recommended vaccines Existing PH modernization goal to increase rates of vaccinations in 2 year olds	Varies by infection, but most have documented racial disparities and higher rates in houseless populations	REALD/SOGI data available, along with age and risk factors.	These data are already collected, and represent an important part of routine CD work, would be easy to come up with process indicators for county	Small numbers make this individual pathogens difficult for most counties, but data are already routinely collected and are available quickly. Could develop composite score by combining diseases	Regional Health Equity Coalitions
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**Vaccine preventable diseases**

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	Oregon Immunization Program	ALERT IIS <a href="https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMUNIZATION/Pages/researchteen.aspx">https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMUNIZATION/Pages/researchteen.aspx</a>	Existing CCO incentive 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.	Data is already collected and reporting to ALERT IIS is high. Population capture for patients under the age of 18 is estimated to be over 95%. Data is currently produced annually and expected to be published quarterly by 6/30/2024. Data can be transferred easily to LPHAs via SFTP.	REALD data currently not available with ALERT IIS. REALD data may become available with new statewide IIS, at least 5 years out. National denominators may not be available for small geographic areas such as zip code or census tract to support the use of the data broken down by age and race and ethnicity. Data is subject to small numbers limitations and privacy protections.	Recent interest from several communities has been expressed for improving HPV rates, including from Native American Community Groups working in the Portland Metro Area
Adult vaccination rates	Oregon Immunization Program	ALERT IIS <a href="https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMUNIZATION/Pages/researchadult.aspx">https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMUNIZATION/Pages/researchadult.aspx</a>		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.	Data is already collected and reporting to ALERT IIS is high. Data was produced annually through 2019 and annual data will be published by 12/31/2023. Data can be transferred easily to LPHAs via SFTP.	REALD data currently not available with ALERT IIS. REALD data may become available with new statewide IIS, at least 5 years out. National denominators may not be available for small geographic areas such as zip code or census tract to support the use of the data broken down by age and race and ethnicity. Data is subject to small numbers limitations and privacy protections.	



Two year old vaccination rates	Oregon Immunization Program	ALERT IIS <a href="https://www.oregon.gov/oha/PH/PreventionWellness/VACCINES/IMMUNIZATION/Pages/researchchild.aspx">https://www.oregon.gov/oha/PH/PreventionWellness/VACCINES/IMMUNIZATION/Pages/researchchild.aspx</a>	Existing CCO incentive measure for HEDIS childhood combo 3  Existing PH modernization goal to increase rates of vaccinations in 2 year olds.	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.	Data is already collected and reporting to ALERT IIS is high. Population capture for patients under the age of 18 is estimated to be over 95%. Data is currently produced annually and expected to be published quarterly by 6/30/2024. Data can be transferred easily to LPHAs via SFTP.	REALD data currently not available with ALERT IIS. REALD data may become available with new statewide IIS, at least 5 years out. National denominators may not be available for small geographic areas such as zip code or census tract to support the use of the data broken down by age and race and ethnicity. Data is subject to small numbers limitations and privacy protections.	
School vaccination rates and Non-medical exemption rate	Oregon Immunization Program	IRIS, Immunization Primary Review Summary Reports  <a href="https://public.tableau.com/app/profile/oregon.immunization.program/viz/SchoolLawTableau/Kimmunizations">https://public.tableau.com/app/profile/oregon.immunization.program/viz/SchoolLawTableau/Kimmunizations</a>	Oregon School Immunization Law	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 is available statewide, by county, and by school, as well as school population characteristics	Data is available statewide, by county, and by school, as well as school population characteristics. Specific focus on number and percent of exclusion orders may be an indicator of vaccine access	Limited demographic data is available due to privacy protections. Race and ethnicity, and geographic data outside of school location is not available.	
<b>Foodborne diseases</b>								
Rates of foodborne illness, including by race, ethnicity, gender, sexual orientation, housing status (includes carceral setting), injection drug use.								
<b>Tuberculosis</b>								
Rate of active TB infection	HST	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	A census of all active TB cases; we do not collect data on LTBI	Limitations to the social determinants of health that are collected which limit policy and program development; room for improvement with REAL-D and SOGI data collection	Ongoing work with Pacific Islander community groups