

AGENDA

PUBLIC HEALTH ADVISORY BOARD Accountability Metrics Subcommittee

May 9, 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:

- Approve April 11 and April 28 meeting minutes
- Continue to discuss, and make recommendations for, vaccine preventable disease indicators
- Discuss upcoming presentation of communicable disease indicator recommendations to the Public Health Advisory Board

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 <ul style="list-style-type: none">• Approve April 11 and April 28 meeting minutes• Review group agreements and proceeding with metrics discussions that are person-centered	Sara Beaudrault, Oregon Health Authority
9:10-9:40 AM	Vaccine preventable disease indicator recommendations <ul style="list-style-type: none">• Continue to discuss recommendations for vaccine preventable disease indicators• Continue to discuss opportunities to use metrics to advance racial equity and community engagement	All
9:40-9:50 AM	Communicable disease indicator recommendations <ul style="list-style-type: none">• Decision: Is the subcommittee prepared to recommend sexually transmitted infection and vaccine preventable disease indicators to PHAB? If	

not, what additional information would the subcommittee like to discuss?

- Discuss Thursday's presentation to PHAB

9:50-9:55 AM

Subcommittee business

- Discuss meeting schedule for environmental health indicator discussions
- Next scheduled meeting is June 13 from 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

PUBLIC HEALTH ADVISORY BOARD

Accountability Metrics Subcommittee

April 11, 2023

9:00-10:00 am

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

Subcommittee members absent: Ryan Petteway

OHA staff: Sara Beaudrault, Kusuma Madamala, Rose Harding, Ann Thomas, Rex Larson, Zintars Beldavs, Jillian Garai, Kelly Mcdonald, Ernesto Rodriguez, June Bancroft, Amanda Spencer

Guest presenters: Kathleen Rees, Lauralee Fernandez, Kathleen Johnson, Brian Leon

Welcome and introductions

- Sara gave review of conversations from previous meetings and reviewed the agenda.
- Introductions
- Subcommittee voted to approve minutes from 3/3/2023 and 3/14/2023 meetings.

Sexually Transmitted Infections (STIs)

- Sara B:
 - If STIs are 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
 - CHLO metrics workgroup recommends staying focused on syphilis, though gonorrhea could also be added.
- Jocelyn: what was the rationale behind wanting to include gonorrhea?
 - Sarah P: Gonorrhea was a prior metric, so there is some desire among some health officers to have consistency across public health modernization work and it is believed that gonorrhea metrics make it easier track the impact of an LPHA.
 - Jeanne: Metrics should be used to help address root causes of disease, so if tracking gonorrhea metrics can help do that, then it makes sense to include them.
 - Sarah P: The public health approach to syphilis and gonorrhea are very different. Gonorrhea is treated as a general sexual health issue, where syphilis is approached in a way that also focuses on interventions aimed at preventing congenital syphilis.
 - Tim: Syphilis is greatly influenced by social determinates of health, so by looking at syphilis (especially congenital syphilis) we can clearly see the connection between sexual health and the social determinants of health.
 - Brian: Some of the approaches for finding gonorrhea cases don't work for finding syphilis cases, but all the approaches for finding syphilis cases can find gonorrhea as well. When trying to prevent congenital syphilis, case finding is key.

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- Kathleen R: Syphilis is a good place to start to show the impact of social determinants of health and the impact of interventions addressing social determinants. After being able to demonstrate change in syphilis related metrics, we can look at other more expanded metrics down the road.
 - Sarah P: Are there ways to track pregnant people who have had appropriate syphilis treatment?
 - Tim: OHA is currently working on a congenital syphilis dashboard which will focus on cases referred.
 - Is there a way to see the rate of pregnant people who are screened for syphilis?
 - Tim: OHA does not collect that through our surveillance system as we don't currently have the right systems or staff capacity to do that right now. We are looking to see if there are data sources that could be used (for example, claims data).
 - Subcommittee members agreed to recommend STIs as a priority area and using the indicators around syphilis.
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Vaccine Preventable Diseases

Rex Larson and Ann Thomas

- Immunization rates are currently down following the COVID-19 pandemic. This is likely due to primary care interruptions during COVID, and the COVID-19 vaccine rollout interfered with routine vaccine administration especially the flu vaccine.
 - OHA recommends any combination of the following indicators:
 - Rates of high impact vaccine preventable diseases, including by race, ethnicity, gender, sexual orientation, housing status, and injection drug use.
 - Adolescent vaccination rates and adolescent HPV rates
 - Adult vaccination rates
 - 2 year-old vaccination rates
 - School vaccination rates and non-medical exemption rate
 - The data available for vaccination rates starts with ALERT IIS (Oregon's immunization registry).
 - Immunization is a good synergy metric as CCOs have existing incentive metrics.
 - With many vaccine-preventable illnesses, the very young and older individuals are most at risk. Most of the burden of disease disproportionately falls on minority groups.
 - Data from ALERT IIS can be stratified in many ways. While there is race and ethnicity data, there is not REALD or SOGI data.
 - Most vaccine preventable disease cases that are reportable have case interviews through which REALD/SOGI information can be obtained.
 - Ann reviewed Oregon pertussis data and included breakdowns by age, race, and ethnicity.
 - Rex gave overview of 2 year-old vaccination rates in Oregon and highlighted some of the disparities based on race and ethnicity and private/public insurance type.
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Subcommittee business

Sara B

- Subcommittee will meet again on 4/28/2023 to further discuss vaccine preventable diseases and seasonal/emerging respiratory pathogens.
- Subcommittee should be ready to take communicable disease recommendations to PHAB meeting on 5/11/2023.
- Subcommittee will take environmental health priorities to PHAB in June.

Public Comment

- Duane West provided comment noting that his concern is radon induced lung cancer.

Meeting was adjourned

PUBLIC HEALTH ADVISORY BOARD

Accountability Metrics Subcommittee

April 28, 2023

11:00am – 12:00pm

Subcommittee members present: Jeanne Savage, Jocelyn Warren, Cristy Muñoz

Subcommittee members absent: Ryan Petteway, Sarah Present, Kat Mastrangelo

OHA staff: Sara Beaudrault, Kusuma Madamala, Diane Leiva, Ann Thomas, Rex Larson, Ernesto Rodriguez, Victoria Demchak, Amanda Spencer

CLHO members: Brian Leon

Welcome and introductions

- Sara gave review of conversations from previous meetings and reviewed the agenda.
- Introductions
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Vaccine Preventable Diseases

Rex Larson and Ann Thomas

- Immunization rates are currently down following the COVID-19 pandemic. This is likely due to primary care interruptions during COVID, and the COVID-19 vaccine rollout interfered with routine vaccine administration especially the flu vaccine.
 - There are still clinics without adequate staffing.
 - There are less after hours or walk-in immunization clinics.
- OHA Recommends any combination of the following indicators:
 - Rates of high impact vaccine preventable diseases, including by race, ethnicity, gender, sexual orientation, housing status, and injection drug use.
 - Adolescent vaccination rates and adolescent HPV rates
 - Adult vaccination rates
 - 2 year-old vaccination rates
 - School vaccination rates and non-medical exemption rate
- The data available for vaccination rates starts with ALERT IIS (Oregon's immunization registry).
 - ALERT IIS is already used for CCO incentive metrics.
- With many vaccine-preventable illnesses, the very young and older individuals are most at risk. Most of the burden of disease disproportionately falls on minority groups.
- Data from ALERT IIS can be stratified by age, race and ethnicity, sex, and Medicaid status.
- There is not REALD or SOGI data for ALERT IIS, but those are available for some of the infectious disease data.
- Most vaccine preventable diseases that are reportable have case interviews through which REALD/SOGI information can be obtained.
- Ann reviewed Oregon pertussis data and included breakdowns by age, race, and ethnicity.

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- There are disparities in 2 year-old vaccination rates based on race and ethnicity, private/public insurance type, and population density (urban/rural).
 - The major focus for adolescent vaccination rates is HPV. The HPV vaccine can prevent cervical cancer and oropharyngeal cancer.

Discussion

- Brian: Is the reason for the HPV vaccine completion rate being low compared to other adolescent vaccines is that is 2-3 doses and not just one?
 - Rex: That is part of it, but also Tdap is required for school attendance which is part of why the vaccination rate for it is so high. There is also some hesitancy around the HPV vaccine due to it being for a sexually transmitted infection prevention.
- Rex: Flu vaccination rates for adults is likely going to need a lot of attention in the coming years, as flu vaccination rates dropped more than any other vaccine during the COVID-19 pandemic. The advisory committee for immunization practices recently changed the COVID vaccination schedule to an annual vaccine, so it may not be a great metric this year.
 - Brian: In Yamhill County, during the last few months nearly 90% of deaths due to COVID have been among individuals who had one vaccine but have not had a booster in over a year.
 - Rex: COVID is still an important vaccine. In the future it will also being important to look at covid vaccination alongside flu vaccination as joint metrics for seasonal repository vaccination.
- Sara B reviewed input that Sarah P (who could not attend) shared from Health Officers:
 1. This doesn't exclude work on respiratory pathogens in high-risk settings as we now have vaccines that are protective against COVID and flu—but there is much less local or even state-wide control over this compared to other vaccine preventable disease, but there is support of ongoing work around increasing annual flu vaccine amongst LTCF staff and the work PH does with outbreaks in high risk settings.
 2. Definite support for vaccination metrics over vaccine-preventable disease rates for a number of reasons: different vaccines have different efficacy, many vax-preventable diseases are imported, more difficult to take meaningful actions on this data. The one vaccine preventable disease that may be worth tracking would be pertussis, but only in a defined group of individuals <6 months old as this preventable by vaccination of mom and family during pregnancy and has some clear prevention actions for the public health system to do that would be reflected in the metric.
 3. On the idea of “adult vaccination rates”—generally being up to date on full recommendations doesn't seem that useful as it's too broad. However, there was some interest in rates of pneumococcal vaccination as strep pneumo is the number 1 bacterial pneumonia, a top cause of hospital readmission rates, and a top cause of congestive heart failure—which is quite expensive to the health system and individuals.
 4. On the idea of childhood vaccination rates-there is support here as well. However, a focus on “up to date at 2 years old” has been found to have some problems. For example, the age cutoff, when many kids don't get their 2 y/o shots until they have been 2 y/o for a month or more. Also, there are some vaccines that are more acceptable to parents than others. For example, many vaccine hesitant parents will

get some vaccines, but not all. Tdap again came up as one worth considering following as it has lower hesitancy and many will accept this one first. On the flip side, MMR rates could be followed as a vaccine that has more hesitance, and also is one of the most effective vaccines ever in disease prevention. But, looking at all vaccines according to schedule may be too broad.

5. There is some interest in HPV vaccine in adolescents, but our discussion drifted to wanting legal clarification on age of consent without parent knowledge for this, as many kids want it but their parents don't, and whether this fits into the current legislation on reproductive health care.
- Cristy in chat: "Thanks Rex, your team likely has something similar but I wanted to share maps our org uses to track underserved people of color communities in Oregon via ACS (American community survey). I'm wondering if you have any recommendation on how metric indicators could further address vaccination rates for communities needing direct culturally linguistic/relevant outreach : <https://drive.google.com/file/d/1jBMhEdqObjeAEKSgxoornL-R61Bxb2A6/view?usp=sharing>"
 - Rex: Figuring out how to tailor immunization measures each community is difficult to do on a state level with how unique they are. Emphasizing race and ethnicity in our metric selection and working to improve specific vaccination rates for those communities at the county level.
 - Rex: We have a State Health Improvement Plan, but counties also have own health improvement plans. The things that have had the most success were broad partnerships of LPHAs working with local providers and CBOs to address the needs of communities. You can see the success of those programs in the county vaccination rates. But creating process measures, to drive and measure the implantation of those effective outreach strategies, is difficult.
 - Cristy: There seems to be a lot around cultural competency with specific communities in some counties, but then not as much in other counties or with other communities. How do we create metrics that promote equitable processes for counties, especially those that don't have an equity lens?
 - Brian in chat: "sometimes metrics can be accompanied by a strategic focus requirement where LPHAs need to speak to their local communities' gaps in race/ethnicity or other equity lenses... this was done with covid, though I'm not clear on how successful this was"
 - Jeanne: During covid OHA made vaccination rate requirements for specific racial and ethnic communities for CCOs to receive funding for covid. This is a strategy we could use for these metrics, but it would be important to reach out to community organizations and members to get their input on how well they felt this approached worked for covid vaccination.
 - Sara B: Counties had similar COVID equity plans that they had to develop and implement. Through those plans, we may have some information we could look at as far as what was successful and how partners and communities felt about it.
 - Rex: As Jeanne stated, CCOs were required to improve immunization rate for each race and ethnicity subgroup in their population and meet the same benchmark as the overall population in order to receive full funding. This was significant because previously CCOs could just focus on their largest population groups to meet the metric requirements without ever doing culturally specific outreach.

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- Cristy: Do we know if the culturally specific outreach OHA did through CBOs caused an increase of vaccinations outside of hospitals in those communities?
 - Rex: We don't have data to say how well it worked in isolation from all the other COVID vaccination strategies; however, the individuals who provided vaccines at those events had some of the highest levels of vaccinating people of color in the state. Those community-based vaccine clinics vaccinated a higher proportion of people of color than most other clinics in the state.

Subcommittee business

Sara B

- Next subcommittee meeting will be 5/9/2023. During that meeting the subcommittee can make a recommendation on using vaccine preventable diseases as a metric.
- No public comment.

Meeting was adjourned

Public health accountability metrics
 Metrics selection criteria summary
 May, 2023

		Health equity and an antiracist society Community-leadership and community-led metrics			Data availability			Governmental public health system accountability					Direct connections to state and national initiatives
		Known health inequities exist	Measure is actionable by state and local public health through policy change and community-level interventions	Communities have provided input and demonstrated support	Data are reportable at the county level or similar geographic breakdowns	Data are routinely updated	Data are reportable by race, ethnicity, gender, sexual orientation, age, disability, income level, insurance status or other relevant risk factor data	State and local public health authorities have control over the measure, which includes influence	Funding is available or is likely to be available	Local and state public health expertise exists	Changes in public health performance will be visible in the measure	Measure is sensitive enough to capture improved performance or show differences between years	State and community health improvement plans CCO incentive measures Healthy People 2030
Sexually transmitted infections	Rate of congenital syphilis	Yes	Yes	End HIV/STI Oregon	Yes	Yes	Yes	Yes	Communicable disease funding	Yes	Unsure	Unsure	End HIV/STI Oregon
	Rate of any stage syphilis among people who can become pregnant			Community participation in education and prevention									Healthy People 2030 objective
	Rate of primary and secondary syphilis												
Vaccine preventable diseases	Two-year old vaccination rate	Yes	Yes	Community-led COVID-19 vaccine outreach	Yes	Yes	Yes	Yes	Immunization funding	Yes	Unsure	Unsure	Existing CCO incentive measure for HEDIS childhood combo 3
	Adult influenza vaccination rate			COVID-19 vaccine lessons from the community									Healthier Together Oregon

Public Health Accountability Metrics Communicable Disease

Sara Beaudrault
Tim Menza, MD
Rex Larsen



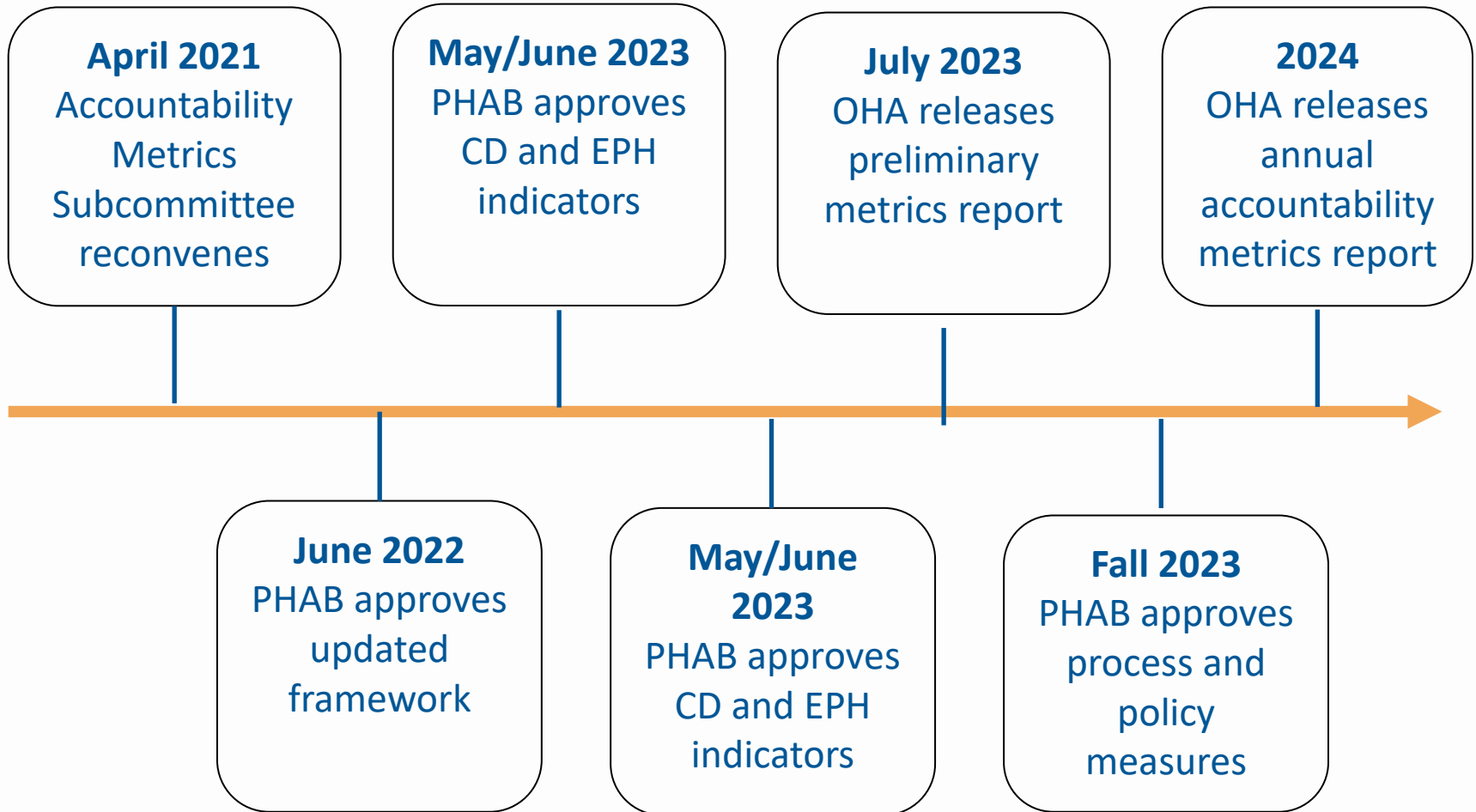
PUBLIC HEALTH DIVISION
Office of the State Public Health Director

What we'll cover

1. Accountability metrics overview
2. Subcommittee recommendations for communicable disease priorities and indicators
3. PHAB health equity review questions
4. **Action:** Adopt communicable disease accountability metrics

Public health accountability metrics overview

Timeline



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

Recommended communicable disease priority areas and indicators

Priority areas	Indicators
Sexually transmitted infections	<ul style="list-style-type: none">• Rate of congenital syphilis• Rate of any stage syphilis among people who can become pregnant• Rate of primary and secondary syphilis
Vaccine preventable diseases	<ul style="list-style-type: none">• Two-year old vaccination rate• Adult influenza vaccination rate

Other communicable disease priority areas and indicators that were discussed

Priority areas	Indicators
Seasonal and emerging respiratory pathogens	<ul style="list-style-type: none"> • All respiratory outbreaks (influenza-like illness, RSV, COVID and others) in long-term care facilities • Influenza hospitalizations and mortality rates
HIV	<ul style="list-style-type: none"> • 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
Viral hepatitis	<ul style="list-style-type: none"> • Rates of acute hepatitis
Foodborne diseases	<ul style="list-style-type: none"> • Rates of foodborne diseases
Tuberculosis	<ul style="list-style-type: none"> • Rate of active TB infection
Sexually transmitted infections	<ul style="list-style-type: none"> • Gonorrhea rate
Vaccine preventable diseases	<ul style="list-style-type: none"> • Rates of high impact vaccine preventable diseases • Adolescent vaccination rates • Adult vaccination rates • School vaccination rates and nonmedical exemption rates

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.

Recommendation

Adopt sexually transmitted infections and the following three indicators for public health accountability metrics.

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

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.
- Syphilis rates are strongly determined by social and structural determinants of health. There are opportunities for public health interventions to eliminate root causes of inequities, including through policy.
- Congenital syphilis is an urgent public health issue.
- Adopting syphilis a priority for accountability metrics may result in increased partnerships with health care providers to increase screening and treatment.
- Healthy People 2030 goals:
 - STI-04: Reduce congenital syphilis
 - STI-03: Reduce the syphilis rate in people assigned female at birth
 - STI-05: Reduce the syphilis rate in men who have sex with men

STIs are a community priority

- End HIV/STI Oregon is a community-engaged and community-driven plan that imagines an Oregon without new HIV transmissions; where everyone living with HIV lives a long, healthy life; we eliminate health inequities and stigma in HIV and STI.
- Community partners actively working on HIV/STI (including syphilis) education and prevention include:
 - Cascade AIDS Project
 - EducateYa
 - Familias en Accion
 - Haymarket Pole Collective
 - HIV Alliance
 - Northwest Portland Area Indian Health Board
 - Oregon Perinatal Collaborative
 - Portland Street Medicine

Congenital syphilis campaign by the Northwest Portland Area Indian Health Board (stopsyphilis.org)

Syphilis cases are on the rise.

Know your status,
especially if you're pregnant.

Syphilis can be hard to spot, often starting with an easily missed sore or rash. While anyone can get syphilis, pregnant people and newborn babies face serious complications if left untreated.



When you're pregnant,
make sure that you
and your baby stay healthy.

Check in with your healthcare provider
to get tested and treated for syphilis!

When caught early, syphilis can be treated with
just one shot of antibiotics.

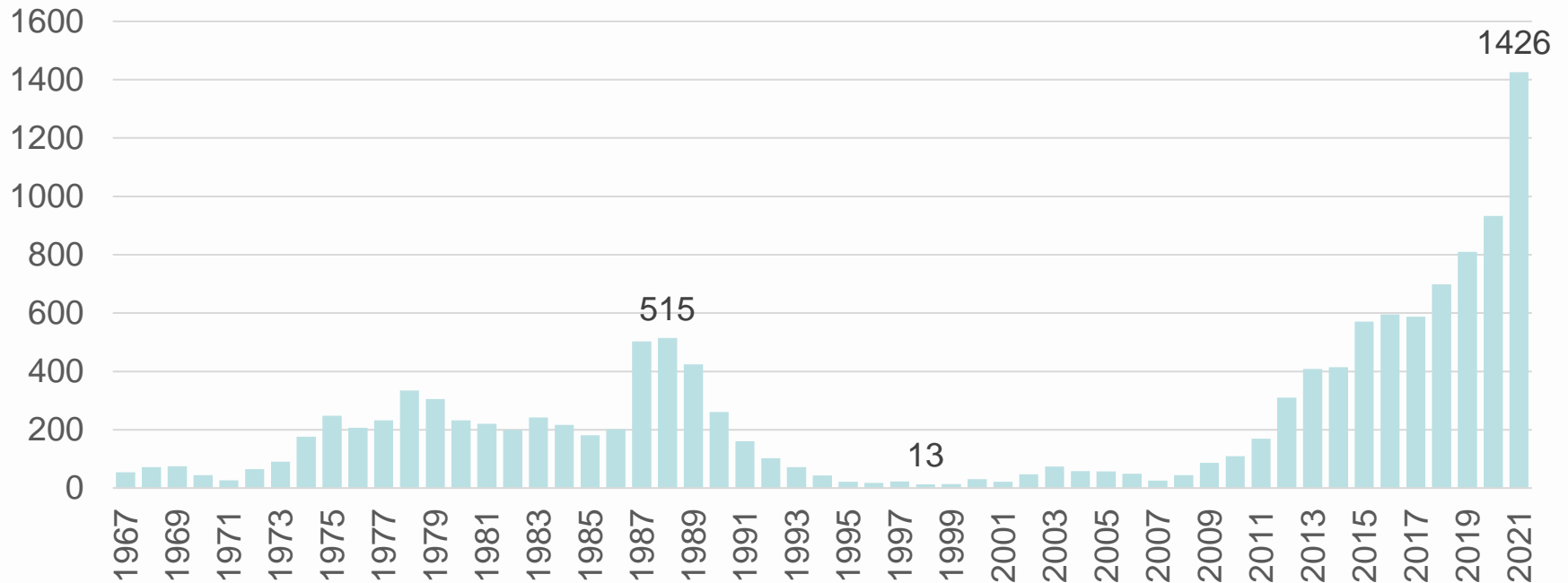


Data for indicators

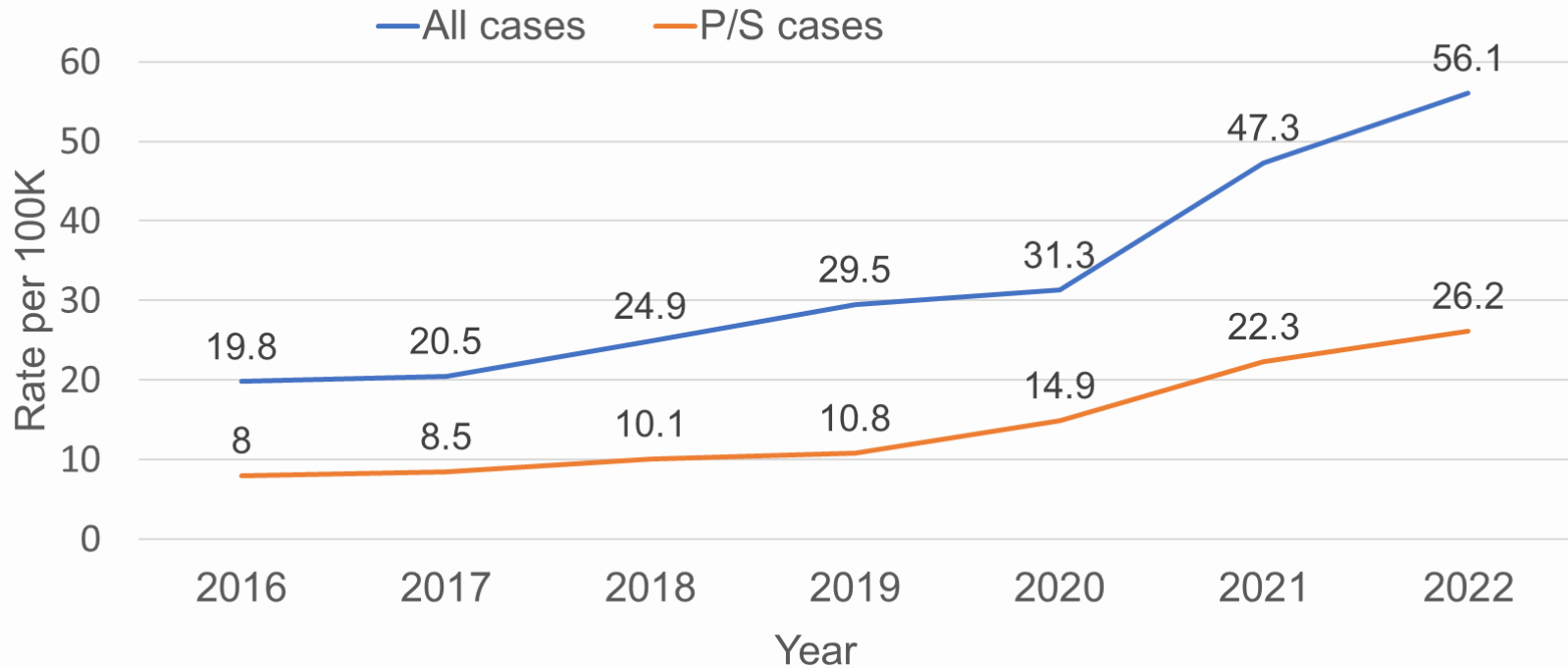
Proposed indicators	Data source	Other Oregon plans that use these measures (if any)	Populations that experience a disproportionate burden of illness, death or risks	Data are reportable at a county level or other geographic breakdowns	Data can be stratified*
Sexually transmitted infections					
Rate of 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

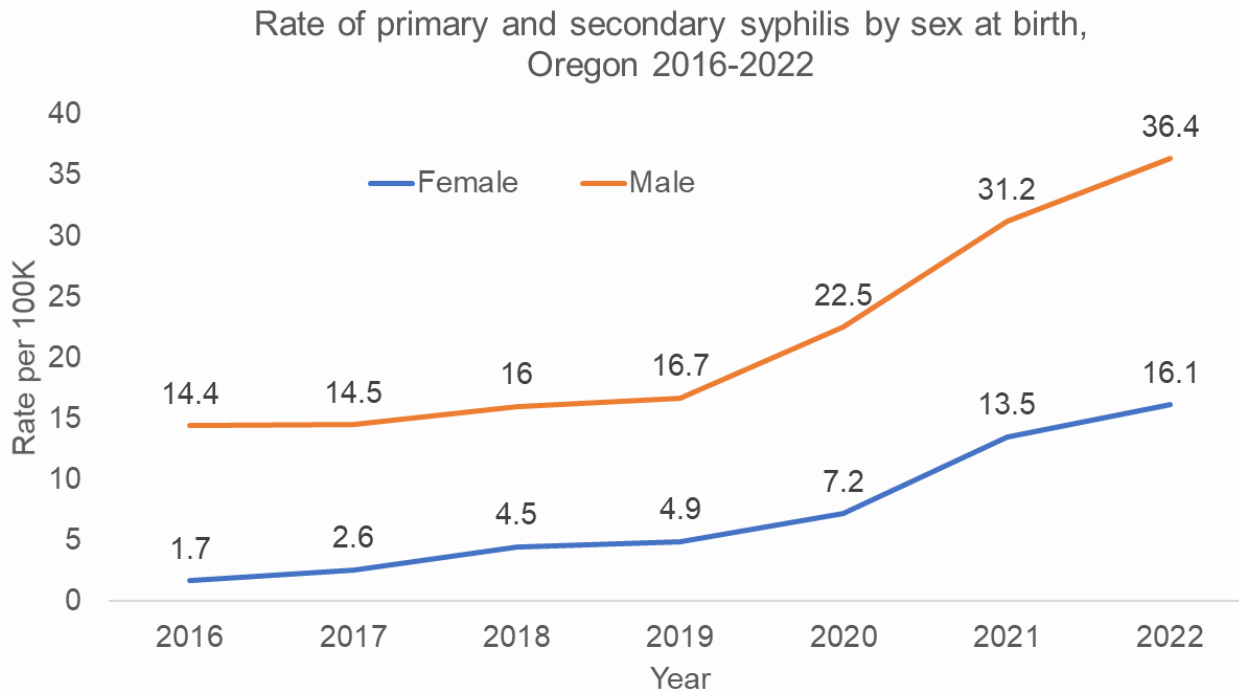
Cases of primary, secondary and non-primary non-secondary (early) syphilis, 1967-2021



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



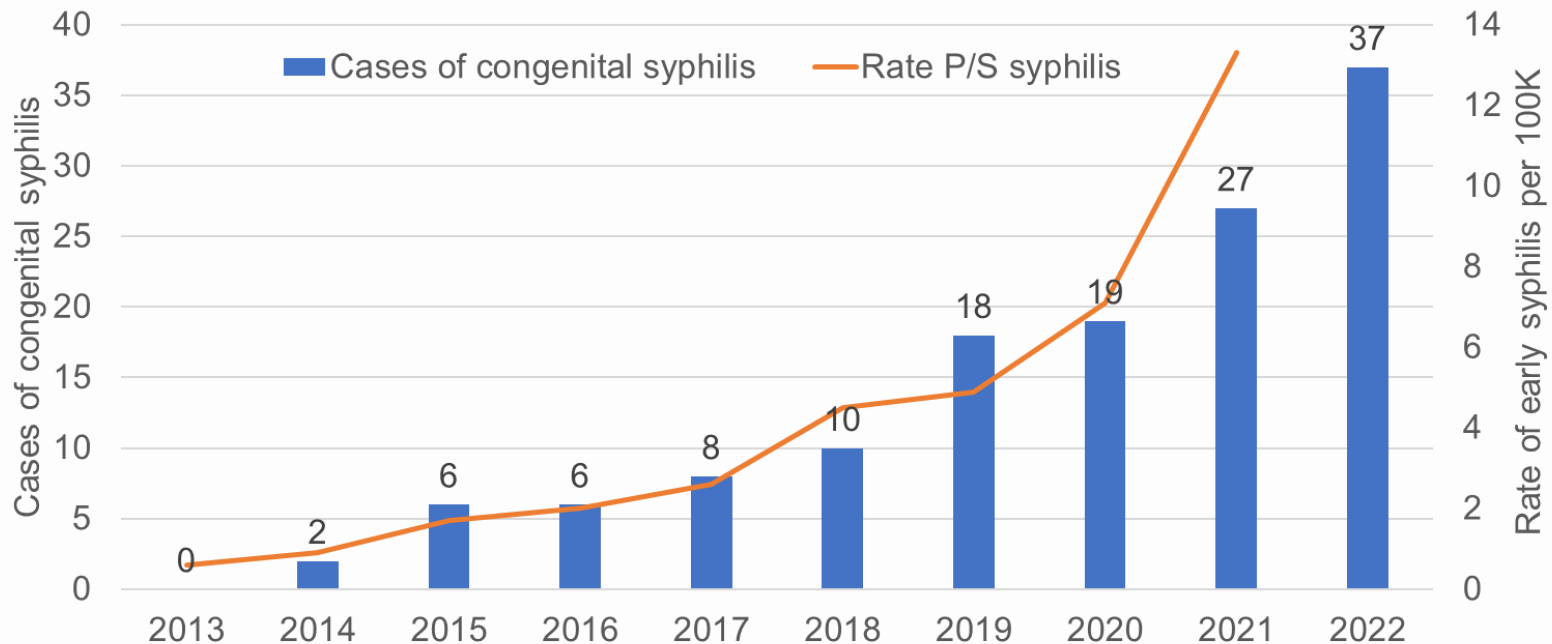
Primary and Secondary (P/S) syphilis diagnoses almost tripled among people assigned female at birth between 2019 and 2021



Almost 50% of people assigned female at birth with syphilis in Oregon do not have an identifiable risk factor for infection (it's systems and structures not individual behaviors)

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

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

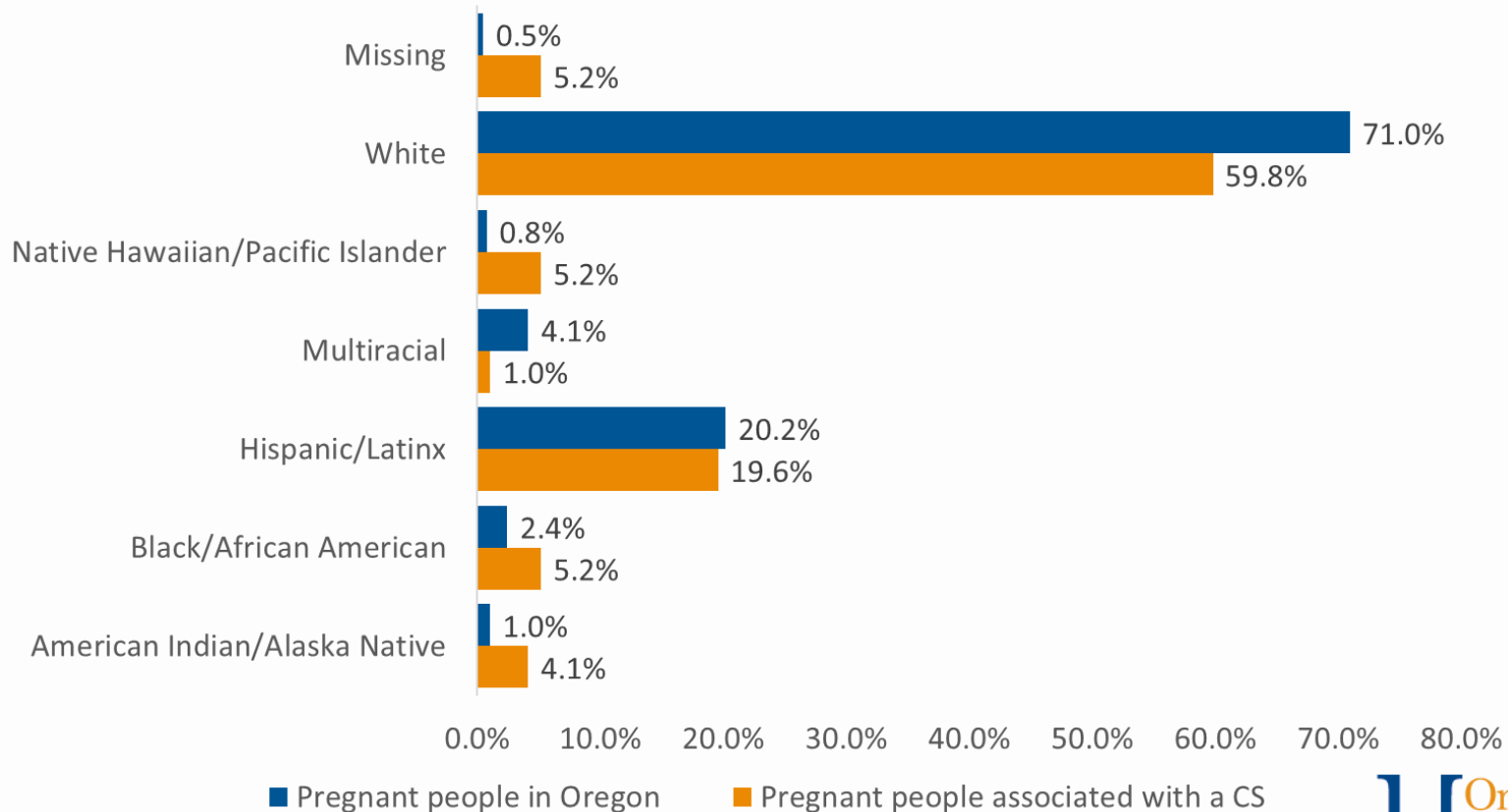


Syphilis in Pregnancy, Oregon, 2014-2021

- 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
- 95 (28%) of those pregnancies resulted in a case of congenital syphilis
 - 2/15 (13%) cases in 2014
 - 27/86 (32%) cases in 2021

Racism leads to inequities in syphilis in pregnancy and congenital syphilis

Race/ethnicity of pregnant people associated with a CS case, Oregon
2014-2022



Housing Instability and Criminal Justice Involvement are Very Common

Housing

- 49/133 (37%) 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

Criminal justice involvement (2014-2021 only)

- 61/95 (64%) had any history of criminal justice involvement
 - 17/95 (18%) 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 STI and HCV Diagnoses

Substance use

- 57/133 (43%) had a history of injection drug use
- 60/133 (45%) had a history of methamphetamine use
- 30/133 (23%) had a history of heroin/opiate use

HIV/STI and HCV

- Most patients reported 1 male sexual partner in the prior 12 months
- None were known to be living with HIV
- 63/133 (47%) had a history of either chlamydia or gonorrhea
- 18/133 (14%) had chronic HCV prior to diagnosis of syphilis in pregnancy

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. Vaccination rate disparities have existed in Oregon for decades, with communities of color less likely to be vaccinated, and experiencing a disproportionate burden of disease when compared to White communities.

Recommendation (*preliminary, pending*)

Adopt vaccine preventable diseases and the following two indicators for public health accountability metrics.

- Two year old vaccination rates with a target of 80 percent by 2030
- Adult influenza vaccination rates for populations 65 and over with a target of 70 percent by 2030
- With both of these metrics it is critical to place specific emphasis on reducing disparities between individual races and ethnicities and the statewide average with the goal of reducing the disparity by a minimum of 10 percent each year

Rationale

(preliminary, pending)

- Seasonal influenza vaccination and 2-year-old vaccination rates have both been significantly impacted by the COVID-19 pandemic and urgent action is needed to recover.
- Preliminary data show influenza vaccination in Oregon for people 65 and older has dropped approximately 9 percentage points from pre-pandemic levels
- Preliminary data show 2-year-old vaccination has dropped approximately 2 percentage points in 2022 after steadily increasing each year since 2013

Rationale

(preliminary, pending)

- The public health system demonstrated the ability to close vaccine equity gaps among racial and ethnic groups with COVID-19 vaccination. Public health can apply lessons learned from COVID vaccination efforts to other vaccines.
- Two year old vaccination rates is a CCO incentive metric
- Healthy People 2030 objectives:
 - IID-09: Increase the proportion of people who get flu vaccine every year (target 70 percent)
 - IID-06/-04: Increase the proportion of children who receive 4 doses of DTaP (Target 90 percent) and 1 MMR (target 90.8 percent) vaccine by age two years (Target 90 percent)

Vaccine preventable diseases are a community priority

- 160+ community-based organizations involved in community engagement and outreach strategies for COVID vaccination and many have expressed interest in applying similar strategies to routine vaccinations
- Lessons learned that can be leveraged for routine immunizations:
 - Mobile outreach strategies to reach communities where they are
 - Culturally and linguistically appropriate communications
 - Collaboration with community leaders to plan events, outreach

Possible strategies

Clear opportunities for OHA and LPHA interventions

- Community outreach –
 - Provide culturally relevant outreach and education
 - Collaborate with community organizations, health care providers and other partners
 - Conduct mobile vaccine outreach for hard to reach communities
- Use of public health data –
 - Identify populations with limited access to immunization services
 - Identify groups placed at increased risk of severe disease outcomes
- Health care provider partnerships –
 - Promote participation in the Immunization Quality Improvement for Providers (IQIP) program with local VFC-enrolled clinics

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*
Vaccine preventable diseases					
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 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.

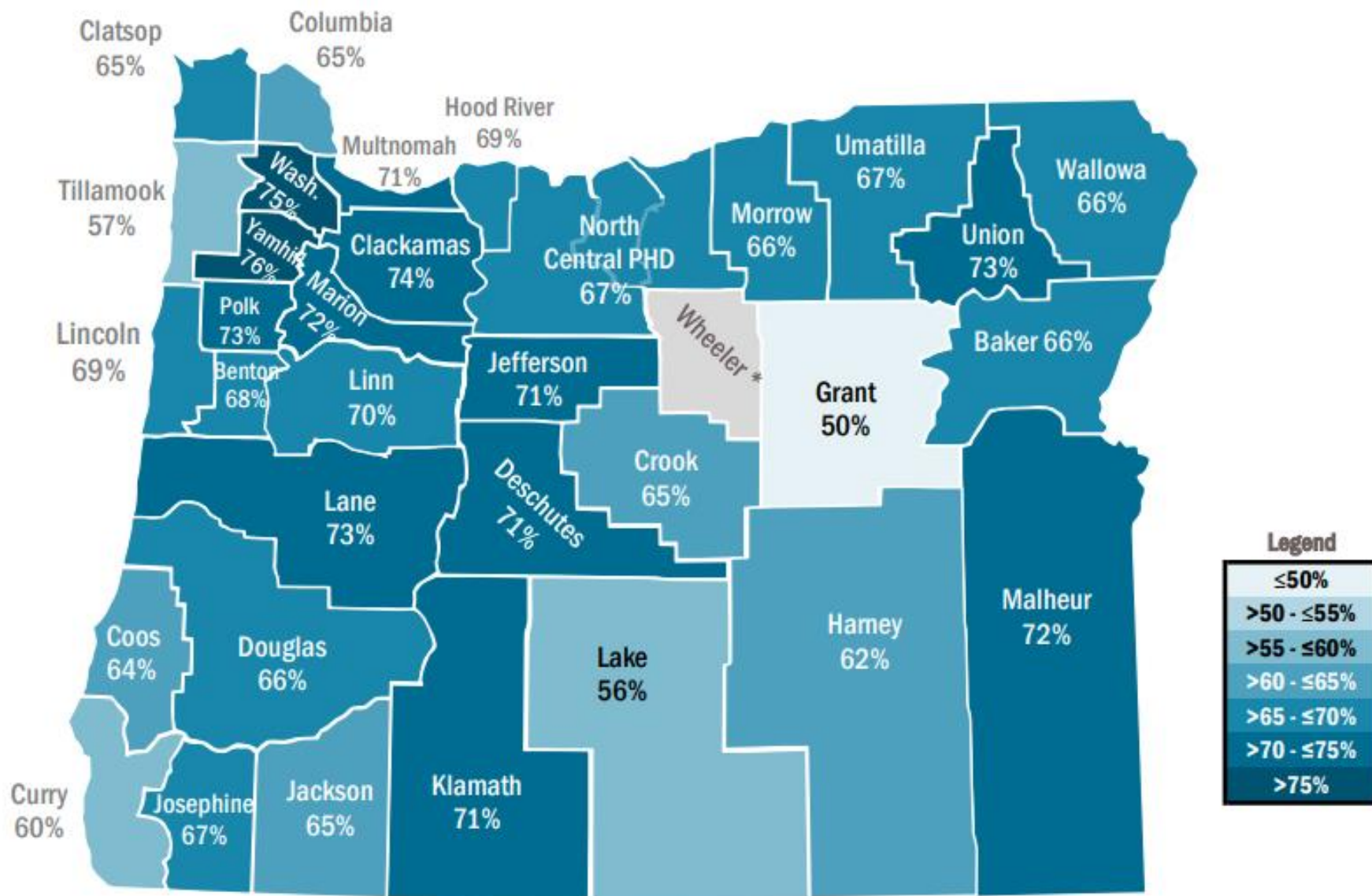
Routine Vaccination

2 Year-Old-Vaccination Rates Preliminary

Oregon Immunization Rates

	2014	2015	2016	2017	2018	2019	2020	2021	2022	Trend 2018-2022
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%	69%	
4 doses DTaP	76%	77%	78%	80%	80%	81%	81%	80%	78%	
3 doses IPV	87%	88%	89%	89%	89%	90%	90%	89%	89%	
1 dose MMR	87%	89%	88%	88%	88%	91%	90%	88%	87%	
3 doses Hib	87%	87%	88%	88%	88%	89%	89%	88%	87%	
3 doses HepB	82%	83%	85%	85%	85%	87%	87%	87%	86%	
1 dose Varicella	85%	86%	86%	87%	86%	88%	88%	87%	86%	
4 doses PCV	72%	75%	76%	77%	77%	78%	79%	78%	76%	
1 dose HepA	86%	87%	87%	87%	87%	88%	88%	87%	86%	
2-3 doses Rotavirus	65%	67%	68%	70%	71%	72%	74%	75%	74%	
1 dose Flu (in most recent season)	55%	52%	54%	55%	57%	61%	64%	58%	51%	
Hispanic ^{d,f}	63%	68%	70%	69%	72%	74%	72%	72%	72%	
White ^{d,f}	60%	64%	67%	69%	70%	72%	72%	72%	70%	
African American ^{d,f}	55%	59%	60%	62%	61%	61%	63%	63%	60%	
Asian ^{d,f}	64%	68%	69%	73%	73%	76%	77%	77%	72%	
American Indian and Alaskan Native ^{d,f}	60%	63%	65%	66%	66%	69%	67%	66%	64%	
Hawaiian/Pacific Islander ^{d,f}	54%	59%	61%	62%	61%	65%	64%	64%	61%	

2021 2 Year-Old-Vaccination Rates



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

Seasonal Respiratory Virus Vaccination

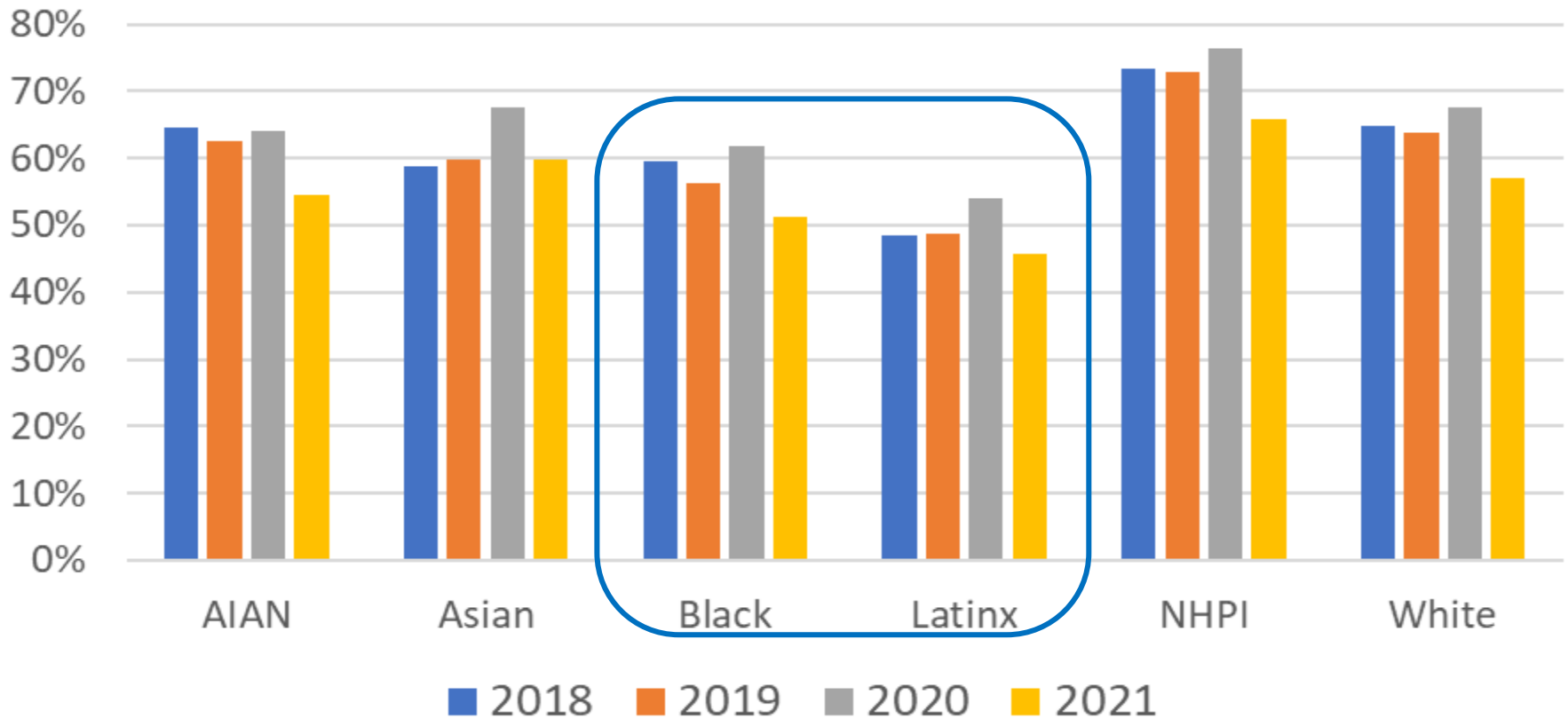
Preliminary Adult Influenza Vaccination Statewide by Flu Season

	<u>Age group</u>			
Year	18-39	40-64	65+	Overall
22-23	26.2%	40.5%	58.7%	38.3%
21-22	27.1%	41.4%	57.6%	38.6%
20-21	36.2%	50.6%	65.7%	48.1%
19-20	32.4%	45.1%	67.4%	44.8%
18-19	29.2%	42.5%	67.6%	42.7%
17-18	25.5%	41.2%	64.5%	39.7%

Seasonal Respiratory Virus Vaccination

Adult Influenza Vaccination By Race and Ethnicity

Oregon Adult Age 65plus Influenza Immunization Rates
2018-21 by Race & Ethnicity



PHAB health equity review questions

What health inequities exist among which groups? Which health inequities does the work product, report or deliverable aim to eliminate?

PHAB's updated framework for public health accountability metrics is intended to bring sectors together to eliminate root causes of health inequities, including through policy actions.

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.

Systemic inequities that impact vaccination rates include those associated with access barriers and access to culturally relevant outreach and education.

PHAB health equity review questions

How does the work product, report or deliverable engage other sectors for solutions outside of the health care system, such as in the transportation or housing sectors?

Accountability metrics can be used to foster shared responsibility and action across sectors. These metrics can also be used to strengthen public health and health care partnerships and alignment.

PHAB health equity review questions

How was the community engaged in the work product, report or deliverable policy or decision? How does the work product, report or deliverable impact the community?

The PHAB Accountability Metrics subcommittee has not directly engaged communities in the selection of priority areas or indicators for accountability metrics. The PHAB Accountability Metrics workgroup has looked to previous engagement and existing plans to understand community priorities for sexually transmitted infections and vaccine preventable diseases.

PHAB vote

- Do members approve adopting the following communicable disease priority areas and indicators for 2023-25?