

February 13, 2024

# Washington County Public Health Advisory Council



WASHINGTON COUNTY  
Public Health



**Public Health**  
Prevent. Promote. Protect.



*Healthy People, Thriving Communities*



# Public Health Modernization: Process Metrics

Continue our conversation related to the state adopted process metrics

# January Recap

- Reviewed statutory requirements for the use of accountability metrics
- Reviewed the state's updated accountability metric framework
- Reviewed the statewide health priorities and associated process metrics

## 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		Oregon Health Authority and local public health authority accountability
Health priorities	Policy actions	Public health data, partnerships and policy
Public health assessment	Public health policy development	Public health assurance
<p>Indicators of health outcomes</p> <p><i>What are priority health issues throughout Oregon?</i></p> <p><i>Which groups experience disproportionate harm?</i></p>	<p>Measures of policy landscape</p> <p><i>How are policies contributing to or eliminating root causes of health inequities?</i></p>	<p>Measures of foundational capabilities</p> <p><i>Are public health authorities increasing capacity and expertise needed to address priority health issues?</i></p> <p><i>Are public health authorities better able to provide core public health functions within their community?</i></p>
<p>Level of accountability</p> <p>The governmental public health system as a whole, other sectors and partners, elected officials.</p> <p>Oregon's Public Health Advisory Board has a critical role to influence necessary policy changes.</p>		<p>Level of accountability</p> <p>OHA and individual LPHAs</p>

# Focus for February

- Provide a high-level overview of the current state related to each of the three priority areas
- Group discussion related to other factors or considerations as we continue with our metric selection process

# Priority Areas

- Reduce the spread of syphilis and prevent congenital syphilis
- Protect people from preventable disease by increasing vaccination rates
- Build community resilience for climate impacts on health: extreme heat, wildfire smoke, and drinking water

# Syphilis

- Syphilis is a sexually transmitted infection caused by the bacterium *Treponema pallidum*
  - Syphilis is a reportable condition
- Most cases of syphilis in the US occur among men who have sex with men (MSM), there has been a steady increase in cases among people assigned female at birth

number of diagnoses

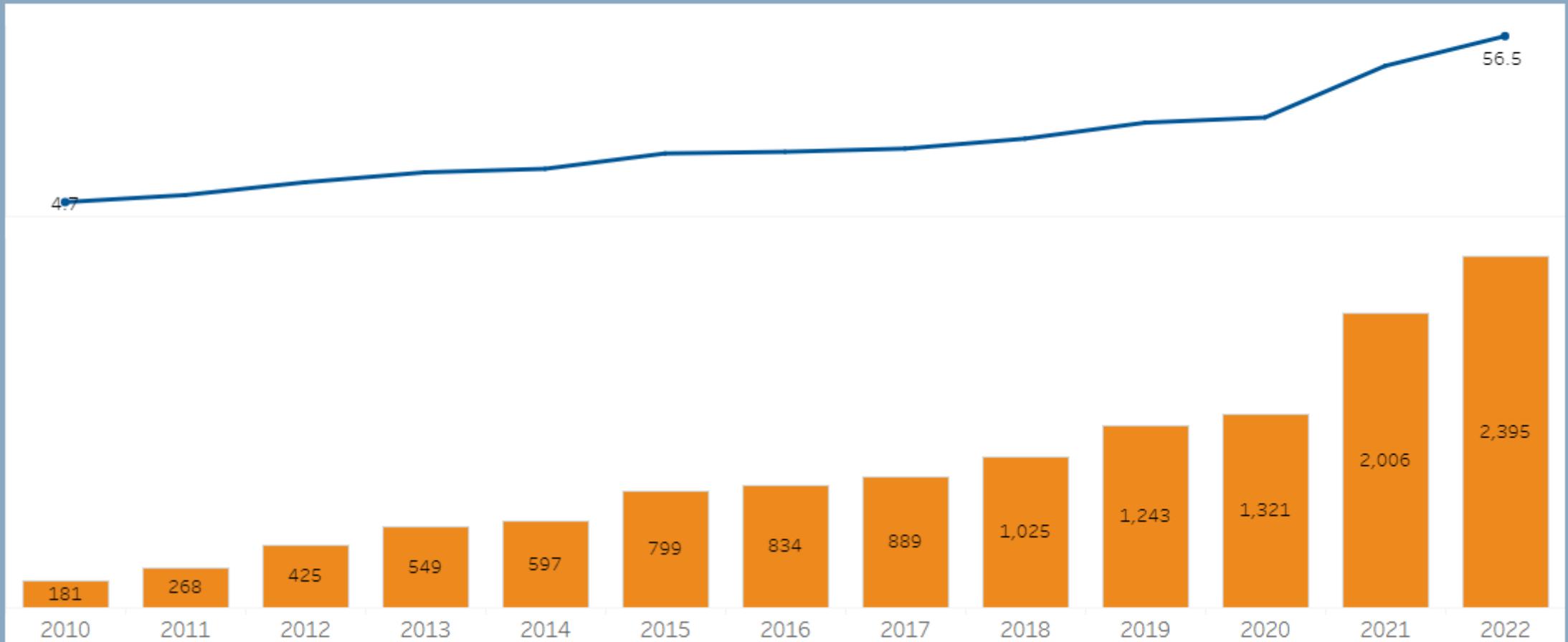


number of diagnoses per 100,000 people



### Syphilis stage

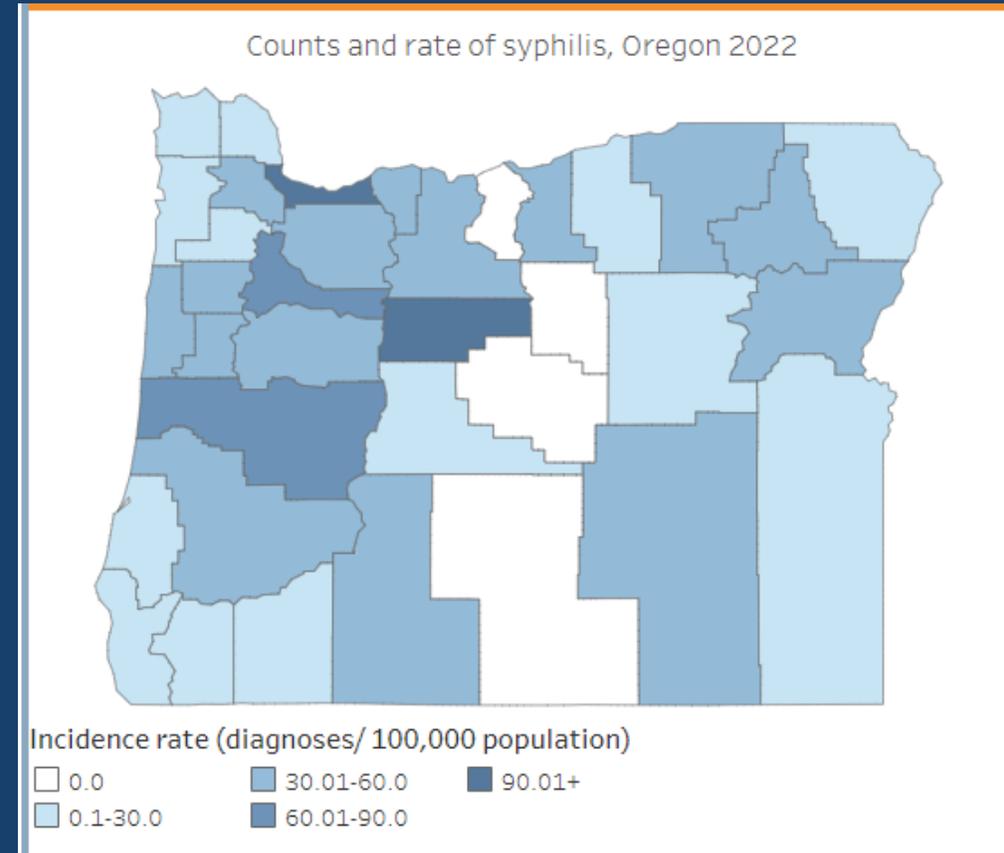
Total syphilis



Statewide we have seen a steady rise in syphilis over the past decade

# Washington County

- In 2022 Washington County had an incidence rate (new diagnoses per 100,000 people) of 45.2
- Statewide incidence was 56.5



# Congenital Syphilis

- Congenital syphilis (CS) is a fetal infection caused by untreated syphilis during pregnancy
- CS can lead to stillbirth, infant death, and serious birth defects
- Babies born with CS don't always have symptoms at birth but may develop serious problems without treatment

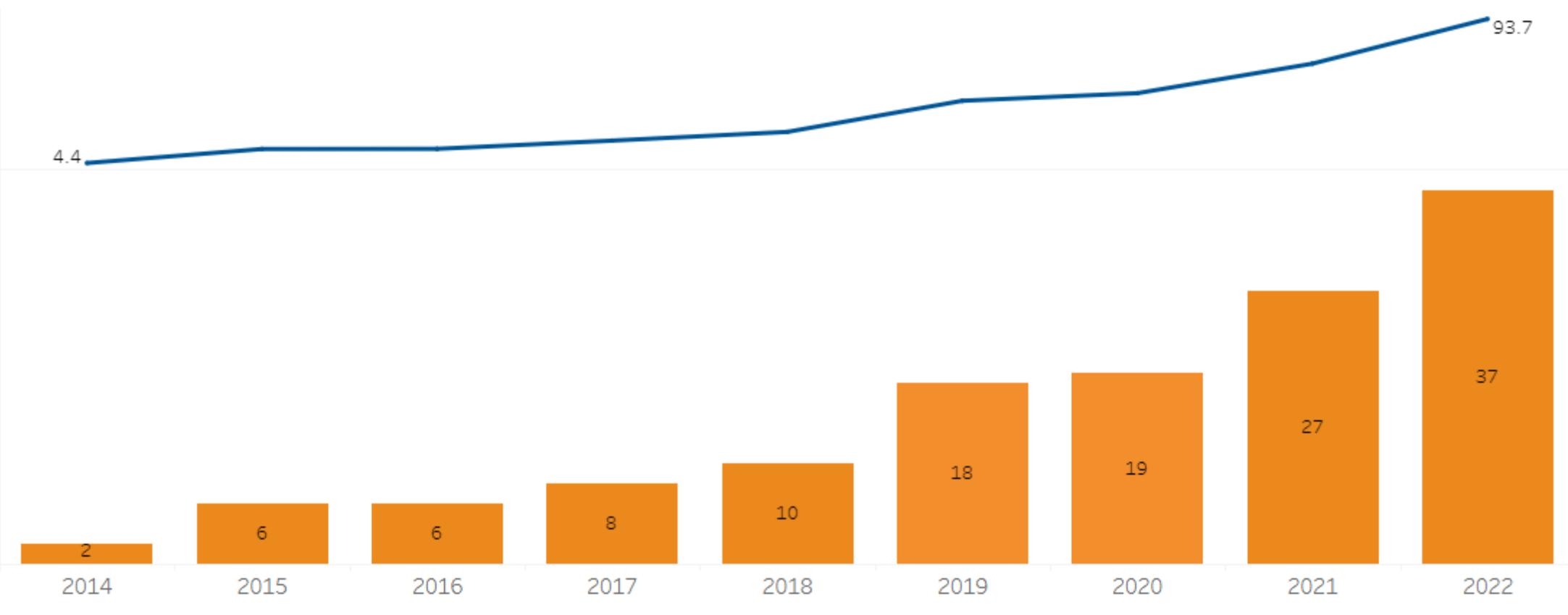
number of diagnoses



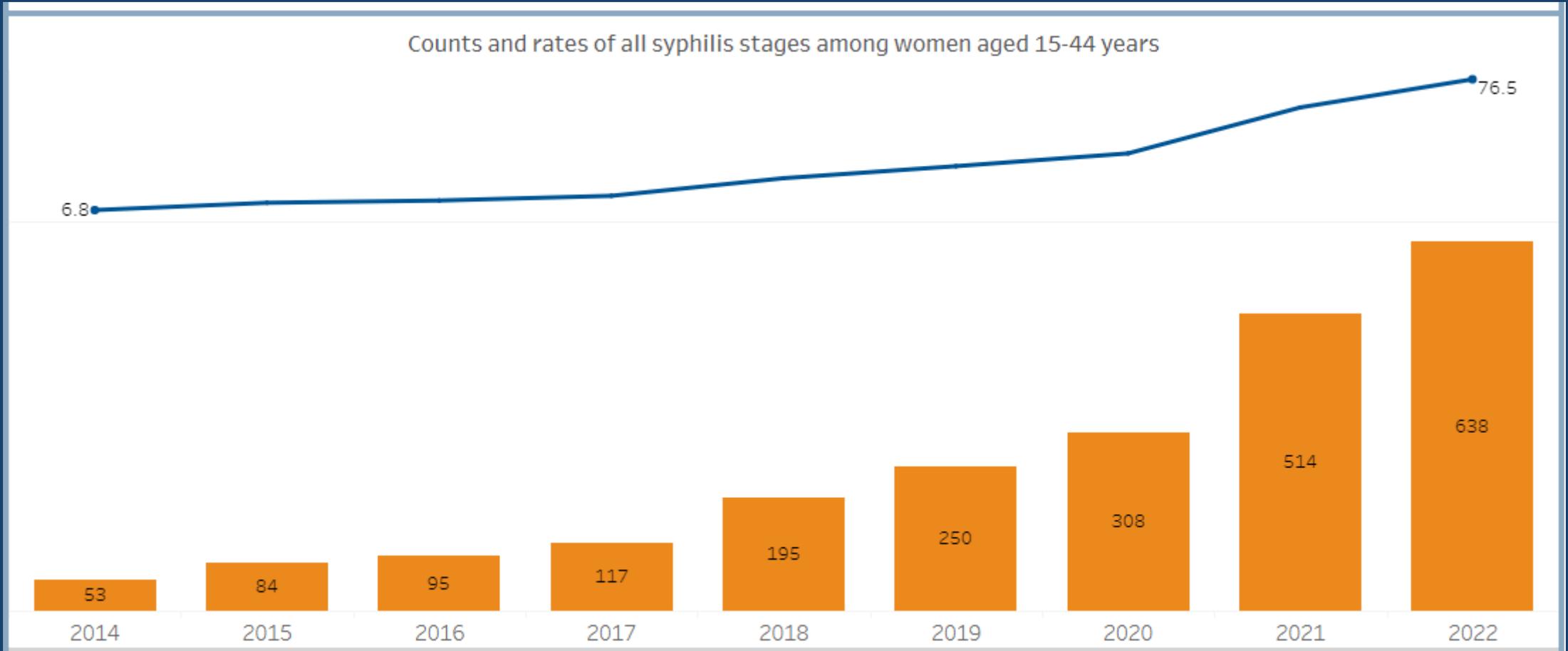
number of diagnoses per 100,000 people



### Counts and rates of congenital syphilis



Counts and rates of all syphilis stages among women aged 15-44 years

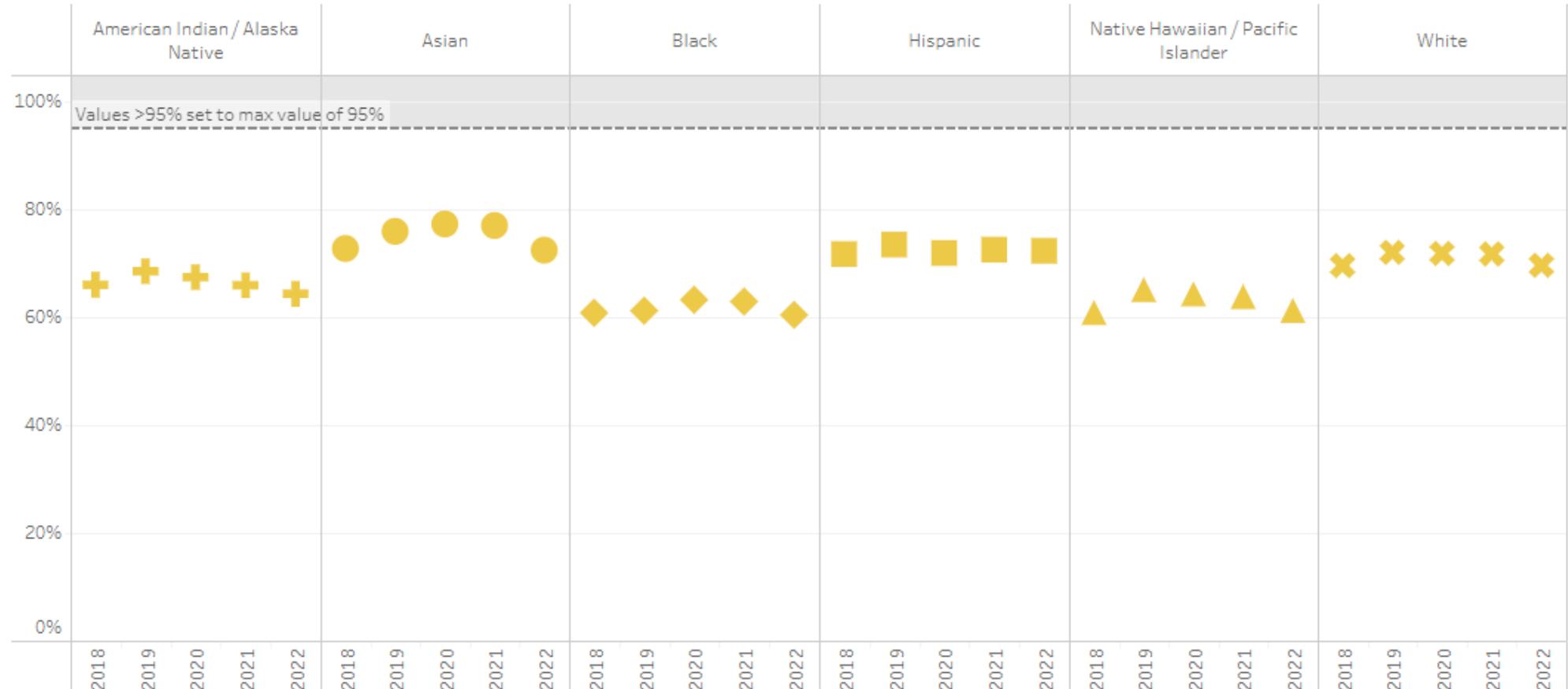
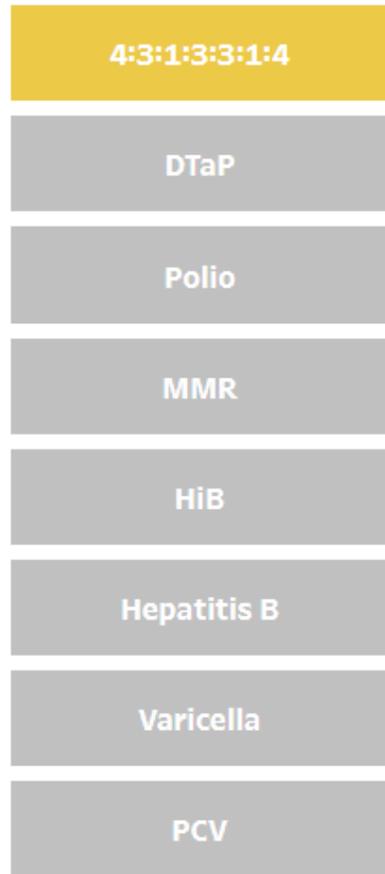


# Vaccine preventable diseases

- Childhood vaccination series (4:3:1:3:3:1:4)
  - Guidelines currently recommend vaccination against 14 potentially serious illnesses with the combined 7-vaccine series by the time a child reaches 24 months
  - Diphtheria, pertussis, tetanus (4 doses); poliovirus (3 doses); measles, mumps, rubella (1 dose); hepatitis b (3 doses); Haemophilus influenzae type b (3 doses); varicella (1 dose); pneumococcal infections (4 doses)

## Statewide trends by race and ethnicity over time

Up-to-date rates for childhood vaccines vary across race and ethnicity and these differences may be a result of many factors, including systematic and structural inequities. As the Oregon Health Authority's strategic plan goal is to eliminate health inequities in Oregon by 2030, these trends are important to track as we monitor progress towards this achievement.



Statewide we see lower rates of series completion among American Indian/Alaskan Native, Black, and Native Hawaiian/Pacific Islander communities

- Overall, the state has a decent completion rate of the 4:3:1:3:3:1:4 schedule
- Except for PCV (pneumococcal vaccine), all other vaccine series in the schedule are required for daycare and school attendance in Oregon
  - Hepatitis A is also required for daycare and school

2018	2019	2020	2021	2022
68.8%	71.2%	71.3%	71.0%	68.6%



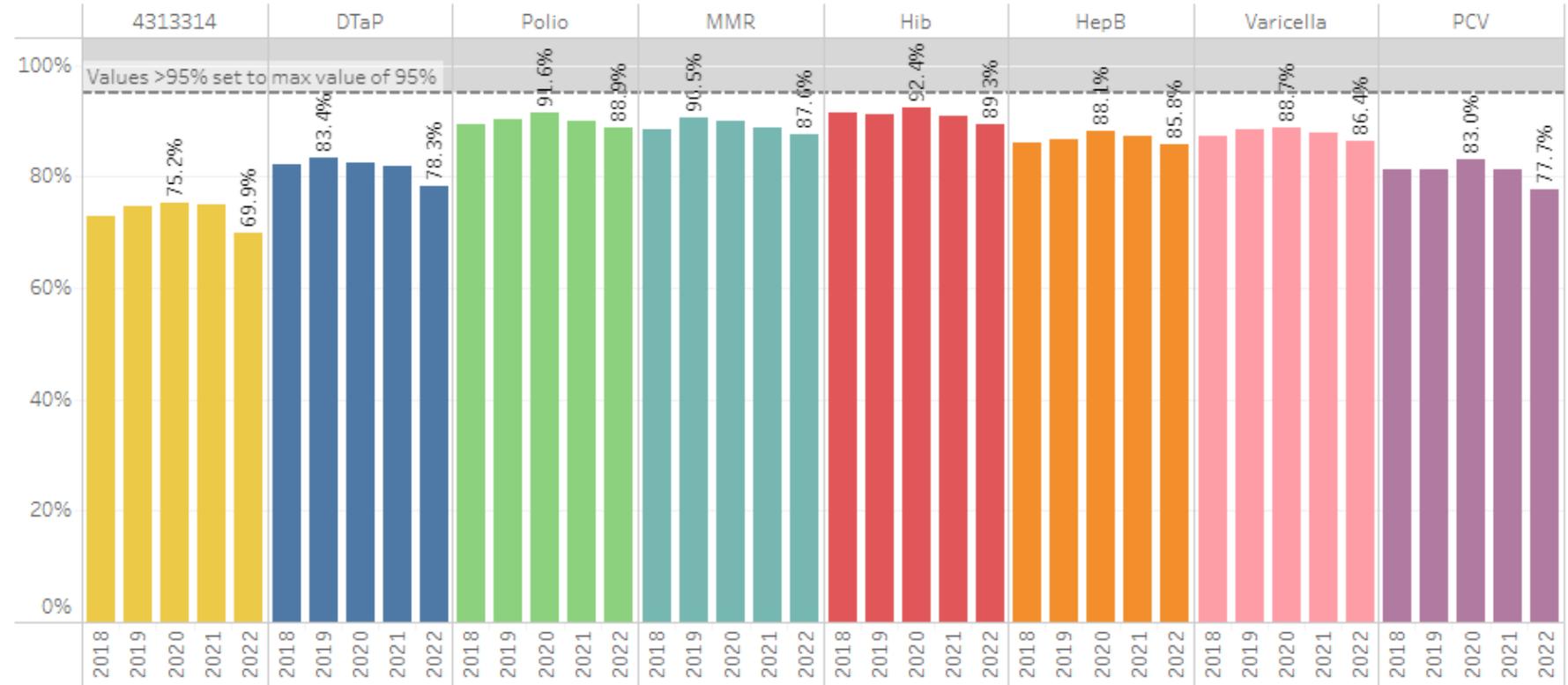
Looking at the individual series of vaccines there is higher uptake for all series but DTaP and PCV

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The figure shows xyz. Further explanation.



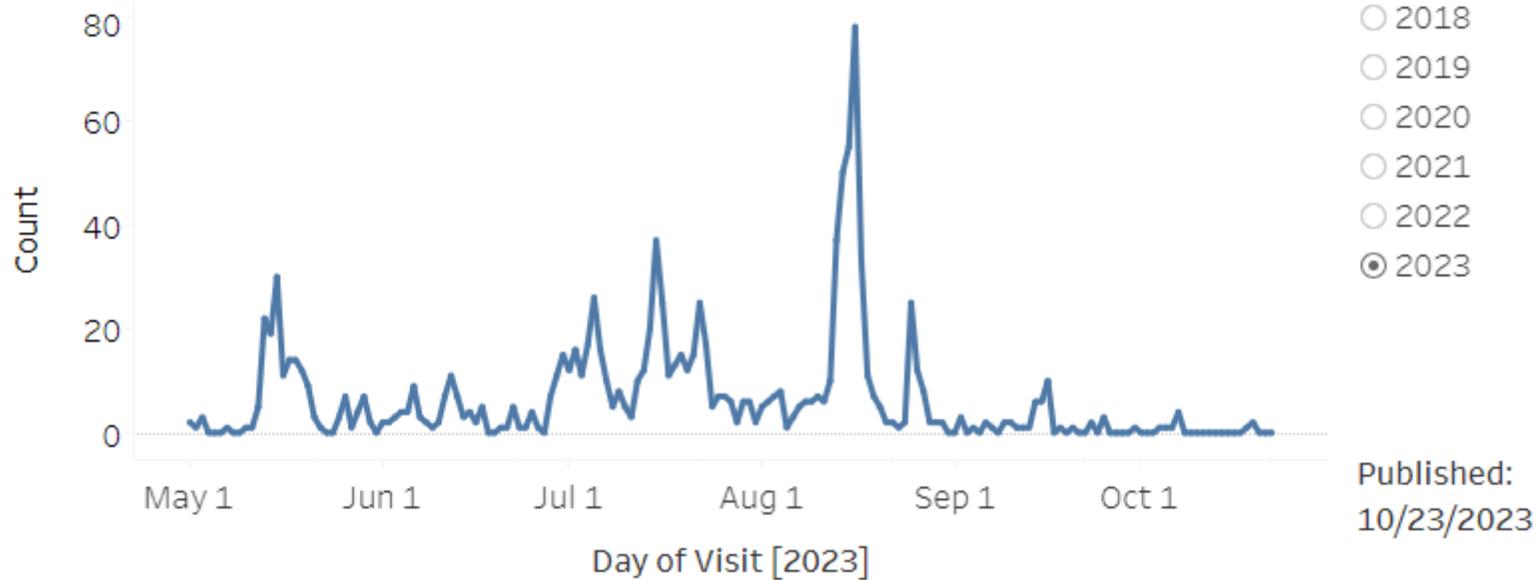
Washington County has a slightly higher average than the state for completion of the 4:3:1:3:3:1:4 schedule

# Climate Impacts on Health

- Oregon's climate is changing and will continue to change in the years to come
  - Summers are hotter and drier
- Oregon is likely to experience more extreme events like heat waves, wildfires, and storms
- Climate change threatens access to clean air, clean water, and healthy food

### E.D. and urgent care center visits for heat-related illness

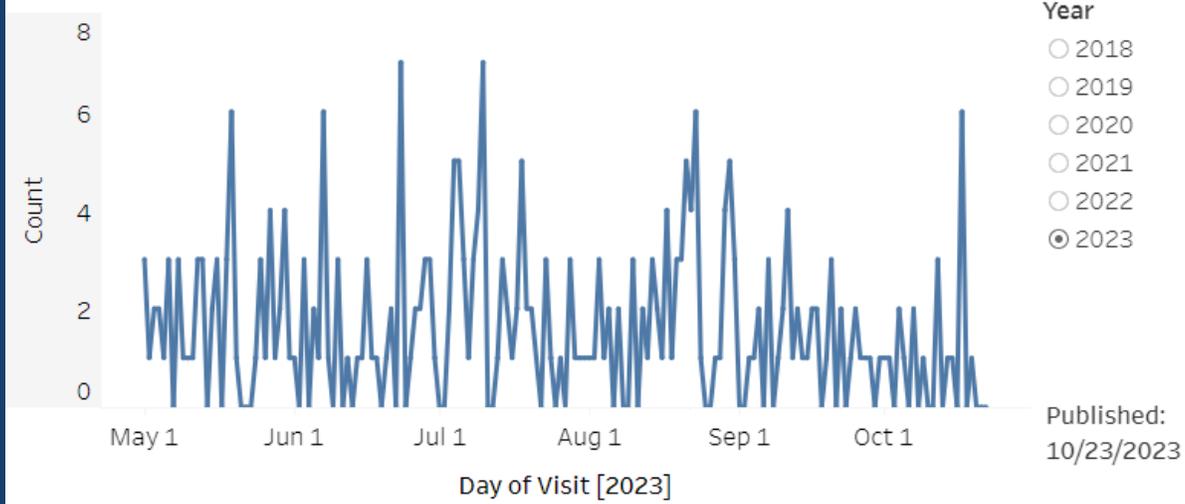
In this chart, we see a spike in heat-related illness (HRI) August 13th to 17th of 2023. The increase in visits was related to a heat wave that affected much of the state.



- Hospitalizations increase during extreme heat events
- As the number of extreme heat events increases each year, we can expect to see an increase in heat related hospitalizations
- Heat related illness refers to a variety of conditions resulting from elevated body temperatures such as heat stroke, heat syncope (fainting), heat exhaustion, and heat cramps

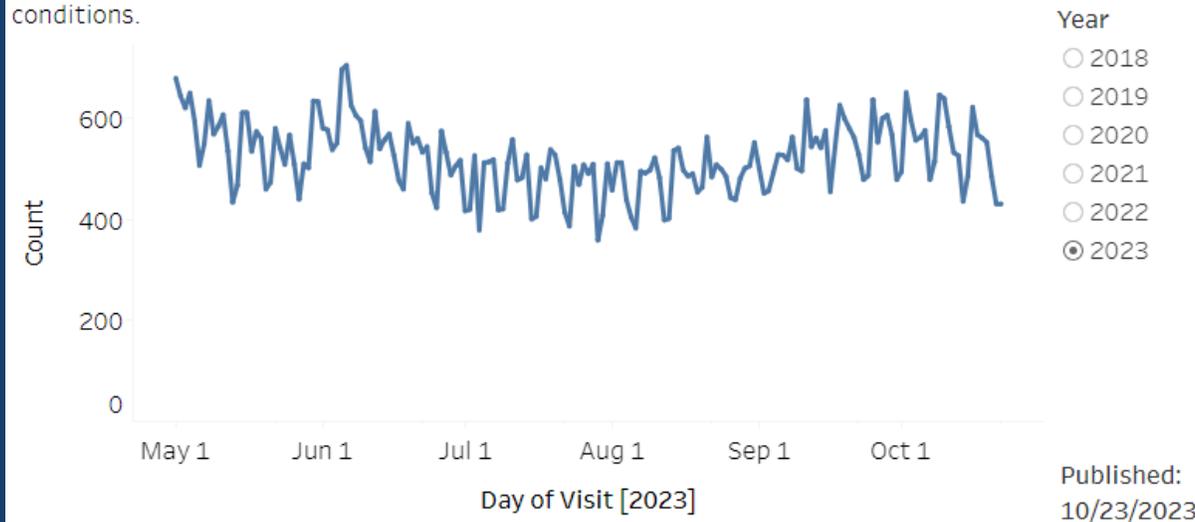
### E.D. and urgent care visits for fire and smoke inhalation

In this chart, we see that fire and smoke inhalation-related visits were within expected levels in 2023.



### E.D. and urgent care visits for air quality-related respiratory illness

In this chart, we see visits for respiratory illnesses were at expected levels in 2023. Respiratory related illness visits can be related to, or exacerbated by, air quality conditions.



- Air pollution from increased ground-level ozone and wildfire smoke could worsen respiratory illness
- Wildfire smoke is a problem in many communities
- Climate change can increase and worsen chronic diseases such as asthma

# Discussion

- In small groups think about the following
  - Where might there be opportunities for public health to impact systems in these three areas? What partners are needed to make improvements?
  - How can we highlight areas where we're already doing well, and think about how to continue to build on our successes in those areas?

# Updates and Reminders