**Acute and Communicable Disease Prevention (ACDP) Proposal for Equity-Based Metrics**

As we have seen in the pandemic, communicable diseases often disproportionally impact marginalized communities. ACDP has oriented its proposed metrics around three particularly vulnerable populations affected by a wide range of communicable diseases: 1) persons who inject drugs (PWIDs); 2) the homeless; and 3) BIPOC, immigrant, refugee, and seasonal and migrant farmworker communities. For each of these groups, several different infections could be reduced through community-based interventions. We have proposed several infections that counties or regional health equity coalitions could choose to track.

For each population, we additionally propose process-based measures that reflect several foundational capabilities outlined in the framework for public health modernization: health equity and cultural responsiveness, community partnership development, assessment and epidemiology, policy and planning, and communications.

Given the range of diseases and proposed activities, ACDP plans to work very closely with our partners in Immunization and HST to develop these metrics in collaboration with affected communities, provide a broad range of technical assistance to LPHAs and regional coalitions that want to work towards these goals, and collect and analyze data to produce annual assessments.

**Proposed Metrics**

**1****) Increase access to harm reduction services like syringe service programs (SSPs), wound care supplies, and medication for opioid use disorder (MOUD) to reduce infections related to injection drug use**

* **Disease Metrics**
  + County level rates of HIV; syphilis; acute hep A/B/C syphilis with proportion occurring among PWID; chronic cases of HCV under the age of 30 years (Orpheus);
  + Invasive rates of group A streptococcus (Emerging Infections Program [EIP] data, tricounty only)
  + County level rates of hospitalizations for skin and soft tissue infections, septicemia/bloodstream infection, osteomyelitis, endocarditis in persons with substance use disorder (Oregon Hospital Discharge Dataset)
  + For chronic HBV/HCV, estimates of hospitalizations for complications of chronic liver disease related to viral hepatitis (Oregon Hospital Discharge Dataset); cases of liver cancer associated with HBV/HCV (cross-match with the Oregon State Cancer Registry); rates of death related to chronic HBV, HCV (Center for Health Statistics)
* **Process Metrics**
  + County-specific[[1]](#footnote-1) data on

1. Syringe access and reuse estimates by
   1. Outlet type: Syringe Service Program, pharmacy, syringe dispensing machines.
   2. Level: primary, secondary
2. Syringe reuse estimate: An estimate of the (mid-point, upper and lower) proportion of injections that are covered by sterile syringe access among “unique” PWID participants of SSPs that track with unique ID.
3. Harm reduction supply access estimates
   1. Locations: By county and organization type
   2. What purchases supplies are used to support: safer injection, safer smoking, naloxone and wound care
   3. Distribution volume of specific supplies: syringes, smoking pipes, smoking foil
   4. Number of program hours per month
4. Distance to access syringes
   1. Average travel time to SSP distribution sites
   2. Percentage of county residents within 50 miles of at least one SSP distribution site in their county
5. Access to MOUD
   1. Number of SUD treatment referrals made by programs.
   2. Number of medical care referrals made by programs.
6. Access to immunizations at harm reduction program locations
   1. Evaluation of capacity of county or partners to offer Hepatitis A and B vaccination services at SSP and other harm reduction service locations
   2. Percent of days per month that Hepatitis A and B vaccination is provided at SSP locations
   3. Number of Hepatitis A and B vaccine administered through harm reduction programs
7. Data collected by Addictions Treatment, Prevention and Response unit (Behavioral Health section of HSD) from clients accessing substance use disorder treatment using the Government Performance and Results ACT [(GPRA)](http://?) questionnaire:
   * + - Participant demographics (not at REAL-D level)
       - Substance and nicotine use behaviors – including last 30 days, route, use of equipment and water after someone else, overdose
       - HIV, HCV testing, use of PrEP
       - If HIV, HBV, HCV tests were reactive/positive was person linked to treatment
       - Respondent’s living conditions, arrests/criminal justice system status, insurance, health, QOL, social connectedness, child welfare status

* **Rationale for metrics**
  + Rates of HIV and congenital syphilis among PWID, cases of chronic HCV in persons under 30 (often used as a marker of injection drug use), and hospitalizations associated with bacterial and fungal infections related to injection drug use are rising in Oregon
  + Cases of chronic HCV, along with cases of liver cancer and deaths related to HCV disproportionately affect American Indians/Alaska Natives and Blacks
  + These proposed metrics align with:
    - [CDC’s 2025 strategic plan](http://?) to reduce new viral hepatitis infections, reduce viral hepatitis-morbidity and mortality, and reduce viral hepatitis-related disparities;
    - Healthy People 2030 goals to reduce the incidence of [HAV](http://?) and [HBV](http://?);
    - A [SAMHSA advisory](http://?) for screening and treatment of viral hepatitis in people with substance use disorder
    - [End HIV Oregon](http://?);
    - [Save Lives Oregon](http://?), an initiative based in the OHA Health Services Division that supports the distribution of harm reduction supplies through the Harm Reduction Clearinghouse (funded by Measure 110 Funds);
    - Additionally, ACDP will be convening stakeholders to draft a plan for elimination of HCV in Oregon by 2030 in 2022
  + These metrics also overlap with several indicators being used to evaluate the PRIME+ program, a collaboration between ACDP, Comagine, and the Addictions Treatment, Prevention and Response Unit (part of OHA’s Health Services Division) that utilizes peer recovery specialists in 20 Oregon counties to connect people to care, resources and services before and after an overdose, infection, or other health issue related to substance use

**2) Decrease infections related to poor sanitation and lack of vaccination among homeless**

* **Disease Metrics**
  + County levels of rates of vaccine preventable diseases such as HAV and HBV and various foodborne bacteria occurring in homeless (Orpheus); with proportion of cases occurring among homeless.
* **Process Metrics**
  + County level of volume of supplies dispensed (soap, disinfectant wipes, alcohol-based sanitizer); distance to public restrooms or availability of portable toilets to homeless camps, availability of handwashing stations, garbage disposal stations, and clean water
  + Access to immunization services
    - Capacity of LPHA or partners to provide Hepatitis A and Hepatitis B vaccination services in association with LPHA hygiene programs
    - Number of Hepatitis A and Hepatitis B vaccines administered in association with LPHA hygiene programs (ALERT IIS)
* Rationale for Metric
  + Large outbreaks of HAV across the nation since 2017 have occurred in homeless populations
  + Since ACDP began collecting data on housing status for many reportable diseases in 2019, homelessness has commonly been identified among cases of HAV, HBV, HCV, and Shigella
  + Since 2015, ACDP has investigated one cluster of HAV and three outbreaks of Shigella in the homeless
  + This metric aligns with:
    - Healthy People 2030 goals to reduce infections caused by Salmonella and Shiga toxin-producing *E. coli* (STEC) infections;
    - HP 2030 immunization goals to increase the [proportion of people who get the flu vaccine](http://?) every year, the [proportion of adults age 19](http://?) years and older who get recommended vaccines
    - Regional Health Equity Coalitions (RHECs) goals that prioritize underserved communities

3) Increase cultural competence and level of community engagement/outreach that LPHAs have with marginalized communities (such as BIPOC populations, immigrants, refugees, migrant and seasonal farmworkers) to improve prevention and control of vaccine preventable diseases, particularly when associated with vaccine hesitancy

* **Disease Metrics**
  + - Rates of vaccine-preventable diseases (focus on acute hep A and B, pertussis, measles, mumps) stratified by race (Orpheus)
* **Process Metrics**
  + - Vaccination rates stratified by race
    - Completion of cultural competency workforce training
    - Development of summary report of census tract demographic and Social Vulnerability Index (SVI) data to delineate populations at risk;
    - Establishment of links to CBOs and faith-based groups providing services to identified groups; identification of trusted messengers for each identified community;
    - Capacity to create plain language information flyers on health topics and provide in appropriate languages and alternate formats
    - Development of mechanisms for community feedback such as advisory boards and community driven needs assessments
* **Rationale for Metric**
  + Several large outbreaks of vaccine preventable diseases such as measles and mumps in recent years have involved under-vaccinated immigrant communities
  + Rates of pertussis among Hispanics are twice the Oregon average
  + This aligns with:
    - OHA’s commitment to reduce health disparities by 2030
    - Existing public health modernization metric to increase rates of immunizations in two-year olds
    - Public health modernization foundational capacities
    - HP 2030 immunization goals to increase the proportion of people who get the flu vaccine every year, the proportion of adults age 19 years and older who get recommended vaccines
    - Regional Health Equity Coalitions (RHECs) prioritize underserved communities

**4) Increase cultural competence and level of community engagement/outreach that LPHAs have with marginalized communities (such as BIPOC populations, immigrants, refugees, migrant and seasonal farmworkers) to improve prevention and control of foodborne diseases**

* **Disease Metrics**
  + Rates of foodborne diseases (STEC, salmonella and shigella) stratified by race (Orpheus)
* **Process Metrics**
  + Completion of cultural competency workforce training
  + Development of summary report of census tract demographic and Social Vulnerability Index (SVI) data to delineate populations at risk;
  + Establishment of links to CBOs and faith-based groups providing services to identified groups; identification of trusted messengers for each identified community;
  + Capacity to create plain language information flyers on health topics and provide in appropriate languages and alternate formats
  + Development of mechanisms for community feedback such as advisory boards and community driven needs assessments
* Rationale for metrics
  + Higher rates than the Oregon average of STEC, Salmonella and Shigella in Hispanics and Blacks; elevated rates of Salmonella among American Indians and Alaska Natives; elevated rates of Salmonella and Shigella in Pacific Islanders and Native Hawaiians
  + This metric aligns with:
    - OHA’s commitment to reduce health disparities by 2030
    - Healthy People 2030 goals to reduce infections caused by [Salmonella](http://?) and [Shiga toxin-producing *E. coli* (STEC](http://?)) infections;
    - Reducing cases of STEC is a [state health improvement indicator](http://?)
    - Regional Health Equity Coalitions (RHECs) prioritize underserved communities

1. Metrics 1-6 will be tracked by SSPs [↑](#footnote-ref-1)