

Communicable Disease Control

Lane County, Oregon

Demographics

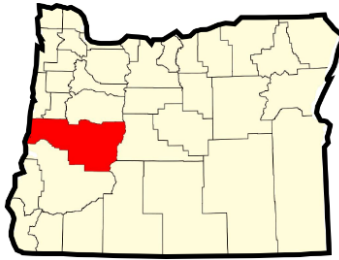
The demographics of Lane County - including age, race and ethnicity, language, disability status, and geography - are important because some groups experience excess burden of inequities and communicable disease-related health disparities.

360,273 population¹

62% live in urban areas.¹

38% live in rural areas.¹

The population is increasing and becoming more diverse.



25% aged 60 and older.¹ **19%** under age 18.¹
16.9% people of color.¹ **28.2%** K-12 students of color.²
8.5% speak a language other than English at home.³
16.5% have a disability.⁴



Social, Economic, & Environmental Factors

The distribution of communicable disease and related health disparities are both tied to numerous factors including income, education, transportation, housing, employment, and other social and structural factors.

Education

72.8% of students graduated high school on time during the 2016-'17 school year.⁵
4.5% of enrolled high school students dropped out, higher than the state average of **3.9%**.⁶

*Student groups with lower graduation rates: males, students with disabilities, homeless students, migrant, English learners in high school, economically disadvantaged, and underserved races/ethnicities.*⁵



Poverty & Income

19.7% live below the Federal Poverty Level. *Non-White racial and ethnic groups have higher rates of poverty.*⁷ **\$\$**

Average annual individual income (all races/ ethnicities): **\$25,612**⁸

Average individual income is lowest for Hispanic or Latinos: **\$14,400**⁸

Housing & Homelessness

54% of renters pay more than 30% of their household income on housing.⁹

There are **1,529** unhoused individuals in Lane County. **66%** are male.¹⁰



7.2% of students in grades 9-12 are homeless.¹¹

Transportation



8.7% of households are without a vehicle.⁹

Public transit is more limited in rural areas, creating barriers to accessing health care and other resources.

Social & Structural Factors

Discrimination and social inequities are significant factors in the underlying causes of health disparities.

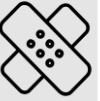


Health Behaviors

Healthy behaviors are critical to the health of individuals and the community. Immunizations, preventive screenings, safe sex practices, and prenatal care are examples of behaviors that help prevent and control communicable disease.

Vaccines

Immunizations are safe, successful, and cost-effective for promoting health and reducing disease. Access to vaccines is important to preventive care and overall public health. Access is also an important channel for improving health equity and reducing disparities.



72% of two-year-olds are fully vaccinated, below levels necessary for herd immunity.¹²

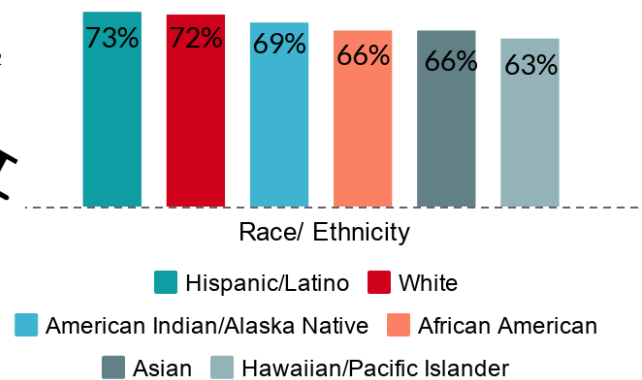
Vaccination rates are lower in rural areas and for children in private/charter schools.¹²

Adolescent (ages 13-17) rates:¹²

- HPV Vaccine (complete series): **46%**
- Meningococcal Vaccine: **80.6%**
- Tdap Vaccine: **91.4%**



Two-Year-Old Vaccination Rates¹²



There are **37** "Vaccine for Children" clinics in Lane County that offer low-cost or free vaccines to eligible children.¹³ Improving vaccine access has significantly reduced disparities in rates among children enrolled in Oregon Health Plan and WIC.¹²

Sexual Health

43% of 11th graders and **8%** of 8th graders report ever having sexual intercourse.¹⁴

Screenings

48.9% of Trillium Medicaid adult members have been tested for HIV, compared to **35%** of all Oregon adults.¹⁵

Prenatal Care

92.5% of expecting mothers receive adequate prenatal care (5+ visits total and 1st/2nd trimester visits).¹⁶

Health Systems Factors

Health system factors, such as access to affordable and appropriate medical care, have roles in the distribution of communicable disease and related health disparities.

Health Insurance Coverage

95.8% of Lane County residents have health insurance.¹⁷

104,171 people in Lane County are enrolled in Oregon Health Plan (Medicaid).¹⁸

38.2% of children are enrolled in Medicaid.¹⁹

Insurance gaps and healthcare inequities still exist, especially for people without legal immigration status, people of color, rural residents, unhoused, and low income workers.

Health Cost & Primary Care Physicians

Oregon average cost per inpatient day: **\$3,368**, more than U.S. average of **\$2,271**.²⁰

19% are unable to see a health care provider due to cost.²¹



There are about **314** primary care providers (PCPs) in Lane County, that's 1 PCP per 1,160 residents.²²

Other Factors

There are also other factors, such as funding limitations, that impact the capacity and ability of public health, healthcare, and other sectors to fully address the root causes of health disparities.

Communicable Diseases

Communicable diseases are contagious infectious diseases passed from person to person. Social and economic factors, the environment, individual behaviors, and health system factors impact the distribution and burden of communicable disease.

Vaccine Preventable Diseases

Due to the success of vaccination, rates for many vaccine-preventable diseases -- including Hepatitis A, Acute Hepatitis B, Meningococcal Disease -- are very low.²³

Chronic Hepatitis B: 7.54 cases per 100,000 people per year.²³

Haemophilus influenzae: 2.35 cases per 100,000 people per year.²³

Pertussis (whooping cough): 18.32 cases per 100,000 people per year.²³
Outbreaks are still common and infants are at highest risk of complications.

Influenza and pneumonia: 48 deaths in 2016.²⁴ Young children, adults 65+, people with certain medical conditions, and cigarette smokers are at increased risk for pneumonia.



Sexually Transmitted Infections (STIs)

STIs are the most commonly reported communicable disease in the Lane County. Rates are increasing at an alarming rate, disparities are evident, and they are associated with social, economic, and health consequences for individuals, families, and the health care system.

Chlamydia: 414.61 cases per 100,000 people per year. Higher rates: adolescents aged 15-19, females, and Blacks/ African Americans.²⁵

Syphilis: 6.1 cases per 100,000 people per year. Higher rates: males.²³

Gonorrhea: 62.89 cases per 100,000 people per year. Higher rates: adolescents and young adults, males, and Blacks/ African Americans.²⁶

HIV/AIDS: 3.76 cases per 100,000 people per year. Higher rates: males.²⁷

Other

Chronic Hepatitis C: 131.61 cases per 100,000 people per year. Higher rates: males and Blacks/ African Americans.²⁵

Salmonellosis (non-typhoidal): 7.35 cases per 100,000 people per year.²⁵

E. Coli: 4.5 cases per 100,000 people per year.²³

Campylobacteriosis: 26.08 cases per 100,000 people per year.²⁵

Food & Waterborne Diseases: 53.04 cases per 100,000 people per year.²⁵



Root Causes of Communicable Disease Disparities

Root causes of communicable disease-related disparities include systems of oppression and social determinants of health, more so than individual behaviors and genetics.



Economic, social, and geographic factors such as culture and language, transportation, income, employment, education, and housing



Access to affordable and culturally competent medical care, communicable disease control services and programs, and health insurance



Structural inequities, systems of oppression, and policies and organizational-based factors



Health literacy, public awareness, and access to linguistically and culturally appropriate information

Communities Disproportionately Impacted

People unfairly impacted by the burden of communicable disease include:

- People experiencing social, economic, and/or geographic disadvantages
- Low-income and those in poverty
- Unhoused population
- Children and elderly adults
- Persons living with mental health challenges and/or other disabilities
- Ethnic and racial minorities
- Non-English speakers
- People without legal immigration status
- People living in rural areas
- LGBTQ+ individuals
- Men who have sex with men
- Injection drug users



Defining Key Terms

Health is a complete state of physical, mental and social well-being, not just the absence of illness or disease. Health is influenced by social, economic, environmental factors, as well as people's behaviors and their biology. - *World Health Organization*

Health disparities are preventable differences in health status between people related to social or demographic factors such as race, gender, income or geographic region. These differences can result from environmental, political, social and/or economic conditions. Disparities are **health inequities** when they are the result of the systematic and unjust distribution of these critical conditions. - *Oregon Health Authority*

Health equity is the absence of unfair, avoidable, or preventable differences in health among groups of people. Health equity implies that health should not be compromised or disadvantaged because of social, economic, demographic, or geographic factors. Achieving health equity requires the fair distribution of resources and power to eliminate gaps in health opportunities and outcomes. - *Oregon Health Authority*

The **social determinants of health** are the conditions in which people live, learn, work, and play that affect a range of health risks and outcomes. They are shaped by the distribution of money, power and resources. - *World Health Organization*

A Note on Health Disparities

Structural, social, economic and environmental inequities result in adverse health outcomes and communicable disease-related health disparities. They affect communities differently and have a greater influence on health outcomes than a person's biology, individual choices, or ability to access health care. Reducing health disparities through policies, practices and organizational systems can help foster health equity and improve opportunities for all community members to achieve good health.

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