



HEALTHY AGING in Oregon Counties



2009

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INTRODUCTION

Today's older adults are living longer, and many are living with fewer disabilities than older adults in past generations. As a population, they are helping to redefine what it means to grow old, and communities across Oregon are supporting this change by taking steps to help us all age well.

This report on Healthy Aging in Oregon Counties was developed to provide an overview of issues impacting the health of older Oregonians. The information was compiled to assist public health, aging services, and other community organizations in developing effective strategies to help older Oregonians age safely, remaining healthy and independent as long as possible. Included in the report are:

- Section I: A summary of key issues for older adult health, and steps communities can take to promote healthy aging. Included in this section are best practices for community-wide approaches to promote healthy aging, as well as a list of evidence-based programs for older adults currently being used in Oregon.
- Section II: State and county fact sheets that provide a brief overview of key issues impacting the health of older adults at the state and local level. These fact sheets were designed to help community boards and agencies get a quick snapshot of the status of older adults in their county or region. Most of the data were obtained from the Behavioral Risk Factor Surveillance System (BRFSS) and are based on responses from adults living independently and not in long term care. In certain instances where individual county data was not available, counties were combined.
- Section III: A link to more comprehensive web-based county and Area Agency on Aging (AAA) regional health data, available at www.healthoregon.org/hpcdp. Included at this website are data on a variety of chronic conditions and risk factors, falls, hospitalization costs, use of preventive services, and community factors that impact the health of older adults. AAAs in Oregon provide critical information and assistance on older adult needs and resources, as well as services including nutrition, in-home care, case management, caregiving, legal services, and transportation.

As Oregon's older adult population grows, the need for effective strategies to promote healthy aging increases. While access to medical care is important, traditional health care is not sufficient to address the health and well-being of older adults. Community-wide strategies to encourage healthy behaviors, evidence-based programs that target the specific health needs of older adults, and collaborative approaches involving public health, aging services, social services, transportation, land use, and other community organizations are essential. This report provides a starting place for communities across Oregon to use in identifying needs and taking effective steps to promote healthy aging.

SECTION I:
**The Benefits of Healthy
Aging for Oregon**



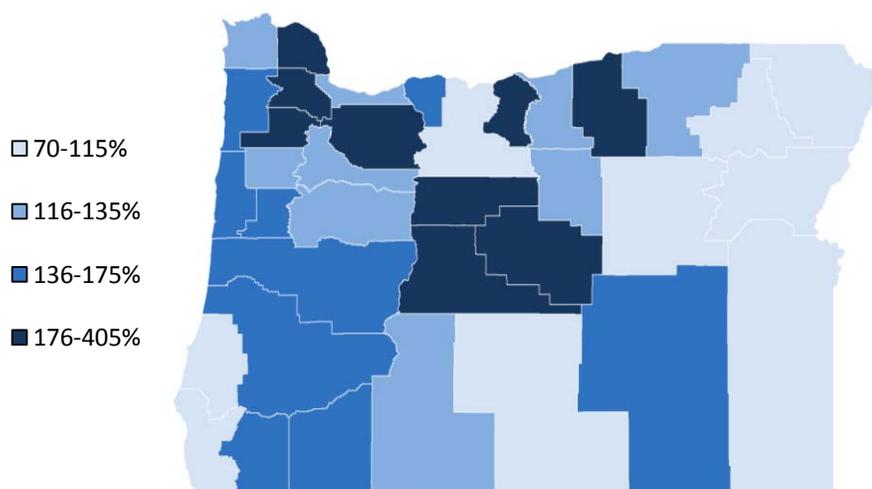
HEALTHY AGING IN THE 21ST CENTURY

Throughout the last century the quality of life has improved and the length of life has increased, due in large part to public health achievements, such as cleaner water and vaccinations, which reduced infant mortality and increased survival among the general population. However, one of the largest public health challenges for the 21st century will be to assure the healthy aging of the growing number of older adults.

Oregon is beginning to see the aging of baby boomers, and the number of older adults will continue to increase over the next 30 years. By the year 2040, the population of adults 60-74 years will increase by about 130 percent for the entire state. The number of the population aged 75 years and older will increase by approximately 170 percent. And at the county-level, the increase of adults 75 years and older is projected to range from approximately 70 percent in Baker County to over 400 percent in Deschutes County. In contrast, the population of adults aged 45-59 years is projected to grow by only 50 percent overall.

Without targeting efforts towards prevention and management of the health conditions that often accompany age, the next century could see an unprecedented strain placed on the public health, medical, and long-term care systems in Oregon. The Centers for Disease Control and Prevention (CDC) estimate that national health care spending will increase by 25% in the next 20 years, largely due to medical costs associated with the aging population.¹ With the age of the population shifting, it is important for Oregon to prepare for the specific needs of an aging population. Targeting prevention and health promotion interventions and programs for the specific health needs of older adults will help to maintain the health and well-being of older Oregonians and reduce the impact on the state's medical and long-term care systems.

Figure 1: Projected percent increase of adults 75 years and older for the state of Oregon from 2000 to 2040, data from the Office of Economic Analysis.



THE BURDEN OF DISEASE AND DISABILITY AMONG OLDER ADULTS

Chronic conditions such as arthritis, heart disease, diabetes, depression, and stroke are more common with increasing age. In addition, as adults age they become more susceptible to injuries and mortality related to falls.

Chronic Conditions

Nationally, over 80% of adults 65 years and older are living with at least one chronic condition, and 50% have two or more.² Chronic conditions not only contribute to premature death, but also influence the quality of life for older adults through limitations in daily activities, loss of independence due to disability and diminished function, and the need for long-term care.

The leading causes of death in 2005 for all ages in Oregon were cancer, heart disease, stroke, and lung disease (see Table 1).

Table 1: The leading causes of death in Oregon for all ages, 2005, Oregon Department of Human Services.^{4,5}

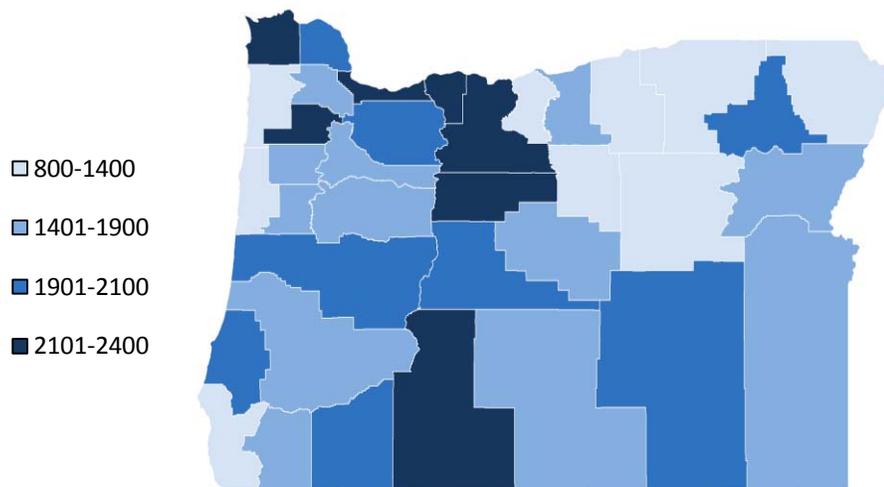
Rank	Deaths	Cause of Death
1	7,277 (24%)	Cancer
2	6,721 (22%)	Heart Disease
3	2,268 (7%)	Stroke
4	1,822 (6%)	Lung Disease

While arthritis is not a leading cause of death for older adults, it is the primary contributor to disability in the nation.³ In Oregon, the prevalence of self-reported medically-diagnosed arthritis from 2004-2007 for adults 75 years and older ranged from 44% in Josephine county, to 58% in Multnomah county, to 75% in Klamath and Tillamook counties. Arthritis also affects younger populations. Thirty-three percent and 51% of Oregon adults 45-59 years and 65-74 years, respectively, reported a diagnosis of arthritis.

Falls

The aging population is increasingly at risk for fall-related injuries and mortalities. As Oregonians age, the risk of falling drastically increases. Among Oregonians 75 years and older, an average of 4,500 are discharged from a hospital each year for a fall-related injury—more than three times the number among the 60-74 year old age group. Unintentional falls are the leading cause of injuries, fatal and nonfatal, for adults over the age of 65 and are associated with loss of independence and functional decline.⁶ It is expected that the costs due to falls will increase; direct costs for Oregon are expected to be more than \$32 billion in 2020. Between 2002 and 2006, the hospitalization costs of each fall in Oregon averaged approximately \$16,000.⁶

Figure 2: Fall hospitalization rate per 100,000 for adults 75 years and older in Oregon, Hospital Discharge Database, 2002-2006.



Depression

Adults with chronic diseases or functional limitations are more likely to have depression, and these conditions increase with age. However, depression is not a normal part of aging and should be prevented and treated.⁷ Depression increases the risk of dying prematurely from all causes, regardless of sociodemographic factors, clinical disease, and other health risk factors.^{8,9}

Economic Impact

Chronic conditions account for over 75% of the \$2 trillion the nation spends on all health care.¹⁰ In 2003, the direct cost of arthritis for the nation was \$81 billion for all ages, and indirect costs totaled \$47 billion.³ In 2007 alone, the hospitalization costs for arthritis, cancer, lung disease, diabetes, heart disease, and stroke together cost nearly \$2 billion for adults 45 years and older in Oregon. As the number of older adults increases, the costs associated with their health conditions are also expected to rise.

Table 2: Hospitalization costs for Oregonians 45 years and older with selected chronic diseases or fall-related injuries in 2007, data from the Hospital Discharge Database.

All 45 years and older	
Heart Disease	\$913,595,486
Cancer	\$356,408,680
Arthritis	\$322,359,994
Stroke	\$172,972,061
Fall-Related Injuries ¹	\$159,745,002
Lung Disease	\$75,787,858
Diabetes	\$41,791,446
Total	\$2,042,660,527

¹ Hospitalization costs for fall-related injuries are from 2006.

Access to Medical Care

Regular access to health care is important for early detection and treatment for the aging population. Without a regular source of care, treatment for diseases can be delayed or go undetected and lead to further complications and hospitalizations. Among adults 45-59 years of age in Oregon, 15% do not have a personal doctor or health care provider and 13% do not have health care coverage. And while Medicare assures older adults of higher rates of insurance, shortages in providers accepting Medicare payments as well as long distances involved in reaching health care may limit access for older adults.

PREVENTING DISEASE AND PROMOTING HEALTH

In 2000, smoking, lack of physical activity, and poor nutrition were the root causes of almost 35% of the deaths in the nation.² Many chronic diseases can be prevented by altering behaviors. In order to reduce the risk for chronic diseases, communities and organizations can emphasize approaches that support adults in adopting healthier behaviors: leading a tobacco-free lifestyle, participating in regular physical activity, eating a nutritious diet, and getting regular health screenings and immunizations.²

Avoid Tobacco

Between 2004 and 2007, nearly one in six adults 45 years and older in Oregon reported that they were current smokers. Despite decreasing rates of smoking over the past 45 years, smoking remains the leading preventable cause of death in the United States.¹¹ The Surgeon General has reported that cigarette smoking is linked to multiple diseases, including many forms of cancer, cardiovascular disease, respiratory disease, poor general health, and low bone density.¹¹ But even adults who have smoked throughout their lives can gain significant health benefits from quitting; the risk of heart attack declines and overall lung function improves within just two weeks to three months of quitting.²

Get Active

As adults age, they often become less active and more sedentary, thus missing out on the potential health benefits of physical activity. Regular physical activity reduces the risk of many chronic diseases and cancers, including heart disease, stroke, diabetes, colon cancer, and depression.² Among older adults, participating in regular physical activity is associated with reduced risk of all-cause and disease-specific mortality, disability, and cognitive decline or dementia, as well as with improved quality of life and improved mental health.¹²⁻¹⁴ Increased levels of physical activity can reduce the risk of falls and fall-related injuries.¹⁴ It has also been reported that increasing physical activity levels among adults 50 years and older could reduce medical expenses within two years of behavior change.¹⁶ In Oregon, 57% of adults 45-59 years and 55% of adults 60-74 years reported that they met the recommended amount of physical activity: 30 minutes or more of moderate activity 5 days per week or 20 or more minutes of vigorous activity 3 days per week. However, only 46% of adults 75 years and older reported that they met the physical activity recommendation. Additionally, adults with disabilities are less likely to be physically active and more likely to be obese.²

Get Regular Health Screenings and Immunizations

Regular health screenings help detect and manage chronic diseases. High blood pressure and high blood cholesterol are both independent risk factors for heart disease and stroke.¹⁹ In Oregon, 58% of adults 75 years and older reported ever receiving a medical diagnosis for high blood pressure and 46% reported ever receiving a diagnosis of high blood cholesterol. Older Oregonians report fairly high levels of cholesterol screening: 83% of adults aged 45-59 years, 93% of adults 60-74 years, and 92% of adults over the age of 75 years reported having their cholesterol checked in the past five years. However, given that heart disease and stroke are two of the leading causes of death in Oregon, there is still a need to encourage regular screenings.

Vaccinations protect the health of the aging population. Between 1976 and 2001, 90% of influenza-related deaths occurred among adults 65 years and older. Underlying medical conditions and being 85 years and older can substantially increase aging adults' susceptibility to the influenza viruses. The most effective strategy to protect the aging population from influenza is through annual vaccination.²⁰ Among Oregonians 75 years and older, 76% reported that they received the influenza vaccine in the past year.

It is also recommended that adults 65 years and older and adults with weakened immune systems receive a pneumococcal vaccine. Pneumococcal disease results nationally in over 6,000 deaths per year, and over half of these deaths may have been prevented with vaccination. Although pneumococcal disease can be treated with antibiotics, recent antibiotic-resistant strains have emerged. Therefore, vaccination is the best way to prevent pneumococcal disease.²¹ Among Oregonians 75 years and older, 79% reported that they received a pneumococcal vaccination within their lifetime.

COMMUNITY APPROACHES TO HEALTH PROMOTION

Although targeting individual health behavior change is important, addressing community factors that contribute to health and health behaviors is also critical.

Multiple factors influence the physical activity of adults as they age, and the physical or built environment is emerging as an important contributor. Walking is the most common form of physical activity reported among older adults² and it has been shown that the built environment in communities where one lives is associated with walking habits. More older adults walk in pedestrian-friendly neighborhoods and communities. Further, those who walk for exercise most frequently report walking on neighborhood streets for this purpose.²² Therefore, it is important to assure that throughout all Oregon communities, older adults have areas safe for and conducive to walking.

The New Urbanists, also called the Smart Growth movement, advocate similar principles that limit sprawl to make cities and towns “more livable.”²³ A growing body of research provides support for an association between the smart growth mixed use neighborhoods that are more pedestrian-friendly and reduced prevalence of obesity.²⁴

Other studies support the association of the built environment with diet.²⁵ Research on factors contributing to childhood and adult obesity has highlighted the role of environmental factors, such as easy access to fast food outlets.²⁶⁻²⁷ Studies of general adult populations support an association between eating meals outside the home and excess energy intake and, in turn, weight gain.²⁸⁻²⁹ Consumption of fast food can negatively impact weight in several different ways: larger portion sizes causing overeating; high energy density of fast food causing higher than intended caloric intake; and high amounts of trans fats which are more strongly linked to weight gain compared to other fats. And even when nutrition information is available, the fat content of products can vary between chain locations meaning the customer may be ingesting more fat than they are aware.³⁰

Recommended strategies that communities in Oregon can take to impact the health of older adults include:

- Conduct walkability assessments of communities, including sidewalk availability and safety issues, and make needed improvements;³¹
- Work with community partners to develop parks and trails that assure safety and access for older adults;
- Assure availability of mixed-use, walkable neighborhoods so older adults can reach needed services such as banks, grocery stores, health care facilities, and pharmacies;
- Assure that public and private policy requires tobacco-free workplaces, public areas, and multi-unit senior housing;
- Assure that older adults have access to fruits and vegetables through establishing grocery stores, community gardens, and farmers markets in neighborhoods in underserved areas and neighborhoods with high numbers of older adults;
- Support community-wide campaigns that promote fruit and vegetable consumption and physical activity, assuring that campaigns include messages appropriate to older adults; and
- Make available and promote the use of evidence-based physical activity, falls-prevention, healthy eating, and chronic disease self-management programs that are appropriate for older adults.

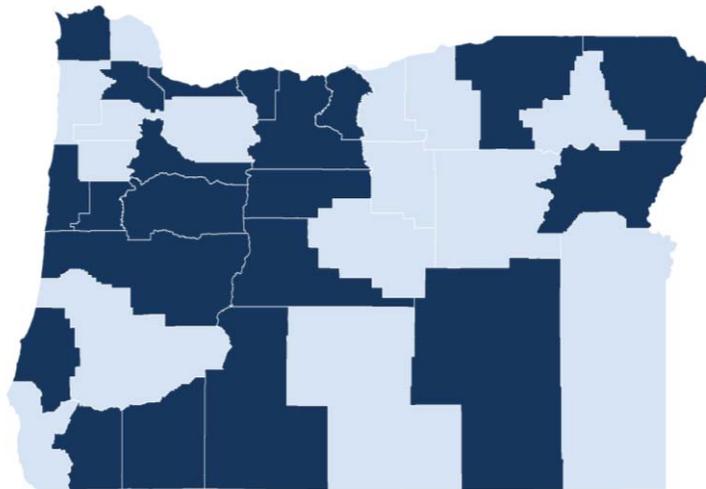
EVIDENCE-BASED PROGRAMS IN OREGON

Many Oregon communities are already using evidence-based programs and community-wide strategies to help promote the health of older adults. Evidence-based public health is defined as “the development, implementation, and evaluation of effective programs and policies in public health through application of principles of scientific reasoning.”³² Evidence-based programs are based on scientific evidence and discourage decisions based on anecdotal evidence.³³ Information on some recommended approaches that are currently being used in Oregon communities are listed below. For additional information, contact information, and program requirements, refer to Appendix A.

Living Well with Chronic Conditions

Living Well is a 6-week, peer-led program for people with any kind of chronic condition, developed by Stanford University and known nationally as the Chronic Disease Self-Management Program. The program is led by trained lay leaders and utilizes an interactive approach to provide basic health information. In addition, the program helps individuals set short-term realistic goals to manage their conditions and improve their quality of life. The long-term outcomes of the program include improved self-reported health, decreased fatigue, and decreased hospitalization. Living Well programs are being offered in over half of Oregon’s counties.

Figure 5: Distribution of Living Well programs in Oregon counties offered at any time during 2006-2008.



Darker shading represents counties where Living Well programs were offered.

Arthritis Foundation Exercise & Aquatics Programs

Exercise and aquatics programs offered by the Arthritis Foundation include land and water exercise programs designed specifically for people with arthritis. The programs use gentle activities to help increase joint flexibility and range of motion and to help maintain muscle strength and increase overall stamina. The outcomes from the program include decreased pain and increased functional ability. The programs are typically offered by YMCAs, recreation centers, or senior centers. These programs are available in approximately 16 counties in Oregon.

Tai Chi: Moving for Better Balance

Tai chi is a traditional Chinese conditioning exercise with a series of slow, continuous, rhythmical movements that has been shown to improve functional balance and reduce the risk of falls. A simplified version of tai chi has been studied by the Oregon Research Institute in randomized control and community settings. Their research demonstrated that this 8-form tai chi program decreased falls and fear of falling.

EnhanceFitness

EnhanceFitness is an exercise program for older adults that focuses on stretching, flexibility, balance, low impact aerobics, and strength-training. The program was developed and evaluated as a collaborative effort between GroupHealth of Puget Sound, Senior Services of King County, and the University of Washington. Oregon sites offering the program include senior center, senior housing, and senior meal sites in the greater Portland area and the Confederated Tribes of Warm Springs.

Stay Active & Involved for Life (SAIL)

Stay Active and Involved for Life is a strength and balance fitness class for older adults that includes education on preventing falls. Exercises can be done seated or standing and include moderate aerobic, strength, and stretching exercises. Outcomes include improvements in mobility, strength, and balance. The program was developed in the state of Washington and is being introduced in the Portland area.

StrongWomen

StrongWomen is a strength-training program developed at Tufts University and designed for midlife and older women. Outcomes of the program among older women include: increased muscle mass and strength; improved bone density and reduced risk for osteoporosis and related fractures; reduced risk for diabetes, heart disease, arthritis, depression, and obesity; and improved self-confidence, sleep and vitality.

Better Bones & Balance (BBB)

The Better Bones and Balance program is based on research from Oregon State University's Bone Research Laboratory. The classes are designed to gradually improve balance and strength to avoid falls, maintain independence and reduce the risk of osteoporosis-related fractures. The long term changes observed by program participants who performed strength and stepping exercises using weighted vests were improved strength, balance, mobility, and reduced bone loss compared to non-exercising study participants. The program is currently being evaluated in the community setting and is offered in communities throughout Oregon.

CONCLUSION

Without increasing health promotion efforts at the state and local level, it can only be expected that the burden of disease and injuries specific to older adults will rise as the age of the population shifts. However, Oregon communities are taking important steps to assess and address the health of the growing older adult population. The following county fact sheets – and the additional web-based county-level data on a variety of health conditions, costs, behaviors, and preventive services – are designed to assist communities in planning efforts to support healthy aging. The recommended approaches and evidence-based programs described above provide planners and policy makers with key steps that can help promote healthy aging in communities across Oregon.

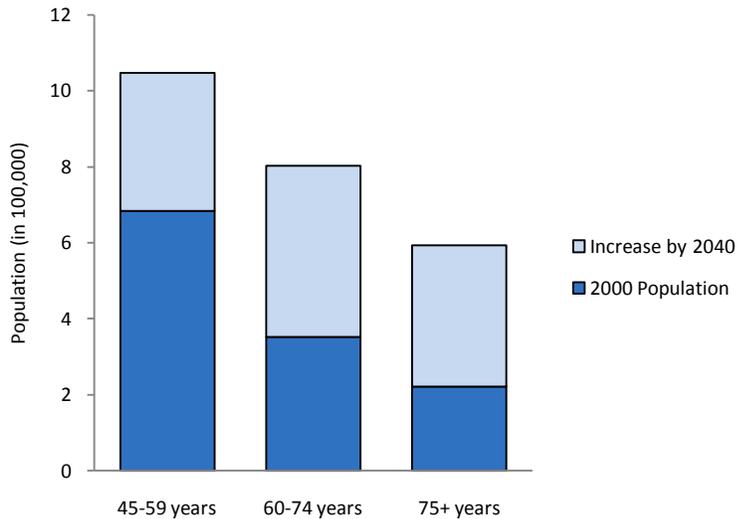
SECTION II:
State and County Fact
Sheets for Healthy Aging



Why Focus on Healthy Aging?

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to the state of Oregon. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	33%	51%	60%
Coronary Heart Disease	3%	10%	14%
Diabetes	8%	15%	15%
High Blood Pressure	29%	49%	58%
High Cholesterol	40%	53%	46%
Major Depression	5%	2%	2%
Stroke	2%	5%	10%

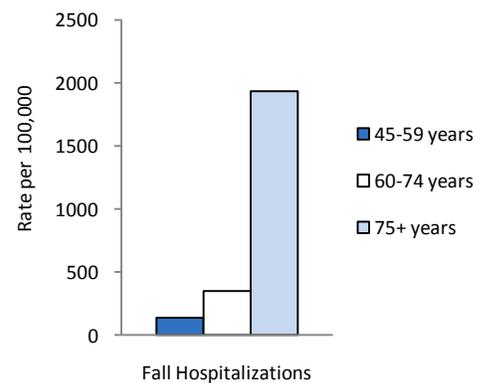
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

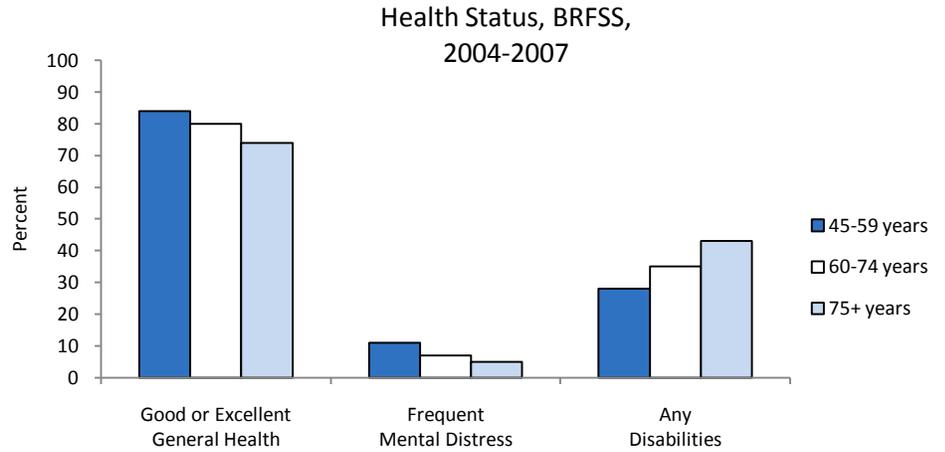
Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was more than 6 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year.

Fall Hospitalizations, Hospital Discharge Database, 2002-2006



Health Status

While a large portion of the population of adults 45 years and older reports good general health, 5-11% report frequent mental distress (14 or more days of poor mental health per month). Additionally, nearly a third of adults 45 years and older report disabilities.



Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	57%	55%	46%
≥5 servings of Fruits & Vegetables per Day	27%	27%	37%
Healthy Weight ²	33%	30%	43%
Current Smoker	19%	13%	5%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

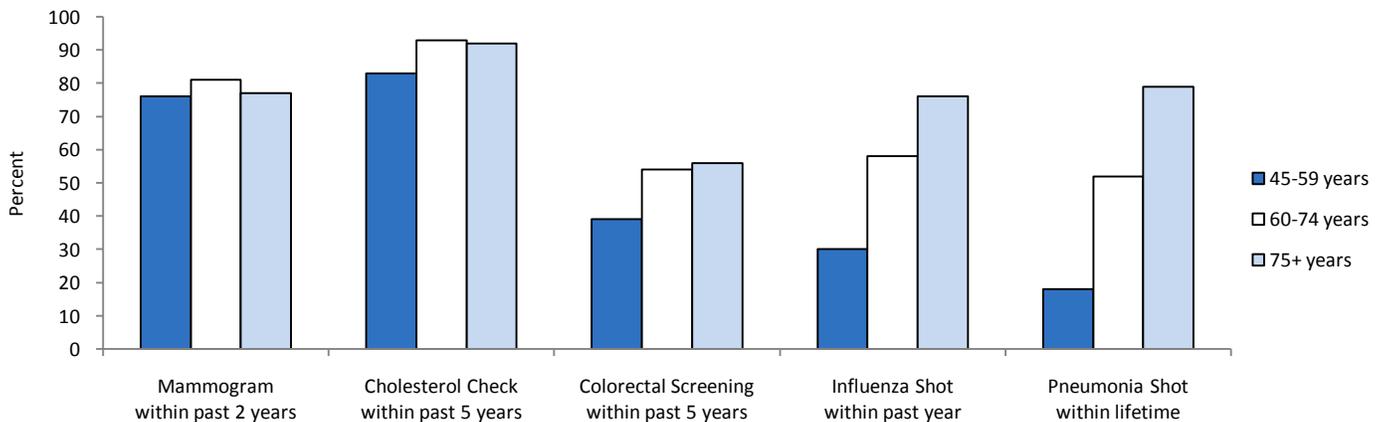
Health Behaviors

Little more than half of adults 45 years and older are getting enough physical activity. Less than half of adults 75 years and older are at a healthy weight and the proportion is smaller among adults in the younger age groups. Fruit and vegetable intake is also fairly low. Approximately 1 in 5 adults 45-59 years of age currently smoke.

Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, only half report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007

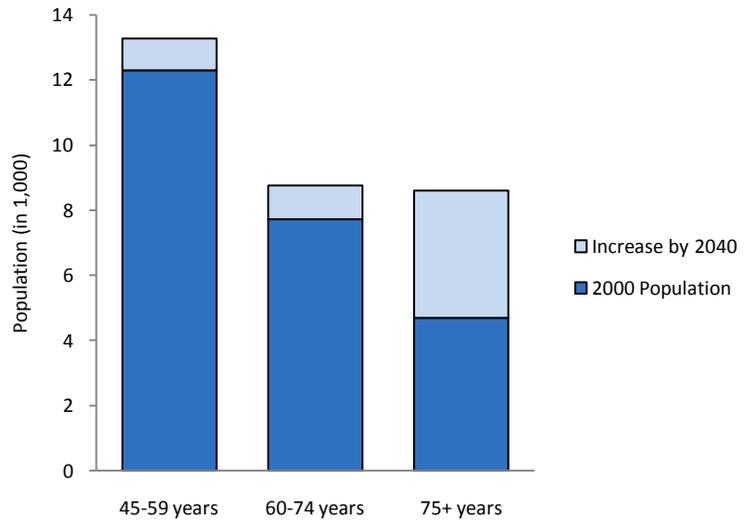


For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

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Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to Baker, Grant, Union, and Wallowa counties. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	21%	52%	69%
Coronary Heart Disease	3%	10%	29%
Diabetes	9%	9%	15%
High Blood Pressure	27%	43%	63%
High Cholesterol	40%	55%	39%
Major Depression	7%	1%	0%†
Stroke	3%	4%	15%

† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

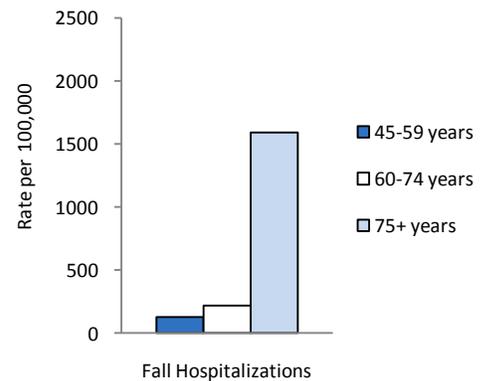
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

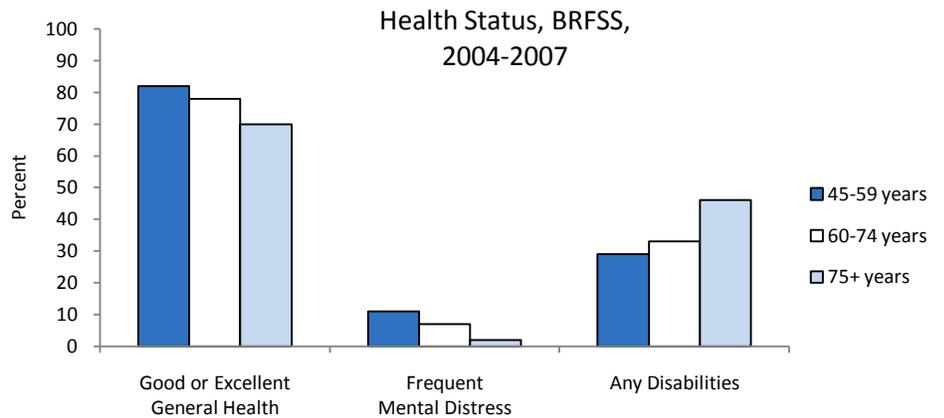
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Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	59%	53%	37%†
≥5 servings of Fruits & Vegetables per Day	26%	34%	27%
Healthy Weight ²	34%	31%	41%
Current Smoker	17%	13%	10%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

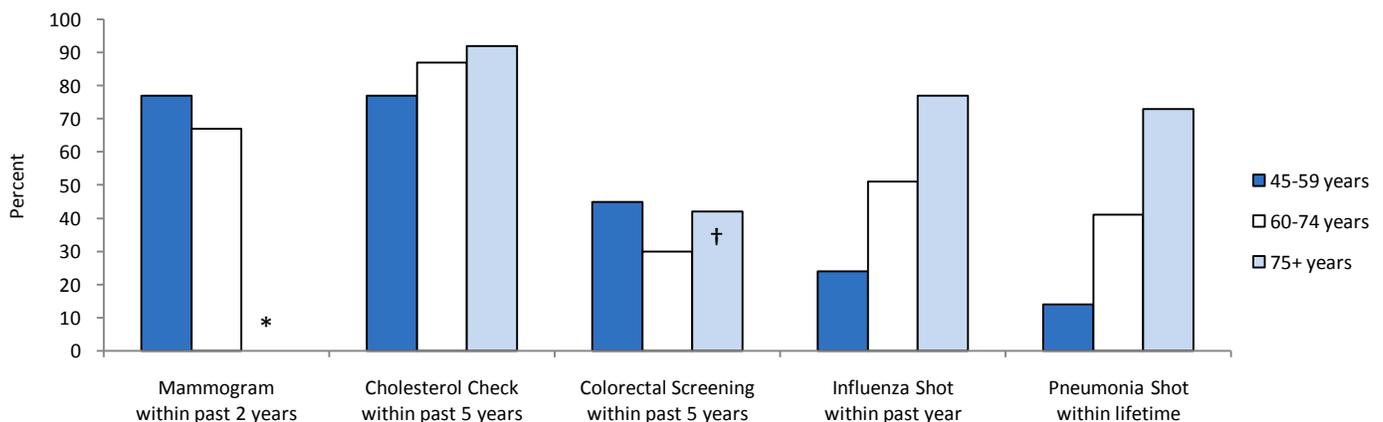
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Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, less than a third report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007



* Data not available.

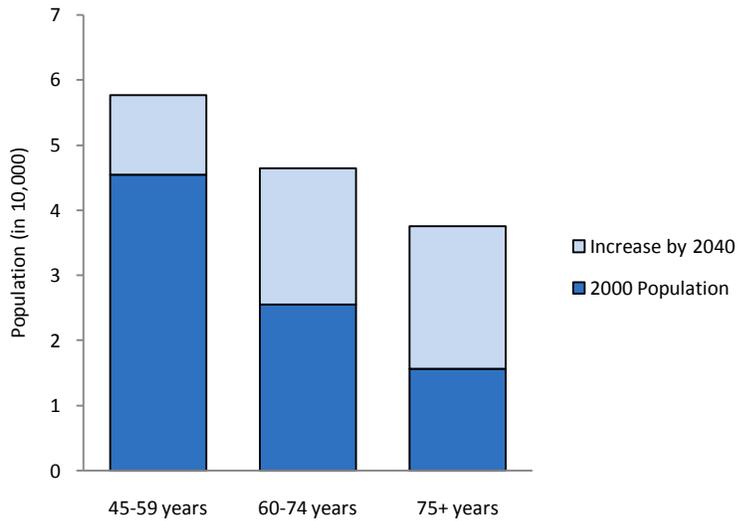
† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

Why Focus on Healthy Aging?

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to Benton, Lincoln, and Linn counties. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	36%	49%	61%
Coronary Heart Disease	3%	9%	12%
Diabetes	8%	17%	16%
High Blood Pressure	36%	49%	55%
High Cholesterol	39%	53%	50%
Major Depression	8%	1%	0%
Stroke	2%	6%	14%

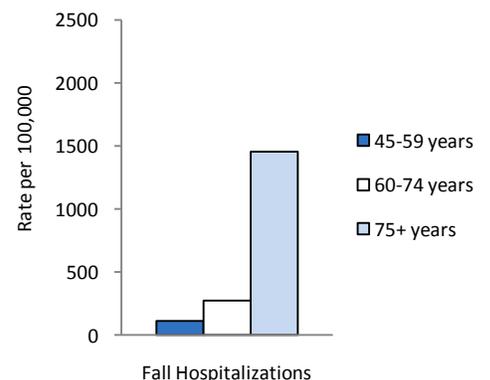
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

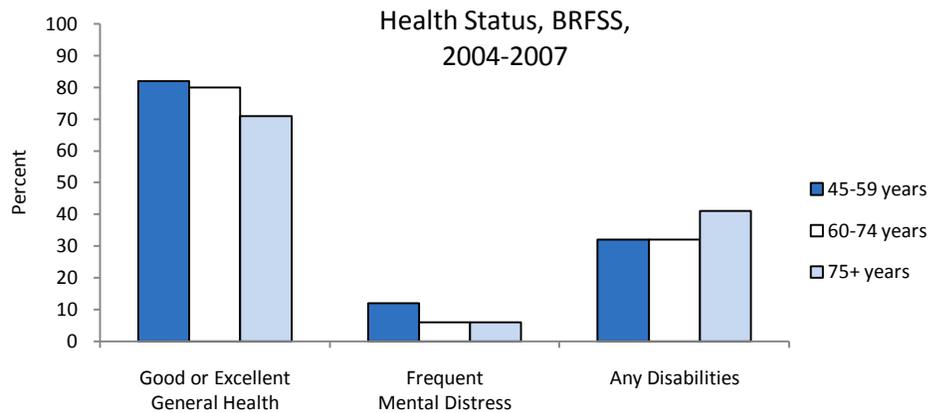
Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was more than 6 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year.

Fall Hospitalizations, Hospital Discharge Database, 2002-2006



Health Status

While a large portion of the population of adults 45 years and older reports good general health, 5-11% report frequent mental distress (14 or more days of poor mental health per month). Additionally, a third of adults 45 years and older report disabilities.



Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	55%	56%	44%
≥5 servings of Fruits & Vegetables per Day	29%	26%	41%
Healthy Weight ²	31%	28%	42%
Current Smoker	20%	13%	5%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

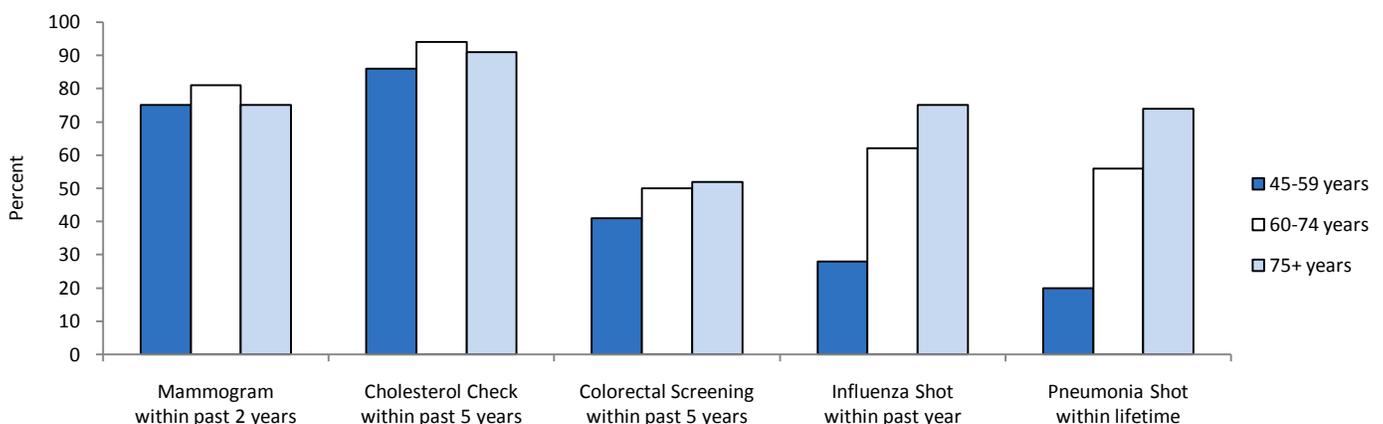
Health Behaviors

Little over half of adults 45 years and older are getting enough physical activity. Less than half of adults 75 years and older are at a healthy weight and the proportion is smaller among adults in the younger age groups. Fruit and vegetable intake is also fairly low. Approximately 1 in 5 adults 45-59 years of age currently smoke.

Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, only half report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007

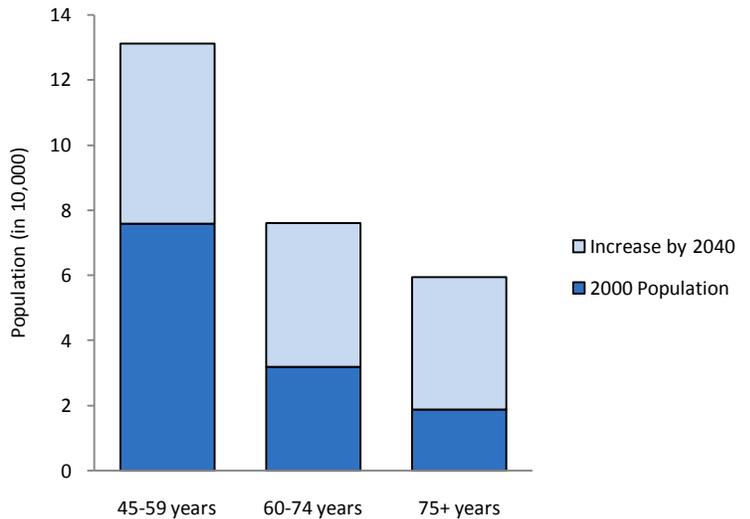


For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

Why Focus on Healthy Aging?

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to Clackamas county. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	31%	44%	56%
Coronary Heart Disease	3%	8%	17%
Diabetes	6%	14%	15%
High Blood Pressure	26%	43%	63%
High Cholesterol	38%	51%	46%
Major Depression	5%	<1%	2%
Stroke	2%	5%	9%

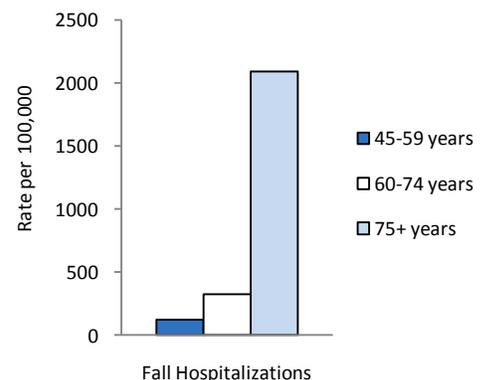
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

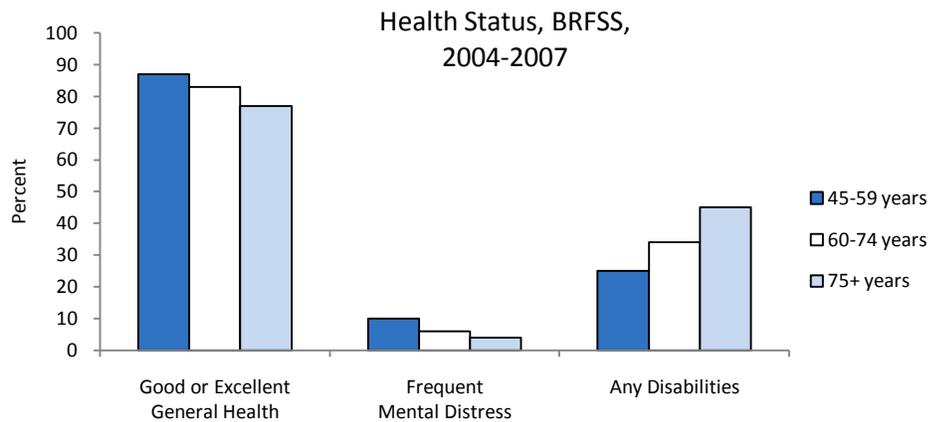
Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was more than 6 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year.

Fall Hospitalizations, Hospital Discharge Database, 2002-2006



Health Status

While a large portion of the population of adults 45 years and older reports good general health, 5-11% report frequent mental distress (14 or more days of poor mental health per month). Additionally, nearly a third of adults 45 years and older report disabilities.



Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	54%	62%	48%
≥5 servings of Fruits & Vegetables per Day	26%	25%	36%
Healthy Weight ²	34%	32%	46%
Current Smoker	15%	12%	4%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

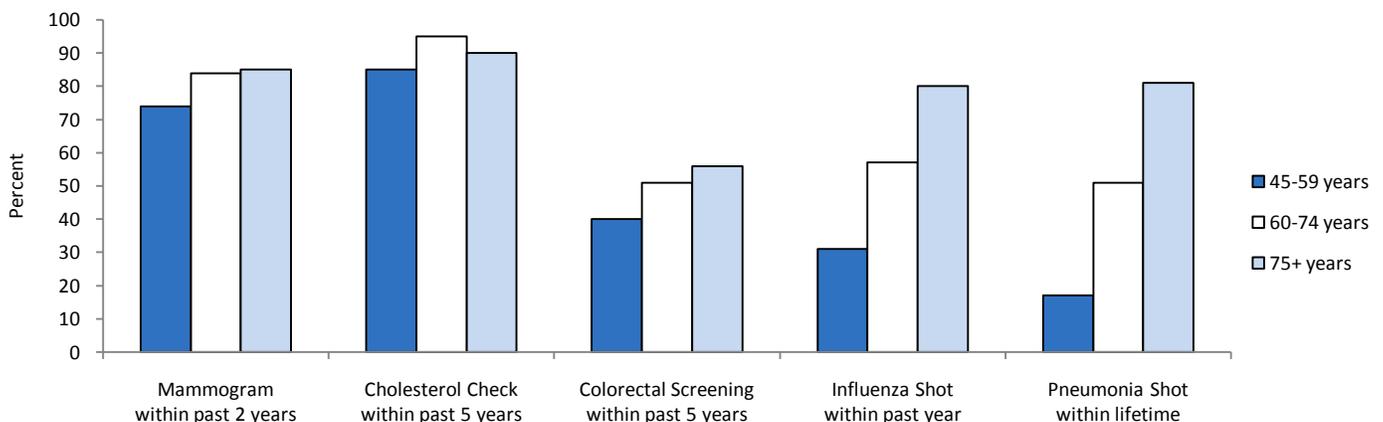
Health Behaviors

Little more than half of adults 45 years and older are getting enough physical activity. Less than half of adults 75 years and older are at a healthy weight and the proportion is smaller among adults in the younger age groups. Fruit and vegetable intake is also fairly low. Approximately 1 in 6 adults 45-59 years of age currently smoke.

Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, only half report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007

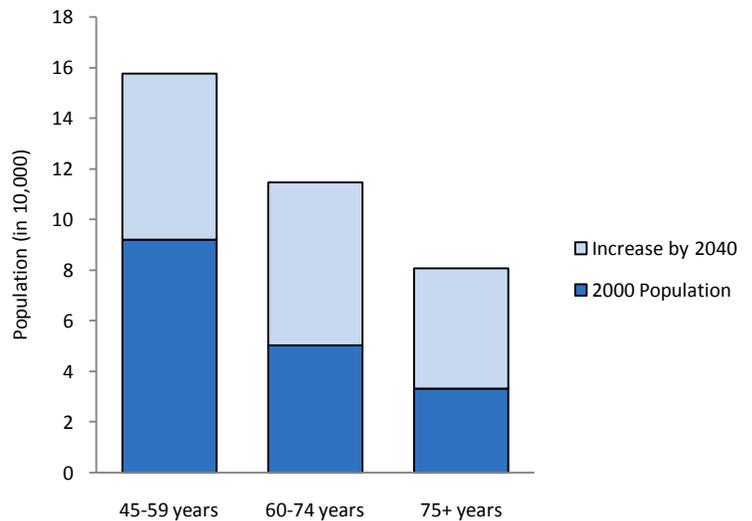


For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

Why Focus on Healthy Aging?

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to Clatsop, Marion, Polk, Tillamook, and Yamhill counties. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	33%	50%	62%
Coronary Heart Disease	4%	9%	15%
Diabetes	9%	16%	16%
High Blood Pressure	26%	51%	55%
High Cholesterol	36%	50%	41%
Major Depression	3%	2%	2%
Stroke	2%	7%	8%

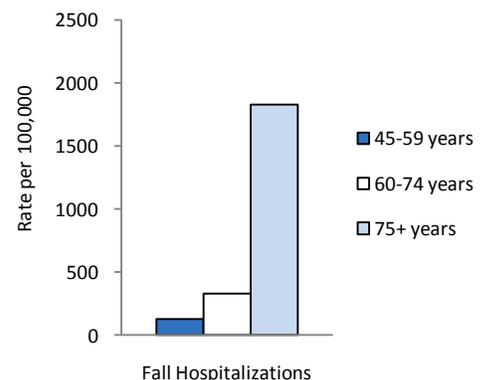
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

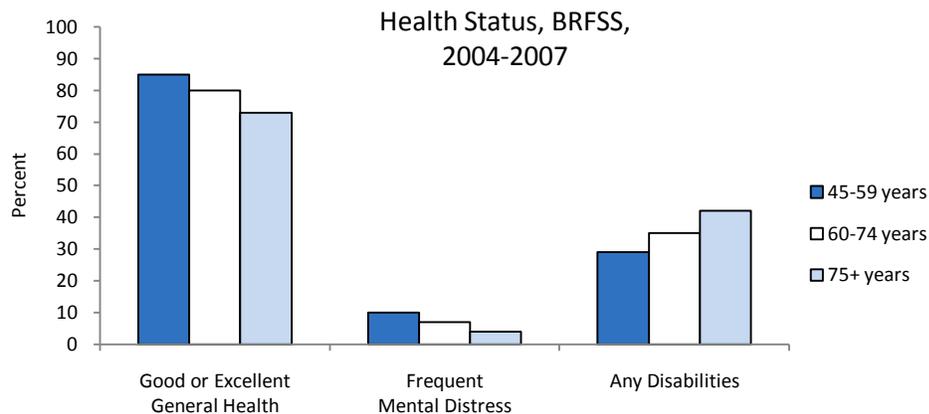
Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was more than 5 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year.

Fall Hospitalizations, Hospital Discharge Database, 2002-2006



Health Status

While a large portion of the population of adults 45 years and older reports good general health, 5-11% report frequent mental distress (14 or more days of poor mental health per month). Additionally, a third of adults 45 years and older report disabilities.



Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	56%	53%	43%
≥5 servings of Fruits & Vegetables per Day	31%	27%	34%
Healthy Weight ²	30%	29%	41%
Current Smoker	18%	13%	4%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

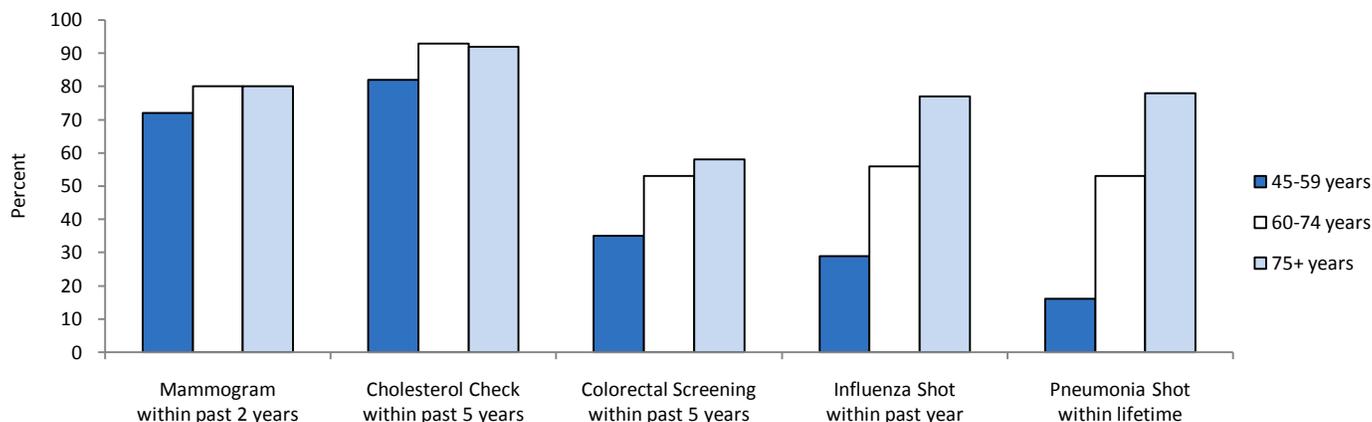
Health Behaviors

Little more than half of adults 45 years and older are getting enough physical activity. Less than half of adults 75 years and older are at a healthy weight and the proportion is smaller among adults in the younger age groups. Fruit and vegetable intake is also fairly low. Approximately 1 in 5 adults 45-59 years of age currently smoke.

Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, only half report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007

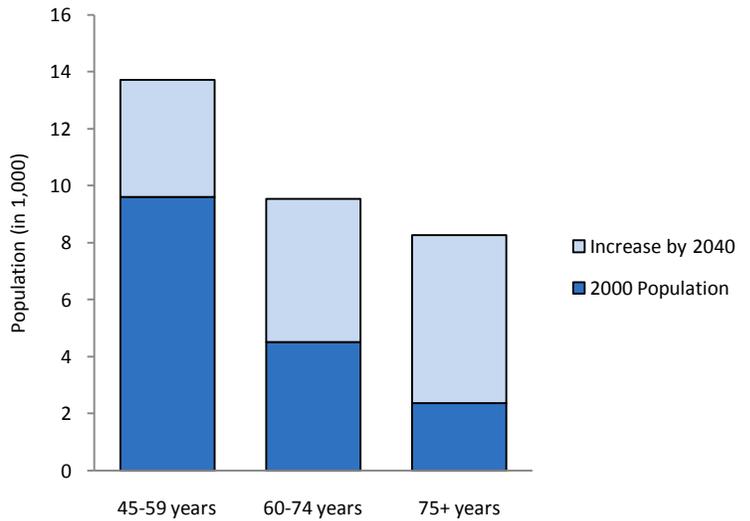


For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

Why Focus on Healthy Aging?

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to Columbia county. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	38%	48%	58%†
Coronary Heart Disease	2%	9%	17%†
Diabetes	9%	22%	10%
High Blood Pressure	35%	60%	68%†
High Cholesterol	43%	46%	54%†
Major Depression	6%	0%†	*
Stroke	1%	6%	8%†

* Data not available.

† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

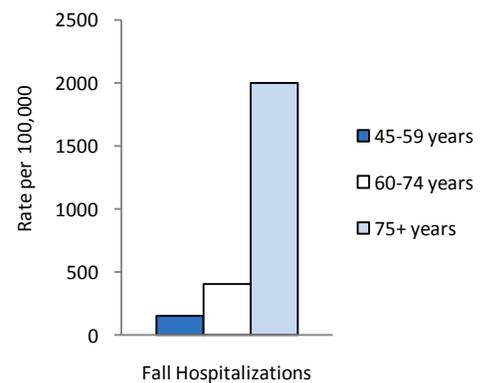
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

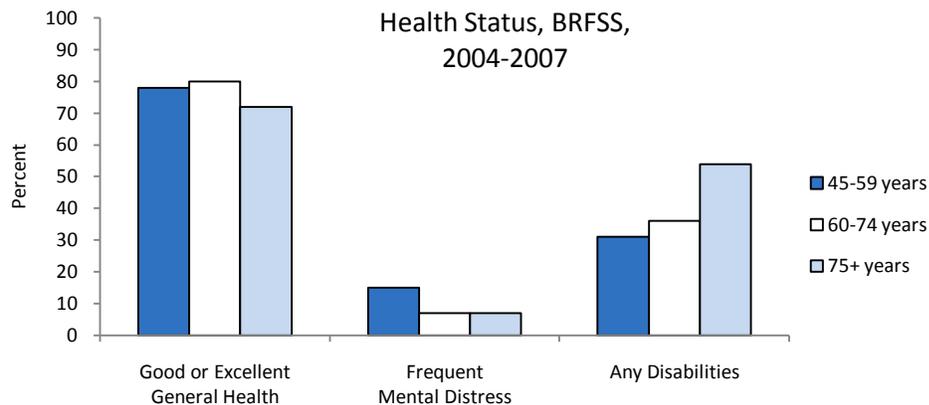
Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was nearly 5 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year.

Fall Hospitalizations, Hospital Discharge Database, 2002-2006



Health Status

While a large portion of the population of adults 45 years and older reports good general health, 7-15% report frequent mental distress (14 or more days of poor mental health per month). Additionally, more than a third of adults 45 years and older report disabilities.



Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	60%	53%	41%†
≥5 servings of Fruits & Vegetables per Day	28%	27%	27%†
Healthy Weight ²	22%	24%	34%
Current Smoker	23%	13%	4%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

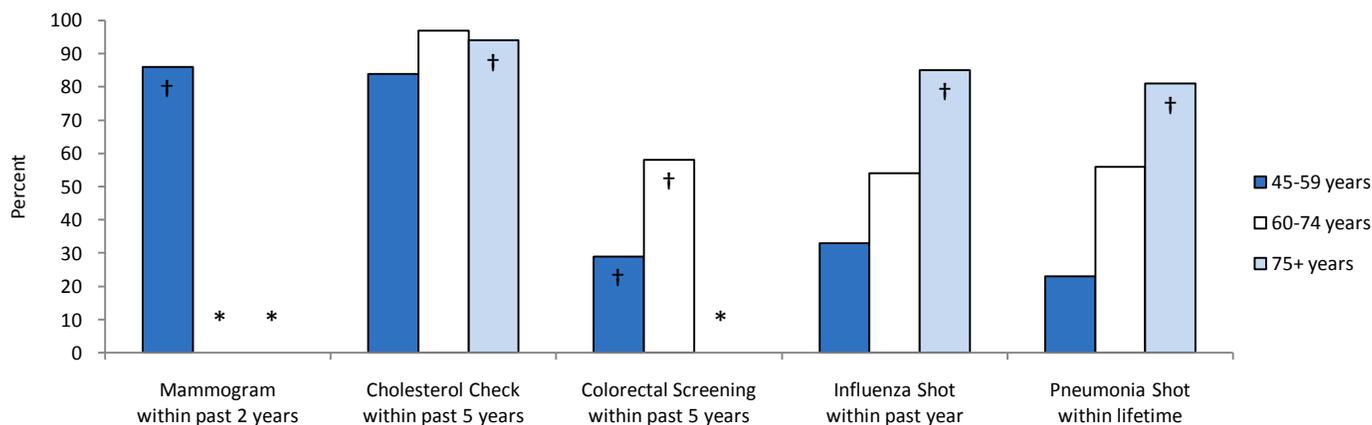
Health Behaviors

Little more than half of adults 45 years and older are getting enough physical activity. Less than half of adults 75 years and older are at a healthy weight and the proportion is smaller among adults in the younger age groups. Fruit and vegetable intake is also fairly low. Approximately 1 in 4 adults 45-59 years of age currently smoke.

Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, only half report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007



* Data not available.

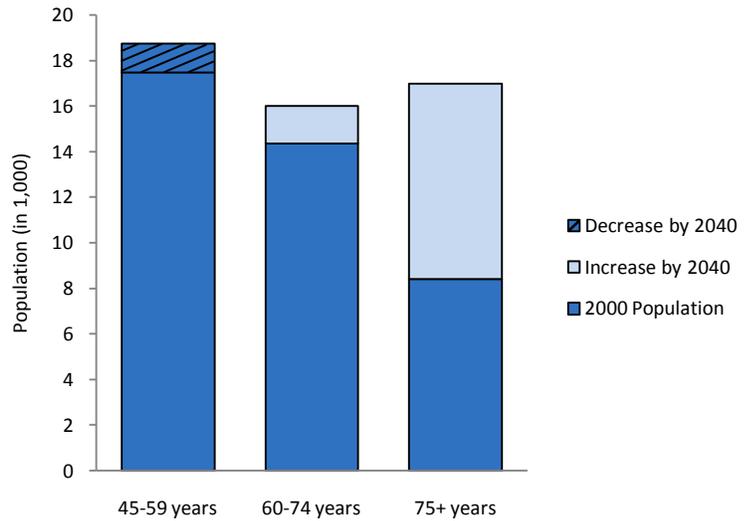
† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

Why Focus on Healthy Aging?

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to Coos and Curry counties. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	34%	52%	59%
Coronary Heart Disease	7%	14%	13%
Diabetes	7%	17%	13%
High Blood Pressure	42%	59%	64%
High Cholesterol	34%	55%	41%
Major Depression	3%	2%	0%†
Stroke	3%	6%	7%

† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

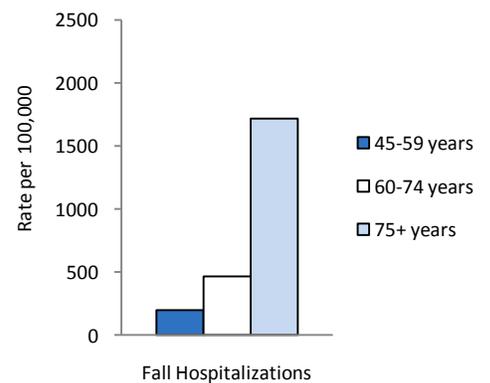
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

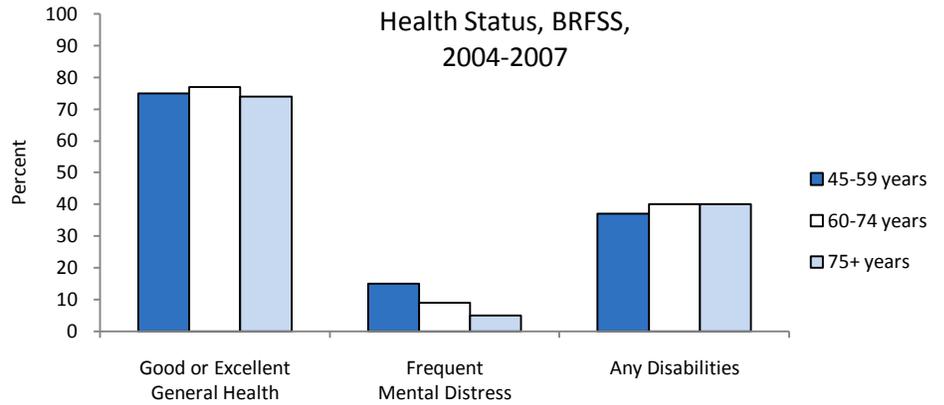
Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was nearly 4 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year.

Fall Hospitalizations, Hospital Discharge Database, 2002-2006



Health Status

While a large portion of the population of adults 45 years and older reports good general health, 5-11% report frequent mental distress (14 or more days of poor mental health per month). Additionally, more than a third of adults 45 years and older report disabilities.



Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	59%	48%	52%
≥5 servings of Fruits & Vegetables per Day	19%	24%	31%
Healthy Weight ²	32%	31%	41%
Current Smoker	29%	14%	6%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

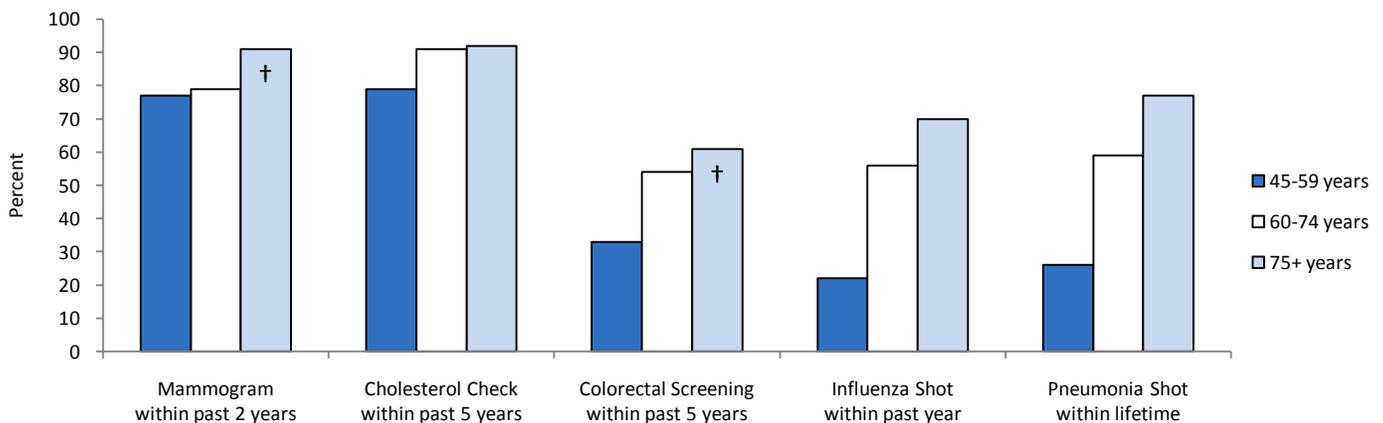
Health Behaviors

Little more than half of adults 45 years and older are getting enough physical activity. Less than half of adults 75 years and older are at a healthy weight and the proportion is smaller among adults in the younger age groups. Fruit and vegetable intake is also fairly low. Nearly 1 in 3 adults 45-59 years of age currently smoke.

Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, only half report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007



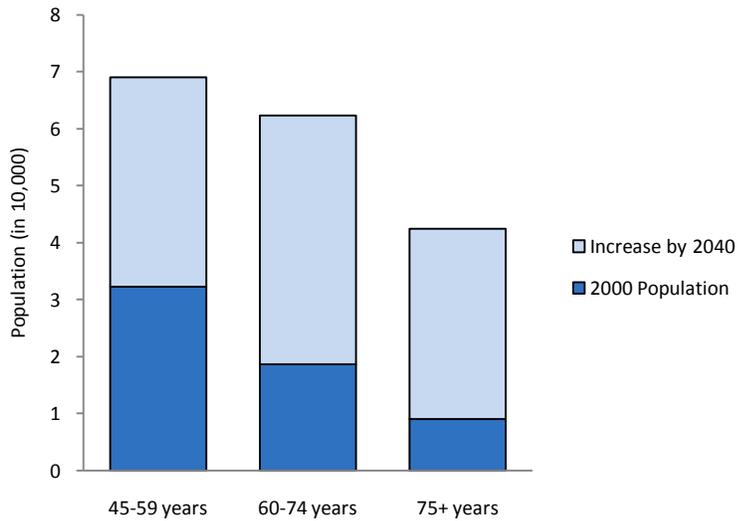
† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

Why Focus on Healthy Aging?

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to Crook, Deschutes, and Jefferson counties. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	33%	53%	61%
Coronary Heart Disease	3%	10%	15%
Diabetes	6%	13%	14%
High Blood Pressure	24%	48%	55%
High Cholesterol	45%	50%	44%
Major Depression	2%	<1%	3%
Stroke	2%	6%	9%

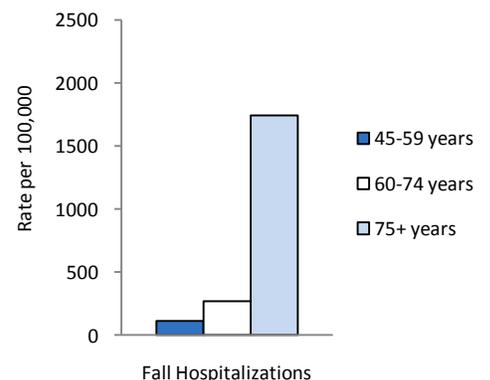
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

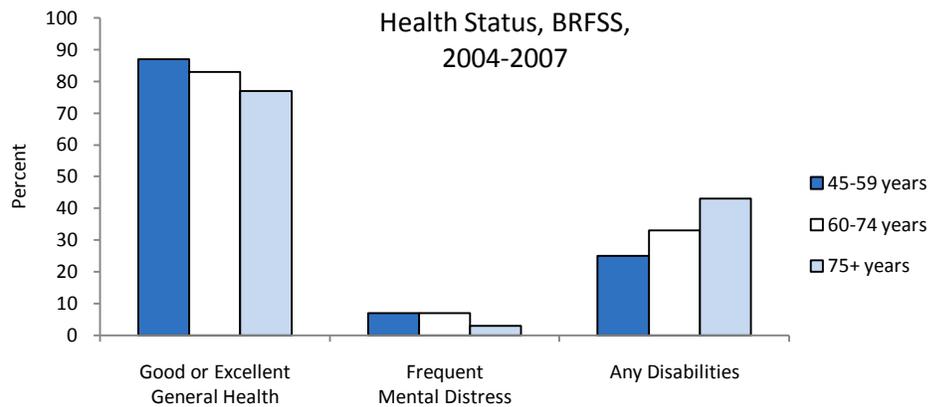
Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was over 6 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year.

Fall Hospitalizations, Hospital Discharge Database, 2002-2006



Health Status

While a large portion of the population of adults 45 years and older reports good general health, 5-11% report frequent mental distress (14 or more days of poor mental health per month). Additionally, more than a quarter of adults 45 years and older report disabilities.



Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	63%	62%	45%
≥5 servings of Fruits & Vegetables per Day	27%	29%	32%
Healthy Weight ²	35%	33%	43%
Current Smoker	16%	10%	8%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

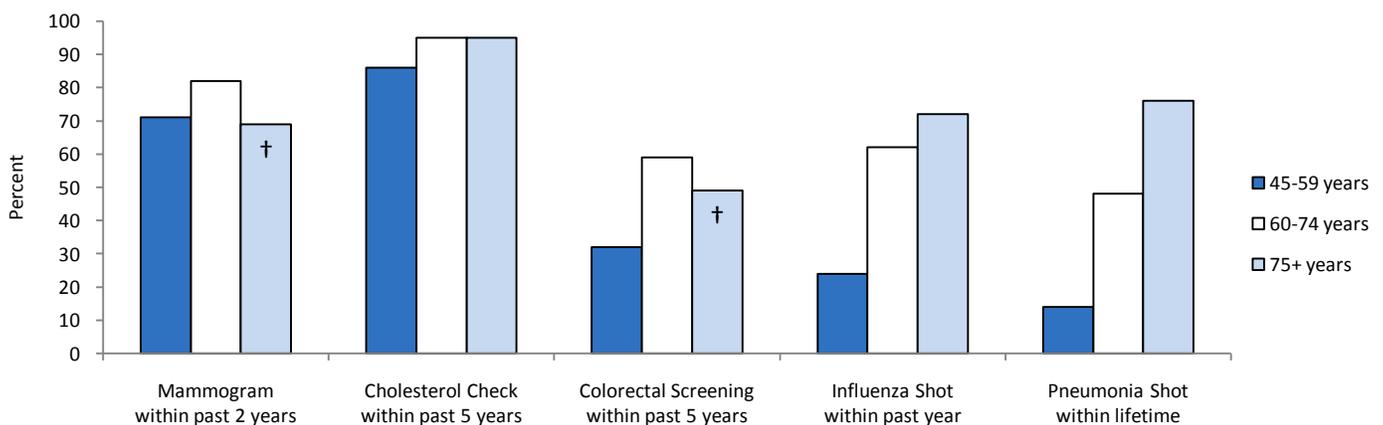
Health Behaviors

More than half of adults 45 years and older are getting enough physical activity. Less than half of adults 75 years and older are at a healthy weight and the proportion is smaller among adults in the younger age groups. Fruit and vegetable intake is also fairly low. Approximately 1 in 6 adults 45-59 years of age currently smoke.

Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, only half report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007



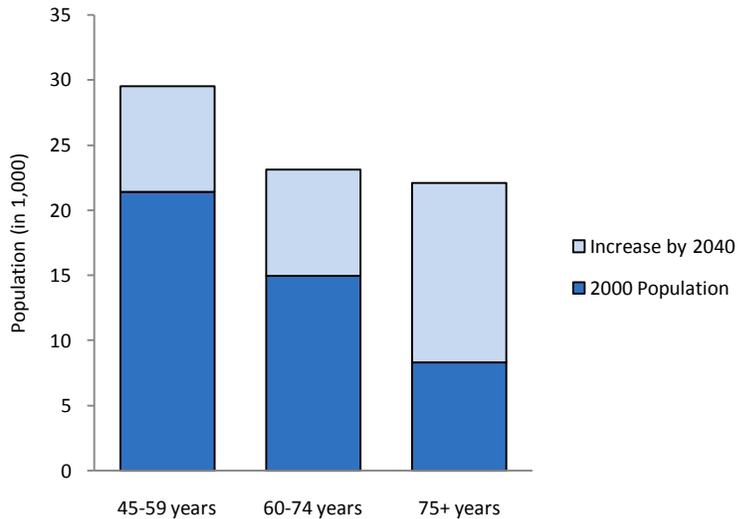
† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

Why Focus on Healthy Aging?

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to Douglas county. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	43%	59%	59%
Coronary Heart Disease	6%	13%	24%
Diabetes	9%	22%	11%
High Blood Pressure	36%	57%	62%
High Cholesterol	46%	57%	52%
Major Depression	5%	5%	0%†
Stroke	4%	7%	14%

† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

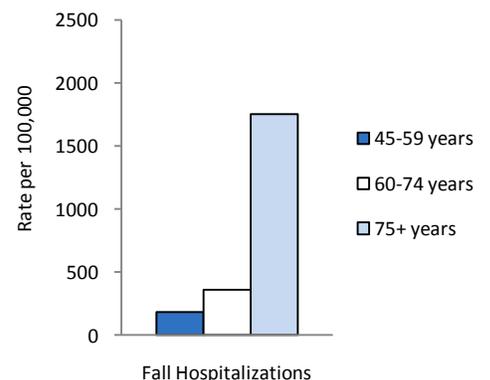
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

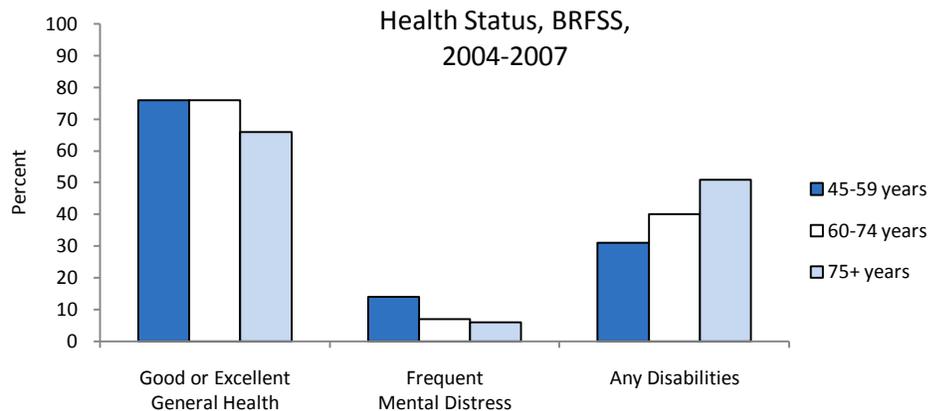
Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was nearly 5 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year.

Fall Hospitalizations, Hospital Discharge Database, 2002-2006



Health Status

While a large portion of the population of adults 45 years and older reports good general health, 6-14% report frequent mental distress (14 or more days of poor mental health per month). Additionally, more than a third of adults 45 years and older report disabilities.



Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	54%	51%	43%
≥5 servings of Fruits & Vegetables per Day	27%	26%	45%
Healthy Weight ²	28%	28%	40%
Current Smoker	23%	17%	7%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

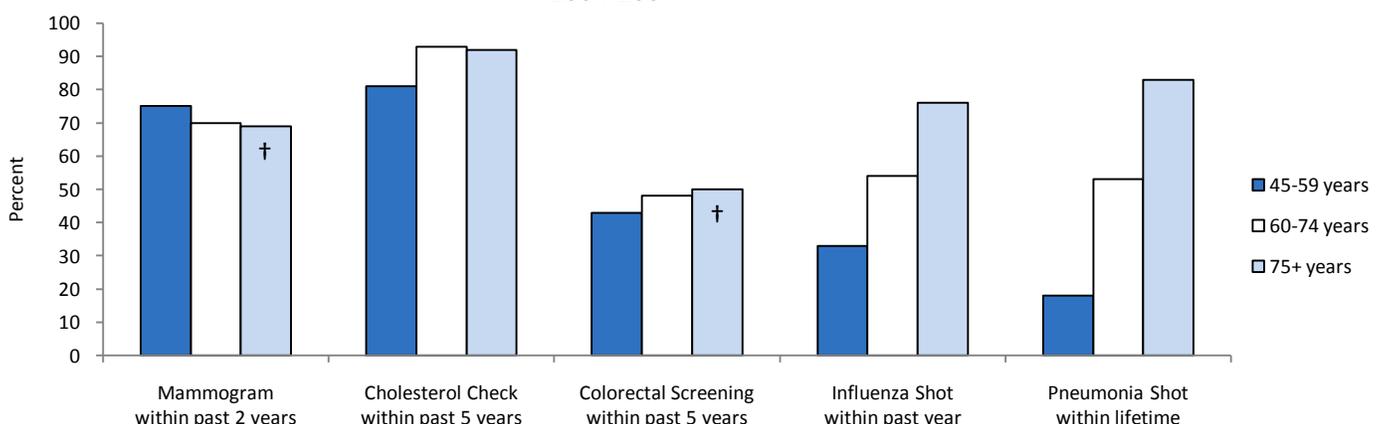
Health Behaviors

Little more than half of adults 45 years and older are getting enough physical activity. Less than half of adults 75 years and older are at a healthy weight and the proportion is smaller among adults in the younger age groups. Fruit and vegetable intake is also fairly low. Approximately 1 in 4 adults 45-59 years of age currently smoke.

Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, only half report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007



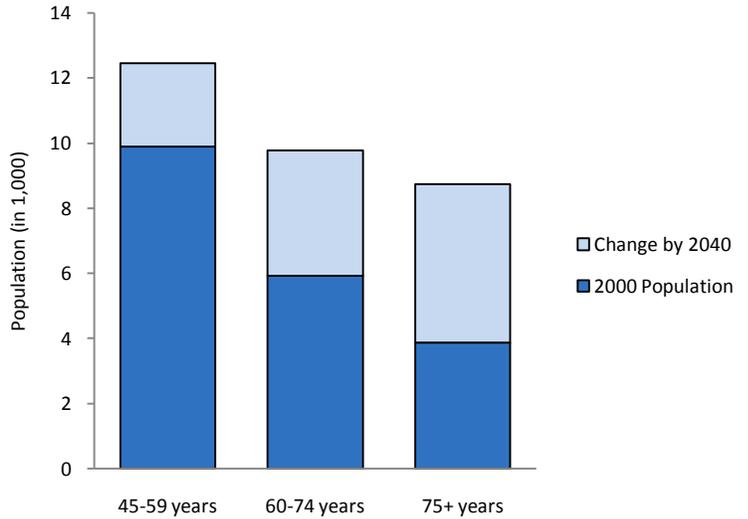
† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

Why Focus on Healthy Aging?

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to Gilliam, Hood River, Sherman, Wasco, and Wheeler counties. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	27%	50%	53%†
Coronary Heart Disease	<1%	13%	17%
Diabetes	6%	14%	13%
High Blood Pressure	25%	43%	58%†
High Cholesterol	33%	64%	41%†
Major Depression	3%	4%	0%†
Stroke	<1%	3%	12%

† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

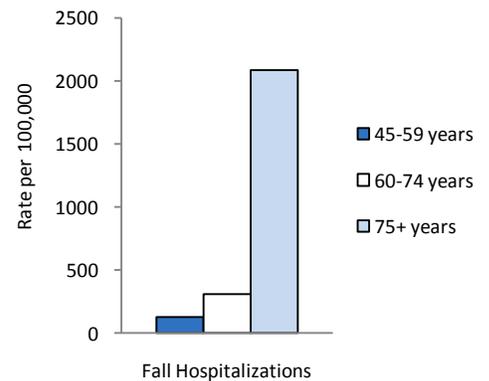
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

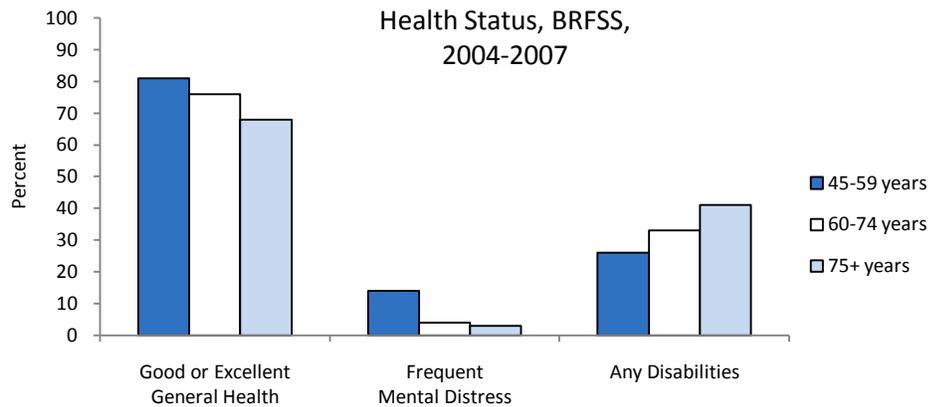
Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was nearly 7 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year.

Fall Hospitalizations, Hospital Discharge Database, 2002-2006



Health Status

While a large portion of the population of adults 45 years and older reports good general health, 3-14% report frequent mental distress (14 or more days of poor mental health per month). Additionally, more than a quarter of adults 45 years and older report disabilities.



Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	63%	60%	43%†
≥5 servings of Fruits & Vegetables per Day	28%	26%	42%†
Healthy Weight ²	32%	47%	39%
Current Smoker	18%	10%	5%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

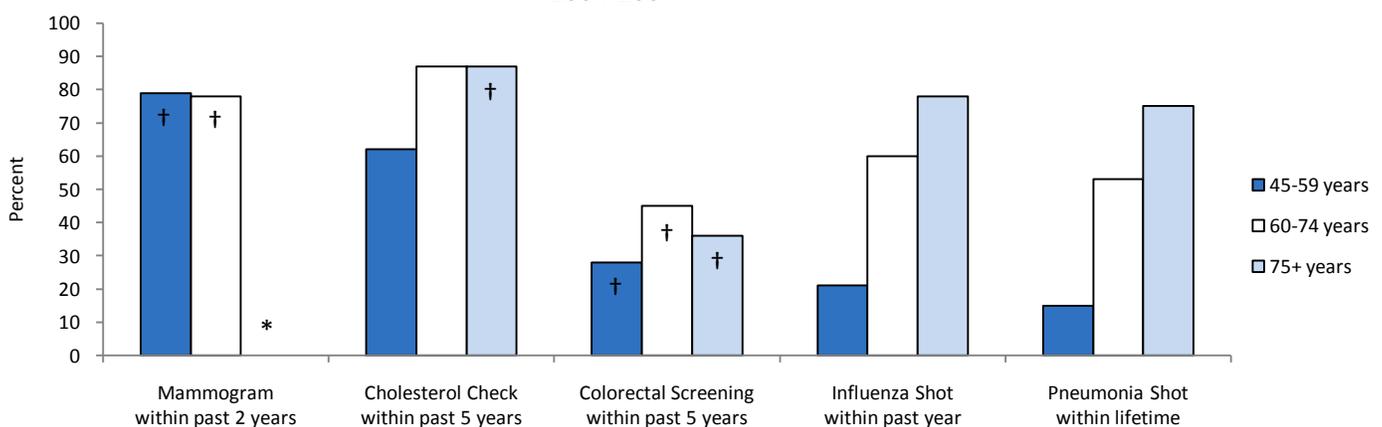
Health Behaviors

More than half of adults 45 years and older are getting enough physical activity. Less than half of adults 75 years and older are at a healthy weight and the proportion is smaller among adults 45-59 years. Fruit and vegetable intake is also fairly low. Approximately 1 in 5 adults 45-59 years of age currently smoke.

Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, only half report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007



* Data not available.

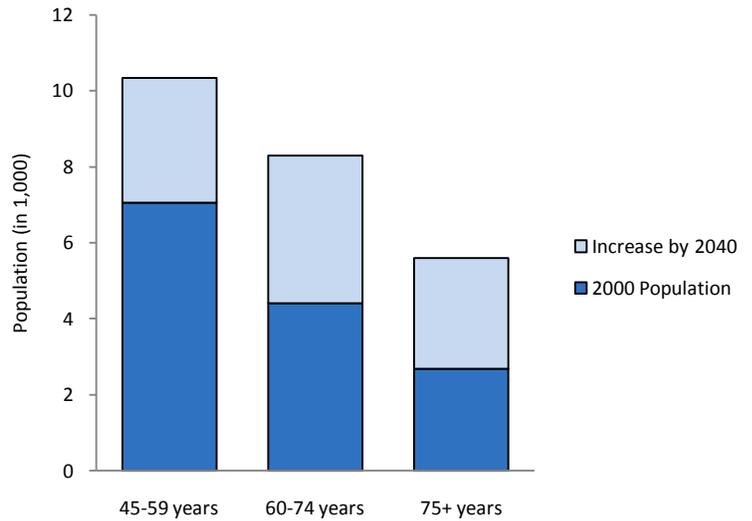
† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

Why Focus on Healthy Aging?

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to Harney and Malheur counties. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	29%	57%	65%†
Coronary Heart Disease	4%	8%	8%†
Diabetes	8%	18%	15%
High Blood Pressure	33%	41%	52%†
High Cholesterol	49%	50%	60%†
Major Depression	5%†	8%†	*
Stroke	2%	9%	14%

* Data not available.

† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

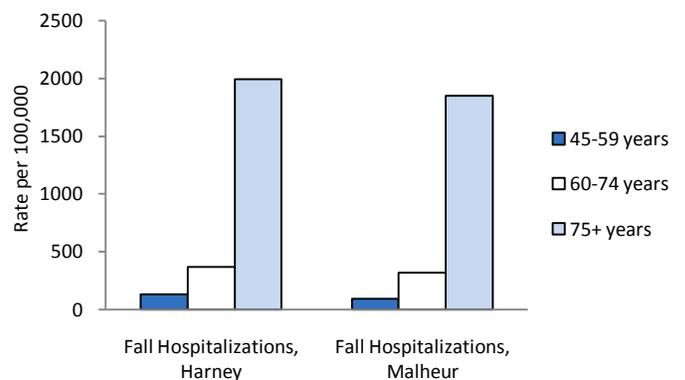
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

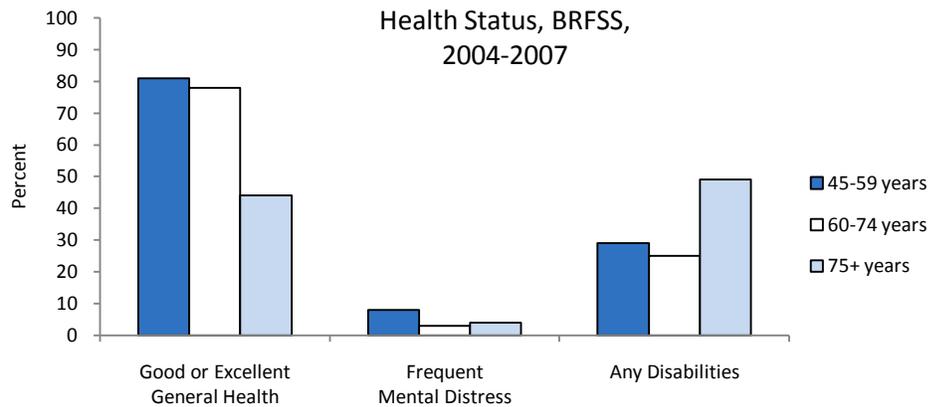
Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was over 5 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year.

Fall Hospitalizations, Hospital Discharge Database, 2002-2006



Health Status

While a large portion of the population of adults 45 years and older reports good general health, 5-11% report frequent mental distress (14 or more days of poor mental health per month). Additionally, more than a quarter of adults 45 years and older report disabilities.



Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	49%	64%	24%†
≥5 servings of Fruits & Vegetables per Day	18%	21%	10%†
Healthy Weight ²	17%	35%	42%
Current Smoker	21%	12%	9%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

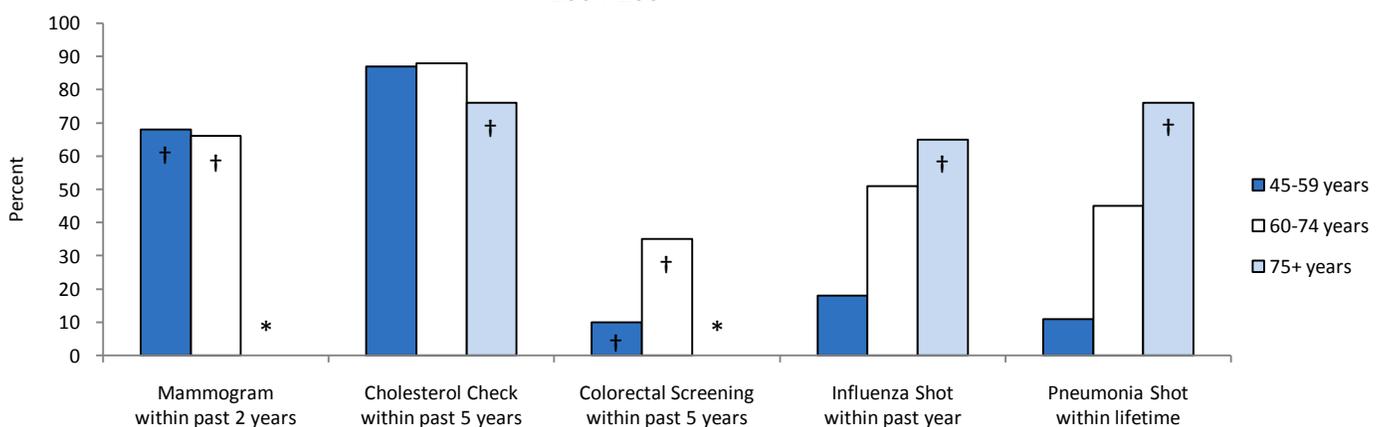
Health Behaviors

About half of adults 45 years and older are getting enough physical activity. Less than half of adults 75 years and older are at a healthy weight and the proportion is smaller among adults in the younger age groups. Fruit and vegetable intake is also low. Approximately 1 in 5 adults 45-59 years of age currently smoke.

Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, only a third report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007



* Data not available.

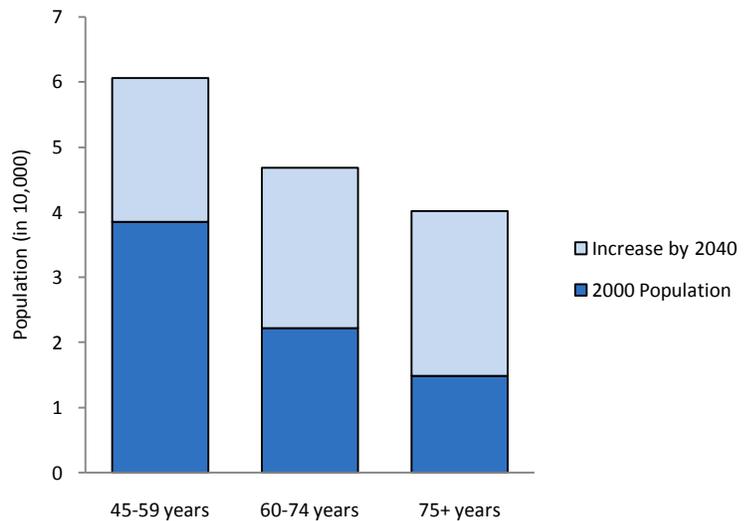
† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

Why Focus on Healthy Aging?

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to Jackson county. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	31%	52%	61%
Coronary Heart Disease	2%	10%	14%
Diabetes	7%	14%	12%
High Blood Pressure	36%	48%	53%
High Cholesterol	46%	53%	49%
Major Depression	7%	2%	1%
Stroke	3%	4%	15%

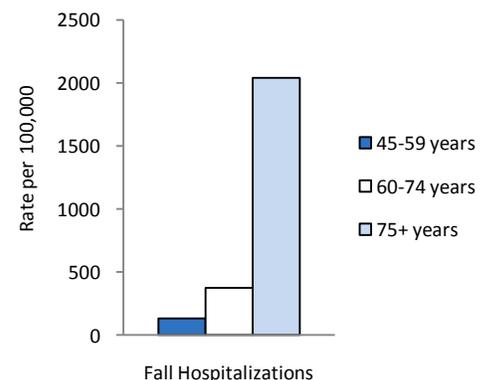
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

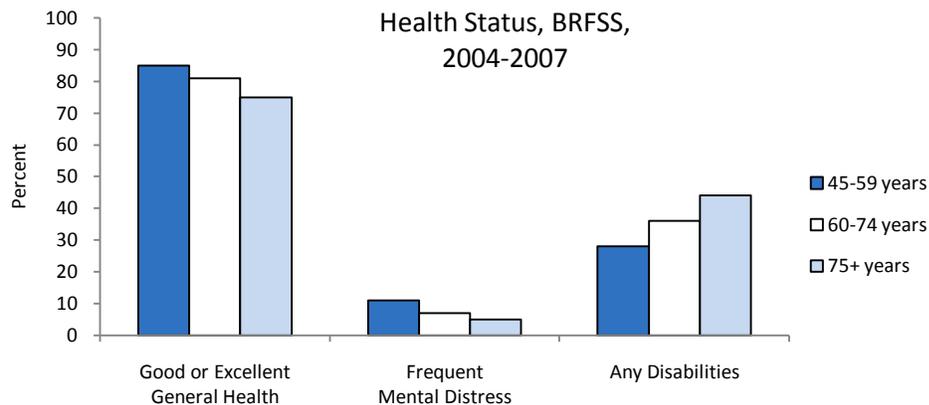
Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was over 5 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year.

Fall Hospitalizations, Hospital Discharge Database, 2002-2006



Health Status

While a large portion of the population of adults 45 years and older reports good general health, 5-11% report frequent mental distress (14 or more days of poor mental health per month). Additionally, more than a third of adults 45 years and older report disabilities.



Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	57%	56%	53%
≥5 servings of Fruits & Vegetables per Day	29%	27%	44%
Healthy Weight ²	35%	31%	46%
Current Smoker	20%	12%	3%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

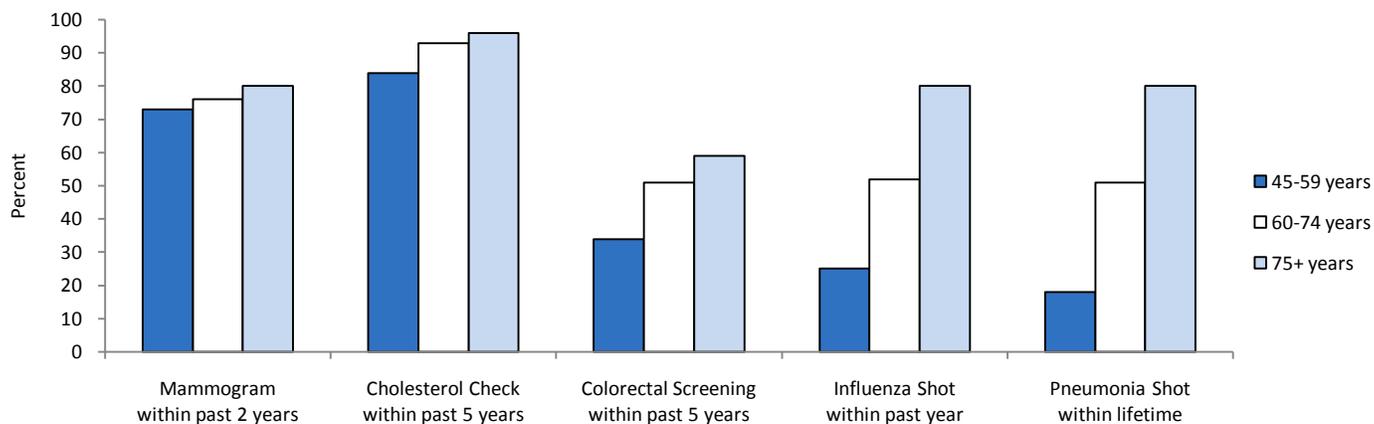
Health Behaviors

More than half of adults 45 years and older are getting enough physical activity. Less than half of adults 75 years and older are at a healthy weight and the proportion is smaller among adults in the younger age groups. Fruit and vegetable intake is also fairly low. 1 in 5 adults 45-59 years of age currently smoke.

Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, only half report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007

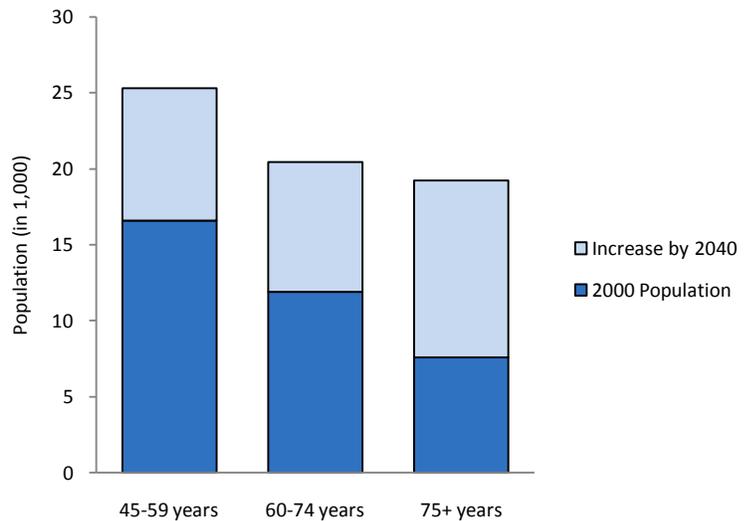


For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

Why Focus on Healthy Aging?

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to Josephine county. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	43%	57%	44%
Coronary Heart Disease	3%	12%	14%
Diabetes	6%	16%	16%
High Blood Pressure	24%	49%	61%
High Cholesterol	44%	51%	47%
Major Depression	6%	1%	0%†
Stroke	2%	4%	6%

† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

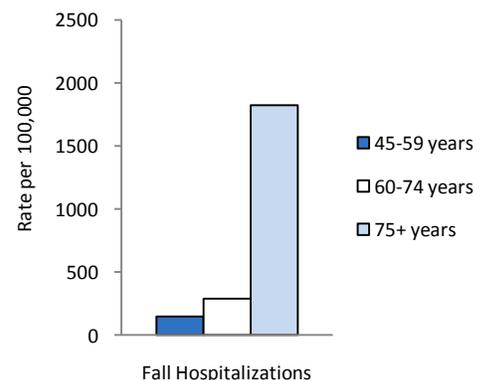
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

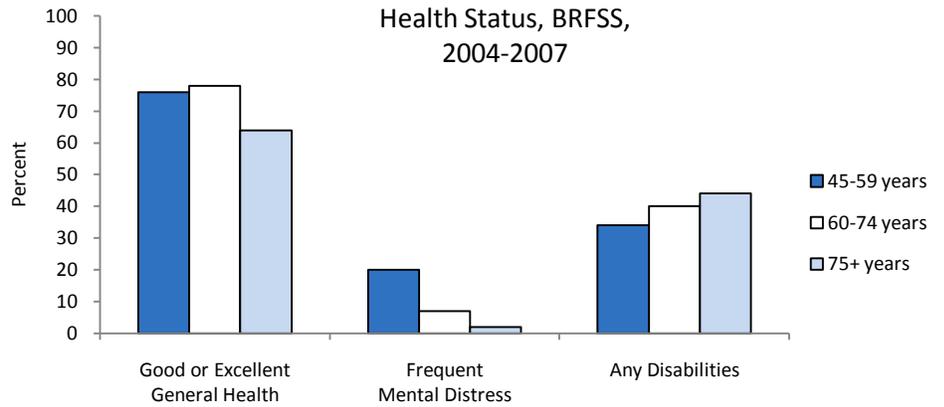
Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was over 6 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year.

Fall Hospitalizations, Hospital Discharge Database, 2002-2006



Health Status

While a large portion of the population of adults 45 years and older reports good general health, 2-20% report frequent mental distress (14 or more days of poor mental health per month). Additionally, more than a third of adults 45 years and older report disabilities.



Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	55%	52%	46%
≥5 servings of Fruits & Vegetables per Day	22%	22%	26%
Healthy Weight ²	39%	32%	42%
Current Smoker	26%	14%	8%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

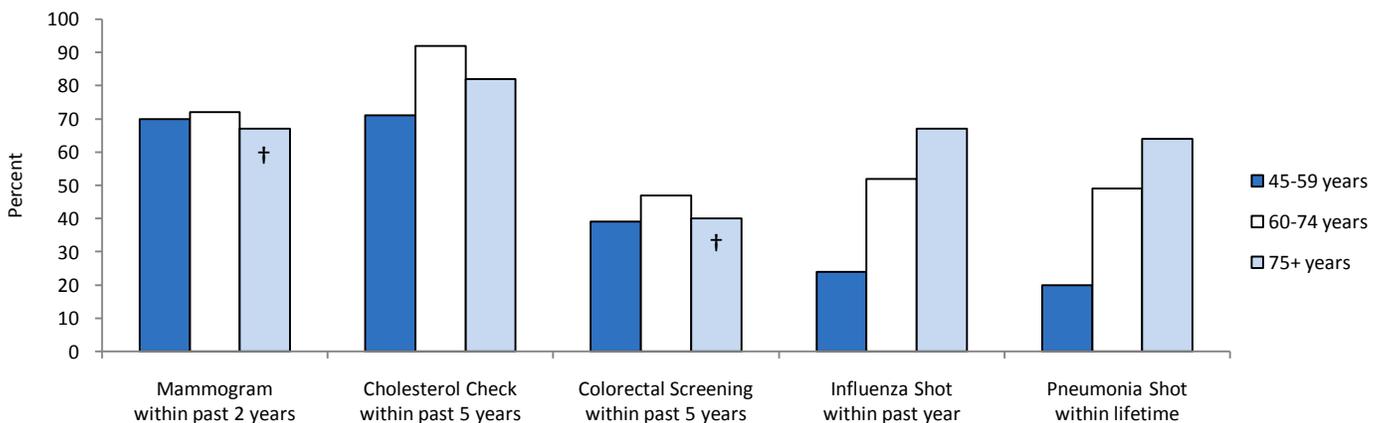
Health Behaviors

Little more than half of adults 45 years and older are getting enough physical activity. Less than half of adults 75 years and older are at a healthy weight and the proportion is smaller among adults in the younger age groups. Fruit and vegetable intake is also fairly low. Approximately 1 in 4 adults 45-59 years of age currently smoke.

Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, only half report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007



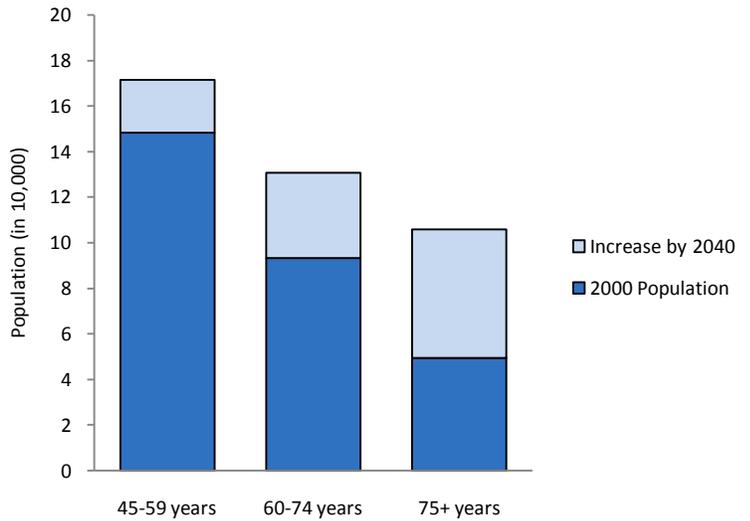
† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

Why Focus on Healthy Aging?

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to Klamath and Lake counties. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	50%	60%	75%
Coronary Heart Disease	3%	13%	17%
Diabetes	10%	17%	13%
High Blood Pressure	36%	55%	71%
High Cholesterol	36%	54%	41%†
Major Depression	14%	2%	0%†
Stroke	2%	4%	11%

† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

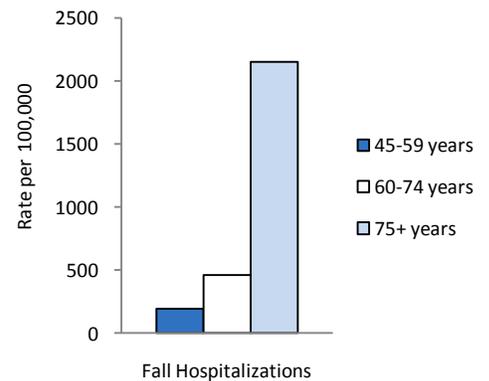
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

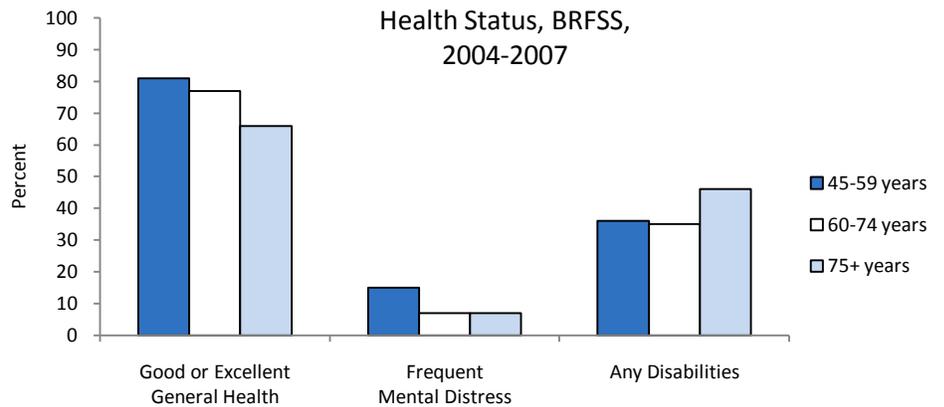
Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was nearly 5 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year.

Fall Hospitalizations, Hospital Discharge Database, 2002-2006



Health Status

While a large portion of the population of adults 45 years and older reports good general health, 7-15% report frequent mental distress (14 or more days of poor mental health per month). Additionally, more than a quarter of adults 45 years and older report disabilities.



Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	54%	55%	44%†
≥5 servings of Fruits & Vegetables per Day	30%	27%	36%
Healthy Weight ²	36%	26%	46%
Current Smoker	24%	18%	6%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

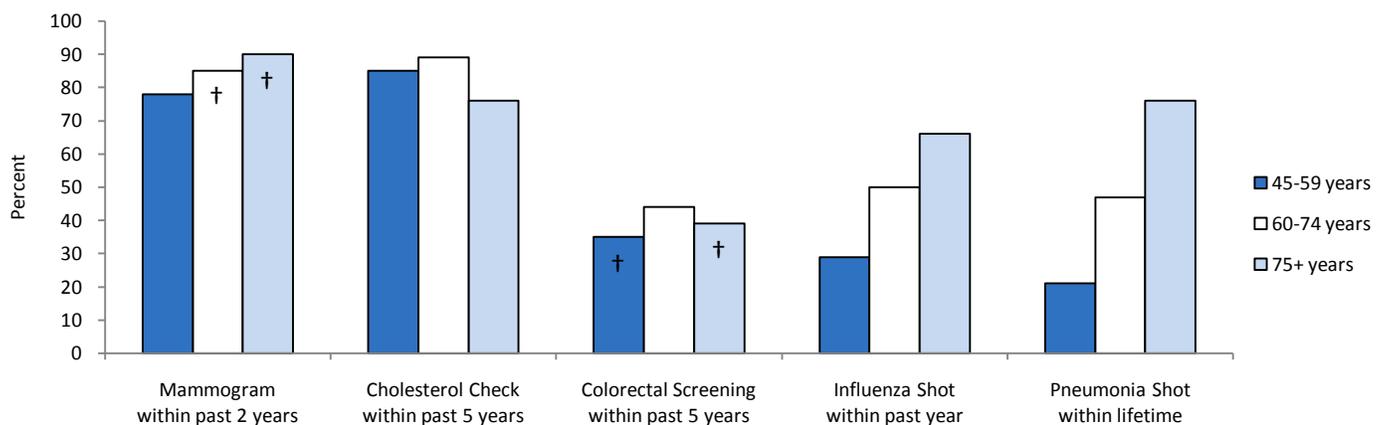
Health Behaviors

Little more than half of adults 45 years and older are getting enough physical activity. Less than half of adults 75 years and older are at a healthy weight and the proportion is smaller among adults in the younger age groups. Fruit and vegetable intake is also fairly low. Approximately 1 in 4 adults 45-59 years of age currently smoke.

Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, less than half report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007



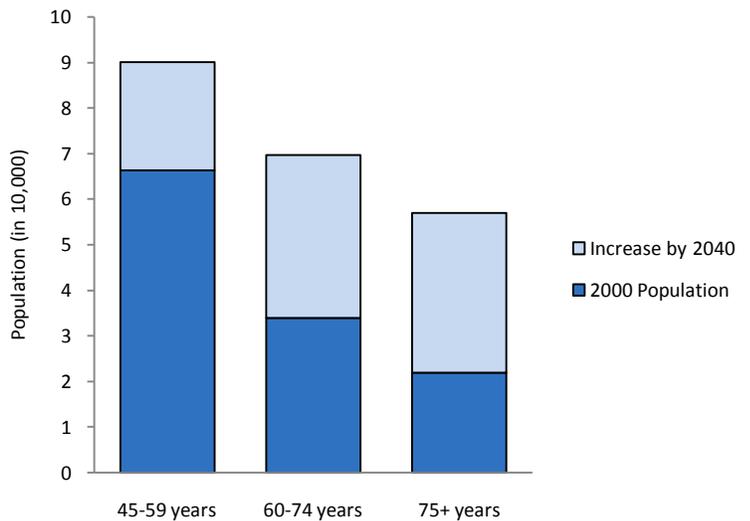
† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

Why Focus on Healthy Aging?

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to Lane county. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	35%	51%	61%
Coronary Heart Disease	4%	9%	11%
Diabetes	8%	13%	15%
High Blood Pressure	29%	51%	58%
High Cholesterol	38%	55%	52%
Major Depression	4%	3%	0%
Stroke	3%	5%	8%

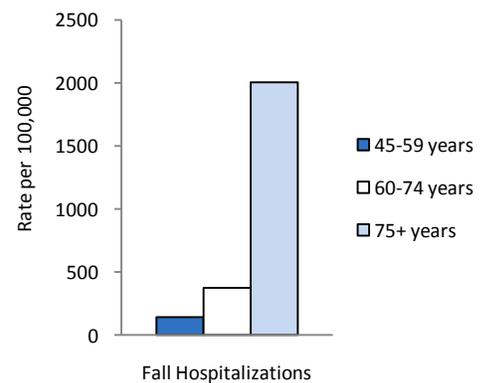
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

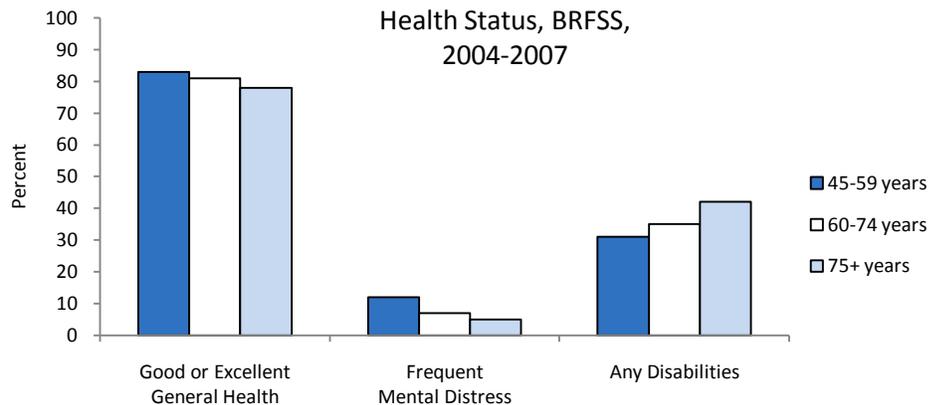
Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was over 5 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year.

Fall Hospitalizations, Hospital Discharge Database, 2002-2006



Health Status

While a large portion of the population of adults 45 years and older reports good general health, 5-12% report frequent mental distress (14 or more days of poor mental health per month). Additionally, a third of adults 45 years and older report disabilities.



Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	59%	54%	51%
≥5 servings of Fruits & Vegetables per Day	22%	24%	42%
Healthy Weight ²	31%	31%	43%
Current Smoker	21%	12%	5%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

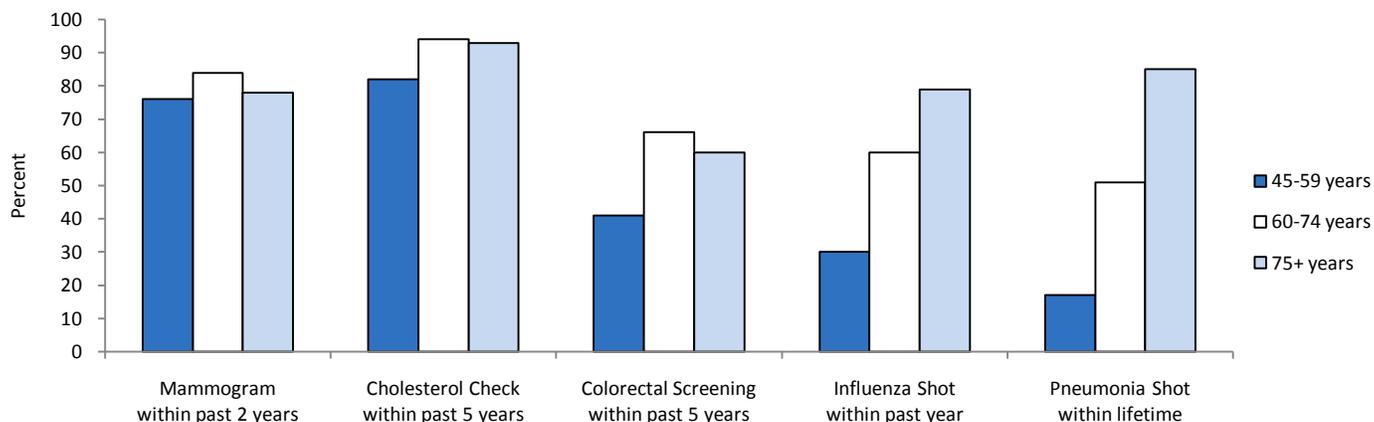
Health Behaviors

More than half of adults 45 years and older are getting enough physical activity. Less than half of adults 75 years and older are at a healthy weight and the proportion is smaller among adults in the younger age groups. Fruit and vegetable intake is also fairly low. Approximately 1 in 5 adults 45-59 years of age currently smoke.

Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, only two thirds report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007

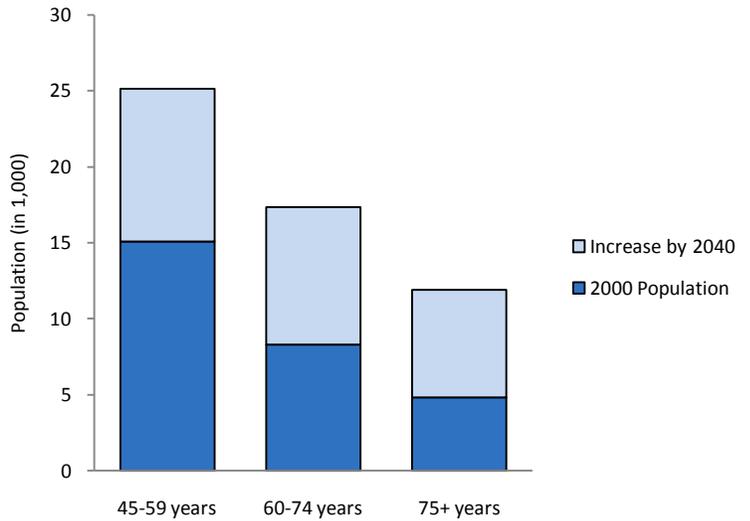


For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

Why Focus on Healthy Aging?

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to Morrow and Umatilla counties. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	43%	56%	54%
Coronary Heart Disease	5%	10%	15%
Diabetes	12%	20%	11%
High Blood Pressure	38%	61%	64%
High Cholesterol	46%	61%	47%
Major Depression	12%	4%	2%†
Stroke	3%	6%	4%

† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

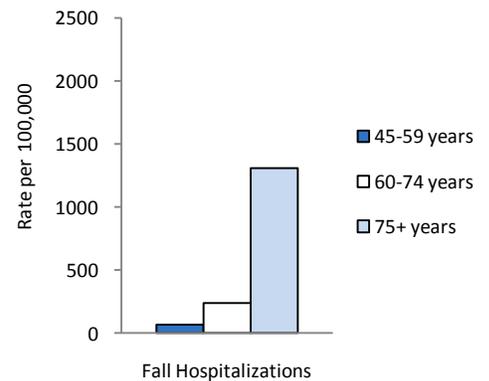
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

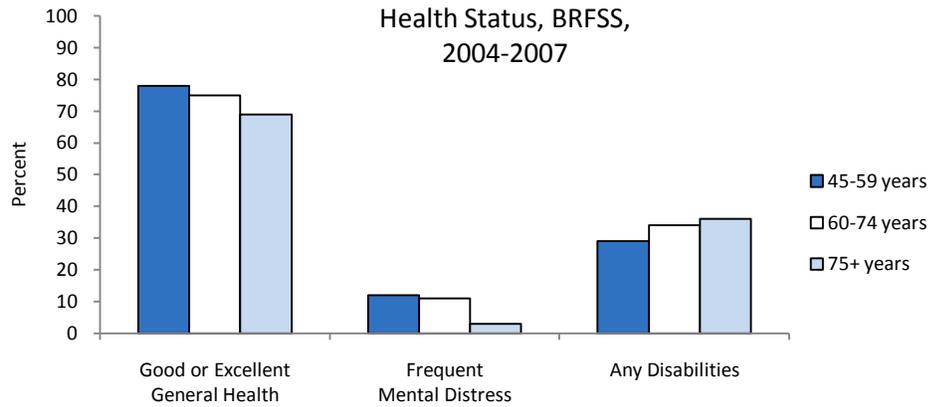
Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was over 5 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year.

Fall Hospitalizations, Hospital Discharge Database, 2002-2006



Health Status

While a large portion of the population of adults 45 years and older reports good general health, 3-12% report frequent mental distress (14 or more days of poor mental health per month). Additionally, more than a quarter of adults 45 years and older report disabilities.



Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	47%	61%	50%
≥5 servings of Fruits & Vegetables per Day	29%	16%	31%
Healthy Weight ²	23%	26%	49%
Current Smoker	21%	16%	11%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

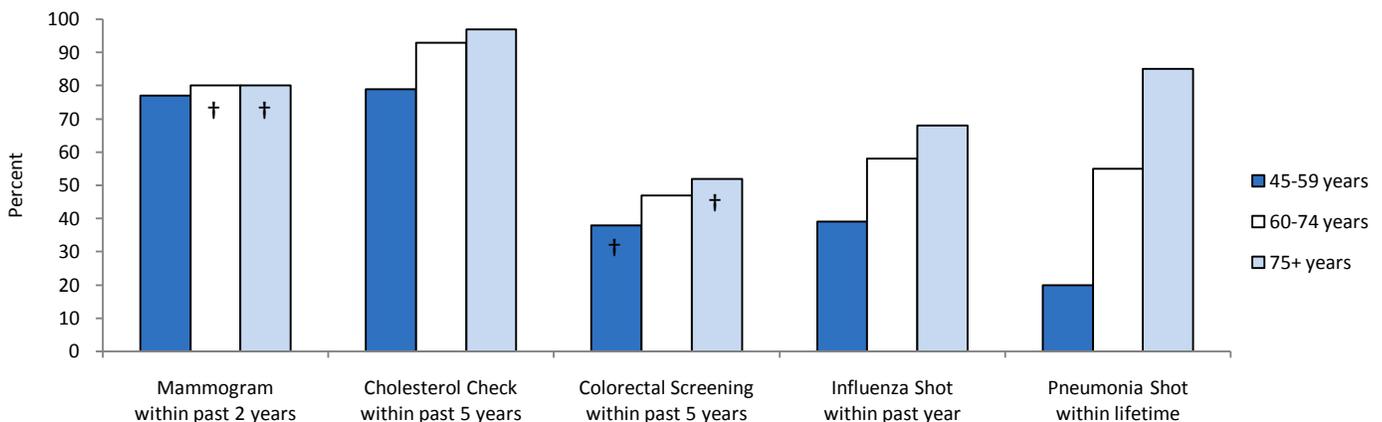
Health Behaviors

Little more than half of adults 45 years and older are getting enough physical activity. Less than half of adults 75 years and older are at a healthy weight and the proportion is smaller among adults in the younger age groups. Fruit and vegetable intake is also fairly low. Approximately 1 in 5 adults 45-59 years of age currently smoke.

Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, only half report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007



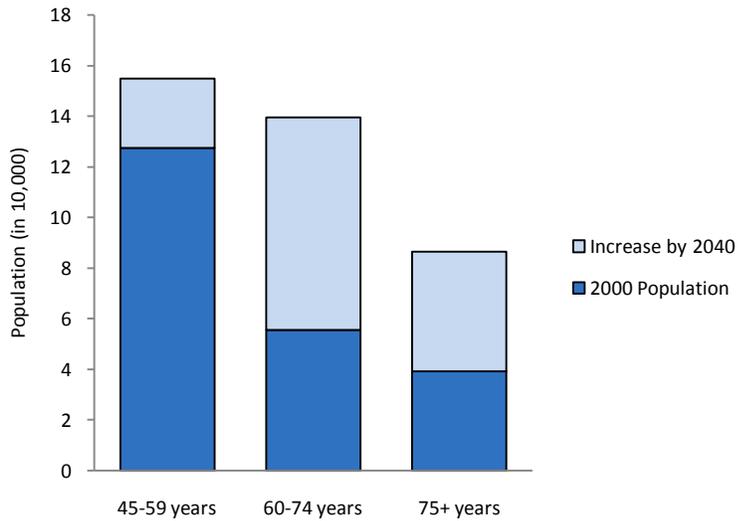
† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

Why Focus on Healthy Aging?

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 60-74 years and 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to Multnomah county. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	31%	47%	58%
Coronary Heart Disease	3%	11%	15%
Diabetes	8%	16%	16%
High Blood Pressure	26%	47%	54%
High Cholesterol	40%	53%	44%
Major Depression	5%	3%	3%
Stroke	1%	5%	10%

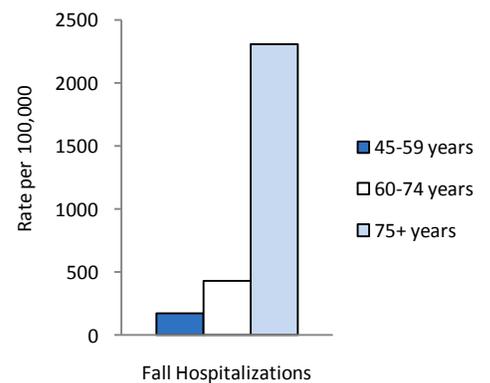
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

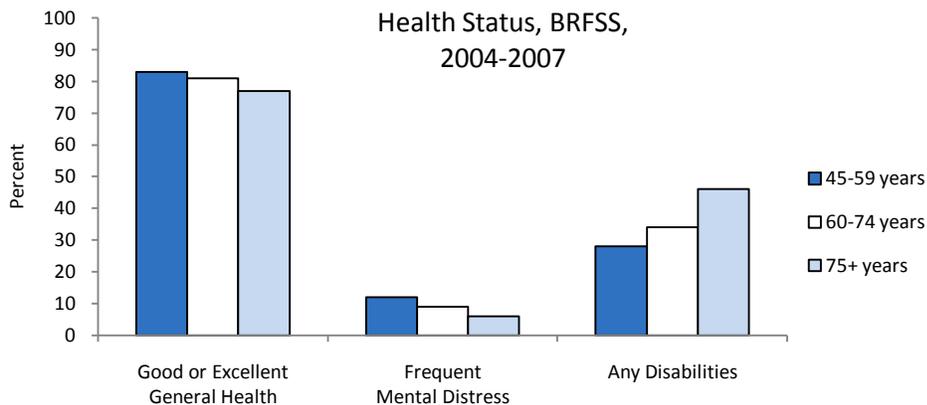
Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was over 5 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year.

Fall Hospitalizations, Hospital Discharge Database, 2002-2006



Health Status

While a large portion of the population of adults 45 years and older reports good general health, 6-12% report frequent mental distress (14 or more days of poor mental health per month). Additionally, nearly a third of adults 45 years and older report disabilities.



Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	59%	53%	46%
≥5 servings of Fruits & Vegetables per Day	28%	32%	39%
Healthy Weight ²	38%	31%	43%
Current Smoker	20%	13%	4%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

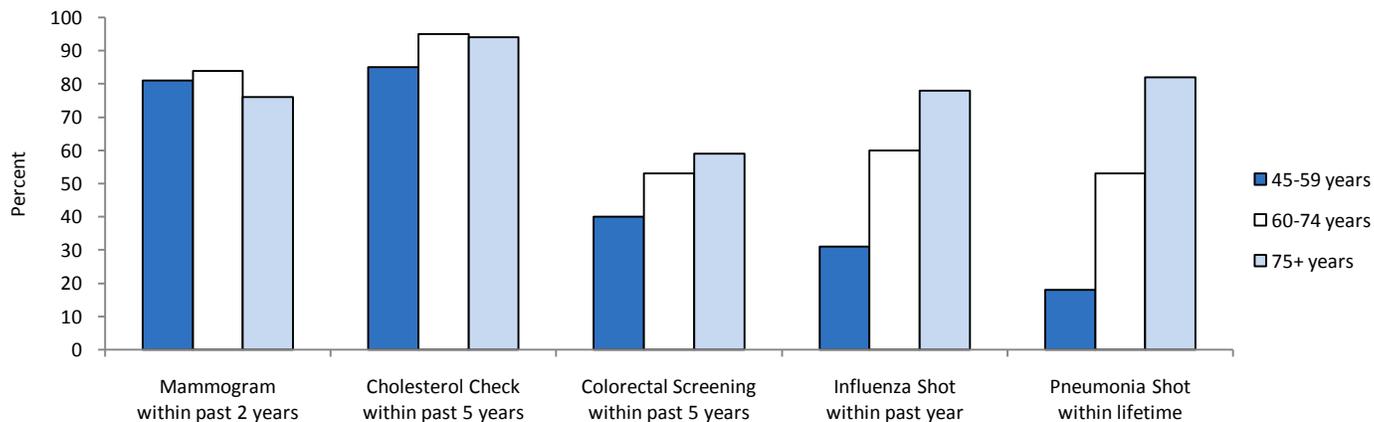
Health Behaviors

More than half of adults 45 years and older are getting enough physical activity. Less than half of adults 75 years and older are at a healthy weight and the proportion is smaller among adults in the younger age groups. Fruit and vegetable intake is also fairly low. Approximately 1 in 5 adults 45-59 years of age currently smoke.

Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, only half report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007

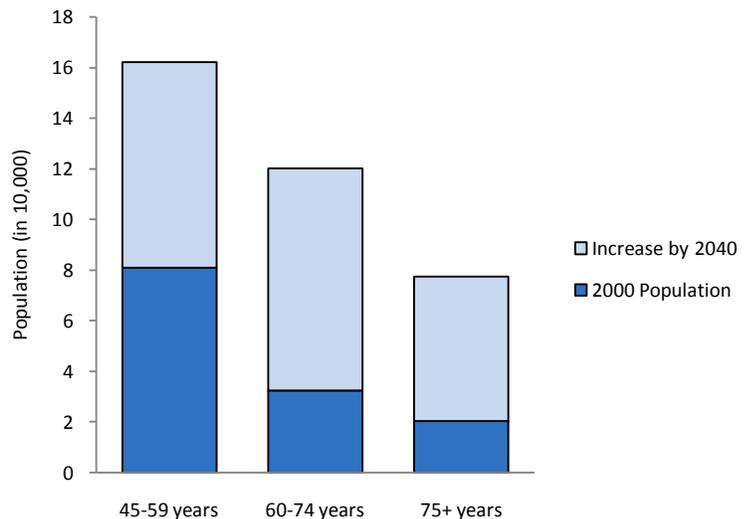


For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

Why Focus on Healthy Aging?

Oregon is beginning to see the first baby boomers join the age group of older adults, and in the coming years our population will include an increasing percentage of older adults. Between 2000 and 2040, the highest growth will be seen in the age group of adults 75 years and older. This fact sheet provides a brief summary of some of the key health issues for older adults with data specific to Washington county. By using effective community-wide approaches and programs, communities across Oregon can help ensure the health and independence of our aging population.

Projected Population Growth, 2000 to 2040



Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	27%	50%	59%
Coronary Heart Disease	3%	9%	10%
Diabetes	7%	14%	14%
High Blood Pressure	28%	46%	60%
High Cholesterol	39%	48%	48%
Major Depression	4%	<1%	3%
Stroke	1%	4%	9%

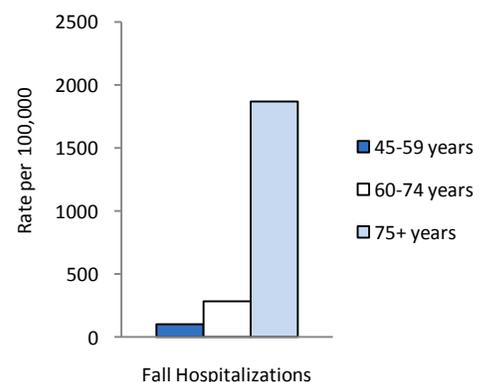
Chronic Conditions

The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.

Falls

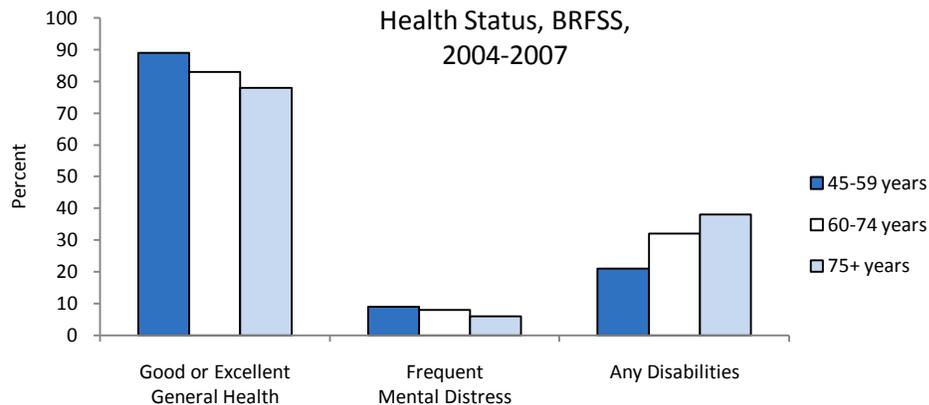
Fall hospitalization rates increase drastically as adults age; the rate of fall hospitalizations for adults 75 years and older was nearly 7 times the rate for adults 60-74 years. Older adults hospitalized for falls are nearly 6 times more likely to be discharged into long term care compared to older adults hospitalized for other conditions. Between 2002 and 2006, the average cost for fall injury hospitalization among adults 65 years and older in Oregon was \$101 million per year.

Fall Hospitalizations, Hospital Discharge Database, 2002-2006



Health Status

While a large portion of the population of adults 45 years and older reports good general health, 6-9% report frequent mental distress (14 or more days of poor mental health per month). Additionally, more than a quarter of adults 45 years and older report disabilities.



Health Behaviors, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Met Physical Activity Recommendation ¹	59%	55%	41%
≥5 servings of Fruits & Vegetables per Day	25%	34%	41%
Healthy Weight ²	33%	32%	42%
Current Smoker	13%	9%	4%

¹ The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

² A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m².

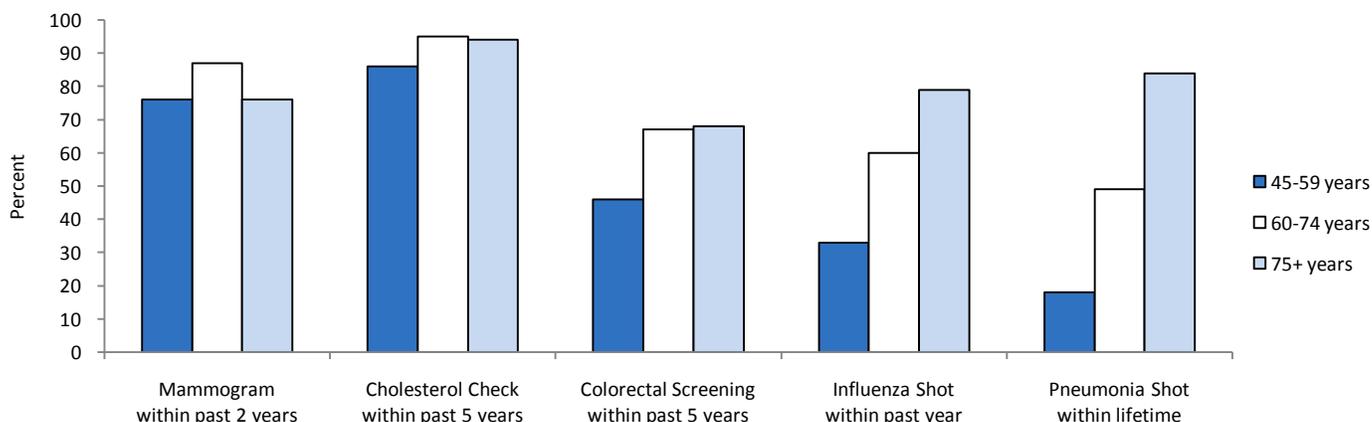
Health Behaviors

More than half of adults 45 years and older are getting enough physical activity. Less than half of adults 75 years and older are at a healthy weight and the proportion is smaller among adults in the younger age groups. Fruit and vegetable intake is also fairly low. Approximately 1 in 7 adults 45-59 years of age currently smoke.

Preventive Clinical Services

Vaccinations for annual influenza and lifetime pneumonia increase with age. Mammograms and cholesterol checks are fairly high for all age groups, but among adults 60-74 years, only two thirds report colorectal screening.

Preventive Clinical Services, BRFSS, 2004-2007



For detailed state and county data on older adult health conditions and related costs in Oregon and for information on recommended community approaches and evidence-based programs, go to www.healthoregon.org/hpcdp.

SECTION III: Detailed County and Regional Web-Based Data



DETAILED COUNTY AND REGIONAL WEB-BASED DATA

More data were available than was feasible to present in the current report. The following data are available online at www.healthoregon.org/hpcdp for all adults 45 years and older, as well as for adults 45-59 years of age, 60-74 years of age, and 75 years and older. Data are provided by county and AAA region.

Population Projections

- Population, 2000
- Projected Population Increase

Chronic Conditions

- Arthritis
- Asthma
- Coronary Heart Disease
- Heart Attack
- Major Depression
- Diabetes
- High Blood Pressure
- High Cholesterol
- Stroke

Fall Hospitalizations

- Fall Hospitalizations

Cancer Incidence

- All Cancer
- Breast Cancer
- Colorectal Cancer
- Lung and Bronchus Cancer
- Prostate Cancer

Cancer and Chronic Condition Mortality

- All Cancer
- Diabetes
- Heart Disease
- Lung Disease
- Stroke

Health Behaviors

Physical Activity
Nutrition
Healthy Weight
Current Smoker

Physical and Mental Function

General Health Status
Frequent Mental Distress
Any Disabilities

Preventive Clinical Services

Breast Cancer Screening, Mammogram
Breast Cancer Screening, Clinical Breast Exam
Cervical Cancer Screening, Pap Smear
Cholesterol Screening
Colorectal Cancer Screening, Blood Stool Test
Colorectal Cancer Screening, Sigmoidoscopy or Colonoscopy
Pneumococcal Vaccination
Influenza Vaccination

Medical Care

Medical Care Provider Access
Medical Care Coverage

Physical Environment

Street Connectivity
Fast Food Availability
Grocery Store Availability
Farmers' Market and Farm Stand Availability

Hospitalization Costs

Arthritis
Asthma
Cancer
Diabetes
Fall
Heart Disease
Lung Disease
Stroke

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APPENDICES



APPENDIX A: EVIDENCE-BASED PROGRAM REQUIREMENTS

Tai Chi: Moving for Better Balance

Tai chi is a traditional Chinese conditioning exercise with a series of slow, continuous, rhythmical movements that has been shown to improve functional balance and reduce the risk of falls. A simplified version of tai chi has been studied by the Oregon Research Institute in randomized control and community settings. Their research demonstrated that this 8-form tai chi program decreased falls and decreased fear of falling.

Program requirements and other considerations:

- Trained leaders – a two day training is being developed and is offered periodically; Oregon Research Institute in Eugene has developed a program implementation packet including a leader manual, participant materials, and an instructional video.
- Trained Tai Chi leaders provide a one-hour class 2-3 times/week for at least 3 months to be most effective.
- **Where to get more information: Oregon Research Institute can be reached at <http://www.ori.org/> or 541-484-2123.**

Arthritis Foundation Exercise & Aquatics Programs

Exercise and aquatics programs offered by the Arthritis Foundation include land and water exercise programs designed specifically for people with arthritis. The programs use gentle activities to help increase joint flexibility and range of motion and to help maintain muscle strength and increase overall stamina. The outcomes from the program include decreased pain and increased functional ability. The programs are typically offered by YMCAs, recreation centers, or senior centers. These programs are available in approximately 16 counties in Oregon.

Program requirements and other considerations:

- A trained instructor. 1 ½ -day instructor training is offered periodically in communities across Oregon. Approximate cost is \$100.
- The exercise program can be offered either sitting or standing; both classes are offered 2-3 times a week for eight weeks or can be offered as an ongoing class.
- The aquatics program requires a warm water pool.
- **Where to get more information: Arthritis Foundation Pacific Northwest Chapter at www.arthritis.org**

Living Well with Chronic Conditions

Living Well is a 6-week, peer-led program for people with any kind of chronic condition developed by Stanford University and known nationally as the Chronic Disease Self-Management Program. The program is led by trained lay leaders and utilizes an interactive approach to provide basic health information. In addition, the program helps individuals set short-term realistic goals to manage their conditions and improve their quality of life. The long-term outcomes of the program include improved self-reported health, decreased fatigue, and decreased hospitalization. Living Well programs are being offered in over half of Oregon's counties.

Program requirements and other considerations:

- At least 2 trained peer or volunteer Leaders; 4-day Leader training is available in various locations in Oregon
- An organizational license (approximately \$500 for a 3-year license)
- A Spanish-language program (Tomando Control) and program for those with HIV/AIDs (Positive Self-Management Program for People with HIV/AIDS) are also offered.
- Participant books can be covered through participant fees, or may be available through DHS.
- **Where to get more information: In Oregon, <http://www.healthoregon.org/livingwell>, call 888-576-7414, or email living.well@state.or.us. Or go to Stanford's website at <http://patienteducation.stanford.edu/>.**

Stay Active and Involved for Life (SAIL)

Stay Active and Involved for Life is a strength and balance fitness class for older adults that includes education on preventing falls. Exercises can be done seated or standing and include moderate aerobic, strength, and stretching exercises. Outcomes include improvements in mobility, strength, and balance. The program was developed in the state of Washington and is being introduced in the Portland area.

Program requirements and other considerations:

- A trained instructor. 2-day training is offered in Washington State and may be arranged in Oregon by contacting the program.
- The 1-hour program for up to 20 participants is provided 3 times per week and can be offered either sitting or standing.
- Participants receive a information booklet focused on physical activity and falls prevention.
- **Where to get more information: Northwest Orthopaedic Institute in Tacoma, Washington at www.nwoi.org.**

EnhanceFitness

EnhanceFitness is an exercise program for older adults that focuses on stretching, flexibility, balance, low impact aerobics, and strength-training. The program was developed and evaluated as a collaborative effort between GroupHealth of Puget Sound, Senior Services of King County, and the University of Washington. Oregon sites offering the program include approximately 15 senior center, senior housing, and senior meal sites in the greater Portland area and the Confederated Tribes of Warm Springs.

Program requirements and other considerations:

- 3 one-hour classes per week can be offered sitting or standing
- Initial licensing, 1½ day training for up to 12 individuals, and on-going support and program evaluation costs \$3,000. In addition, a small amount of equipment (weights, tape measure, stop watch) is required if an organization doesn't already have these items.
- Detailed information on program costs & training are available at www.projectenhance.org.
- **Where to get more information: Project Enhance, Senior Services of Seattle/King County, 2208 Second Avenue, Suite 100, Seattle, WA 98121; www.projectenhance.org; ProjectEnhance@seniorservices.org.**

StrongWomen

StrongWomen is a strength-training program developed at Tufts University and designed for midlife and older women. Outcomes of the program among older women include: increased muscle mass and strength; improved bone density and reduced risk for osteoporosis and related fractures; reduced risk for diabetes, heart disease, arthritis, depression, and obesity; and improved self-confidence, sleep and vitality.

Program requirements and other considerations:

- Trained leaders use the StrongWomen Toolkit, which covers topics ranging from program promotion, when to gain medical clearance, to a comprehensive exercise prescription and easy-to-use nutrition information for older adults. The Toolkit also provides information on fostering leadership and developing community projects such as working with local agencies to make neighborhoods more conducive to physical activity initiatives, such as an older adult walking program.
- **Where to get more information: StrongWomen at <http://jhcpn.nutrition.tufts.edu/programs/strongwomen/>.**

Better Bones & Balance (BBB)

The Better Bones and Balance program is based on research from Oregon State University's Bone Research Laboratory. The classes are designed to gradually improve balance and strength to avoid falls, maintain independence and reduce the risk of osteoporosis-related fractures. The long term changes observed by program participants who performed strength and stepping exercises using weighted vests were improved strength, balance, mobility, and reduced bone loss compared to non-exercising study participants. The program is currently being evaluated in the community setting and is offered in communities throughout Oregon.

Program requirements and other considerations:

- Trained leader; Training is currently offered through Linn-Benton Community College. Cost for the two-day training is approximately \$250 and includes a program implementation packet with participant materials, and leader
- Program effectiveness is based on one-hour classes, offered 3 days per week for 9 months.
- For information about the science and development of the BBB program contact Dr. Kathy Gunter at Oregon State University, kathy.gunter@oregonstate.edu, 541-737-1405
- **Where to get more information: Shirley Lockhart at Linn Benton Community College Benton Center, Shirley.lockhart@linnbenton.edu.**

Additional State and National Resources for Evidence-Based Programs:

1. Oregon Network of Care provides an on-line resource directory of programs, services, and resources to support aging. See oregon.networkofcare.org for more information.
2. National Council on Aging's Center for Healthy Aging lists evidence-based programs that are being implemented nationally. The Center serves as a Technical Assistance resource for Administration on Aging grants to support evidence-based health promotion programs, and is a good resource for model programs. See www.healthyagingprograms.org for more information.

APPENDIX B: AREA AGENCIES ON AGING

Oregon's 17 Area Agencies on Aging provide information and assistance on older adult needs and resources, as well as services including nutrition, in-home care, case management, caregiving, legal services, and transportation.

Area Agencies on Aging	Counties	Contact
Central Oregon Council on Aging	Crook, Deschutes, Jefferson	1135 SW Highland Avenue Redmond, OR 97756 541-548-8817
Clackamas County Social Services	Clackamas	2051 Kaen Road Oregon City, OR 97045 503-655-8640
Community Action Program East Central Oregon	Morrow, Umatilla	721 SE 3 rd , Suite D Pendleton, OR 97801 541-276-1926 or 800-752-1139
Community Action Team Area Agency on Aging	Columbia	125 N 17th St. Helens, OR 97051 503-397-3511
Community Connection of Northeast Oregon	Baker, Grant, Union, Wallowa	104 Elm Street LaGrande, OR 97850 541-963-3186
Douglas County Senior and Disabilities Services	Douglas	621 W Madrone Street Roseburg, OR 97470 541-440-3580 or 800-234-0985
Harney County Senior and Community Services Center	Harney	17 S Alder Street Burns, OR 97720 541-573-6024
Klamath Basin Senior Citizens Council	Klamath, Lake	2045 Arthur Street Klamath Falls, OR 97603 541-882-4098
Lane Council of Governments Seniors and Disabled Services	Lane	1015 Willamette Street Eugene, OR 97401 541-682-4038 or 800-441-4038
Malheur Council on Aging	Malheur	842 SE 1 st Avenue Ontario, OR 97914 541-889-7651

Mid-Columbia Council of Governments Senior and Disabled Services	Gilliam, Hood River, Sherman, Wasco, Wheeler	1113 Kelly Avenue The Dalles, OR 97058 541-298-4101
Multnomah County Aging and Disability Services	Multnomah	421 SW Oak Street, Suite 510 Portland, OR 97204 503-988-3620
Northwest Senior and Disability Services	Clatsop, Marion, Polk, Tillamook, Yamhill	3410 Cherry Avenue NE Salem, OR 97303 503-304-3400 or 800-469-8772
Oregon Cascades West Council of Governments Senior and Disability Services	Benton, Lincoln, Linn	1400 Queen Avenue SE, Suite 206 Albany, OR 97321 541-967-8630 or 800-638-0510
Rogue Valley Council of Governments Senior and Disabled Services	Jackson, Josephine	155 N 1 st Street Central Point, OR 97502 541-664-6674
South Coast Business Employment Corporation Area Agency on Aging	Coos, Curry	93781 Newport Coos Bay, OR 97420 541-269-2013 or 800-858-5777
Washington County Department of Disability, Aging, and Veterans Services	Washington	133 SE 2 nd Avenue Hillsboro, OR 97123 503-640-3489

APPENDIX C: DATA SOURCES AND METHODS

Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, random-digit dialed telephone survey of adults on health conditions and health-related behaviors. The survey does not include institutionalized (e.g. hospital patients or residents of a nursing home) adults. The BRFSS was developed by the Centers for Disease Control and Prevention (CDC) and interviews between 5,000 and 15,000 adult Oregonians each year. A core set of questions is asked annually and other topics are surveyed on a rotating basis.

A 4 year (2004-2007) combined data set was used and weighted to represent adults 45 years and older. In certain instances where individual county data was not available, counties were combined.

Hospital Discharge Database

The Hospital Discharge Database from the Oregon Association of Hospitals and Health Systems provides information on discharges from all but two acute care hospitals in Oregon (Portland Veterans Affairs Medical Center and Veterans Affairs Roseburg Healthcare System).

The Hospital discharge data was analyzed by looking at the principal diagnoses codes, geographic location, and age. The data are based on a patient's home address, not the hospital where they were treated. The data is not unique; multiple patients could have sought care for the same disease more than once. Quality of data from this database depends on the accuracy with which the data are coded and transcribed.

For the number of falls and fall rates, Veterans Affairs locations were excluded. For cost data, total cost of hospitalization was utilized and Kaiser Permanente locations were excluded in addition to the Veterans Affairs locations. Estimates for total cost of hospitalizations in the state based on this data set are conservative, since several large hospitals do not supply cost information. Since unique personal identifiers are not available, there is no way to tell whether or not one person has had one or many hospital visits. Therefore, the rates of falls are not population fall rates, but instead are rates that reflect the burden on the health care system.

Oregon Cancer Registry

All cancer incidence were obtained from the Oregon State Cancer Registry (OSCaR). Reportable diagnoses include all malignant neoplasms diagnosed beginning January 1, 1996, that are *in situ* or invasive with the following exceptions: basal or squamous cell

carcinoma of the skin (except genitals), and carcinoma *in situ* of the cervix. In addition, beginning with cases diagnosed January 1, 2004, benign tumors of the brain and central nervous system also became reportable, though they are not included in the total incidence counts.

By law, all reportable cancers and benign brain and CNS tumors diagnosed or treated in Oregon must be reported to OSCaR. Since cancer reporting started in 1996, 89% of new cancer diagnoses have come from hospitals, 9% from physician offices, and 1% from review of death certificates. The remaining cases were identified by interstate data exchange, review of pathology reports from laboratories, and by autopsy. Many of the physician office cases were initially identified through follow-up on laboratory reports and death certificates. The majority of cancer diagnoses reported to OSCaR are the first primary cancer diagnosed for the patient. However, nearly 20% of the cancer diagnoses occur in individuals with a previous cancer. Incidence rates are calculated using the total number of new invasive primary cancers (and *in situ* bladder cancers) diagnosed in a specific time period as the numerator and the population as the denominator.

Cancer cases in this report included only invasive cases; invasive cancer is defined as cancer that has spread beyond the layer of tissue in which it developed and is growing into surrounding, healthy tissue. This does not include *in situ* cancer, which is defined as an early stage of cancer that has not spread to any nearby tissue.

Incidence rate represents the number of new cancer cases per 100,000 person-years. Since the data was divided into age groups, it is not adjusted for age.

Mortality rate represents the number of deaths due to cancer per 100,000 person-years.

Oregon Mortality Data

All cancer mortality data were obtained from the Center for Health Statistics (CHS) death certificate database. CHS is the state's repository for all vital records and is a major information source for vital statistics and health survey data about Oregonians.

Beginning with deaths occurring in 1999, cause of death has been classified using the tenth revision of the International Classification of Disease (ICD-10). The ICD-10 system is closely compatible with the ICD-Oncology (ICD-O) system used for reporting cancer cases, based on site of origin, whereas the ICD-9 system was not. For mortality years 1996-1998, the ICD-9 codes did not directly match ICD-O codes. Beginning in 1999, with the change to ICD-10 coding, mortality coding matches exactly for most sites.

InfoUSA

Data on grocery stores and restaurants were obtained at the county level from InfoUSA, a company that maintains a database of 14 million businesses in the United States.

To determine the number of fast food restaurants, a list of establishments with a primary Standard Industrial Classification code for a Restaurant (5812) was narrowed down by the following characteristics: multi-state or national chains; expedited food service; takeout options; limited or no wait staff; facilities on site to consume food; full meal options offered on the menu; and payment tendered prior to receiving food. The following restaurants were included: A&W, Arby's, Arctic Circle, Baja Fresh, Big Town Hero, Blimpies, Burger King, Burgerville, Carl's Jr., Chipotle, Dairy Queen, Del Taco, El Pollo Loco, Jack in the Box, KFC, McDonald's, Muchas Gracias, Panda Express, Pita Pit, Popeye's, Qdoba, Quiznos, Sbarro, Schlotzsky's, Sonic, Subway, Taco Bell, Taco Del Mar, Taco Time, Togo's, and Wendy's.

Grocery stores were those establishments that had a primary Standard Industrial Classification code for a Retail Grocer (5411), excluding convenience stores. Retail grocers include supermarkets, food stores, and grocery stores, primarily engaged in the retail sale of all sorts of canned goods and dry goods, fresh fruits and vegetables, and fresh and prepared meats, fish, and poultry.

To determine the density of restaurants and grocery stores, the frequency was divided by the population in 2005 for each county, the AAA regions, and the state.

Rand Center for Population Health and Health Disparities

Data on street connectivity was obtained from the Rand Center for Population Health and Disparities. The data were funded by grant 1-P50-ES012383 from the National Institute of Environmental Health Sciences. For further information on the CPHHD, go to <http://www.rand.org/health/centers/pophealth/index.html>.

The number of streets and nodes were provided at the census tract level in Oregon. The number of streets and nodes were summarized for each county and values for alpha and gamma were calculated with the following formulas provided by Rand:

$$\alpha = \frac{(\textit{number of streets})}{3(\textit{number of nodes} - 2)}$$

$$\gamma = \frac{(\textit{number of streets} - \textit{number of nodes} + 1)}{2(\textit{number of nodes}) - 5}$$