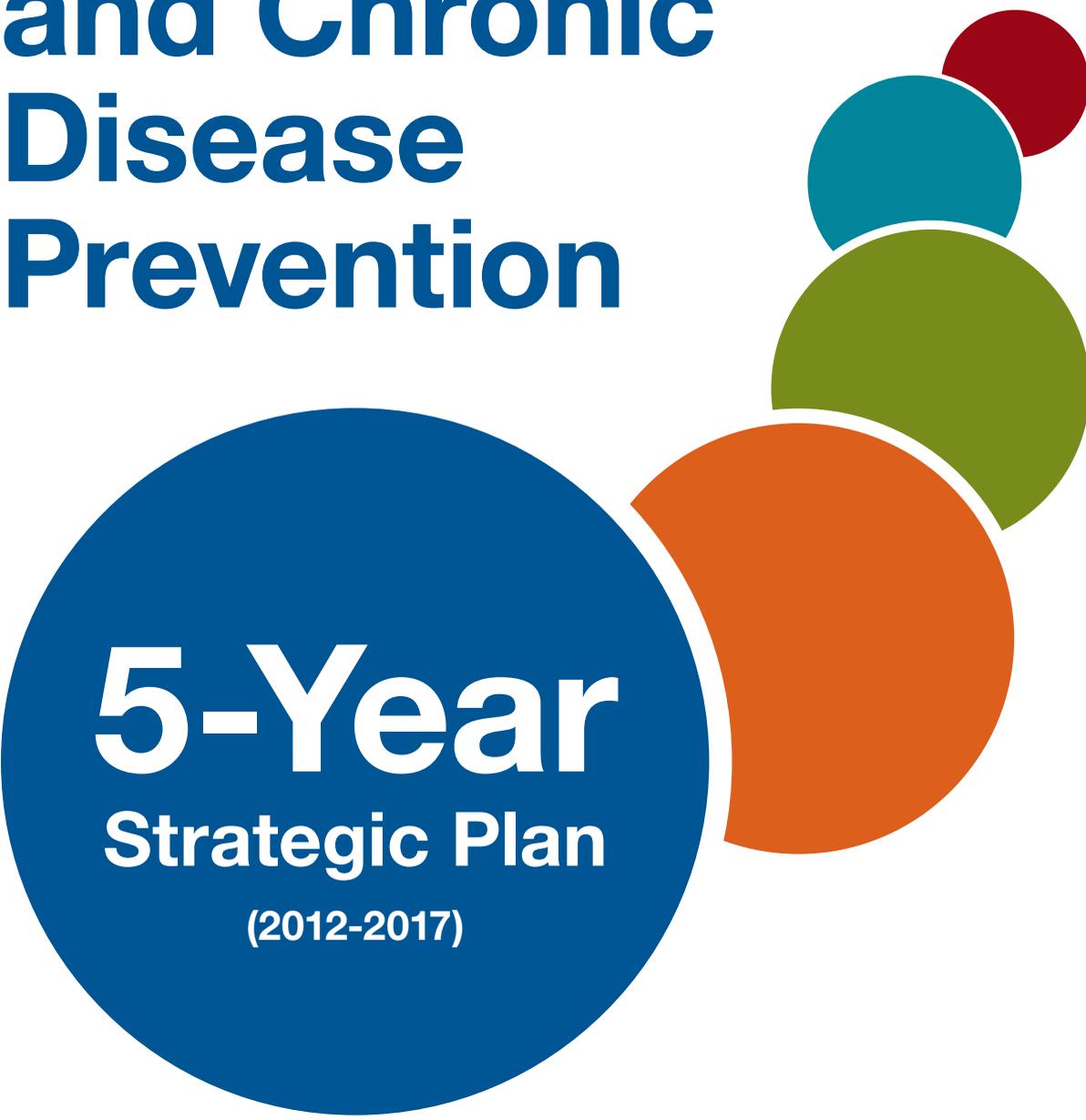


# Health Promotion and Chronic Disease Prevention



**5-Year**  
**Strategic Plan**  
(2012-2017)

Oregon  
**Health**  
Authority

CENTER FOR PREVENTION AND HEALTH PROMOTION  
Health Promotion and Chronic Disease Prevention

# Health Promotion and Chronic Disease Prevention 5-Year Strategic Plan

July 2012 – June 2017



## DISCLAIMER

This document is in the public domain and may be used and reprinted. The Oregon Health Authority (OHA) appreciates citation and notification of use. This publication was supported by Cooperative Agreement #3U58DP0011986-04W1 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the CDC.

For more information, please call the Health Promotion and Chronic Disease Prevention Section, Public Health Division (PHD), Oregon Health Authority (OHA), at 971-673-0984.

# Contents

<b>Introduction and background</b> .....	<b>4</b>
--	----------

<b>Burden of chronic diseases in Oregon</b> .....	<b>7</b>
---	----------

## Priority Areas

<b>Tobacco use</b> .....	<b>10</b>
--------------------------	-----------

<b>Obesity</b> .....	<b>14</b>
----------------------	-----------

<b>Heart disease and stroke</b> .....	<b>18</b>
---------------------------------------	-----------

<b>Colorectal cancer</b> .....	<b>22</b>
--------------------------------	-----------

## Appendices

<b>Appendix A – Data sources</b> .....	<b>26</b>
--	-----------

<b>Appendix B – Healthy Places, Healthy People Framework</b> .....	<b>27</b>
--	-----------

<b>Appendix C – Acknowledgements</b> .....	<b>29</b>
--	-----------

# Introduction and background

Health should be within reach for all communities. Everyone deserves access to healthy options where they live, work, play and learn.

Today, nutritious food, places to play and be active, and smokefree air are out of reach for too many Oregonians. As a result, chronic diseases, such as asthma, heart disease, diabetes, arthritis and cancer, are on the rise. But the burden of living with chronic disease is not the same for all communities.

There is growing evidence that a person's race, ethnicity, gender, income, disability, sexual orientation and geographic location determine the likelihood of many chronic diseases. All Oregonians deserve convenient access to foods and activities that help them live better, regardless of their income, education or ethnicity.

The Public Health Division (PHD) of the Oregon Health Authority (OHA) is tackling chronic disease prevention with a comprehensive, community-wide approach to help people eat better, move more, live tobacco free, and take care of themselves. This means achieving better health, better care, and lower health care costs for all Oregonians.

## An innovative approach for a healthy Oregon and healthy communities

In 2008, the Health Promotion and Chronic Disease Prevention (HPCDP) Section of the Oregon Public Health Division took an integrated approach to reducing chronic diseases by focusing on the common risk factors of tobacco use, physical inactivity and poor nutrition across all Oregon communities.

With support from health partners and advocates, Oregon created the first integrated chronic disease plan. The whole-system approach focuses on chronic disease risk factors that affect multiple diseases.

The result is collaboration among state and community partners to:

1. Reduce disparities among Oregon populations and communities;
2. Engage individuals, organizations and communities in prevention;
3. Develop partnerships that improve the health of all Oregonians;

4. Address the leading causes of death and disability — heart disease, stroke and cancer;
5. Address the leading chronic disease risk factors of tobacco use and obesity;
6. Use data for decision making, setting priorities and defining and tracking health outcomes; and
7. Plan and implement evidence-based interventions.

## Working together with partners for prevention

The plan builds on more than 15 years of experience with state and local partners. Activities with partners to develop the plan included:

- Engaging a statewide committee and community members to create the Oregon Health Improvement Plan in 2010;
- Updating the HPCDP Healthy Places, Healthy People Framework;
- Analyzing chronic disease risk factor, morbidity and mortality data;
- Defining evidence-based interventions to reduce chronic diseases;
- Developing measureable five-year health outcomes and strategies; and
- Aligning the plan with the 2012 Oregon Public Health Division Strategic Plan.



## Opportunities for chronic disease prevention in Oregon's health reform activities

The plan serves as a call to action at the state and community levels. Together, state government, public health, health systems, businesses and community partners are working to achieve the vision of a healthy Oregon — where chronic diseases are prevented, detected early and effectively managed for all Oregonians.

# Oregon Chronic Disease Prevention and Health Promotion Plan 2012-2017

## 5-YEAR HEALTH OUTCOMES

to reduce chronic diseases

	BASELINE	2017 TARGET
<b>TOBACCO:</b> By June 30, 2017, smoking prevalence among Oregon's youth and adults will decrease.		
• Smoking prevalence among adults	20% (2010) <sup>1</sup>	Less than 18%
• Smoking prevalence among 11th graders	15% (2009) <sup>2</sup>	Less than 13%
• Smoking prevalence among 8th graders	10% (2009) <sup>2</sup>	Less than 8%
• Fewer packs of cigarettes per capita sold each year	45 packs (2011) <sup>3</sup>	Less than 38 packs
<b>OBESITY:</b> By June 30, 2017, lower the obesity prevalence among Oregon's youth and adults.		
• Percent of adults who are obese	28% (2010) <sup>1</sup>	Less than 30%*
• Percent of 11th graders who are obese	10% (2009) <sup>2</sup>	Less than 10%
• Percent of 8th graders who are obese	11% (2009) <sup>2</sup>	Less than 11%
<b>HEART DISEASE:</b> By June 30, 2017, the rate of heart attack hospitalization among Oregon adults ages 74 or younger will be reduced by 12 percent.	135/100,000 (2010) <sup>4</sup>	Reduce by 12% (119/100,000)
<b>COLORECTAL CANCER:</b> By June 30, 2017, the rate of late stage colorectal cancer diagnoses among Oregonians 50 years and older will be reduced by 15 percent.	65/100,000 (2008) <sup>5</sup>	Reduce by 15% (49/100,000)

Data sources:

<sup>1</sup>Behavioral Risk Factor Surveillance System (BRFSS)

<sup>2</sup>Oregon Healthy Teens Survey (OHT)

<sup>3</sup>Oregon Department of Revenue

<sup>4</sup>Hospital Discharge Data

<sup>5</sup>Oregon State Cancer Registry

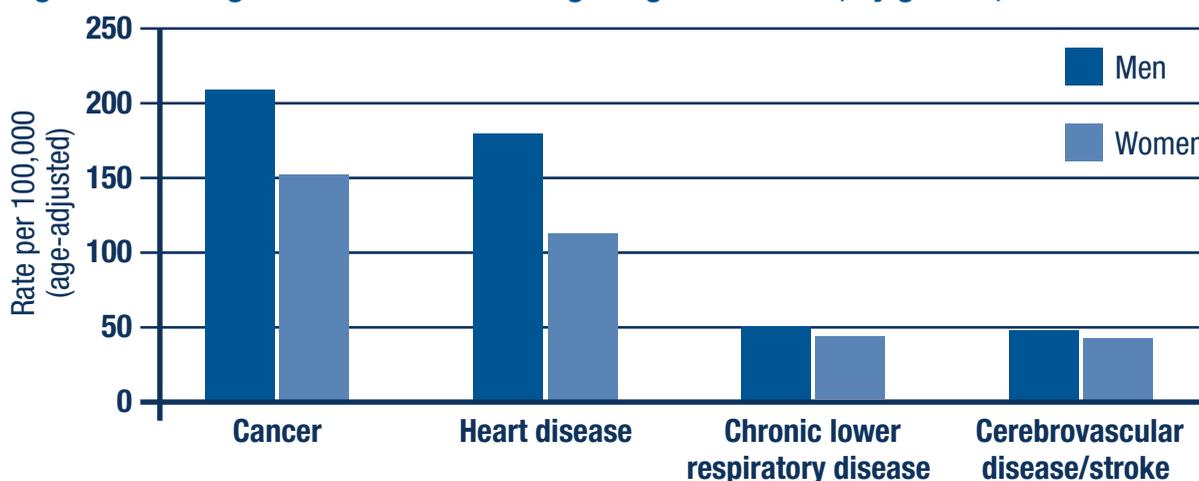
\*The 2017 is higher than the baseline because obesity is rising so quickly and the goal is to curb the rise in obesity prevalence.

# Burden of chronic diseases in Oregon

At the turn of the 20th century, the average United States resident did not live to see his or her 50th birthday. Most people died rapidly after contracting an infectious disease such as pneumonia, influenza, tuberculosis or a similar health condition.

At the turn of the 21st century, the average U.S. resident lived to nearly 80 years of age. The leading causes of death were chronic rather than infectious diseases. Conditions such as cancer, heart disease and chronic lower respiratory disease topped the list (see Figure 1). These conditions diminish the quality of life for many, thereby undermining some of the life expectancy gains of the last century.

**Figure 1 Leading causes of death among Oregon residents, by gender, 2009**



Many chronic conditions are preventable and are caused by behaviors that can be reversed, such as smoking, poor nutrition and lack of physical activity. Figure 2 shows the proportion of Oregon adults who have risk behaviors for developing chronic diseases.

**Figure 2 Percentage of Oregon adults with chronic disease risk behaviors, by gender, 2009**

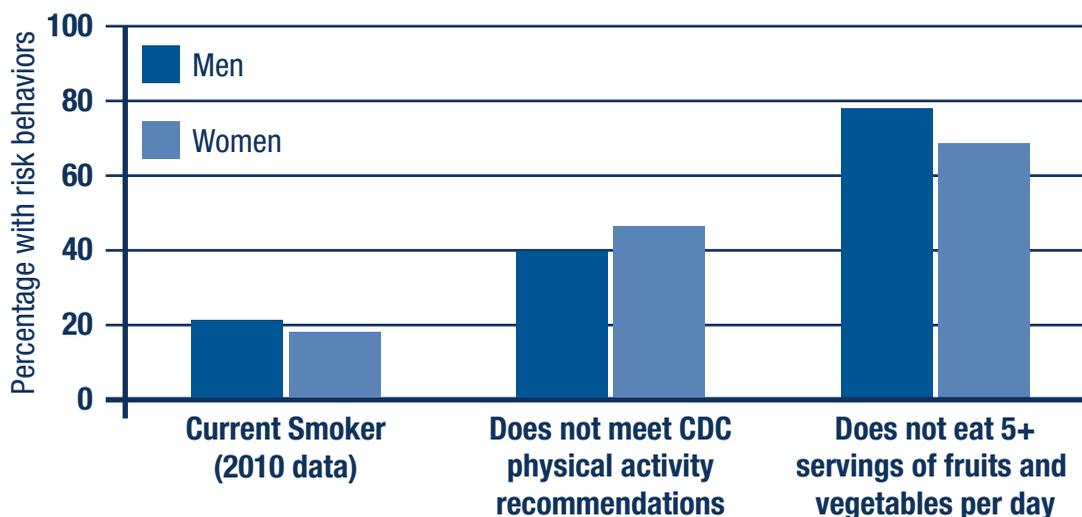


Figure 3 shows the same risk behavior data by race and ethnicity. The greatest variation across racial and ethnic populations is seen in the percentage of current smokers. African American as well as American Indian and Alaska Native non-Latino adults were more likely to be current smokers than White non-Latino (NL) adults.

**Figure 3** Percentage of Oregon adults with chronic disease risk behaviors, by race and ethnicity, 2010–2011

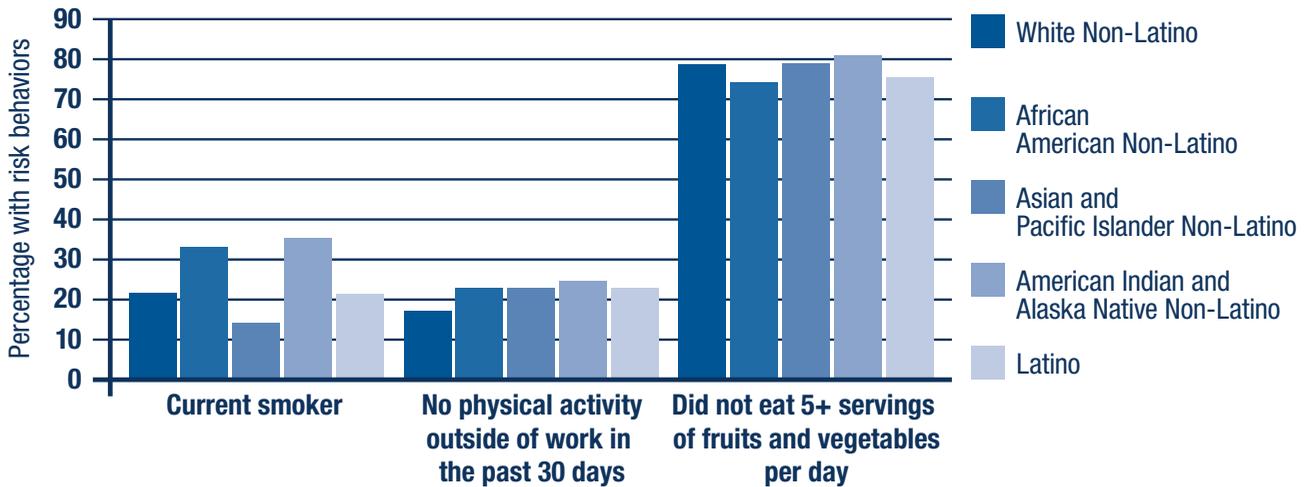


Figure 4 shows the percentage of Oregon adults who have already developed preconditions that lead to chronic disease. Many of these preconditions are reversible or controllable if properly managed, but left unchecked can develop into irreversible chronic conditions such as arthritis, asthma, cancer, diabetes and heart disease.

**Figure 4** Percentage of Oregon adults with chronic disease preconditions, by gender, 2009

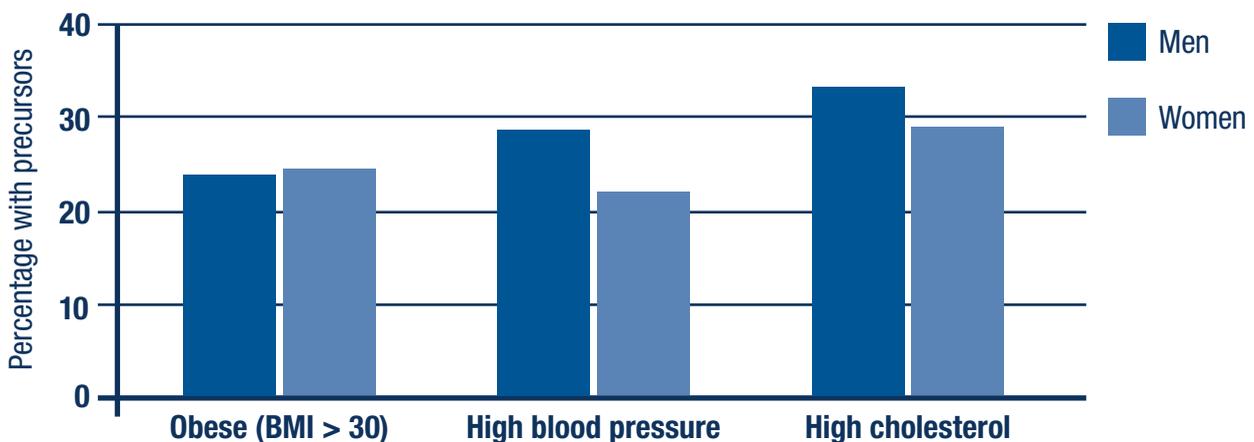
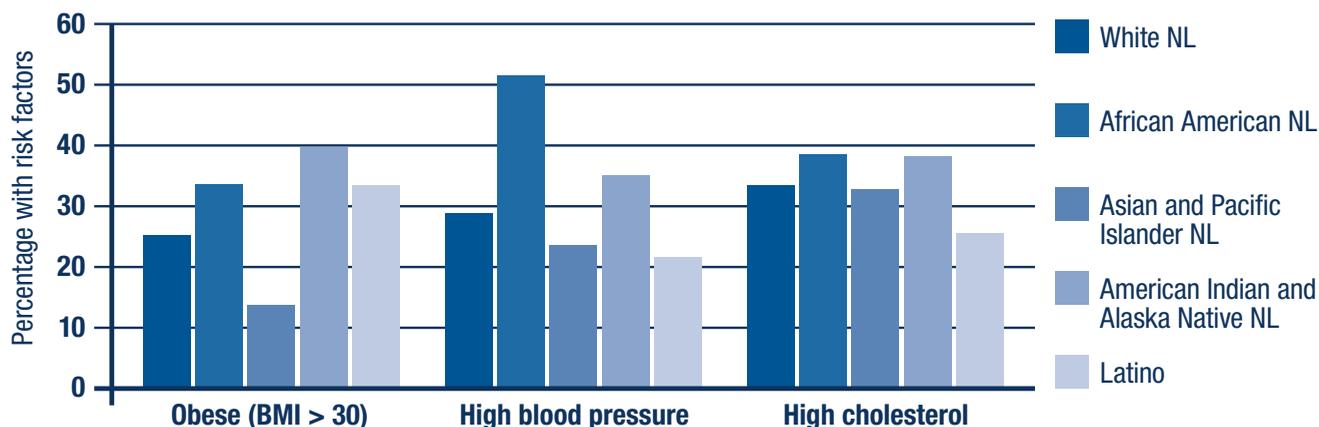


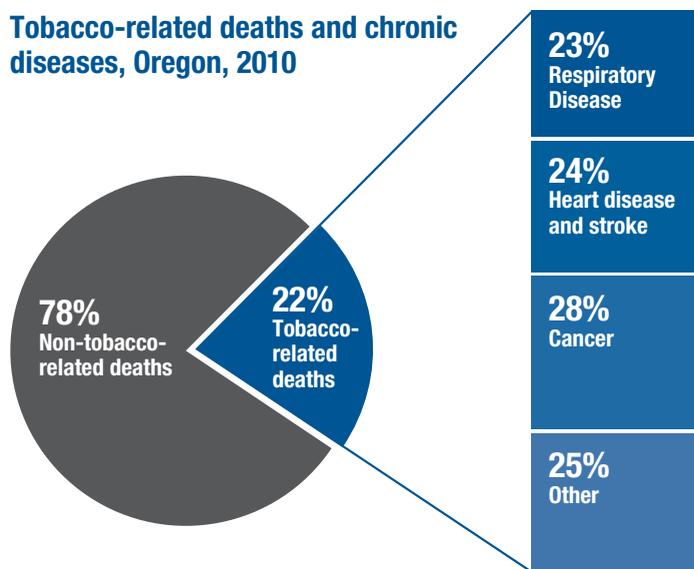
Figure 5 shows chronic disease risk factors by race and ethnicity. The greatest variation across racial and ethnic populations is seen in the percentage of adults who are obese. African American, American Indian and Alaska Native and Latino adults were more likely to be obese than White non-Latino adults. African American adults are also more likely to have high blood pressure than White non-Latino adults.



**Figure 5** Percentage of Oregon adults with chronic disease preconditions, by race and ethnicity, 2010-2011

Despite having serious medical conditions, people with chronic diseases are more likely to smoke than the general population. Compared to a smoking rate of 20 percent among all Oregon adults, adults with chronic diseases have smoking levels ranging from 25 percent to 50 percent.

**Tobacco-related deaths and chronic diseases, Oregon, 2010**



**Figure 6** shows that cancers, heart disease and stroke, and respiratory diseases make up the three largest stand-alone categories of tobacco-related deaths.

After thorough consideration of these data, the Health Promotion and Chronic Disease Prevention Section identified four primary health outcomes on which to focus. (1) Prevent and eliminate tobacco use; (2) Decrease obesity; (3) Decrease heart disease and stroke; and (4) Decrease colorectal cancer. By addressing the leading chronic disease risk factors—tobacco use, poor nutrition and lack of physical activity—it is possible to prevent most and manage many diseases, including asthma, arthritis, some cancers, heart disease, stroke, and diabetes.

# Decrease tobacco use

Tobacco use is the No. 1 preventable cause of death and disability among Oregonians. Tobacco-related diseases include asthma, arthritis, cancer, diabetes, heart disease and stroke.

To reduce overall tobacco use, equity must be addressed. Oregonians with lower incomes are disproportionately affected by tobacco use. Almost one in three Oregonians who make less than \$15,000 per year smoke. This is in comparison to one in 10 Oregonians who make more than \$50,000 per year who smoke (2009 BRFSS). To achieve lower overall tobacco use and reduce tobacco-related diseases, these disparities must be eliminated.

The desired outcomes and strategies described in this section represent a comprehensive, community-wide approach to tobacco prevention and cessation for all Oregonians. Evidence shows the combination of multiple efforts working together can make a significant difference in tobacco prevention and cessation.

- Tobacco-free buildings, workplaces and public spaces encourage tobacco users to quit, protect people from secondhand smoke, and reduce youth initiation of tobacco through modeling healthy behaviors.
- Limiting tobacco retail marketing helps prevent youth from starting tobacco use, helps adult tobacco users quit, and prevents future tobacco-related deaths.
- An increase in the price of tobacco reduces tobacco use among youth and low-income adults.
- Hard-hitting counter-advertising campaigns help smokers quit and effectively prevent youth and young adults from starting.
- Quitting coaches and nicotine replacement therapy helps individuals who use tobacco to quit.

The benefit from the whole of this approach is larger than the sum of its parts. No one strategy works well alone, but together, these strategies effectively prevent and reduce tobacco use.



## 5-Year Tobacco Health Outcomes (July 2012 – June 2017)

**By June 30, 2017, smoking prevalence among Oregon's youth and adults will decrease.**

- Adult smoking prevalence will be reduced to 18 percent or less.
- Smoking prevalence among 11th-graders will be reduced to 13 percent or less.
- Smoking prevalence among eighth-graders will be reduced to 8 percent or less.
- Fewer than 38 packs of cigarettes per capita will be sold in Oregon each year.

Tobacco use is the No. 1 preventable cause of death and disability among Oregonians. A comprehensive tobacco-control program uses best practices and multiple strategies at the statewide and community level. Healthy communities have public places that are free of tobacco with minimal exposure to secondhand smoke, tobacco products and advertising. This helps achieve better health for all and lower tobacco-related health care costs.

Tobacco-related diseases include: arthritis, asthma, some cancers, diabetes, heart disease and stroke.

## **Tobacco Strategy 1**

**By June 30, 2017, increase the price of tobacco products with at least 10 percent dedicated to a comprehensive tobacco control program.**

Rationale: Raising the price of tobacco is effective in reducing smoking, especially among youth and low-income adults. For every 10 percent increase in the price of tobacco, there is a corresponding decrease in adult consumption of cigarettes of about 4 percent, and 6 percent among youth. If a significant portion of tobacco taxes are allocated to tobacco prevention in Oregon, the program will continue to provide educational messages about tobacco, and promote the adoption and implementation of systems and environmental changes that will result in a further reduction in tobacco use.

## **Tobacco Strategy 2**

**By June 30, 2017, increase the number of environments where tobacco use is prohibited.**

Rationale: Tobacco-free environments encourage tobacco users to quit, protect people from secondhand smoke and reduce youth initiation of tobacco use by modeling healthy behaviors.

## **Tobacco Strategy 3**

**By June 30, 2017, increase the number of jurisdictions covered by retail restrictions such as sampling bans, bans on flavored tobacco or tobacco advertising restrictions.**

Rationale: Restrictions that ban flavored tobacco products and prevent sampling keep young Oregonians from using other tobacco products and developing a lifelong nicotine addiction. Additional point-of-purchase retail restrictions will help prevent children and young adults from starting to use tobacco, help adult tobacco users who would like to quit, and ultimately prevent future tobacco-related deaths.

## **Tobacco Strategy 4**

**By June 30, 2017, reduce tobacco use initiation through hard-hitting counter-advertising campaigns, including broadcast, print, point-of-purchase and social marketing media.**

Rationale: One of the most effective means to prevent youth and young adults from starting to smoke is countering the tobacco industry's pervasive marketing to youth and young adults.

## **Tobacco Strategy 5**

**By June 30, 2017, Increase the number of quit attempts by low-income Oregonians.**

Rationale: Oregonians with lower incomes are disproportionately affected by tobacco use. To achieve lower overall tobacco use prevalence, this disparity must be eliminated. Increased quit attempts are associated with success in quitting for good. Evidence shows that the more times people try to quit tobacco, the greater the likelihood is that they will be successful.

# Decrease obesity

Obesity is the No. 2 preventable cause of death and disability among Oregonians. By reducing obesity, the burden of chronic diseases, including asthma, arthritis, cancer, diabetes, heart disease and stroke, will decrease.

Obesity is more prevalent among communities of color, those who have low incomes or are less educated, and rural populations. In Oregon, 31.8 percent of adults living in households with annual incomes of \$15,000 – \$24,999 are obese, compared with 20.6 percent in households with incomes of more than \$50,000.

In many parts of Oregon, low-income individuals and families live, learn, work and play in neighborhoods that lack sufficient parks and open spaces, healthy eating options, and sidewalks and bike lanes. To achieve healthy communities, all people must have access to healthy foods, safe biking and walking routes, and active transportation and recreation options.

HPCDP and partners are tackling the obesity epidemic with a comprehensive, community-wide approach that makes moving more and eating better easier for all Oregonians. HPCDP is working with state and local partners to:

- Increase availability of healthy foods and beverages in child care facilities, schools, worksites and neighborhoods;
- Increase places where people can move safely and be physically active; and
- Support breastfeeding by making it easy and safe, including in child care and at worksites.

Reducing the burden of obesity in Oregon through multiple, evidence-based strategies will achieve better population health and lower health care costs.



## 5-Year Obesity Health Outcome (July 2012 – June 2017)

**By June 30, 2017, lower the obesity prevalence among Oregon's youth and adults.**

- Less than 30 percent of Oregon adults will be obese.
- Less than 10 percent of Oregon 11th-graders will be obese.
- Less than 11 percent of Oregon eighth-graders will be obese.

Obesity-related diseases include: arthritis, asthma, some cancers, diabetes, heart disease and stroke.

## **Obesity Strategy 1**

**By June 30, 2017, develop a comprehensive obesity prevention and education infrastructure to build state and community capacity for chronic disease prevention.**

Rationale: There is growing evidence that a comprehensive community approach can decrease the rate of obesity. To create healthy communities, it is critical to engage state and local public health partners with opportunities to promote informed decision making, policy development and funding that support access to healthy foods, active transportation and physical activity for all Oregonians.

## **Obesity Strategy 2**

**By June 30, 2017, promote healthy eating and physical activity options, and warn of the dangers of sugary beverages, through education and awareness messages that are meaningful to all people in Oregon.**

Rationale: Rising consumption of sugary drinks has been a major contributor to the obesity epidemic. Education and awareness messages, when combined with other obesity interventions, are an effective strategy to increase healthy eating and reduce the consumption of sugary beverages.

## **Obesity Strategy 3**

**By June 30, 2017, increase the number of environments that have adopted and implemented standards for nutrition and physical activity.**

Rationale: Healthy eating and active living are supported when environments promote and provide safe and sustainable options to eat better, move more, and discourage the consumption of sugary beverages.

## **Obesity Strategy 4**

**By June 30, 2017, increase transportation and land use initiatives that include health as a criterion in long-term planning and funding decisions.**

Rationale: Transportation and land use planning inclusive of considerations for the public's health provide opportunities for informed decision making, policy development and funding that support access to healthy foods, active transportation and physical activity options for all Oregonians.

## **Obesity Strategy 5**

**By June 30, 2017, develop a sustainable delivery system for evidence-based chronic disease self-management programs.**

Rationale: Self-management programs can enhance self-efficacy and adoption of healthy behaviors, including healthy eating and physical activity. Developing a sustainable delivery system for self-management programs will increase access and referrals to evidence-based programs that can address risk factors for obesity.

## **Obesity Strategy 6**

**By June 30, 2017, promote a health system infrastructure that supports effective prevention, screening and management of chronic diseases and related risk factors through a coordinated, patient-centered approach.**

Rationale: Adherence to evidence-based recommendations for the prevention and management of obesity will improve quality of care for and prevention of obesity-related diseases.

# Decrease heart disease and stroke

During the past 20 years, Oregon has seen significant reductions in the rates of death due to heart disease and stroke. Still heart disease and stroke remain the leading causes of death in the state, accounting for 25 percent of all deaths each year. Heart disease and stroke are the most costly conditions to Oregonians. In 2011, there were 37,601 hospitalizations due to heart disease and stroke, with an average cost of nearly \$71,000 per hospitalization, for a total cost of more than \$1.3 billion.

The burden of heart disease and stroke in Oregon can be reduced through the management of heart-related chronic conditions, such as high blood pressure and high cholesterol, and through the promotion of nutrition standards addressing trans fat and sodium intake. Additionally, modifiable risk factors for heart disease and stroke — such as tobacco use and obesity — can be addressed through proven prevention strategies.

Science-based policy, systems and environmental approaches can prevent or reduce heart disease and stroke, increase the chances of surviving heart attack and stroke incidents, and reduce deaths, disability and the financial burden of heart disease and stroke among Oregonians.



## 5-Year Heart Disease and Stroke Health Outcome (July 2012 – June 2017)

**By June 30, 2017, the rate of heart attack hospitalization among Oregon adults ages 74 or younger will be reduced by 12 percent.**

The 2010 baseline was 135 hospitalizations per 100,000 people under the age of 74 and the 2017 target is 119 hospitalizations per 100,000 people under the age of 74.

Leading risk factors for heart disease and stroke include: diabetes, high blood pressure, high cholesterol, obesity, tobacco use and physical inactivity.

## **Heart Disease and Stroke Strategy 1**

**By June 30, 2017, increase the number of environments that have adopted and implemented standards for nutrition and physical activity.**

Rationale: High blood pressure and cholesterol may be prevented or controlled through a healthy diet and physical activity. Nutrition standards can help increase public awareness and acceptance of healthier food options, and influence the practices and products of food companies.

## **Heart Disease and Stroke Strategy 2**

**By June 30, 2017, the five largest Oregon manufacturers will reduce sodium in bread products.**

Rationale: High amounts of dietary sodium have been linked to high blood pressure, which increases the risk of heart disease events.

## **Heart Disease and Stroke Strategy 3**

**By June 30, 2017, eliminate trans fats from restaurants in Oregon.**

Rationale: Healthy eating and active living are supported when environments promote and provide safe and sustainable options to eat better, move more, and discourage the consumption of trans-fats.

## **Heart Disease and Stroke Strategy 4**

**By June 30, 2017, develop a sustainable delivery system for evidence-based chronic disease self-management programs.**

Rationale: Developing a sustainable delivery system for self-management and cessation tools will increase access to evidence-based programs that promote cessation and manage or lower heart disease risk factors.

## **Heart Disease and Stroke Strategy 5**

**By June 29, 2017, promote a health system infrastructure that supports effective prevention, screening and management of chronic diseases and related risk factors through a coordinated, patient-centered approach.**

Rationale: Adherence to evidence-based recommendations for the prevention and management of obesity will improve quality of care for and prevention of obesity-related diseases.

## **Heart Disease and Stroke Strategy 6**

**By June 30, 2017, increase the number of environments where tobacco use is prohibited.**

Rationale: Smokers are two to four times more likely to develop coronary heart disease than nonsmokers. Tobacco-free environments encourage quitting among tobacco users, protect people from secondhand smoke and reduce youth initiation of tobacco.

# Decrease colorectal cancer

Colorectal cancer (CRC) is second to lung cancer as the leading cause of cancer deaths among Oregonians. Screening can actually prevent colorectal cancer when pre-cancerous cells are found and removed. Colorectal cancer screening services have an “A” Recommendation” (the highest) from the U.S. Preventive Services Task Force. This means that science-based CRC screening services are proven to reduce deaths and save lives.

However, less than six out of ten Oregonians age 50 and above are screened for CRC. Because screening rates are so low, more than half of all colorectal cancers are found at late stages.

Strategies to increase screening, particularly among Oregon’s African American, Native American, and Latino populations, are the focus of The Cancer You Can Prevent campaign ([www.thecanceryoucanprevent.org](http://www.thecanceryoucanprevent.org)). The campaign encourages those who have been screened to tell others to get screened and engage health providers and community members to spread the word about these lifesaving tests.

By reducing the burden of colorectal cancer incidence, deaths and disability through evidence-based interventions, Oregon will achieve better health, better care, and lower health care costs.



## **5-Year Colorectal Cancer (CRC) Screening Health Outcome**

**By June 30, 2017, late-stage colorectal cancer diagnoses among Oregonians 50 years and older will be reduced by 15 percent.**

The 2008 baseline is 65 late-stage colorectal cancer diagnoses per 100,000 Oregonians 50 years or older and the 2017 target is 49 late-stage colorectal cancer diagnoses per 100,000 Oregonians 50 years or older.

## **Colorectal Cancer Strategy 1**

**By June 30, 2017, through education and awareness messages, increase completed science-based colorectal cancer screenings among recommended populations.**

Rationale: Increasing the number of individuals between the ages of 50 to 75 or with CRC risk factors (e.g., African American, family history) screened at the recommended ages and intervals will lead to substantial decreases in late-stage colorectal cancer diagnoses. Colorectal cancer screening is one of the only cancer screenings that has the possibility to prevent cancer by removing pre-cancerous polyps, in addition to being highly effective at detecting cancer early. With appropriate screening follow up, colorectal cancer screening is the most effective intervention to decrease late-stage diagnosis.

## **Colorectal Cancer Strategy 2**

**By June 30, 2017, promote health system infrastructure that supports effective colorectal cancer screening services through a coordinated, patient-centered approach.**

Rationale: Health provider adherence to evidence-based recommendations for the prevention and management of risk factors for colorectal cancer will improve quality of care for and prevent colorectal cancer.

## **Colorectal Cancer Strategy 3**

**By June 30, 2017, remove cost barriers to receiving colorectal cancer medical services from screening through diagnosis.**

Rationale: The Affordable Care Act mandates the provision of evidence-based preventive screenings with no cost-sharing for clients. That means no out-of-pocket costs, no copay, and no deductible. However, in some cases, clients receive bills for a colorectal cancer screening procedure.

## **Colorectal Cancer Strategy 4**

**By June 30, 2017, develop a sustainable delivery system for evidence-based chronic disease self-management programs.**

Rationale: Cancer survivorship plans will be required of Commission on Cancer (CoC) accredited cancer centers in 2015. Evidence-based chronic disease self-management programs are a community resource available to survivors and cancer centers. Living Well with Chronic Conditions, Walk with Ease and the Oregon Tobacco Quit Line are evidence-based resources available to cancer survivors in many communities.

# Appendix A – Data sources

The information and measures in this plan are drawn from multiple sources. Data sources differ in their reporting years and are not available for all years. Data represented in this plan are the most current available at the time of publication.

1. The Behavioral Risk Factor Surveillance System (BRFSS) is a random-digit-dialed telephone survey conducted year-round among Oregon adults ages 18 years and older. Information on adult smoking and obesity rates are derived from BRFSS.
2. Cigarette consumption information is measured using tobacco tax revenue collected by the Oregon Department of Revenue. The number of packs of cigarettes sold is calculated by dividing the cigarette tax receipts by the tax rate per pack.
3. The Oregon Healthy Teens (OHT) Survey is a voluntary survey of Oregon schools that gathers data from 11th- and eighth-graders on health behaviors, including tobacco use.
4. Mortality rates are estimated from information recorded on State of Oregon Death Certificates Statistical File. This data file includes all deaths occurring in Oregon and deaths of Oregonians that occurred out-of-state.
5. The Hospital Discharge Dataset (HDD) contains information on discharges of Oregonians from acute care hospitals in Oregon. These data are reported as the age-adjusted rate per 10,000 Oregonians. The rates are not adjusted to the U.S. 2000 standard population.
6. The Oregon Tobacco Quit Line data come from registration information provided by Alere Wellbeing Inc., the contractor that provides tobacco quit line services for Oregon.
7. Living Well with Chronic Conditions data come from a database. Information includes the number of Living Well programs that have occurred, the number of participants who attended those programs, and the self-reported chronic conditions of the participants.
8. The Oregon State Cancer Registry reports state- and county-level cancer incidence, mortality, stage of diagnosis data for the top 10 cancers, including colorectal cancer.

# Appendix B – Healthy Places, Healthy People Framework

## Healthy places, healthy people: A framework for Oregon

### Healthy Oregon

Staterwide policies put healthy options within reach of all people, and protect people from unhealthy options and influences.

- Public places are tobacco-free and follow standards for nutrition and physical activity.
- Transportation and land use planning initiatives prioritize health.
- Tobacco and sugary beverages are priced higher to discourage use.
- Health effects of policy decisions are considered across agencies, organizations and populations.

Public health efforts help people eat better, move more, live tobacco free, and take care of themselves so they can live healthier lives and do the things they enjoy.

- Tobacco and obesity prevention and education programs are adequately funded and build state and community capacity for chronic disease prevention and health promotion.
- Oregon and its many diverse communities collect, analyze, and report information about health and the economic cost of chronic diseases, and use it to improve everyone's health.
- Awareness and education messages promote healthy options and warn of the dangers of tobacco and sugary beverages in ways that are meaningful to all people in Oregon.
- Everyone in Oregon has access to a coordinated and patient-centered health system that supports effective chronic disease prevention, early detection, and self-management.

### Healthy Communities

In every Oregon community, all people have access to healthy options where they live, work, play, and learn.

Local policies, systems, and environments put health within reach today and for future generations.

All people have convenient access to:

- Healthy foods and drinking water.
- Safe biking and walking routes.
- Active transportation and recreation options.
- Resources to help people take care of themselves, to stay healthy and live better with diseases they already have.

There is minimal exposure or access to:

- Secondhand smoke.
- Tobacco products.
- Unhealthy foods and beverages.
- Advertising and promotion of tobacco and sugary beverages.

**State, local and tribal governments collaborate with community partners to put health within reach of all people in Oregon.**



**Oregon Health Authority**

PUBLIC HEALTH DIVISION

Health Promotion and

Chronic Disease Prevention

October 2012

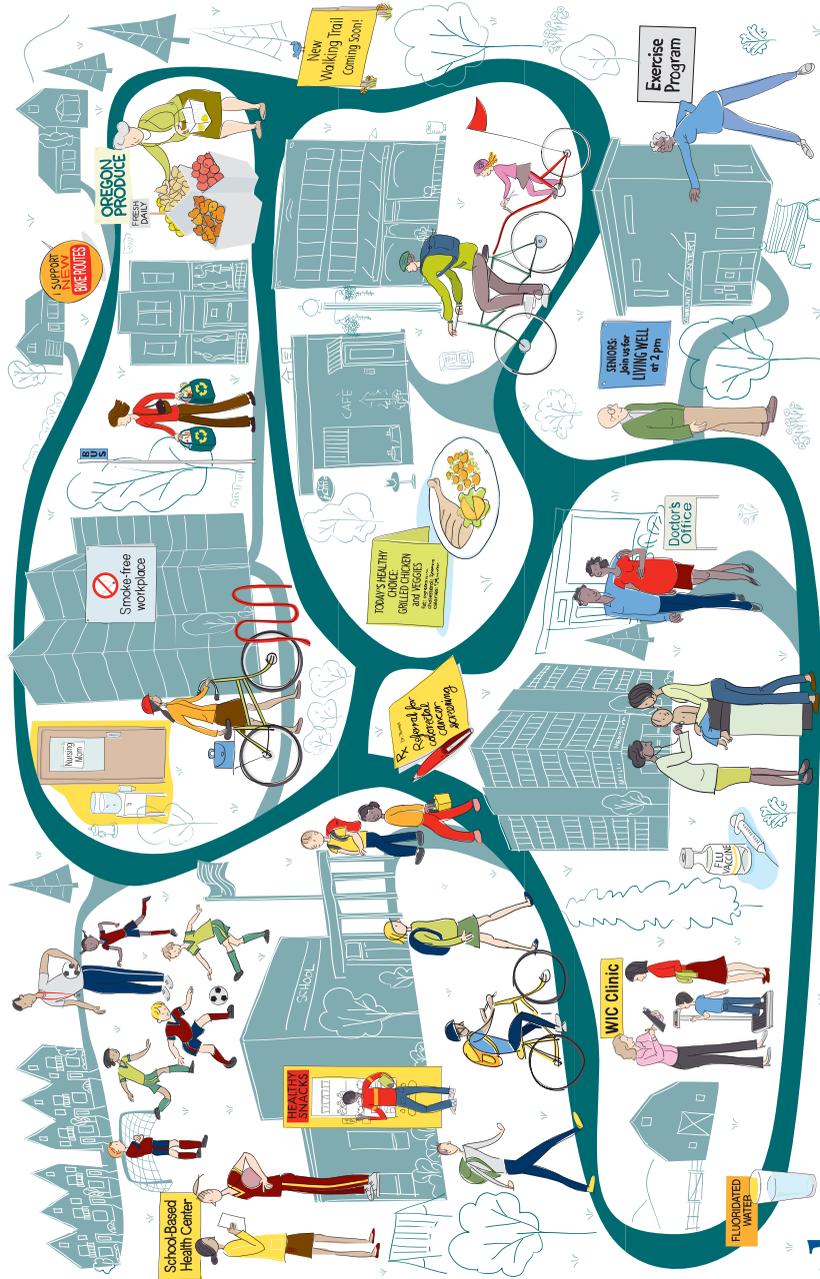
# Healthy places, healthy people: A framework for Oregon

## Mission:

To advance policies, environments and systems that promote health and prevent and manage chronic diseases.

## Vision 2020:

All people in Oregon live, work, play, and learn in communities that support health and optimal quality of life.



**Oregon Health Authority**  
PUBLIC HEALTH DIVISION  
Health Promotion and Chronic Disease Prevention



# Appendix C — Acknowledgements

The Health Promotion and Chronic Disease Prevention Section, Public Health Division acknowledges the following organizations and programs for their contributions to the plan:

American Cancer Society

American Diabetes Association

American Heart Association/American Stroke Association

American Lung Association in Oregon

Northwest Health Foundation

Northwest Portland Area Indian Health Board

Oregon Public Health Institute

Conference of Local Health Officials

Oregon's Nine Federally Recognized Tribes

Burns Paiute Tribe; Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians; Confederated Tribes of the Grand Ronde Community of Oregon; Confederated Tribes of Siletz Indians; Confederated Tribes of the Umatilla Indian Reservation; Confederated Tribes of Warm Springs; Coquille Indian Tribe; Cow Creek Band of Umpqua Tribe of Indians; and Klamath Tribes

Department of Human Services (DHS)

Aging and People with Disabilities

Oregon Health Authority (OHA)

Addictions and Mental Health Division

Medical Assistance Programs

Office of Equity and Inclusion

Office of Health Policy and Research

Public Employees' Benefit Board/Oregon Educators Benefit Board (PEBB/OEBB)

Oregon Public Health Division (PHD)

Center for Health Protection

Center for Prevention and Health Promotion

Adolescent, Reproductive Health and Genetics

Environmental Public Health

Injury and Violence Prevention

Maternal and Child Health

Women, Infants and Children

Center for Public Health Practice

Center for Health Statistics







CENTER FOR PREVENTION AND HEALTH PROMOTION  
Health Promotion and Chronic Disease Prevention

Phone: 971-673-0984

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact Health Promotion and Chronic Disease Prevention at 971-673-0984, 711 for TTY, or email [dhs-oha.publicationrequest@state.or.us](mailto:dhs-oha.publicationrequest@state.or.us).