
Intervention Points in Policy Processes

*Wednesday, April 13, 2011
9:30 a.m. - 11:00 a.m.*

Mandy Green *Oregon Public Health Division*
Jamie Jones *Oregon Public Health Division*
Kathryn Sofich *Oregon Metro Regional Government*
Noelle Dobson *Oregon Public Health Institute*
Marah Hall *Upstream Public Health*

Health
Oregon
Authority

Agenda

- 9:30 Welcome**
- 9:35 Introduction to Decision Making Structures**
- 9:45 Transportation & Land Use Policy – Kathryn Sofich**
- 10:05 Land Use Case Study – Noelle Dobson**
- 10:20 Q & A**
- 10:25 Legislative Policy Process – Marah Hall**
- 10:40 Q & A**
- 10:45 Oregon Data Sources**
- 10:55 Wrap Up**

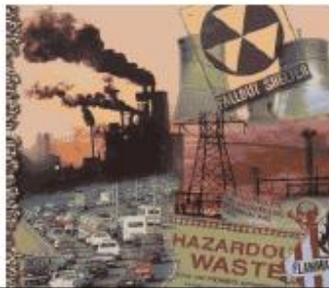
The HIA Process

Screening	Determines the need and value of a HIA
Scoping	Determines which health impacts to evaluate, methods for analysis, and a work plan
Assessment	Provides: 1) a profile of existing health conditions 2) evaluation of potential health impacts
Recommendations	Provide strategies to manage identified adverse health impacts
Reporting	Includes: 1) development of the HIA report 2) communication of findings & recommendations
Monitoring	Tracks: 1) impacts on decision-making processes and the decision 2) impacts of the decision on health determinants



Land Use Processes & Decision Making Settings

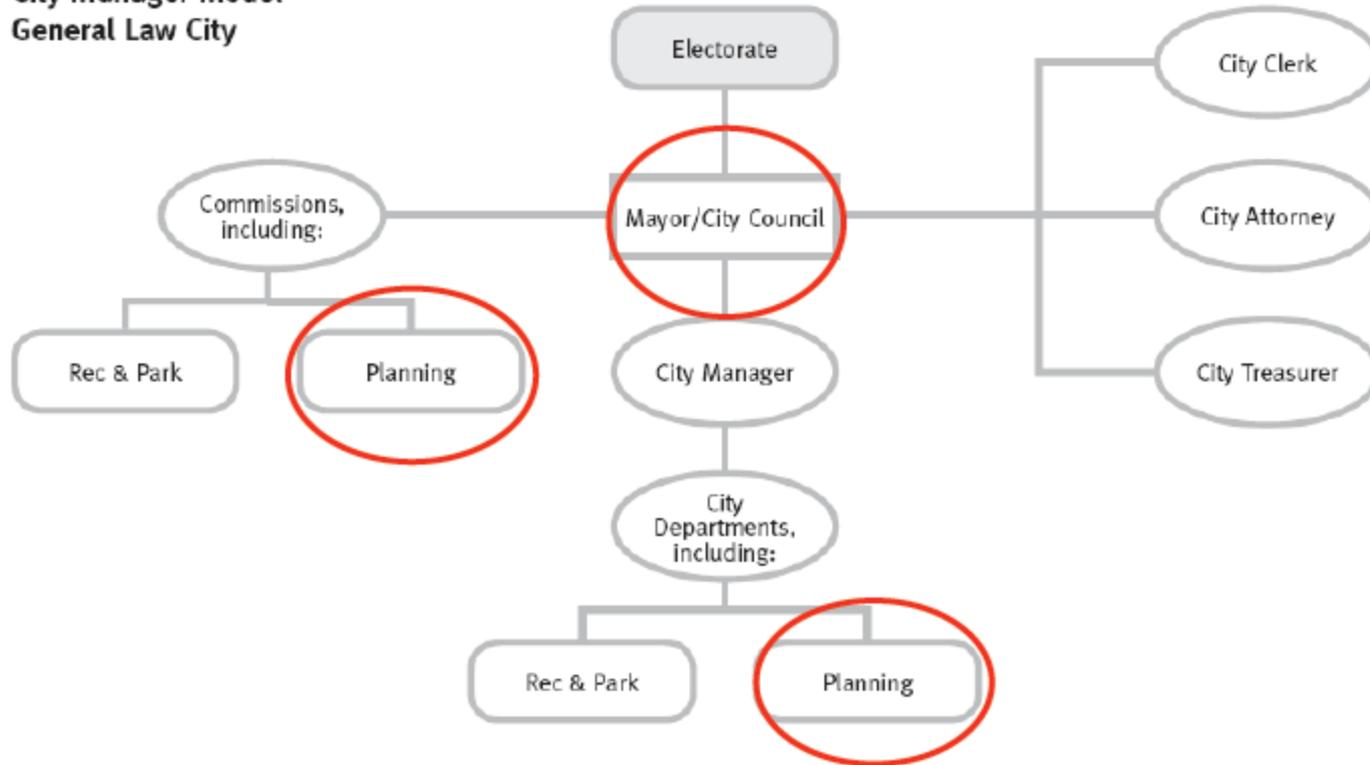
- General Plan updates
- Area Plans
- Specific Plans
- Zoning
- Infrastructure Plans (ex. highways, transit)
- Public Lands Management
- Development Project Review Process
- Environmental Impact Assessment Process



City Political Structure

Who makes land use decisions?

City Organizational Chart
City Manager Model
General Law City

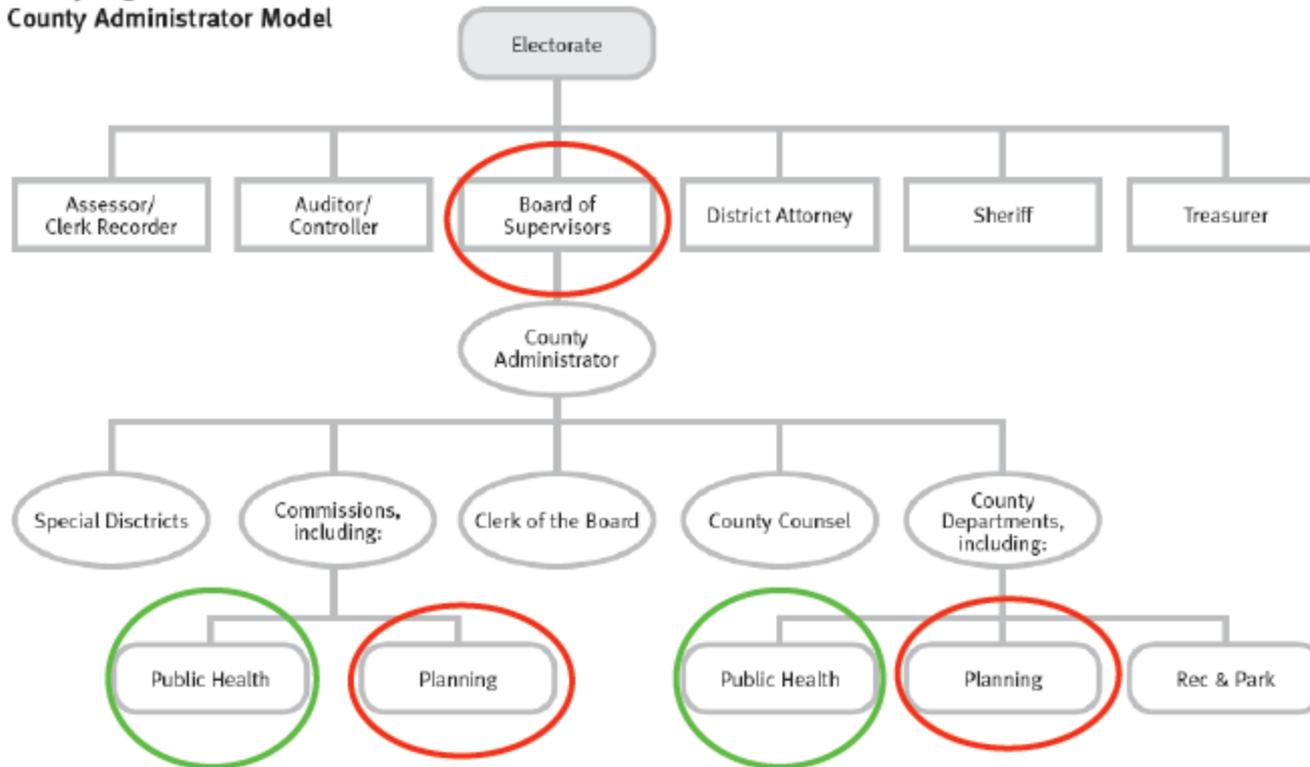


(Image courtesy PHLP)

County Political Structure

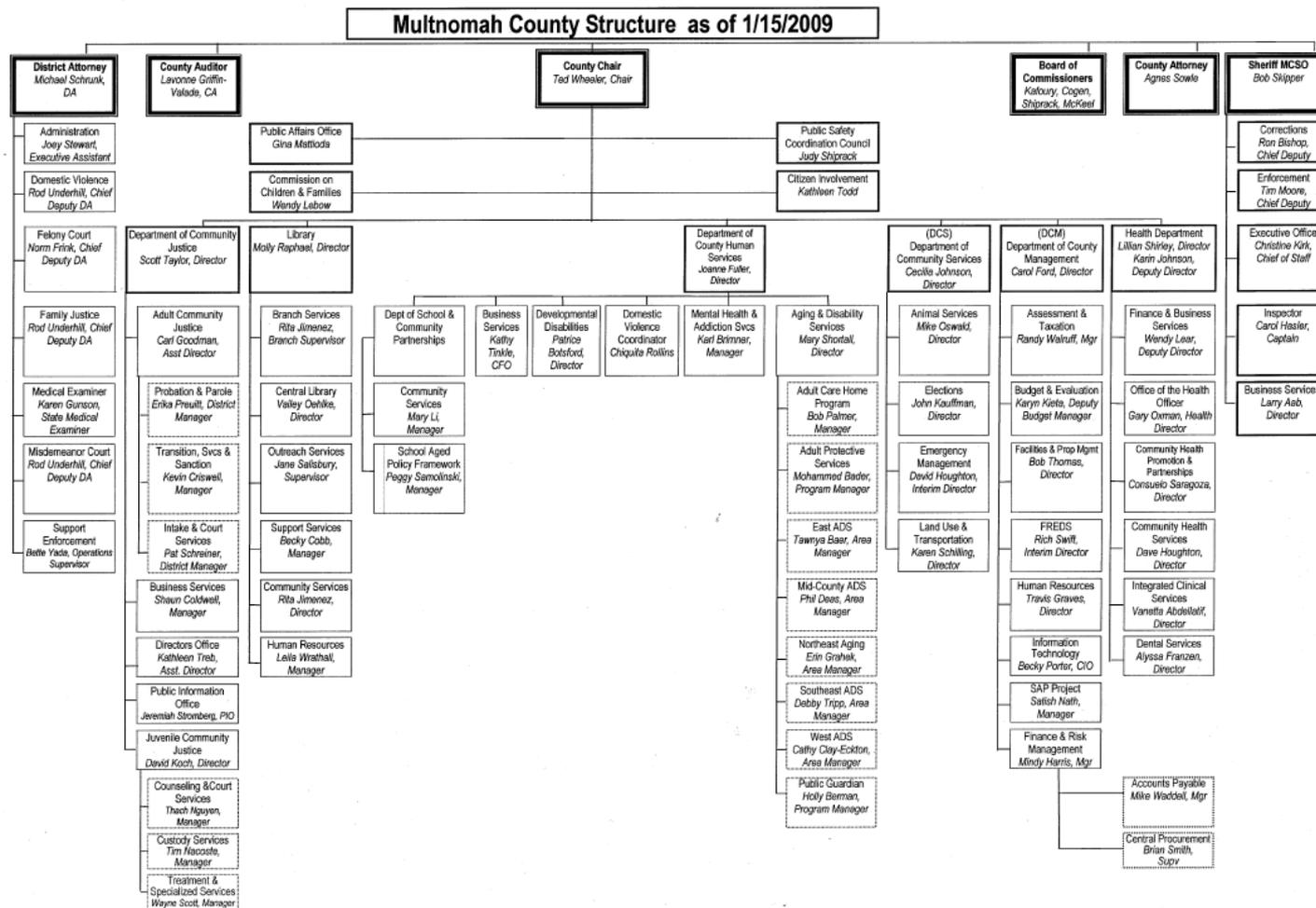
Who makes land use decisions?

County Organizational Chart
County Administrator Model



(Image courtesy PHLP)

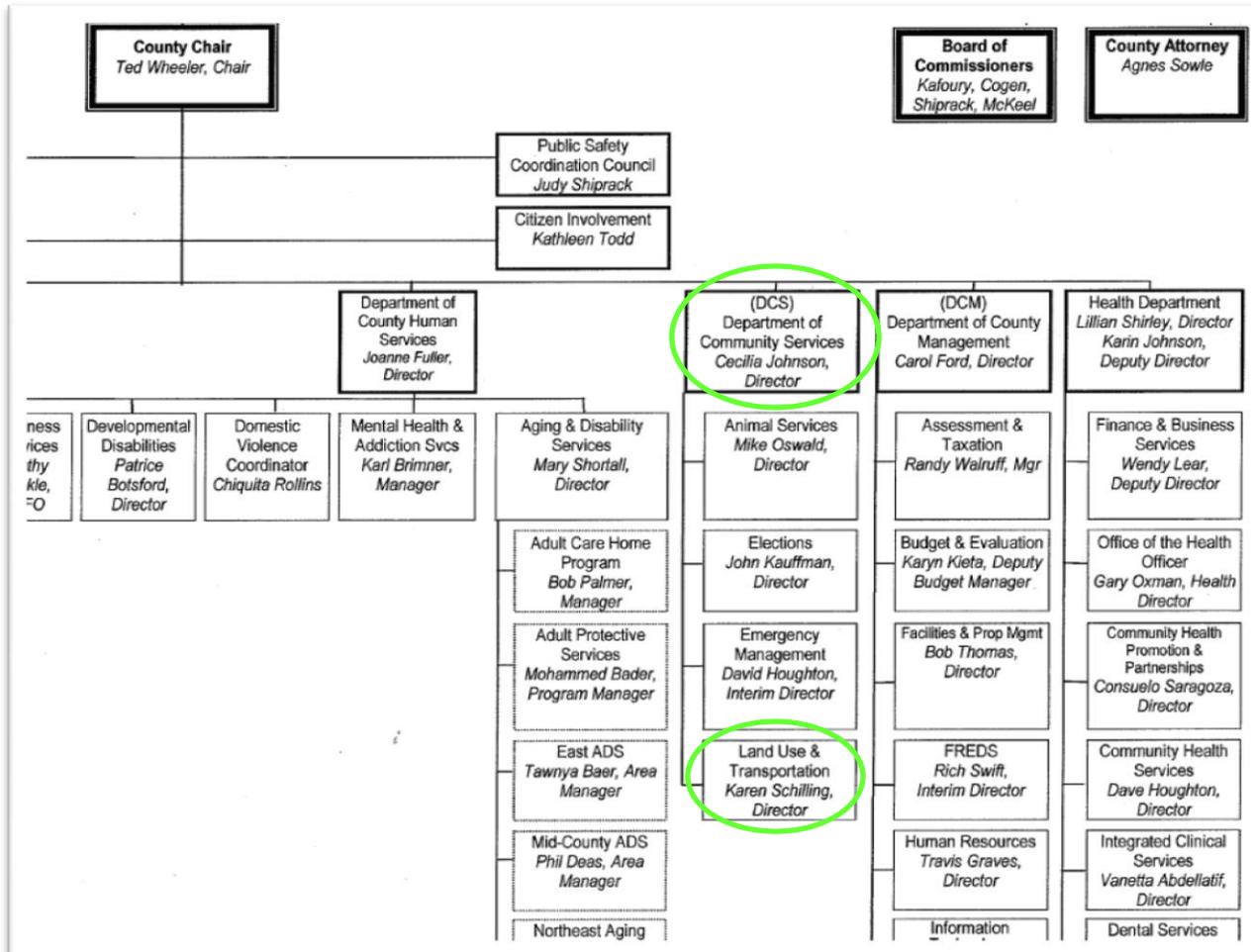
Multnomah County: Who makes decisions?



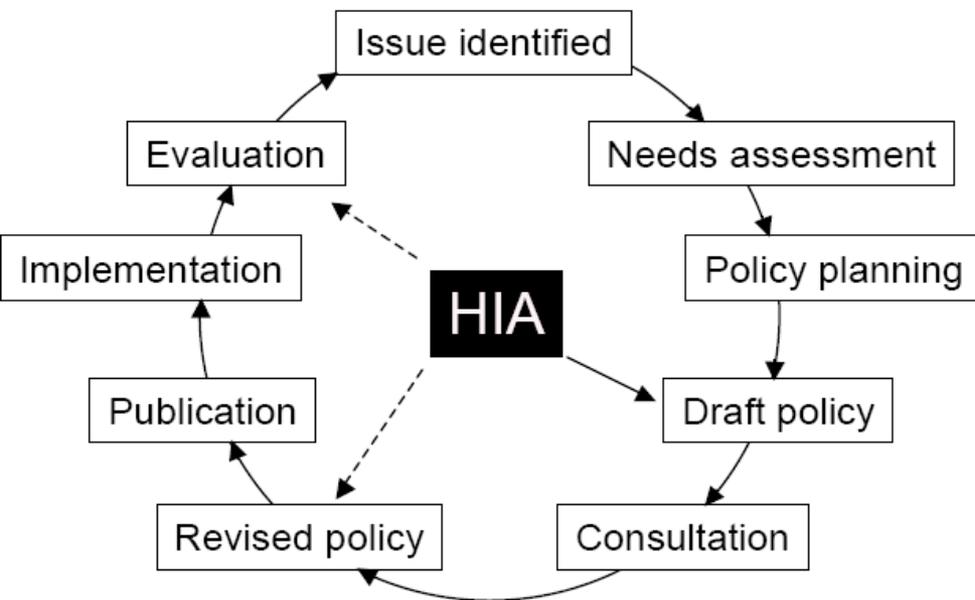
0:\RR Program\Bureau & Dept Info\Org Charts\Org Charts 2007\Mult Co OrgChart 1-15-09.doc (Rev. 1/15/2009)

Multnomah County: Who makes decisions?

Land Use & Transportation



HIA and the Policy Process



Intervention Points: Transportation and Land Use Policy

Case Study





oregon
**public
health**
institute

tomorrow's health today

Noelle Dobson
noelle@orphi.org
503-227-5502



OPHI: Strategic Focus on the Prevention of Childhood Obesity

www.orphi.org

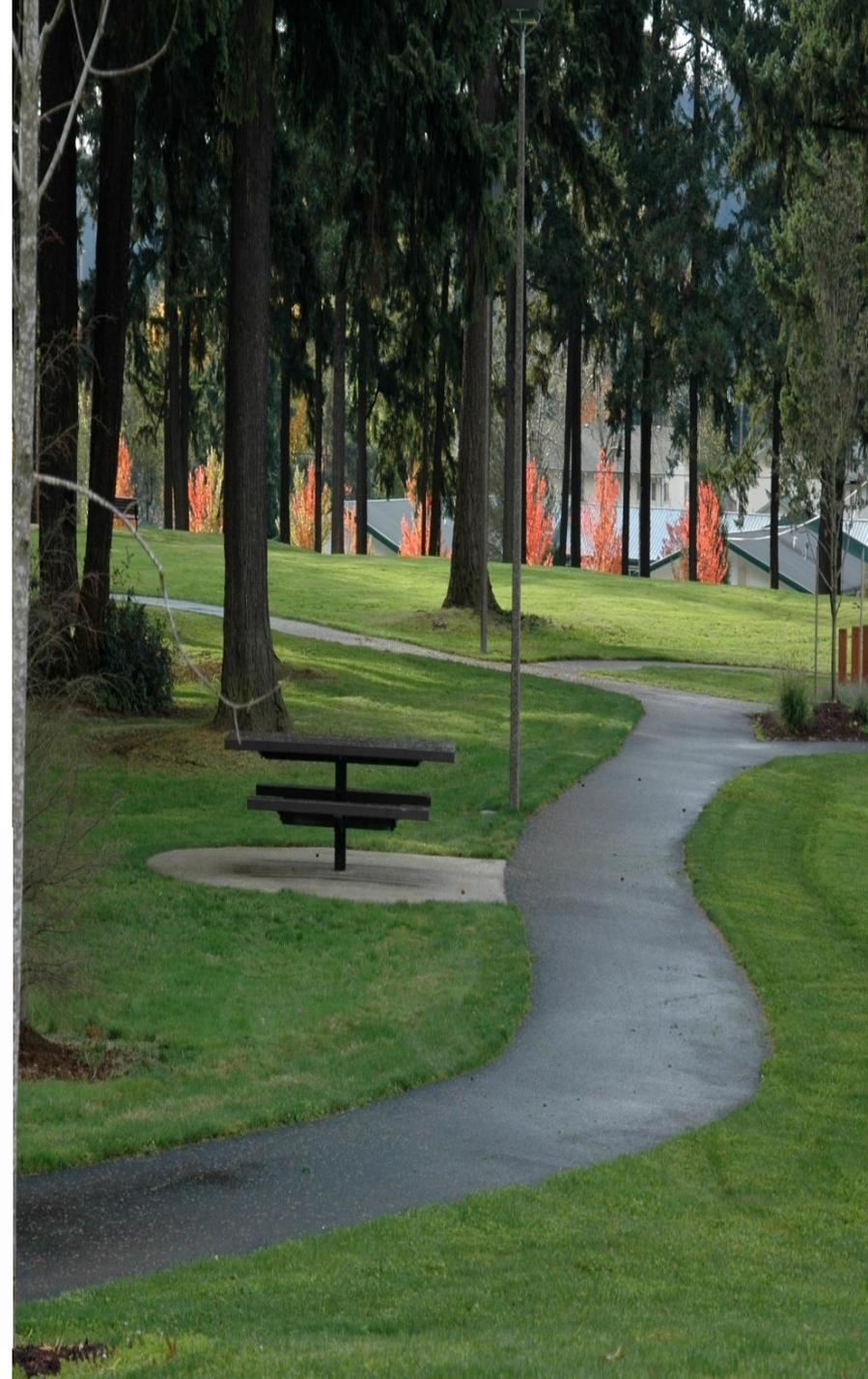
Healthy Community Planning

Access to Healthy Food

Active Living

Nutrition Policy

Breastfeeding



Integrating Health at Various Decision Points

- Environmental Impact Statements
- Neighborhood Plans & Planning Studies
- Citywide Comprehensive and Strategic Plans



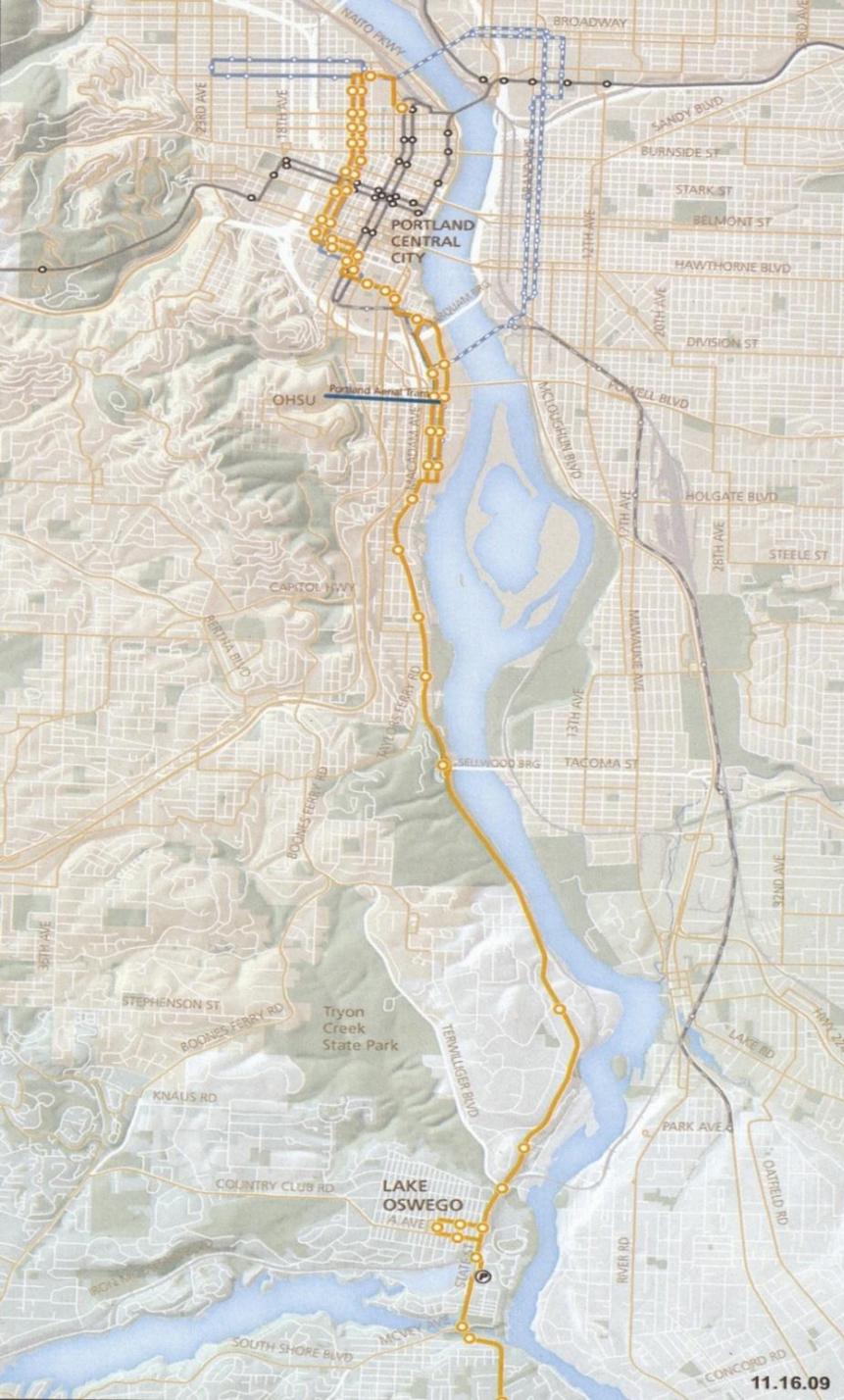
Using HIA to impact decision making

- Comment on DEIS
- Prioritize transpo project lists based on health impact
- Request funding for projects
- Inform policy debates, impact long-range planning
- Promote mitigation strategies for projects
- Advance modeling and forecasting methods
- Build long-term working relationships



Screening for Champions





Lake Oswego to Portland Transit Project

HIA on 3 transit alternatives
considered in the Draft
Environmental Impact
Statement:

- No Build
- Enhanced Bus
- Streetcar

www.orphi.org/healthy-community-planning/health-impact-assessments

Primary Objectives:

1. Complement DEIS by more fully assessing the impacts of the different transit scenarios on health determinants in the social and built environments.
2. Assess health impacts of projects with potential to impact greenhouse gas emissions.
3. Build capacity of regional government and non-profit partners to integrate health assessment into policy and project development.



SE 122nd Avenue Study: A Pilot Project of The Portland Plan

Final Report and Recommendations



City of Portland Bureau of
Planning and Sustainability

Sam Adams, Mayor | Susan Anderson, Director

October 2010 — Revised February 2011



IT'S MY CITY TOO,
SO DON'T MESS IT UP.



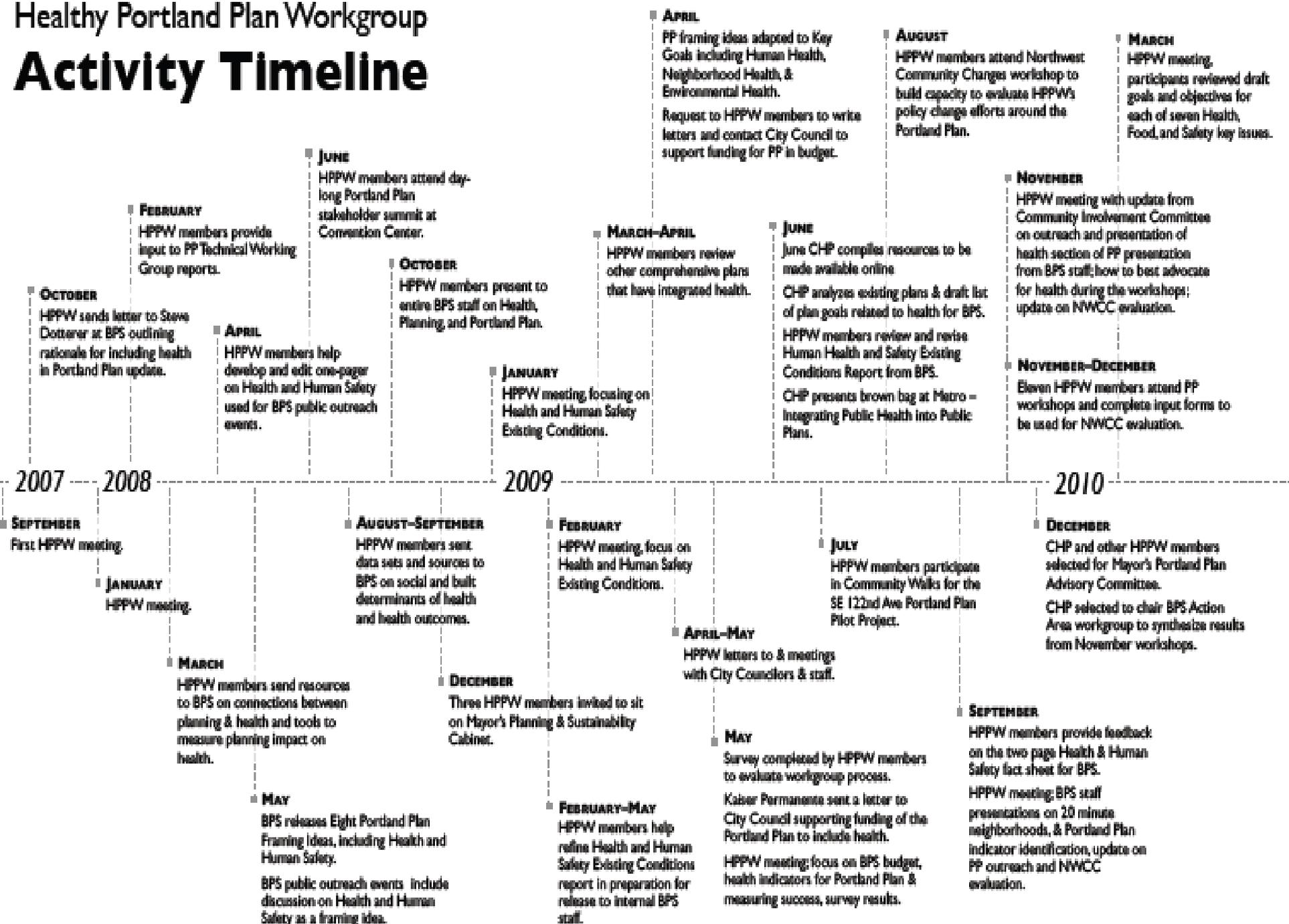
Portland
Plan

Dear Mr. Dotterer.....

We believe that engaging public health stakeholders in the process is valuable for many reasons:

- Collaboration opens dialogue about reconnecting planning and public health professions to address broad health issues.
- Collaboration expands our collective understanding and expertise on the skills necessary to be effective partners.
- Collaboration ultimately informs decision-making in a way that considers health impacts as important factors, and healthy people as a measure of successful outcomes.

Healthy Portland Plan Workgroup Activity Timeline



Healthy Portland Plan Workgroup

- October 2007: HPPW established
- January 2009: HPPW reframes Health Background Reports to emphasize social determinants and health disparities.
- January 2010: Workgroup chair co-chairs City Technical Advisory Group on Human Health, Food, Safety.
- Oct 2008, Oct 2009, Feb 2010: CHP and other partners receive funding to integrate health into the Portland Plan.
- October 2010: Healthy PEOPLE principles and outcomes integrated into guiding framework.
- February 2011: Healthy Connected Neighborhoods one of three main strategies.

PORTLAND PLAN

Human Health and Safety



PORTLAND PLAN BACKGROUND REPORT
FALL 2009



City of Portland Bureau of
Planning and Sustainability
Sam Adams, Mayor | Susan Anderson, Director

Impact on Portland Plan Background Reports



- Strong built environment and social determinants frame with less emphasis on individual behavior.
- Highlight on disparities in health outcomes among communities of color and low-income Portlanders.
- Policy recommendation provided were used throughout the report.



Why is this important?

Many Portlanders are not healthy and our rates of chronic disease are rising. Human health is a community issue, not just a personal one, because healthier people have greater opportunities to learn, play, think and innovate. Health is also a community issue because the place we live in can affect our health.

Direction 1: Make healthy food the easy choice

*Objectives
for discussion*

- A. Increase access to healthy and affordable food
- B. Decrease dependence on food assistance
- C. Increase home-grown and locally-grown food
- D. Expand access to food education

Direction 2: Increase participation in physical recreation and community activities

*Objectives
for discussion*

- A. Increase walkable access to parks and nature
- B. Make sure all parts of the city have access to recreational activities
- C. Increase opportunities for active and healthy lifestyles
- D. Expand physical activity opportunities for young people

Direction 3: Protect Portlanders from exposure to pollutants

*Objectives
for discussion*

- A. Improve air quality
- B. Provide high quality and reliable water and sewer services
- C. Reduce exposure to household toxics
- D. Improve river health
- E. Reduce exposure to noise pollution

Direction 4: Promote safety and sense of security

*Objectives
for discussion*

- A. Improve the sense of safety in all neighborhoods
- B. Improve public and private emergency preparedness
- C. Provide high quality and reliable safety services

Direction 5: Make public decisions benefit public health

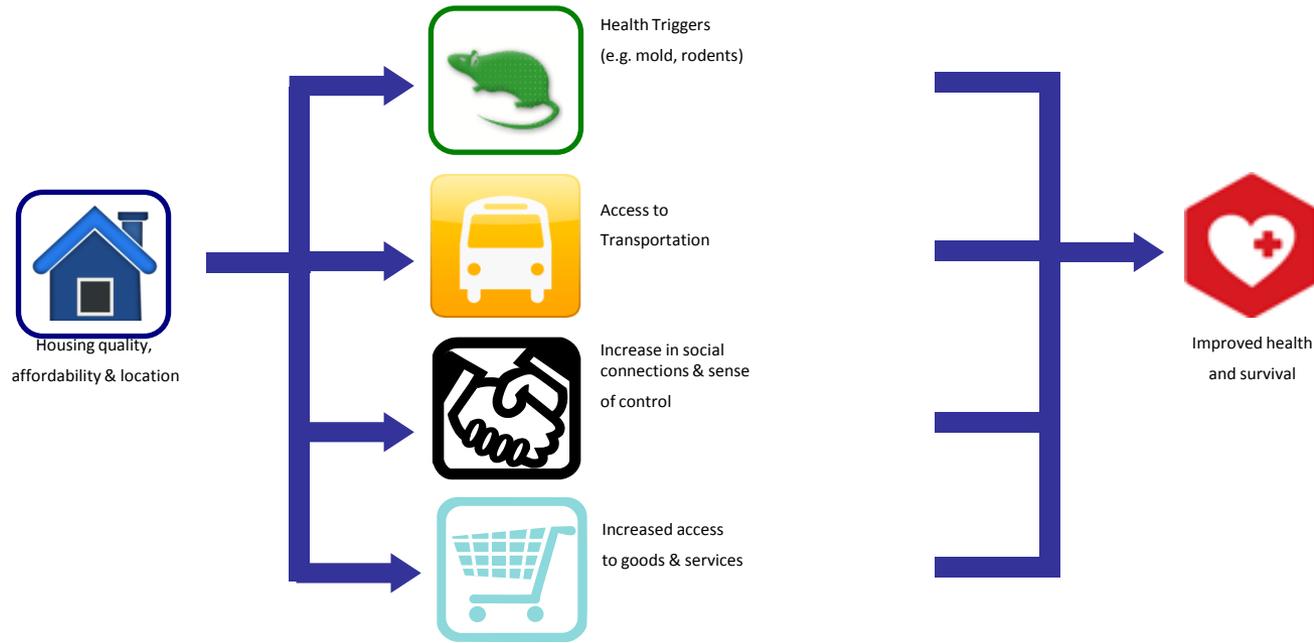
*Objectives
for discussion*

- A. Create and track public health goals and measures
- B. Consider public health impacts in investment decisions
- C. Improve health equity

Competing Health Impacts

- Is poor air quality worse than no sidewalks?
- Do more people get sick from lack of healthy food or second-hand smoke?
- Should we prevent traffic accidents or get soda out of schools?





“Even though many of the draft Neighborhoods and Housing objectives have the ability to impact human health, some can have more of a health impact than others.”

- Objective C – Increase the supply of affordable family housing
- Objective A – Locate more housing near transit
- Objective A – Eliminate substandard housing conditions

Healthy Connected Neighborhoods



DRAFT FOR PUBLIC REVIEW

Portland Plan Phase III:
Healthy Connected
Neighborhoods Strategy

www.pdxplan.com

What are the goals of this strategy?

To create a city that enhances human and environmental health and connects people with nature, neighborhoods and thriving business hubs.

These goals will be achieved by focusing efforts and investments in:

A. Vibrant Neighborhood Hubs

Neighborhood hubs are walkable places with concentrations of neighborhood businesses, community services, housing and public gathering places to provide residents with options for living a healthy, active lifestyle. They are centers of community life, serving as anchors for “20-minute neighborhoods,” which allow more people to meet needs locally.

B. City Greenways

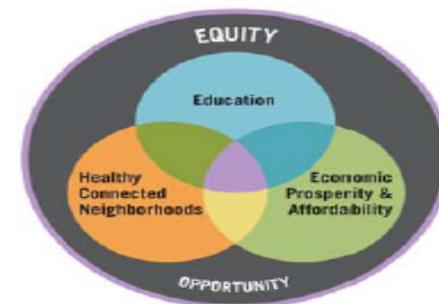
Habitat, Neighborhood and Civic Greenways are park-like streets, trails and boulevards that sustain distinctive communities, healthy watersheds and healthy Portlanders. They weave nature into the city and connect people, water, wildlife and neighborhoods.

C. Public Decisions that Benefit Health

Public decisions that incorporate human and environmental health will prioritize actions and investments to reduce disparities and inequities and improve residents’ health while protecting the long-term health of the environment.

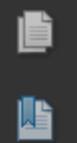
The Portland Plan is a strategic plan for the city’s future, ensuring that Portland is a thriving and sustainable city, with health and opportunity for all. It is built on a foundation of equity and includes:

1. Equity Initiative - draft
2. Education Strategy - draft
3. Economic Prosperity and Affordability Strategy - draft
4. Healthy Connected Neighborhoods Strategy - draft



What's inside this document?

- A set of goals to reach by 2035



Healthy Connected Neighborhoods

Draft Strategy

C. Human and Environmental Health in Public Decisions

To achieve a healthy Portland, it is necessary to work toward a city that provides access to healthy options for everyone. This strategy places a priority on those who have poorer access to the services and amenities, adequate infrastructure, transportation options, and opportunities that would enable them to make healthy choices.

Currently lower-income, minority residents as well as seniors and children are more at risk for poor health than the general population and experience significant health disparities. For example, African Americans have higher rates of death from heart disease, diabetes and stroke compared to the population in general. These residents may also suffer disproportionately from pollution, toxics and environmental hazards. To maximize health benefits, actions and investments will be targeted at currently underserved neighborhoods and resident groups so that the benefits of Portland extend equitably to residents of all races, ages and incomes.

Portland will also consider human and environmental health as explicit criteria in decision-making to maximize

Key Policies

- Explicitly consider current and long-term human and environmental health risks and outcomes when making public decisions, including land use, transportation and infrastructure investments.
- Target public actions and investments to reduce disparities and maximize health in currently underserved neighborhoods so the benefits of Portland extend equitably to residents of all races, ages, and incomes.
- Manage and maintain public infrastructure, including drinking water, sewer, public safety, civic buildings, and transportation systems, to reduce risks to human and environmental health.
- Establish collaborative partnerships between the City of Portland, local health officials, the community and planners.



Questions?



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The logo for the Oregon Health Authority is centered within a light blue, curved banner at the bottom of the slide. The word "Oregon" is in a smaller, orange, serif font above the "H" in "Health". "Health" is in a large, dark blue, serif font. "Authority" is in a smaller, orange, serif font below "Health".

Legislative Policy Process

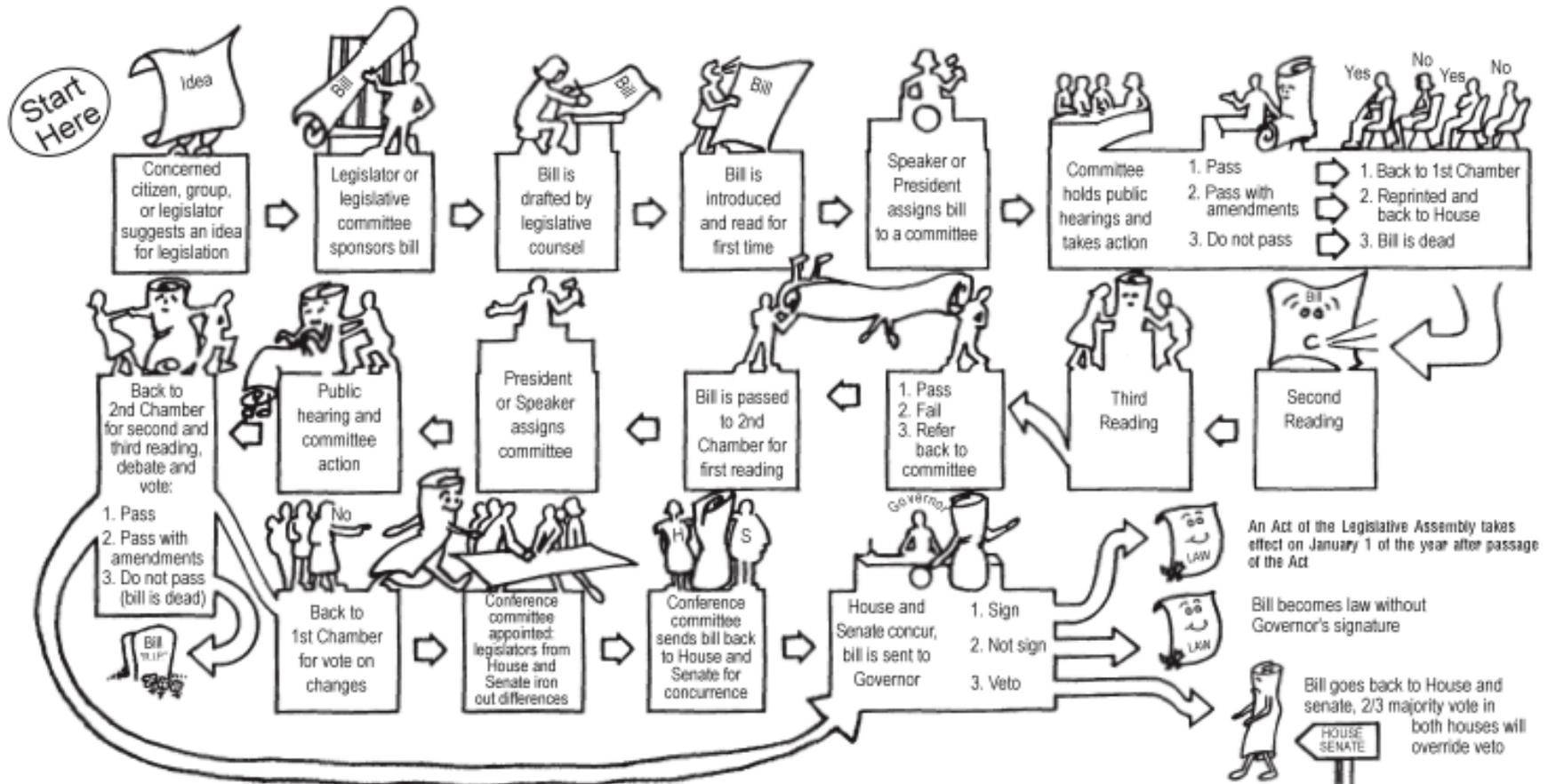


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How An Idea Becomes Law

A Simple View of the Oregon Legislative Process



THE OREGON LEGISLATIVE ASSEMBLY

The Oregon Legislative Assembly is state government's "board of directors." It is responsible for making laws dealing with Oregon's well-being, adopting the state's budget, and for setting public policy. The Legislative Assembly is made up of two bodies: the Senate and the House of Representatives. The Senate consists of 30 members elected for four-year terms. The House consists of 60 representatives elected for two-year terms. Each member of the legislature represents a district (an area determined by population). Every Oregonian is represented by one state senator and one state representative. Over 3,000 bills are considered each session. Relying largely upon work done in committees, the legislature enacts about one-third of the bills into Law. The Legislature convenes on the second Monday in January of every odd numbered year for approximately six months.

HIA as a Legislative Tool

- ❖ Crafting initial policy
- ❖ Assist with amendment process
- ❖ Testimony



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HIA Policy Recommendations

To increase positive job growth and food security:

#1 Modify the eligible items for reimbursement program to “produced” or “processed”

To increase child nutrition, food security, and student learning:

2 Education Grants – prioritize schools serving:

- a. Low income populations or
- b. Ethnically and culturally diverse student populations or
- c. Food insecure areas

#3 Education Grants – prioritize schools developing multi-component programs

Procurement

Promotion

Education

Community Support



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Employment - Findings

**Mental health, life span,
chronic disease**

HB 2800 IMPACT:

- ↑ Life span
- ↓ Mental health and Chronic disease

Jobs

ESTIMATED JOBS CREATED			
2009 HB 2800 @ \$19.6 first Biennium <small>(Sodexo and PPS/Gervais #s)</small>		2011 HB 2800 with Inspired Increases Over Time	
Direct	101	(x3)	302
Indirect	101		302
Induced	67		201
Totals:	269		806
Employment Multiplier:		2.67	

HIA as a Lobby Tool

- ❖ Employment
- ❖ Diet and Nutrition
- ❖ Education Opportunities
- ❖ Environmental Health
- ❖ Social capital



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HIA as organizing tool

- ❖ Grow the coalition
- ❖ Increase statewide interest
- ❖ Networking opportunities



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MAJOR FINDINGS

IMPACTS

The meal reimbursement program would create jobs and stimulate economic growth.

EMPLOYMENT OUTCOMES

CURRENT CONDITIONS

- Oregon's unemployment rate was 10.5% in December 2010, higher than the national average of 9%.
- The recession has hurt Oregon's farms: almost 2/3 of farms reported net losses. Small & mid-sized farms especially are struggling to compete.

- **Employment leads to health:** The unemployed are up to twice as likely to die earlier than others of the same age and sex

Kind of Impact	New Jobs (Full & Part-time)
Direct effect	101
Indirect effect	101
Induced Effect	67
Total Effect	269
Multiplier	2.67

A 2.67 employment multiplier means that for every job created by school districts purchasing local foods, additional economic activity would create another 1.67 jobs.

Table 1: Estimated economic effects of Oregon purchases during the first biennium (\$19.6 million in reimbursements)

DIET AND NUTRITION OUTCOMES

- In 2009, Oregon was one of the hungriest states in the nation: 14% of households were food insecure and 6% of them were hungry.
- 19% of Oregon kids live in poverty.
- Kids on free and reduced meals are more likely to be from food insecure families.
- In the 2009-'10 school year 33% of kids eligible for free or reduced lunches did not participate.
- 22% of economically disadvantaged kids did not graduate during the 2006-08 school years.

HB 2800 would improve child diet and nutrition.

- Students who participate in school meal programs learn better and have a better chance of academic achievement.
- HB2800's reimbursement and garden grant programs affect the quality and diversity of food offered during school meals.
- Studies of Farm to School initiatives show increases in meal participation (for free, reduced, and full-priced meals) between 1.3% and 16%. This helps families buy more food at home, lowering household food insecurity.

Oregon has been an innovator in finding creative means of providing its children with fresh and healthy school meals. Without state-wide infrastructure to support Farm to School efforts, limited funding for school meals can offer only inconsistent options for supporting Oregon's children and the farmers who feed them.



Image 2: School lunch food budget, 09-10 estimates for Oregon School lunch.

F2S & SG K-12 EDUCATION OPPORTUNITIES

- Current Oregon learning standards do not require children to learn where food comes from or how it is made.
- Cafeterias are not connected to classroom curriculum.
- 1 in 4 Oregon adolescents are overweight or obese.
- 2009: 58% 11th graders eat three or less servings of fruits and vegetables a day.

Food, Garden and Agriculture education grants would increase kids' understanding of what they eat with how it is grown and how it affects their body.

- Research of F2S & SG programs report the children choose more fruits and vegetables - leading to increases in consumption from .08 to 1.5 servings a day.
- Studies show that children who spend time in the garden, learn better, score better on math and science tests, get physical activity, and behave better in the classroom.



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Questions?



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Oregon Data Sources

OPHD Data & Statistics

<http://public.health.oregon.gov/DataStatistics/Pages/index.aspx>

Oregon Environmental Public Health Tracking (EPHT)

<http://epht.oregon.gov/irma/index.aspx>

Oregon Center for Health Statistics

<http://public.health.oregon.gov/PHD/ODPE/CHS/Pages/index.aspx>

OPHD > Healthy People and Families > Data and Reports

<http://public.health.oregon.gov/HealthyPeopleFamilies/DataReports/Pages/index.aspx>

Portland State University Population Research Center

<http://www.pdx.edu/prc/>

Community Health Priorities > Compendium of Oregon Public Health Data

http://www.communityhealthpriorities.org/resources/oregon_health_data/

OPHD VistaPHw in Oregon: Health Assessment

<http://public.health.oregon.gov/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/VISTAPHW/Pages/VistaPHw.aspx>

OPHD Data & Statistics

Data and Statistics

The Public Health Division collects and analyzes data on health behaviors, diseases and injuries, disseminates findings, and designs and promotes evidence-based programs and policies to improve the health and safety of all Oregonians.

An essential function of the public health system is to provide data and information about the health of Oregonians. Most of the information about the frequency of or risk factors for deaths, illnesses and injuries across the state comes from the public health system's "surveillance" activities. The data sets and documents spotlighted here represent the work of the various programs conducting these surveillance activities.



Reports & County Factsheets

- [Ambulance Providers by County](#)
- [Death with Dignity Report](#)
- [Healthy Aging in Oregon Counties](#)
- [Indoor Clean Air Act Study \(pdf\)](#)
- [Injury Fatalities by County](#)
- [Injury in Oregon - 2009 Report \(pdf\)](#)
- [Oregon Child Health 2010 Data and Resource Guide \(pdf\)](#)
- [Oregon Tobacco Facts & Laws \(pdf\)](#)
- [Tobacco Factsheets by County](#)
- [Vital Stats: County Databook](#)
- [WIC County Facts](#)



Selected Populations

- [Adolescent Suicide](#)
- [Age-specific Asthma Hospitalization](#)
- [Children's Oral Health: 2007 Smile Survey \(pdf\)](#)
- [Immunization Data](#)
- [Maternal & Child Health Data](#)
- [Oregon Perinatal Data Book](#)
- [Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#)
- [WIC Annual Report](#)



Public Health Data Sets

- [Oregon State Cancer Registry](#)
- [Adolescent Suicide Attempt Data System \(ASADS\)](#)
- [ALERT Immunization Registry](#)
- [Behavioral Risk Factor Surveillance System \(BRFSS\)](#)
- [Hazardous Substances Incident Surveillance](#)
- [Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#)
- [Safe Drinking Water Information System \(SDWIS\)](#)

OPHD Data & Statistics



Chronic Disease

- Arthritis
- Asthma
- Cancer
- Diabetes
- Heart Disease and Stroke
- HIV/AIDS



Communicable Disease

- Active Bacterial Core Surveillance - ABCs
- All Communicable Diseases - Annual Reports
- Flu
- Foodborne Illness
- HIV/AIDS
- Sexually Transmitted Disease
- Tuberculosis
- West Nile Virus



Environmental & Occupational Health

- Environmental Public Health Tracking
- Foodborne Illness Risk Factors in Restaurants (pdf)
- Harmful Algae - 2009 Bloom Season (pdf)
- Occupational Illness & Injury
- Safe Drinking Water Information System (SDWIS)



Health Related Behaviors

- Adult Risk Behavior Survey Data
- Cancer and Colorectal Screening
- Immunizations
- Physical Activity & Nutrition
- Tobacco Use
- Youth Risk Behavior Survey Data



Injury & Violence

- Adolescent Suicide
- Elder Suicide (pdf)
- Injury Hospitalizations
- Sexual Violence Prevention Plan 2006 (pdf)
- Traumatic Injuries and Trauma Care
- Violent Death



Vital Statistics & Health Data

- Births
- Deaths
- Divorce Data
- Domestic Partnership
- Induced Abortion
- Marriage Data
- Teen Pregnancy

Population Research Center

New at the
Center

About
PRC

News and
Presentations

PRC
Faculty

Annual
Population
Estimates

Oregon Census
State Data Center

Research
Areas



We welcome you to the **Population Research Center (PRC)** website.

Our goal is to make census and other demographic information easily accessible for Oregonians and to provide timely, accurate, and relevant analyses of demographic related issues facing Oregon.

Our service to the State of Oregon began in 1956 with the creation of the [Oregon Population Estimates Program](#), which chartered PRC with preparing annual population estimates for Oregon cities and counties. The Center moved to [Portland State University](#) in 1965, and now serves as the [Oregon State Data Center](#). This appointment includes working with the U.S. Census Bureau to disseminate information at local levels. Additionally, we are designated as the lead state representative in partnering with the Census Bureau through the [Federal-State Cooperative for Population Estimates \(FSCPE\)](#), and as participants in the Federal-State Cooperative for Population Projections.

PRC also provides demographic consulting services to private firms, public agencies, and not-for-profit groups requesting customized demographic data and analyses to assist in making informed planning and policy decisions. If you are looking for current or historical demographic data for the State of Oregon, we invite you to peruse the rich data sources available on our website. If you don't find the information you are looking for, we invite you to contact us via e-mail or phone through information listed in the 'Contact Us' tab.

We welcome you to our website and hope you will find its products and services useful. We welcome your comments and suggestions for improving our services. Thank you for your interest.

Jason R. Jurjevich, Ph.D.
Assistant Director, PRC

Oregon Census State Data Center

- ▶ Census 2010 Data for Oregon
- ▶ Census Information
- ▶ Datasource Links
- ▶ 2010 Annual SDC Meeting
- ▶ 2009 Annual SDC Meeting
- ▶ Affiliates
- ▶ Teaching and Training
- ▶ Applied Research

Datasource Links

Economic and Business Data

- EconData.Net
 - Regional economic activity
 - <http://www.econdata.net/>
- U.S. Bureau of Economic Analysis (BEA)
 - National, regional, industry data addressing economic growth, economic development, and inter-industry relationships
 - <http://www.bea.gov/>
- U.S. Bureau of Labor Statistics (BLS)
 - Labor market activity, working conditions, and other labor changes
 - <http://www.bls.gov/>
- U.S. Economic Census
 - A profile for American business, conducted by the U.S. Census Bureau every 5 years
 - <http://www.census.gov/econ/census02/>
 - http://factfinder.census.gov/servlet/DatasetMainPageServlet?_lang=en
- Oregon Employment Division
 - Labor force and employment statistics
 - <http://www.qualityinfo.org/olmisj/OlmisZine>

Education

- National Center for Education Statistics
 - <http://nces.ed.gov/>
- Oregon Department of Education
 - School enrollment summaries (Oct. 1)
<http://www.ode.state.or.us/sfda/reports/r0073Select.asp>
 - Race and Ethnicity
<http://www.ode.state.or.us/sfda/reports/r0067Select.asp>

Health

- Center for Disease Control (CDC), National Center for Health Statistics
 - <http://www.cdc.gov/nchs/>
- Oregon Center for Health Statistics
 - Births, Deaths, and other vital records
<http://www.oregon.gov/DHS/ph/chs/>
- Human Development Reports (U.N.)
 - International health data
 - <http://hdr.undp.org/en/>
- World Health Organization (WHO)
 - World health statistics
 - <http://www.who.int/research/en/>

CHP: Compendium of Oregon Public Health Data



Community Health Priorities: A RESOURCE FOR ACTION IN OREGON

- HOME
- THE CONVERSATION
- OREGONIANS SPEAK
- CALENDAR / EVENTS
- GREAT RESOURCES ▶
- TAKE ACTION
- NEWS ROOM ▶
- CONTACT US

STAY INFORMED: SIGN UP FOR OUR E-NEWS 

VIEW A SLIDESHOW ON PUBLIC HEALTH 

A RESOURCE FOR OREGON PUBLIC HEALTH DATA 

VISIT & FAN OUR FACEBOOK PAGE 

FOLLOW US ON TWITTER @CHPHEALTH 

DID YOU KNOW?

 Only 50% of 8th grade girls and 66% of 8th grade boys in



Compendium of Oregon Public Health Data

The CHP Compendium provides web-based links to information and data about the public health issues facing Oregonians. Many of the resources provide additional links and information for further research of the issue.

Topics	Description
Overviews	
Demographics	U.S. census Bureau's site for the American Community Survey profiling states, counties and some communities. Searchable for demographic, economic, social data, and includes convenient narrative interpreting the data.
Health Indicators Project	An informational project of the Office of Health Policy and Research includes 58 elements important for local communities to better understand the health of their population. The majority of these data elements are a compilation of leading sources of health related data to facilitate easy access by communities.
State Health Facts	Statehealthfacts.org is a project of the Henry J. Kaiser Family Foundation and is designed to provide free, up-to-date, and easy-to-use health data on all 50 states. Statehealthfacts.org provides data on more than 500 health topics and is linked to both the Kaiser Family Foundation website and KaiserNetwork.org
Issues	

CHP: Compendium of Oregon Public Health Data

Issues	
Acute And Communicable Disease	Reportable diseases including flu, Chlamydia Hepatitis, HIV-AIDS, Tuberculosis
Addictions (Alcohol, Illicit Drugs, And Tobacco Use)	County-level tables for alcohol and tobacco use by adolescents and adults; County mortality rates due to alcohol, tobacco or drugs
Adolescent Health Data	Health behaviors, pregnancy rates, death and suicide rates;
Adult Health Behaviors	Topical reports, Current Disease (CD) Summary
Adult Health Data	Telephone survey to monitor modifiable risk factors for chronic diseases and other leading causes of death.
Air Pollutants And Health	Information from the Oregon and National EPHT programs current study on two pollutants: Ozone and Particulate Matter. Include links to related information.

CHP: Compendium of Oregon Public Health Data

Tobacco Use, Specific Populations	Fact sheets about use and prevention of tobacco among specific populations.
Toxicants And Diseases	A searchable database that summarizes links between chemical contaminants and approximately 180 human diseases or conditions.
Violence, Intimate Partner	Statewide IPV data collection system to determine statewide IPV incidence and prevalence estimates as well as risk and protective factors associated with IPV.
Violent Deaths	Collects information from many data sources and compile incident-based cases for all violent deaths in Oregon in order to generate public health information on violent deaths and to develop violence prevention strategies
Water	Oregon and National EPHT programs compiles information about water pollutants have the potential to cause both acute and chronic health effects. Includes links to related information.
Water Systems	Public water systems: data on coliform testing, chemical testing, contacts, violations, enforcements, public notices, and basic system information.

HIA Resources & Links

Oregon Public Health Division Health Impact Assessment Program

<http://public.health.oregon.gov/PHD/OEPH/RES/HIA/Pages/index.aspx>

HIA Network Listserv

http://listsmart.osl.state.or.us/mailman/listinfo/health_impact_assessment

Human Impact Partners Resource Guides

<http://www.humanimpact.org/hips-hia-tools-and-resources>

Design for Health Tools

<http://www.designforhealth.net/resources/integratinghealthissue.html>

World Health Organization's HIA Link

<http://www.who.int/hia/en/>

Centers for Disease Control and Prevention's HIA Link

<http://www.cdc.gov/healthyplaces/hia.htm>

Next HIA Network Meeting

Thursday, April 14, 9:30am to 11am

Northwest Health Foundation

221 NW Second Avenue, Suite 300