

Public Health Framework for Health Promotion & Chronic Disease Prevention

TROCD Training Institute

April 29-30, 2008

- Why a HPCDP Framework?
- What is the HPCDP Framework?
- Why TROCD?

Why a HPCDP Framework?

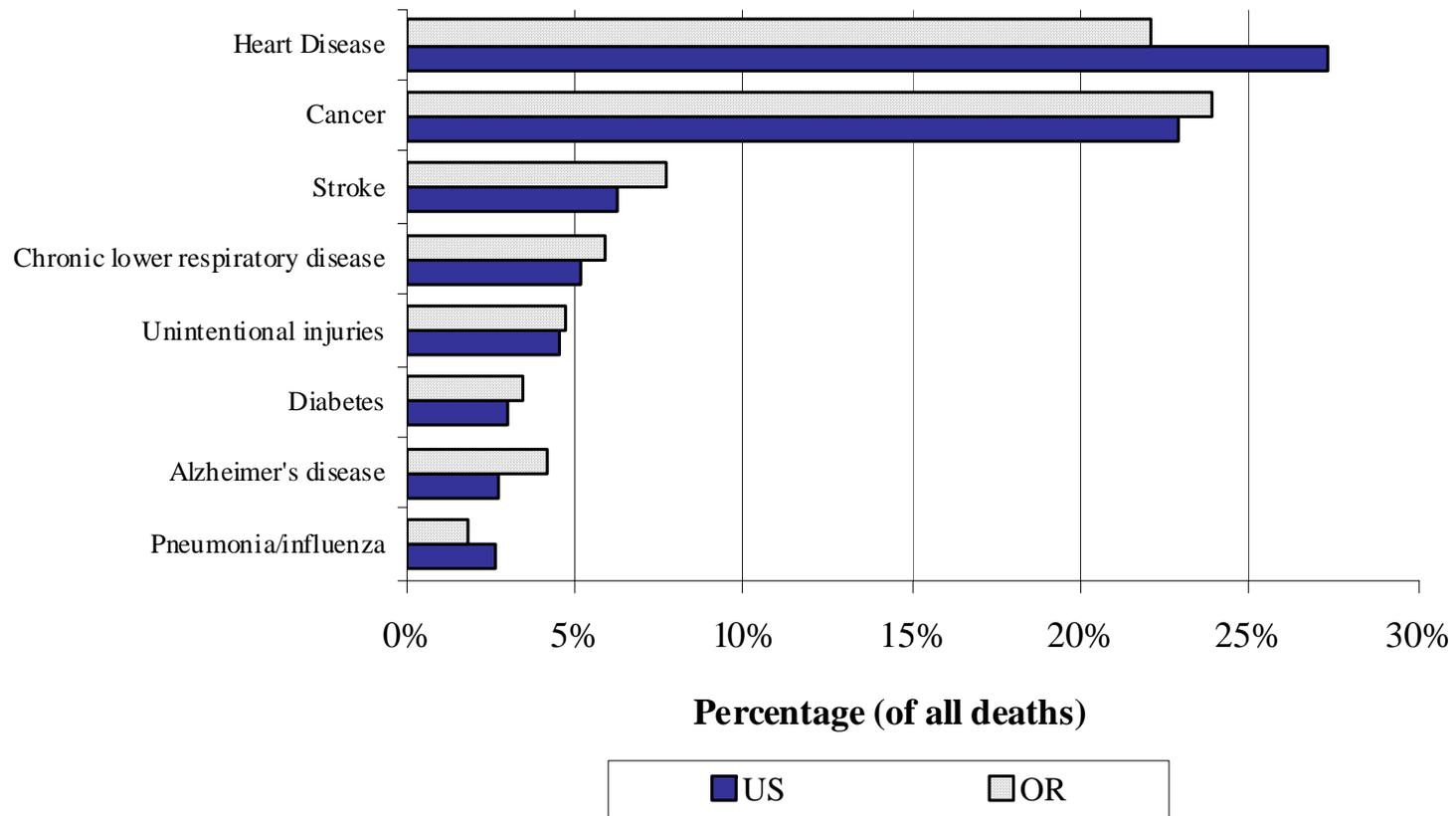
- Crisis of Chronic Diseases – impact on health and economy
- The Public Health Solution
- The Necessity of Results

Why a HPCDP Framework?

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Cause of Death by Disease

Leading Causes of Death U.S. versus Oregon, 2004



% of deaths in Oregon due to
chronic diseases?

% of deaths in Oregon due to chronic diseases?

62%

% of medical costs due to
chronic diseases?

% of medical costs due to chronic diseases?

≥75%

How many Oregon adults have at least one chronic disease (arthritis, asthma, diabetes, heart attack, angina or stroke)?

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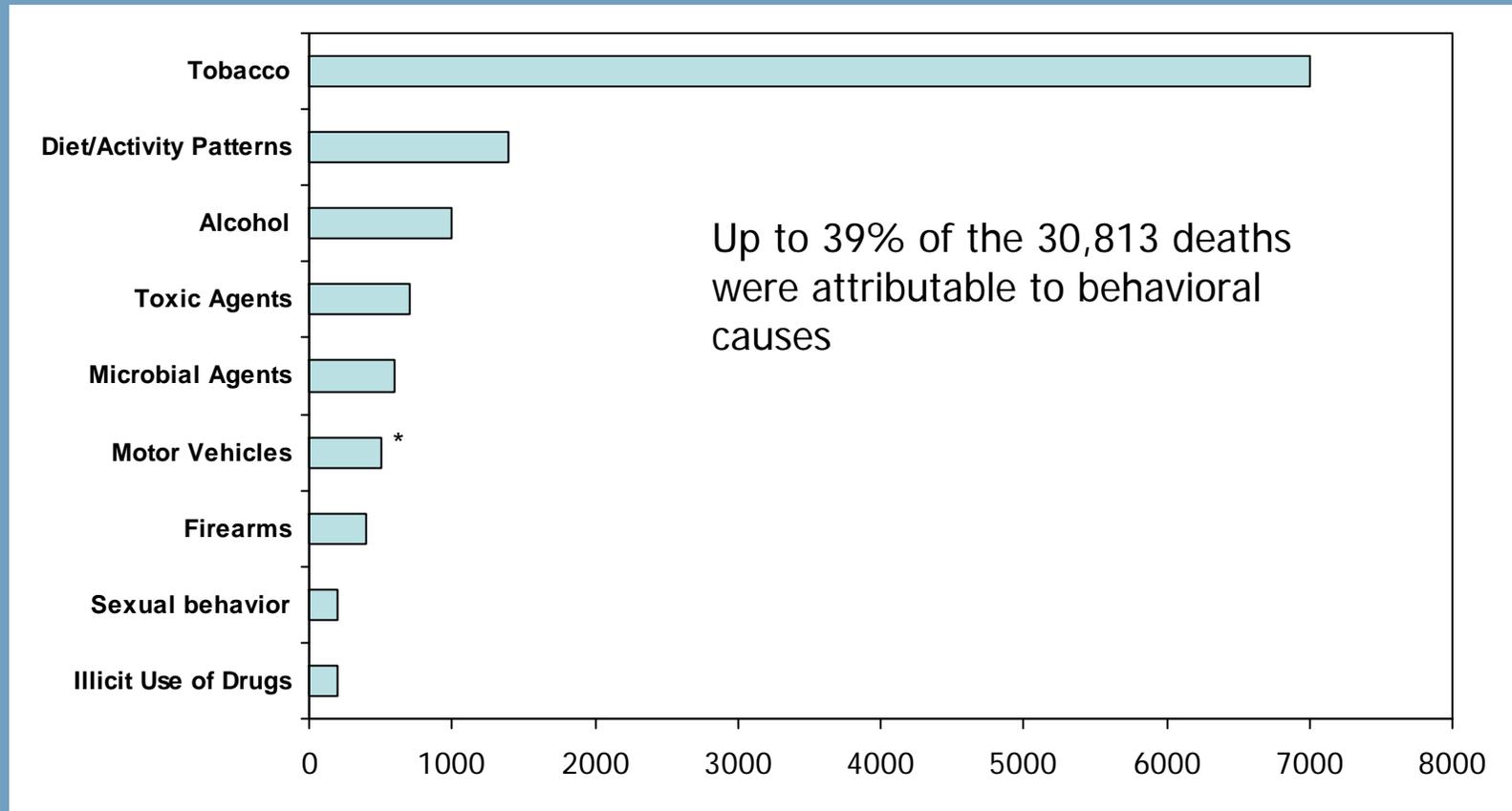
➤ 1,095,000

How many Oregon adults have at least one of the above chronic diseases or hypertension or high cholesterol?

How many Oregon adults have at least one of the above chronic diseases or hypertension or high cholesterol?

➤ 1,960,000

What's Really Killing Oregonians



* Includes alcohol-related crashes

Source: CD Summary, May 17, 2005, Vol. 54, No. 10

How many Oregonians smoke
tobacco?

How many Oregonians smoke tobacco?

➤ 524,000 adults

➤ 37,000 children

How many Oregonians are
overweight/obese?

How many Oregonians are overweight/obese?

➤ 1,729,000 adults

➤ 165,000 children

Proportion of children born in
2000 who will develop
diabetes?

Proportion of children born in 2000 who will
develop diabetes?

1 in 3

Number of Oregonians over
age 65 in 2008? in 2020?

Number of Oregonians over age 65

in 2008?

483,000

in 2020?

662,000

Chronic diseases impact productivity, quality of life, longevity, and the economic well-being of our communities and our state.

Why a HPCDP Framework?

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- **The Public Health Solution**
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Public Health –

Prevent... Promote... Protect...

Public Health Division Mission

*To protect and promote the health
of all the people of Oregon.*

Healthy People 2010 Goals

Tobacco Use:

12% adults, 16% grades 9-12

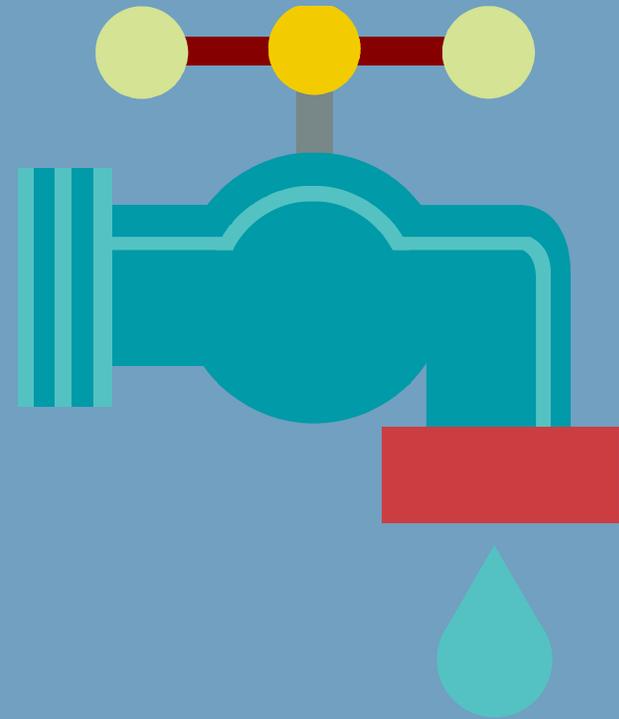
Overweight/Obesity:

60% adults at healthy weight

15% adult obesity

5% adolescent overweight/obesity

We need to turn off the faucet



“We know how to end the epidemic.
Evidence-based, statewide tobacco control programs that are comprehensive, sustained, and accountable have been shown to reduce smoking rates, tobacco-related deaths, and diseases caused by smoking.”

CDC Best Practices for Comprehensive Tobacco Control Programs, 2007

“In California, home of the longest-running comprehensive tobacco control program, adult smoking rates declined from 22.7% in 1989 to 13.3% in 2006. As a result, compared with the rest of the country, heart disease deaths and lung cancer incidence in California have declined at accelerated rates...lung cancer incidences has been declining four times faster in that state than in the rest of the nation.”

CDC Best Practices for Comprehensive Tobacco Control Programs, 2007

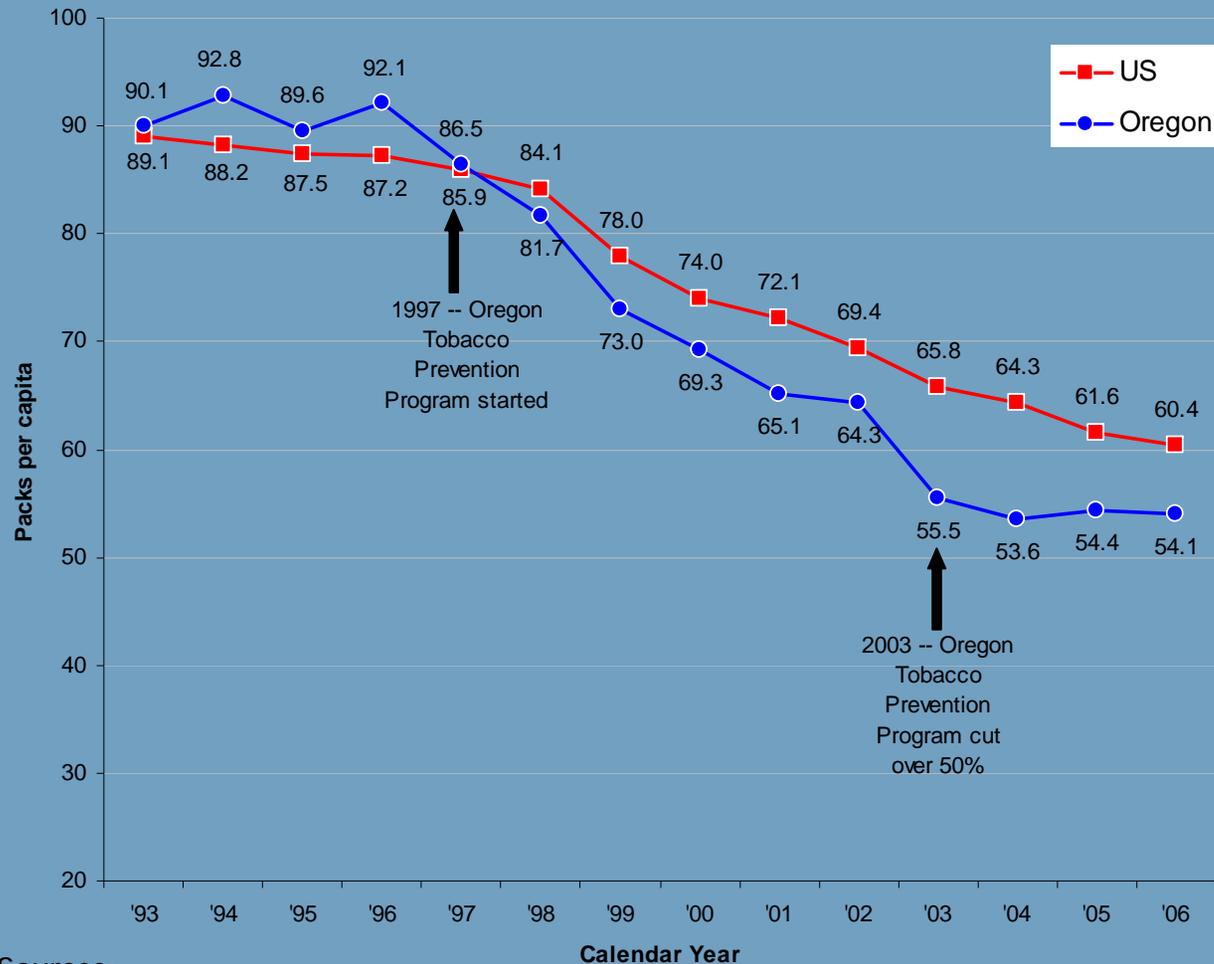
"A comprehensive program is a coordinated effort to establish smoke-free policies and social norms, to promote and assist tobacco users to quit, and to prevent initiation of tobacco use. This approach combines educational, clinical, regulatory, economic, and social strategies...research has shown greater effectiveness with multi-component intervention efforts...of programmatic and policy interventions to influence social norms, systems, and networks."

CDC Best Practices for Comprehensive Tobacco Control Programs, 2007

- Not a medical model
- Not a health education model
- Rather a public health approach of “programmatically and policy-interventions to influence social norms, systems, networks.”

Cigarette Consumption

Annual Per Capita Cigarette Consumption, Oregon vs. US, 1993-2006



Sources:

U.S. – Research Triangle Institute (1993-1998); Orzechowski and Walker (1999-2005)

Oregon – Department of Revenue cigarette tax receipts

Why a HPCDP Framework?

- Crisis of Chronic Diseases – impact on health and economy
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- **The Necessity of Results**

Results

- Partnerships
- Surveillance
- Plans and Guidelines
- Changes in Policy
- Changes in Community/Organizational Environments
- Changes in Health Systems
- Changes in Personal Behaviors of Oregonians
- Changes in Morbidity and Mortality

Results

- Activity \neq Results
- Must focus limited resources on best practices
- Must achieve significant change

Why a HPCDP Framework?

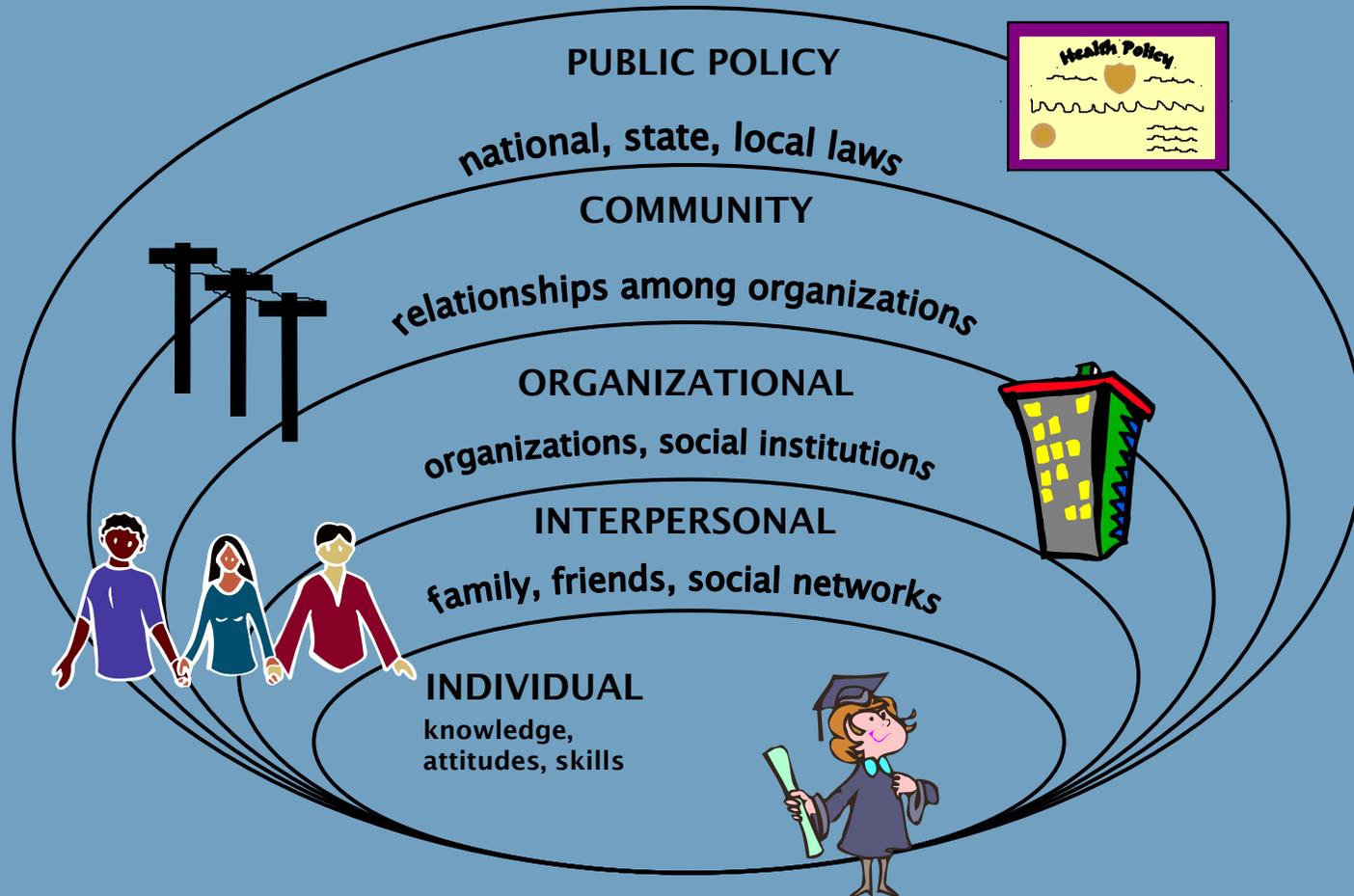
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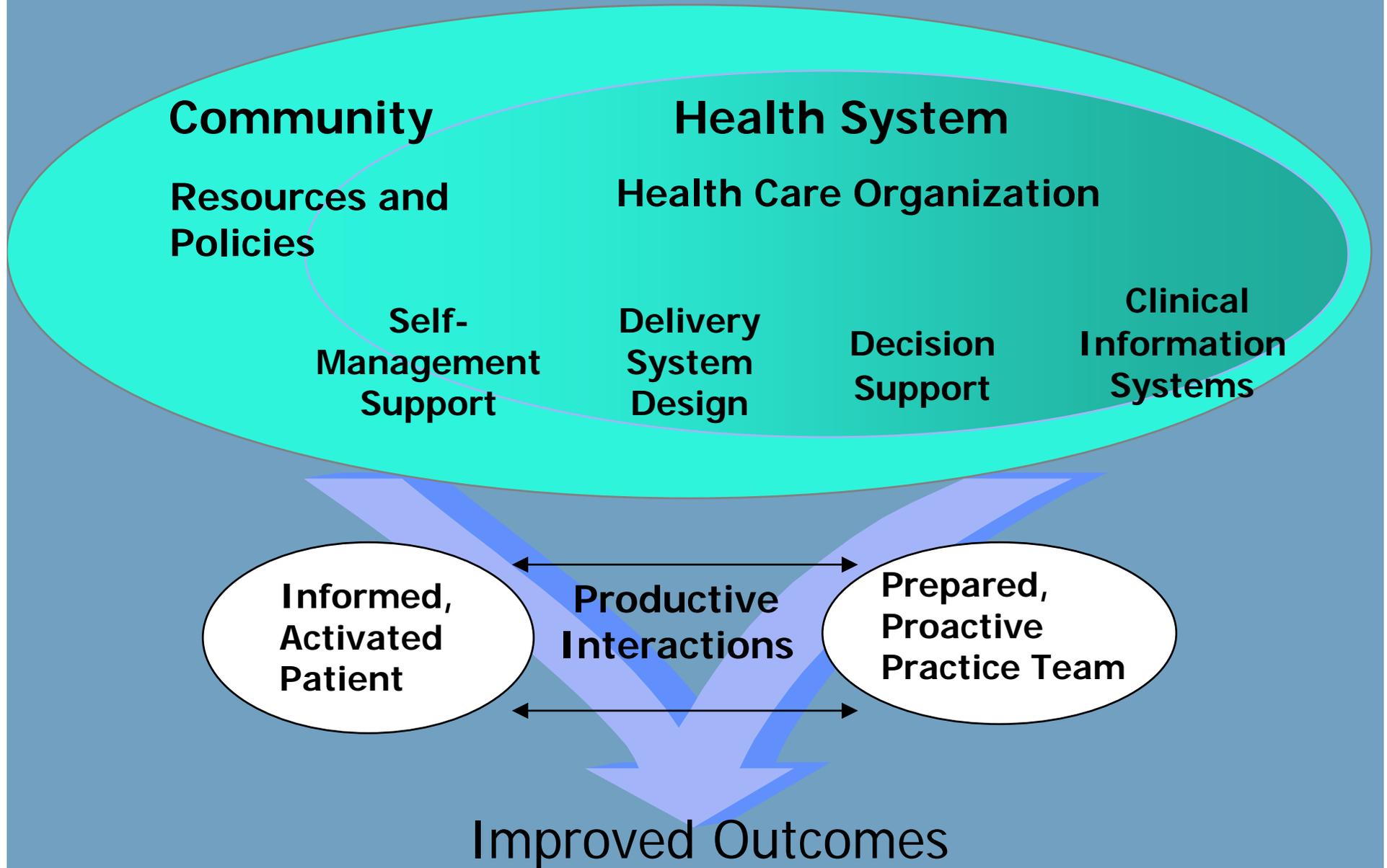
HPCDP Framework based on:

- Socio-Ecological Model
- Chronic Care Model
- HPCDP Programs' Best Practices
- HPCDP Vision and Mission
- Urgency and opportunity

Socio-Ecological Model



Chronic Care Model



HPCDP Programs' Best Practice based on:

- CDC Best Practices for Comprehensive Tobacco Control Programs, 2007
- Community Guide to Preventive Services
- CDC Technical Assistance Manuals
- National Guidelines

HPCDP Vision 2020:

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

HPCDP Mission:

To serve all people in Oregon by advancing policies, environments and systems that promote health, and prevent and manage chronic diseases.



STATE

COMMUNITIES

Schools ■ Worksites ■ Health Systems

Healthy Communities ■ Healthy People ■ Healthy Oregon

STATE

Statewide policies support the healthy choice as the easy choice for adults and children:

- Workplaces, schools, and public places are tobacco-free
- Safe biking and pedestrian routes, alternative transportation, and recreational opportunities are easily accessible and affordable
- Healthy foods are easily accessible and affordable
- Schools offer physical education
- Tobacco is expensive
- Tobacco and obesity prevention and education infrastructure is funded

Statewide policies protect adults and children from unhealthy influences and choices

Statewide awareness and education messages promote prevention, early detection, and management of chronic diseases

Information about health and economic cost of chronic disease is collected and reported.

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COMMUNITIES

Optimal availability of:

- Chronic disease self-management programs
- Healthy food choices
- Physical activity opportunities

Minimal exposure or access to:

- Secondhand smoke
- Tobacco products
- Unhealthy foods
- Advertising and promotions of tobacco and unhealthy food

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Schools ■ Worksites ■ Health Systems

Policies and environments support healthy eating, daily physical activity, tobacco-free lifestyles, and promote early detection and management of chronic diseases.

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- Why TROCD?

Why TROCD?

- Low levels of funding for our HPCDP programs
- CDC requirements for state infrastructure – staff, partnerships/coalitions, surveillance, state plans
- Very little funding for interventions or local infrastructure

Why TROCD?

- 1995-2008 competitive grants for LPHAs for:
 - Diabetes
 - Asthma
 - Healthy worksites
 - Care model implementation
- Could fund 2-10 counties disease by disease or by setting
- Not achieving significant statewide results

Why TROCD?

- Pooling HPCDP funds
- Building on TPEP success and funding
- Focus on best practices to achieve significant results

Why TROCD?

- Funding for all LPHAs by 2010
- Funding for 9 federally recognized tribes in 2009

Turn off the faucet

