CD Summary

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OREGON PUBLIC HEALTH DIVISION • OREGON HEALTH AUTHORITY

THE HEALTH STATUS OF OREGONIANS

Everyone in the medical profession is in the business of improving "health." According to America's Health Rankings, Oregon ranks 13th among U.S. states for overall health.[1] But what is "health" exactly? How do we know whether or not it is improving? To answer these questions (and more), in September 2012, the Public Health Division published the "Oregon State Health Profile"* which presents information on 70+ population health indicators. We have just released updated data on the indicators.† This *CD Summary* presents some highlights.

A HEALTH STATUS FRAMEWORK

Many factors that contribute to a person's health. While some of these we can't change (our age, sex, genetics)‡, there are many we can (individual behaviors, environments that influence health, appropriate medical care). For our state health profile, we modified the framework for health indicators used in the County Health Rankings[2] (e.g. social context; mortality, morbidity, health behaviors, and environmental factors).

DEMOGRAPHIC TRENDS

Oregon has an aging and increasingly diverse population. In 2012, Oregon's population was 3.9 million people. Over the next decade, this number is expected to increase by 10% to 4.3 million. Much of this increase (>60%) is expected to occur among people aged ≥65 years, from 15% of Oregon's population in 2010 to 20% in 2020. Life expectancy at birth for Oregon men increased from 68.4 years in 1970, to 79.6 years in 2010, and for women, from 76.2 years in 1970 to 82.2 years in 2010. Whereas in 1990, Oregon's population was 90% white, non-Hispanic, in 2010 fewer than 80% of Oregonians were white, non-Hispanic: 11.7% of Oregonians were Hispanic; 3.7% were Asian; 1.8% were black or African American; 1.4% were American Indian; and 3.8% were multiracial.

SOCIOECONOMIC STATUS

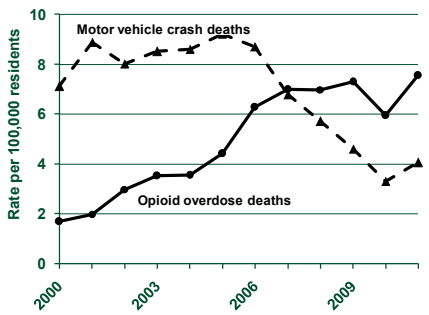
Poverty and under-education contribute to poor health. In 2011, almost 17.5% of Oregonians of all ages, and 24% of Oregon children lived in poverty. And, 17.9% of Oregonians, and 29.1% of households with children, experienced food insecurity, compared to 16.4% in the United States overall and 22.4% for households with children. In 2011, one in three Oregon children who started as high school students four years earlier did not graduate with their class.

CAUSES OF DEATH

In Oregon during 2011, the five leading causes of death were: cancer, heart disease, lung disease, stroke, and unintentional injuries. Oregon's death rates were higher than national rates for suicide (36% higher), liver disease (28%), diabetes (21%), stroke (13%), and chronic lower respiratory disease (10%).

Injuries were the leading cause of premature death before age 75 years — while injuries accounted for 7.7% of all deaths among Oregonians during 2011, they accounted for 25.1% of total years of potential life lost before age 75 years. The number of Oregonians killed in motor vehicle crashes has declined substantially during the past decade; however, the number of opioid overdose deaths has been steadily increasing (Figure 1). Oregon's rate of suicide has remained substantially higher than the U.S. rate for the last 30 years.

Figure 1. Opioid overdose and motor vehicle crash occupant deaths



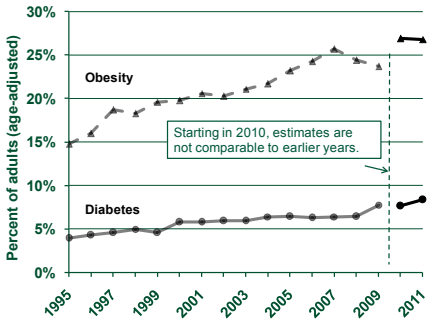
QUALITY OF LIFE

Overall, Oregonians report that their own health status is high: from 2000 through 2011, 82%–86% of Oregon adults reported good to excellent health.

CHRONIC DISEASES

As Oregon's population ages, more people will be living with chronic diseases, such as heart disease, cancer, diabetes and stroke. While Oregon's rates of heart attack hospitalizations and lung cancer diagnoses have declined, the prevalence of diabetes has increased — in 2011, 8.3% of adults reported having been diagnosed with diabetes, up from 4% in 1995 (Figure 2).

Figure 2. Diabetes and obesity prevalence



COMMUNICABLE DISEASES

Chlamydia infection is the most common reportable disease in Oregon and a major cause of infertility. In 2011, reported chlamydia incidence in Oregon was 346 cases/100,000 residents, and highest among young women aged 20-24 years (1,995 cases per 100,000).

In 2012, 910 cases of pertussis (23.6 cases per 100,000 population) were reported in Oregon, up from 328 in 2011; incidence has risen steadily since 2006. The highest numbers of cases was reported in children <5 years of age; infants have the highest risk of complications and death (at least four in Oregon since 2003).

HEALTH BEHAVIORS

Tobacco use remains the leading preventable cause of death, associated with 7,000 deaths annually. Approximately 20% of Oregon adults report that they

* See http://public.health.oregon.gov/About/Documents/oregon-state-health-profile.pdf

† See http://public.health.oregon.gov/ProviderPartnerResources/PublicHealthAccreditation/Pages/HealthStatusIndicators.aspx

‡ although many of us wish we could

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are current smokers.(Figure 2, *verso*). Alcohol continues to contribute to deaths from injuries and chronic liver disease. Overall, 14.8% of adults (32.% of men age 25-34 years) and 21% of Oregon teens report binge drinking during the past 30 days.

Overweight and obesity in Oregon have increased since 1990. During 2011, 62% of Oregonians were either overweight (35.2%) or obese (26.8%) (Figure 2). Overweight and obesity result from consumed calories exceeding those used. Consumption of fruits and vegetables serves as a marker for healthy diets. During 2011, only about 25% of Oregon adults and 8th graders reported consuming ≥5 servings of fruits and vegetables per day, unchanged since 1996. A bright note: the percent of 8th graders reporting consuming ≥7 sugar-sweetened beverages each week has decreased from 34% in 2003 to 10% in 2011. Meanwhile the proportion of adult Oregonians who are active has not changed over time; in 2009, 56.5% of Oregon adults reported meeting the CDC physical activity recommendations.

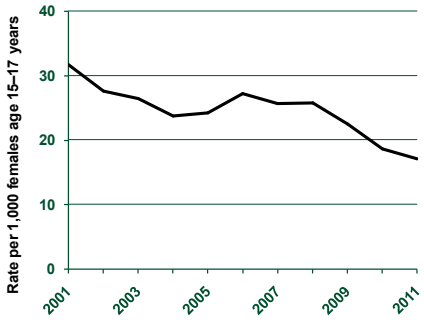
MATERNAL AND CHILD HEALTH

Oregon's infant mortality has been lower than U.S. rate for more than 20 years, and continues to decline. During 2011, 4.7 Oregon infants died per 1,000 live births, a decrease from 5.6 in 2000. Oregon has the highest rate among U.S. states of mothers who breastfeed: in 2011, 62.2% of Oregon mothers breastfed at six months postpartum, (compared to 43% of all U.S. mothers in 2008). In 2011, 34.4% of Oregon children aged 10 months to 5 years who received developmental screening in the past 12 months.

Tooth decay in children can cause oral pain and infection, lowering nutrition, as well as school attendance. In 2012, among Oregon 1st-3rd graders, 20% had untreated tooth decay and 14% had rampant decay. Oregon ranks 48th among U.S. states for fluoridated public water systems; only 22.6% of Oregonians get their drinking water from a fluoridated water system, compared to 73.9% in the U.S. as a whole.

The state's teen pregnancy rate has steadily declining over the past decade. In 2011, Oregon's pregnancy rate for teens aged 15–17 years was 17 per 1,000 down from 32 per 1,000 in 2001 (Figure 3).

Figure 3. Oregon Teen pregnancy



ENVIRONMENTAL HEALTH

Overall, outdoor air quality in Oregon is excellent; only a few locations regularly experience days in which pollution levels exceed National Ambient Air Quality Standards for fine particulate matter. Three counties with the highest levels — Lane, Klamath and Jackson — reduced annual average concentrations of fine particulate matter by 30%–40% from 2002 to 2011 by replacing inefficient wood burning stoves and limiting outdoor burning during winter months.

HEALTH CARE ACCESS

During 2012, 14.9% of Oregonians reported that they did not have health insurance, similar to the U.S. By age, Oregonians aged 19–64 years were most likely to be uninsured (21.4%), followed by children and youth aged ≤ 18 years (6.4%). In 2012, approximately one third of Oregon adults reported having no dental visit during the past year.

HEALTH DISPARITIES

Specific populations in Oregon experience significant health inequities. Compared to whites, African Americans and American Indians in Oregon die younger, and experience significantly more asthma, diabetes and hypertension. African Americans and Hispanics have significantly higher rates of new HIV infections, and teen pregnancy rates than non-Hispanic whites. Relative to others, people of low socioeconomic status have more chronic disease, and are more likely to smoke and to be obese.

CONCLUSION

Improving the health of all Oregonians requires collaboration between health-focused agencies and social service, transportation, planning, education, economic development agencies, private business leaders, not-for-profit organizations, academic institutions, policymakers, tribal officials, and the public to address our challenges. Health is everybody's business.

REFERENCES

1. United Health Foundation. See: www.americashealthrankings.org/OR/2012
2. University of Wisconsin and the Robert Wood Johnson Foundation. See: www.countyhealthrankings.org/our-approach.