August 2018 | Volume 67, Number 5

CD Summary

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HOW HEALTHY ARE OREGONIANS IN 2018?

Providing accurate and timely data on the health status of Oregonians is a key function of the state Public Health Division. While we routinely report data on infectious disease trends, health risk behaviors, number of births, causes of death, etc., every five years we do a more comprehensive look at the health of Oregonians.

For your reading pleasure, we have just published the (220-page) 2018 State Health Assessment (SHA) (available at: healthoregon.org/sha). This broad view of health shows that while Oregon has made strides in improving some health outcomes and expanding access to health care, we lag behind in others, most notably the social determinants of health. Also concerning is that Oregon's ranking among U.S. states for overall health has been steadily declining, from 8th in 2011, to 20th in 2017.[1]

This *CD Summary* presents current data from, a variety of sources on the health status of Oregonians, and lays the foundation for updating Oregon's State Health Improvement Plan, which guides state and local interventions aimed at improving the public's health.

A HEALTH STATUS FRAMEWORK

The World Health Organization (WHO) defined human health in its 1948 constitution as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."[2] This broad definition makes it clear that no single metric can describe health.

In 2013, the Oregon legislature established a task force to make recommendations for the future of Oregon's public health system.* The SHA describes health using categories of the task force's modernization framework: social determinants of health; environmental health; prevention and health promotion; access to clinical preventive services; and communicable diseases. It also highlights health disparities for people of color, those with disabilities, with low-income, who identify as lesbian, gay, or bisexual, and those living in rural and frontier areas of the state.

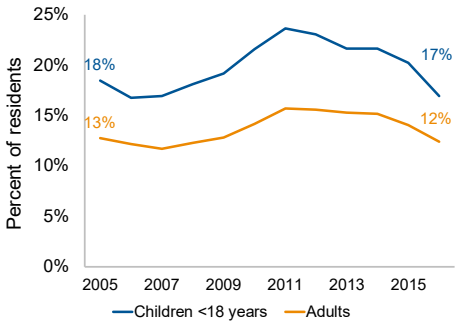
OREGON'S POPULATION

As of July 2017, Oregon had a population of 4.1 million people, an 8% increase since 2010. Oregon's population has been aging and becoming increasingly diverse: 17% of us are ≥65 years; 76% are white, 13% Latino, 5% Asian, 2% African American, 1% American Indian, and 3% multi-racial.† Almost 1 in 4 adults (24%) report living with a disability, of which cognitive difficulties (12%) and mobility issues (12%) were the most common.‡

SOCIAL DETERMINANTS OF HEALTH

The Centers for Disease Control and Prevention defines the social determinants of health as the "conditions in the places where people live, learn, work, and play [which] affect a wide range of health risks and outcomes."[3] Examples of social determinants include: poverty, unstable housing, low income, and under-education, all of which contribute to poor health outcomes. In 2016, almost 12% of adult Oregonians, and 17% of Oregon children lived in poverty, which is an improvement from 2012 (Figure 1).

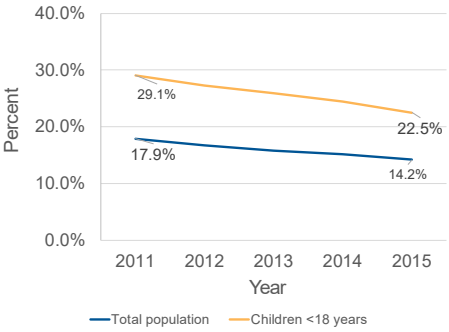
Figure 1. Adults and children <18 years living below federal poverty level by year, Oregon, 2005–2016



Source: American Community Survey

Economic disadvantage among adults is higher in frontier counties (30%), than rural (26%) and urban (19%) counties. While food insecurity has been declining, food insecurity among Oregon children is worse than in the rest of the U.S.: 23% of Oregon children experienced food insecurity, compared to 18% of U.S. children (Figure 2). Oregon has one of the worst high school graduation rates in the U.S., ranking 48th among states.

Figure 2. Food insecurity among total population and children <18 years, Oregon, 2011–2015



Source: Map the Meal Gap, Feeding America

Adverse childhood experiences (ACEs) are increasingly recognized as an important cause of poor health, including health-risk behaviors (e.g. smoking), behavioral health issues (e.g. depression, suicide,

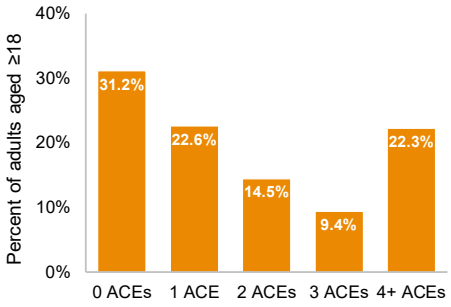
* Modernizing Oregon's Public Health System, www.oregon.gov/oha/ph/About/TaskForce/Documents/hb2348-task-force-report.pdf

† U.S. Census Bureau. QuickFacts: Oregon. www.census.gov/quickfacts/fact/table/or/PST045217

‡ Oregon Behavioral Risk Factor Surveillance System (BRFSS)

substance use), and chronic diseases (e.g. heart disease, cancer, diabetes).[4] In Oregon, almost 70% of adults report at least one ACE and 32% report three or more (Figure 3).

Figure 3. Number of ACEs among adults age ≥18 years, Oregon, 2016



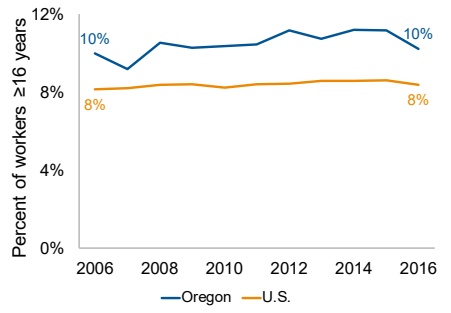
Source:Oregon Behavior Risk Factor Surveillance System (BRFSS)

ENVIRONMENTAL HEALTH

Broadly, environmental health encompasses the natural (e.g., air quality, recreational water quality) and built environments (e.g., access to active transportation, lead poisoning from exposure to lead-based paint). While overall air quality has been improving in Oregon since the 1970's due to improved vehicle emission standards, air quality varies across the state and by season. The air pollutants of most concern are fine particulate matter (PM 2.5), air toxics and ground level ozone (smog). Exposure to air toxics is highest for people living near industrial facilities, whereas exposure to PM 2.5 may be highest in the summer for people living near areas where wildfires occur.

Active transportation (i.e., workers commute by walking, biking or taking public transportation) is consistently higher among Oregonians than other U.S. workers (Figure 4). Nonetheless, only 10% of workers report commuting by active transportation. The number of

Figure 4. Workers who walk, bike or take public transit to work, Oregon and U.S., 2006–2016



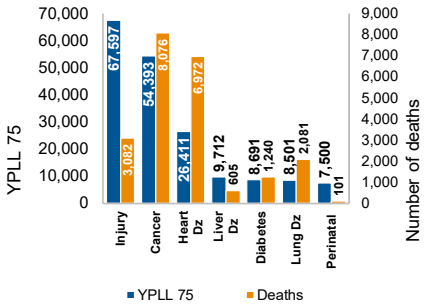
Source:American Community Survey (ACS)

children <6 years of age with elevated blood lead levels (BLL) ≥10 µg/dL has declined steadily over the last 15 years; however, ~100 kids each year are reported with a BLL ≥5 µg/dL, which has remained relatively flat since 2010.

PREVENTION AND HEALTH PROMOTION

Leading Causes of Death. In Oregon during 2016, the leading causes of death were: cancer, heart disease, unintentional injuries, and lung disease. However, injuries were the leading cause of premature death before age 75 years, followed by cancer and heart disease (Figure 5).

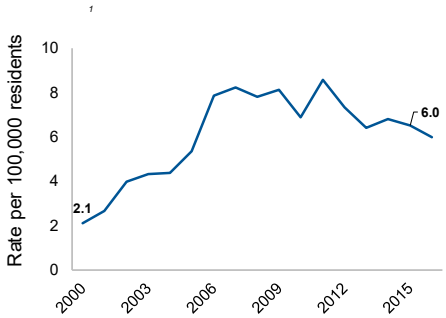
Figure 5. Leading causes of years of potential life lost (YPLL) before age 75, Oregon 2016



Source: Oregon Death Certificate Data

The number of Oregonians killed in motor vehicle crashes declined substantially from 2006 to 2012, but has been increasing again since that time. By contrast, opioid overdose deaths (Figure 6) peaked in 2011, and have been decreasing since then.

Figure 6. Opiod-related overdose by year, Oregon, 2000-2016

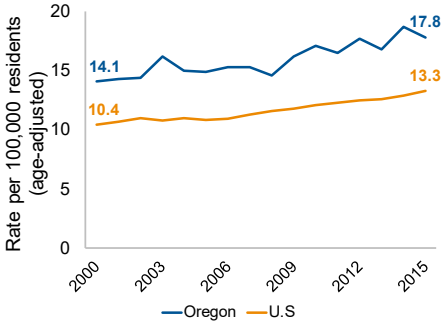


Source:Oregon Death Certificate Data

Oregon's rate of suicide has remained substantially higher than the U.S. rate for the last 30 years (Figure 7).

Infant mortality has been declining steadily in Oregon and the U.S. over the past 30 years; Oregon's rate (4.6 per 1,000 live births) is below the U.S. rate (5.9). Infant mortality rates, however,

Figure 7. Suicide deaths by year, Oregon and U.S., 2006–2016

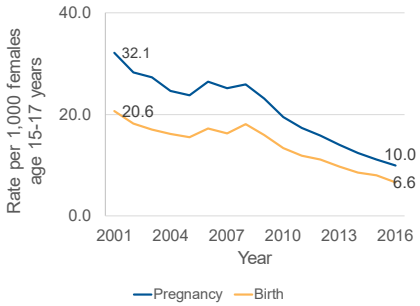


Source:CDC's WISQARS

vary by race ethnicity, with higher rates among African Americans (9.3) and American Indians (8.4) than whites (4.8).

Teen pregnancy rates in 2016 (10 per 1,000 females) are 1/3 of what they were in 2001 (32) (Figure 8).

Figure 8. Teen pregnancy and birth (age 15-17 years) by year, Oregon, 2001-2016

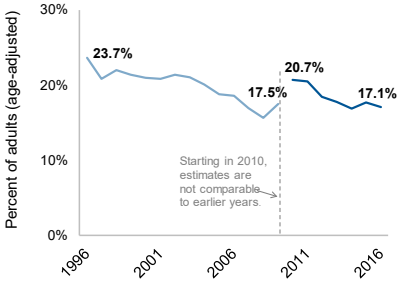


Source:Oregon Birth Certificate Data: Induced Termination of Pregnancy Database

Overall health is quite good among adults: >80% of adults report being in good to excellent health. This varies considerably by income level: 34% adults living below the federal poverty level report fair to poor health, compared to 12% of those above the federal poverty level.

Tobacco use has continued to decline in Oregon; however, 1 in 7 adults (17%) continue to smoke cigarettes (Figure 9). While 8th graders who use tobacco cigarettes declined from 12%

Figure 9. Adults who smoke cigarettes by year, Oregon 1996–2016

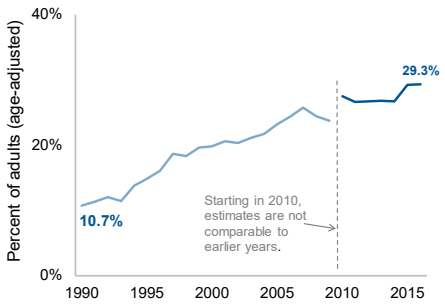


Source:Oregon BRFSS

in 2001 to 3% in 2017, those who use electronic cigarettes has increased to 6%.

Obesity continues to be a major risk factor for many adverse health outcomes, and has been increasing steadily since 1990. Currently 29% of adult Oregonians are obese (Figure 10). The prevalence of diabetes parallels the increase in obesity; currently 8.4% of adults reporting having diabetes. Diabetes mortality among African Americans (57 per 100,000) and American Indians (50) is more than twice that of whites (23).

Figure 10. Obesity among adults by year, Oregon, 1990–2016



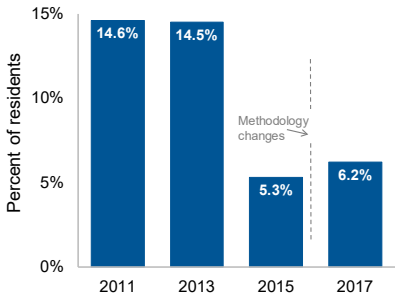
Source:Oregon BRFSS

Binge drinking alcohol has been increasing since 2010; currently 23% of males and 13% of females report binge drinking.

ACCESS TO CLINICAL PREVENTIVE SERVICES

The Affordable Care Act and Medicaid expansion has resulted in fewer Oregonians lacking health insurance in 2017 (6%), than in 2013 (15%) (Figure 11). Nonetheless, disparities exist regarding access to health care. Adults with disabilities are twice as likely as those with no disability to report being unable to see a health care provider because of cost (19% versus 9%). Access to behavioral health care, including mental health and substance abuse treatment, is a serious challenge across our state, particularly in rural or frontier counties.

Figure 11. Population without health insurance by year, Oregon, 2011–2017



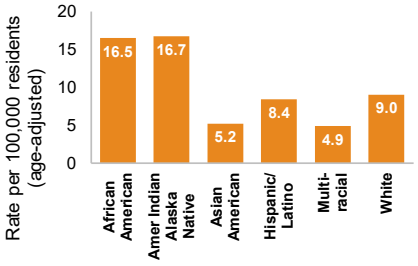
Source:Oregon Health Insurance Survey,

Immunization rates for children 19–35 months, while improving, continue to be among the lowest in the U.S.; in 2016, only 66% of 2-year olds were up to date on recommended vaccines. Oral health is important for both children and adults. However, in 2016, only two thirds of Oregon adults, and one half of Oregon children (age <5 years) had a dental visit within the previous year.

COMMUNICABLE DISEASES

Hepatitis C virus (HCV) infection is the most common blood-borne pathogen in the U.S., and can have serious long-term consequences including liver cirrhosis, liver failure, liver cancer, and death (Figure 12).

Figure 12. Chronic hepatitis C virus: Death rate by race/ethnicity Oregon, 2016

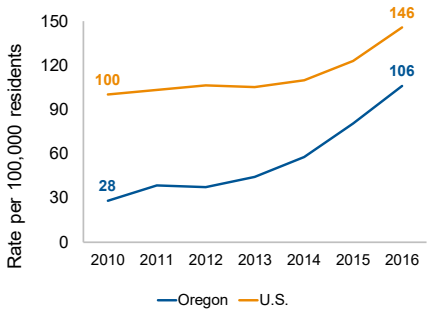


Source:Oregon death certificate data

An estimated 3% of Oregon adults are infected with HCV (3rd highest in U.S.), and Oregon's HCV mortality is highest in the country.

Gonorrhea infections have been increasing steadily since 2010; the rate in 2016 (106 per 100,000 residents is almost 4 times higher than the rate in 2010 (28) (Figure 13).

Figure 13. Gonorrhea infection by year, Oregon and U.S., 2010–2016



Source:Oregon Reportable Diseases Database and CDC (U.S. data)

Similarly, cases of syphilis have increased 4-fold, from 2010 (3 per 100,000) to 2016 (14). By contrast, we are making steady progress in new HIV diagnoses: the rate in 2016 was 5.4 per 100,000, down from 7.7 in 2006. However, marked disparities in new infections exist, with the rate in African Americans (24.4 per 100,000 residents) 4.5 times higher than the rate in whites (5.4).

CONCLUSION

Improving the health of all Oregonians is not a task for the public health or health care systems alone; rather, it 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. The data in the SHA will be used to help guide priority focus areas for the upcoming revision of the State Health Improvement Plan.

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Veterans Crisis Line. Veterans are at increased risk of suicide. The Veterans Crisis Line is a toll-free, confidential resource that connects Veterans in crisis and their families and friends with qualified, VA responders. Share this phone number broadly (1-800-273-8255 #1).

The National Suicide Prevention Lifeline is a resource for everyone and is available 24 hours a day / 7 days a week:

- 1-800-273-TALK (8255);
- En español: 1-888-628-9454;
- TTY: 1-800-799-4TTY (4889)

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