Seizing the Moment and the Momentum to Improve Population Health
Luci Longoria, MPH, Community Programs Lead
Health Promotion and Chronic Disease Prevention
New Coordinator Orientation Meeting
July 26, 2011

Today We Will Talk About

• What risk factors are causing premature death and disease and how are they doing it?
• What can we do?
• Overview of policy and effective public health action strategies

Leading Causes of Death in Oregon, 2005

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>30%</td>
</tr>
<tr>
<td>Cancer</td>
<td>18%</td>
</tr>
<tr>
<td>Stroke</td>
<td>11%</td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
<td>10%</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>10%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>8%</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>7%</td>
</tr>
<tr>
<td>Pneumonia/influenza</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: National Center for Health Statistics

Disparities and Chronic Diseases

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Latin</td>
<td></td>
</tr>
<tr>
<td>African Americans</td>
<td></td>
</tr>
<tr>
<td>American Indians</td>
<td></td>
</tr>
<tr>
<td>Alaska Natives</td>
<td></td>
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<tr>
<td>Asian and Pacific Islanders</td>
<td></td>
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<tr>
<td>Latinos</td>
<td></td>
</tr>
<tr>
<td>Non-Latin Whites</td>
<td></td>
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<tr>
<td>Economically Disadvantaged*</td>
<td></td>
</tr>
</tbody>
</table>

Source: BRFSS, 2004-2005

Oregon adults (18 to 24 years old) who have at least one chronic disease (arthritis, asthma, diabetes, heart attack, angina or stroke) or hypertension or high cholesterol

55%

Cost of Treating Chronic Diseases

• Overall 75¢ of every dollar
• Medicare 96¢ of every dollar
• Medicaid 83¢ of every dollar

Source: Partnership to Fight Chronic Disease at http://www.fightchronicdisease.org/issues/about.cfm; An Unhealthy Truth
Challenge:
Too much focus placed on medical care, while disregarding the larger sphere of contributing health factors.

Focus: Medical Care 10%

Human Biology 30%

Environmental 5%

Social 15%

Lifestyle & Behavior 40%

What's Really Killing Oregonians

Up to 39% of the 30,813 deaths were attributable to behavioral causes.

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

Disparities and Smoking (2004-2005)

Source: BRFSS, 2004-2005

There's a health crisis in the US
Obesity & Chronic diseases: we eat...

There's a health crisis in the US
Obesity & Chronic diseases: we're inactive

Current Community Conditions
Often do not foster or encourage walking or biking
Something Can Be Done

Your doctor tells you to eat healthy, and be physically active.

Rx for high blood pressure, high cholesterol, diabetes.

Cessation treatment, evidence-based self-management, colonoscopy.

0g trans fat, smoke-free laws, tobacco tax.

Socioeconomic Factors

Examples

CDC Focus:

Policy, systems, environmental change
(“changing the context”)

Changing the Context to make individuals’ default decisions healthy.

Long-lasting Protective Interventions

Counseling & Education

Clinical Interventions

Socioeconomic Factors

Examples

Poverty, education, housing, inequality.

CDC’s Recommendations for Communities

• Change the environment to make healthy choices the default value
• Be scalable to regional, state, and national levels
• Have a solid evidence base
• Be measurable to ensure progress is made

CDC’s recommended core package for tobacco control in communities

• Smoke-free policies
• Taxation
• Hard-hitting counter-marketing
• Proactive earned media
• Marketing restrictions
• Surveillance data

Prevention is the best buy for healthier communities

• Prevention in community policy increases health value from health dollars
• Prevention can reduce per capita annual costs
• Health reform recognizes importance of prevention
  • Coverage for preventive care
  • Prevention funding
  • Support for public health infrastructure
HPCDP Framework based on:
- Socio-Ecological Model
- HPCDP Programs’ Best Practices
- HPCDP Vision and Mission
- Urgency and opportunity

Socio-Ecological Model

Goal: Triple Aim
A new vision for a healthy Oregon.

Oregon’s Tobacco Prevention and Education Program Works

Looking towards the future...
“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