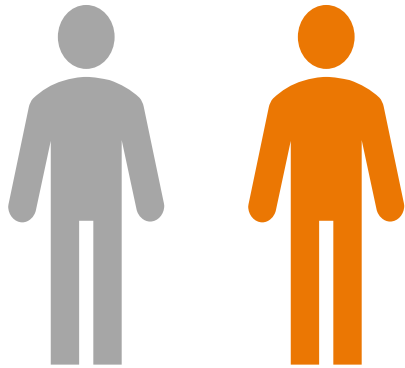# Oh, the places we can go: Path to improving health for all Oregonians

Tom Jeanne, MD, MPH

Deputy State Health Officer
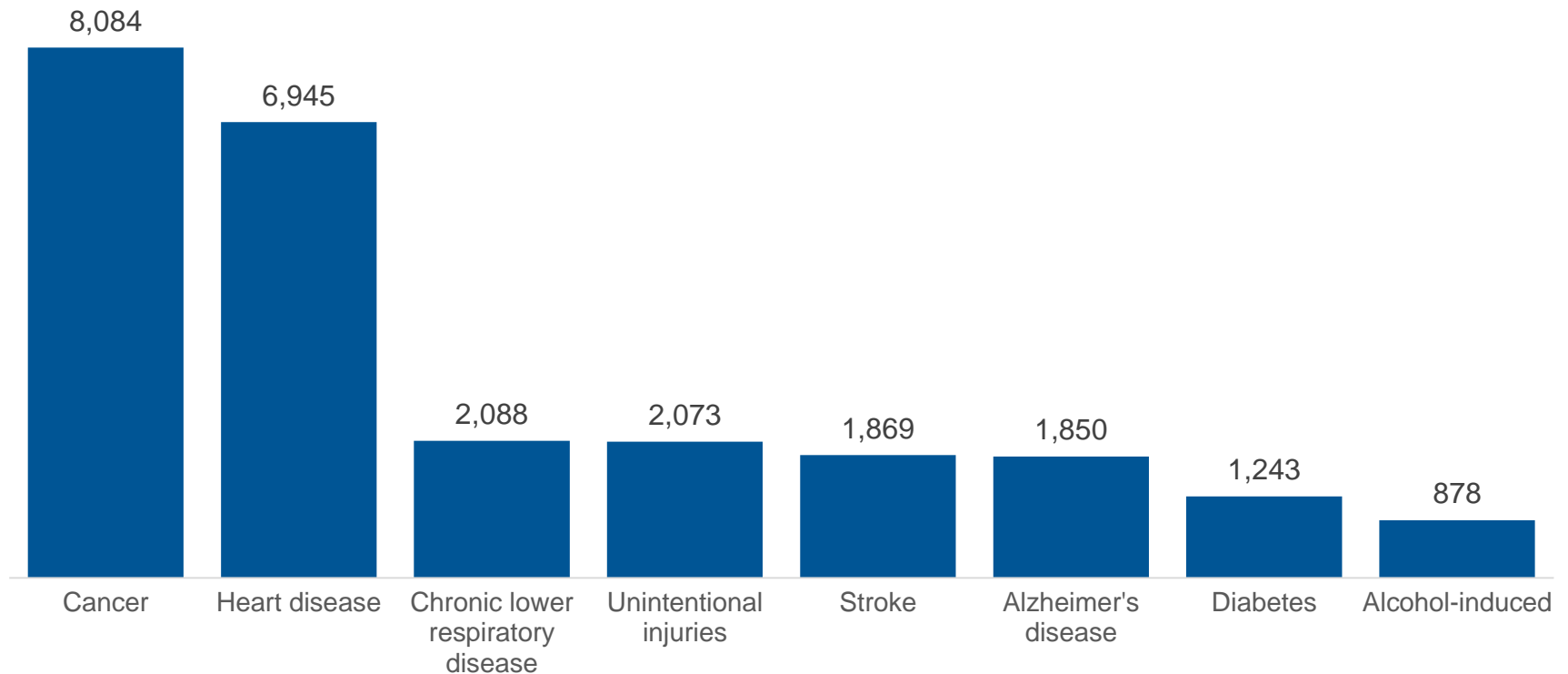
HPCDP Grantees and Contractors Meeting

October 2019

Chronic diseases among Oregon adults, 2018

1 in 2 Oregon adults have a chronic disease

(arthritis, asthma, cancer, lung or cardiovascular disease, depression or diabetes)

Oregon Health Authority

Leading causes of death in Oregon, 2017

Bar chart of leading causes of death in Oregon, 2017:
- Cancer: 8,084
- Heart disease: 6,945
- Chronic lower respiratory disease: 2,088
- Unintentional injuries: 2,073
- Stroke: 1,869
- Alzheimer's disease: 1,850
- Diabetes: 1,243
- Alcohol-induced: 878

Oregon Health Authority

Conditions and risk factors that contribute to them

	Tobacco use	Physical inactivity	Poor nutrition	Excessive alcohol consumption
Cardiovascular disease	🚬	🛋	🥫	🍷
Diabetes	🚬	🛋	🥫	🍷
Cancer	🚬	🛋	🥫	🍷
Obesity		🛋	🥫	🍷
Chronic lung disease	🚬			
Depression and anxiety		🛋	🥫	🍷
Drug and alcohol addiction	🚬			🍷
Injury	🚬	🛋	🥫	🍷

What is really killing Oregonians?

Leading causes of preventable deaths in Oregon, 2018
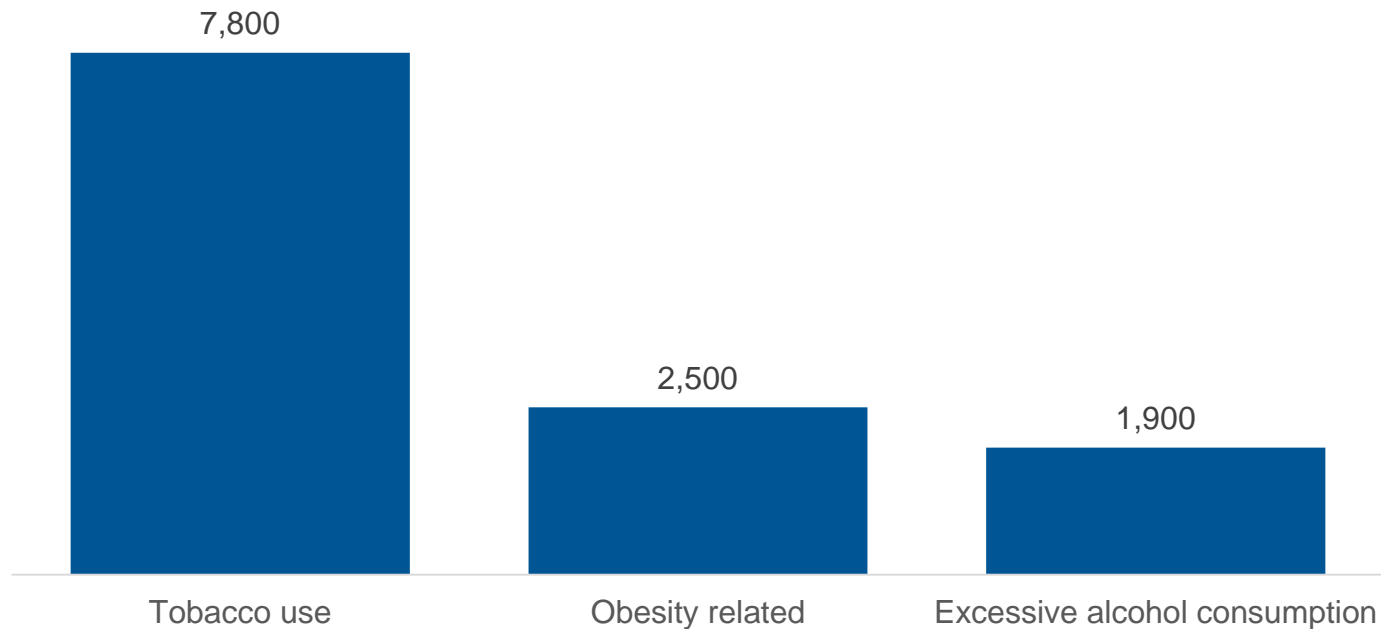
Source: Oregon Center for Health Statistics Death Certificate Data

Oregon adults with one or more risk factors, 2018
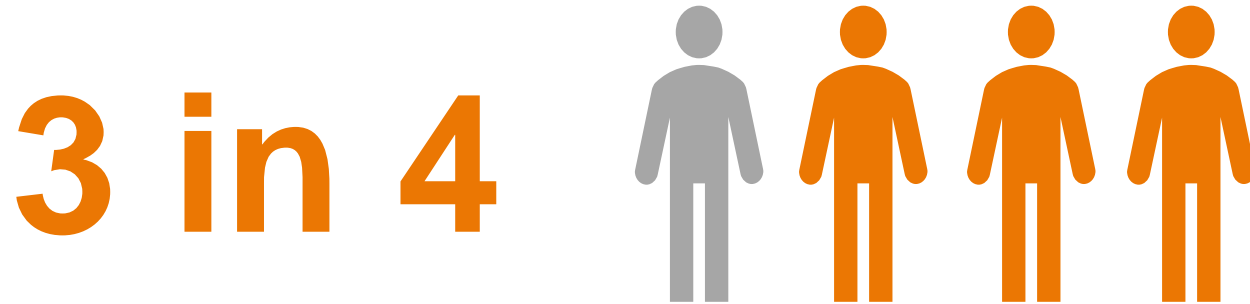
3 in 4

3 in 4 Oregon adults have a risk factor which can cause or complicate chronic diseases.

(Include high blood pressure, high cholesterol, current cigarette smoking or smokeless tobacco use, having obesity, binge drinking or physical inactivity)

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Oregon Health Authority

Prevalence of selected risk factors among Oregon adults, 2018

Risk factor	Prevalence
Having obesity	30%
Binge or heavy drinking	20%
Physical inactivity	19%
Cigarette smoking	16%
Daily soda	15%

Source: Behavioral Risk Factor Surveillance System (BRFSS)

Oregon Health Authority
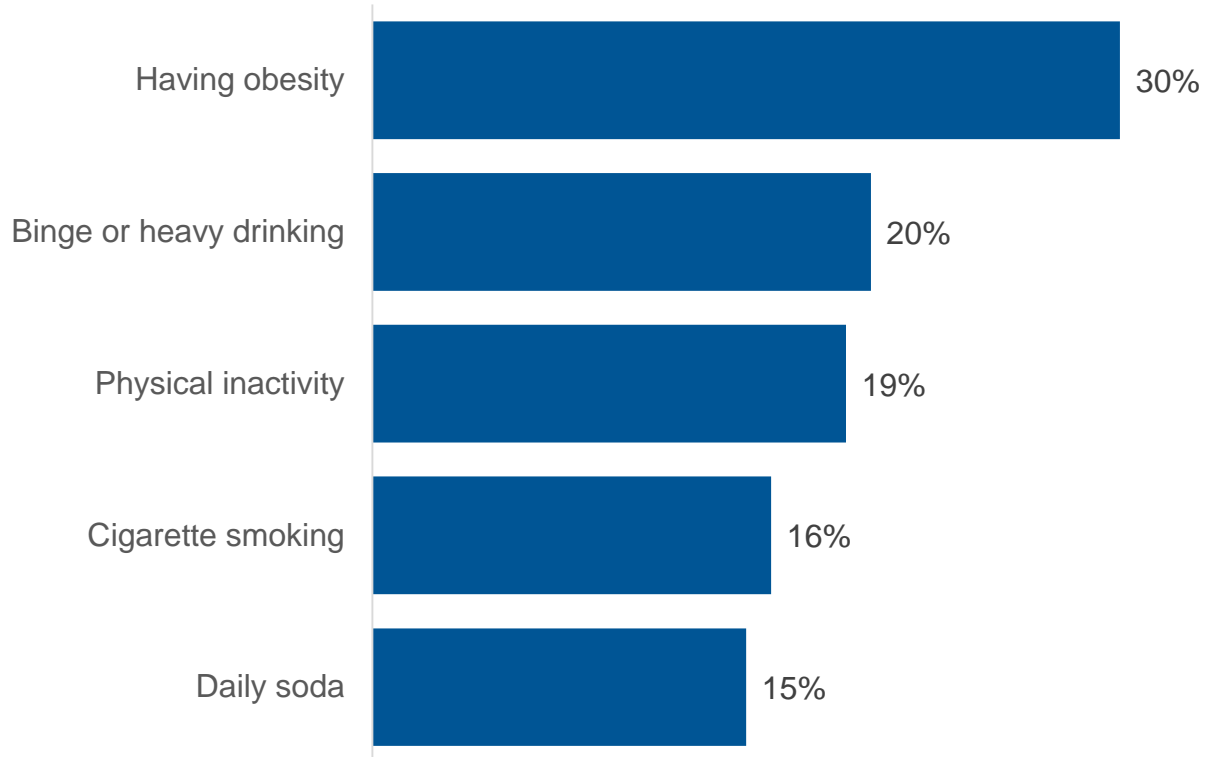
Years of potential life lost (YPLL) before age 75, 2015-2017
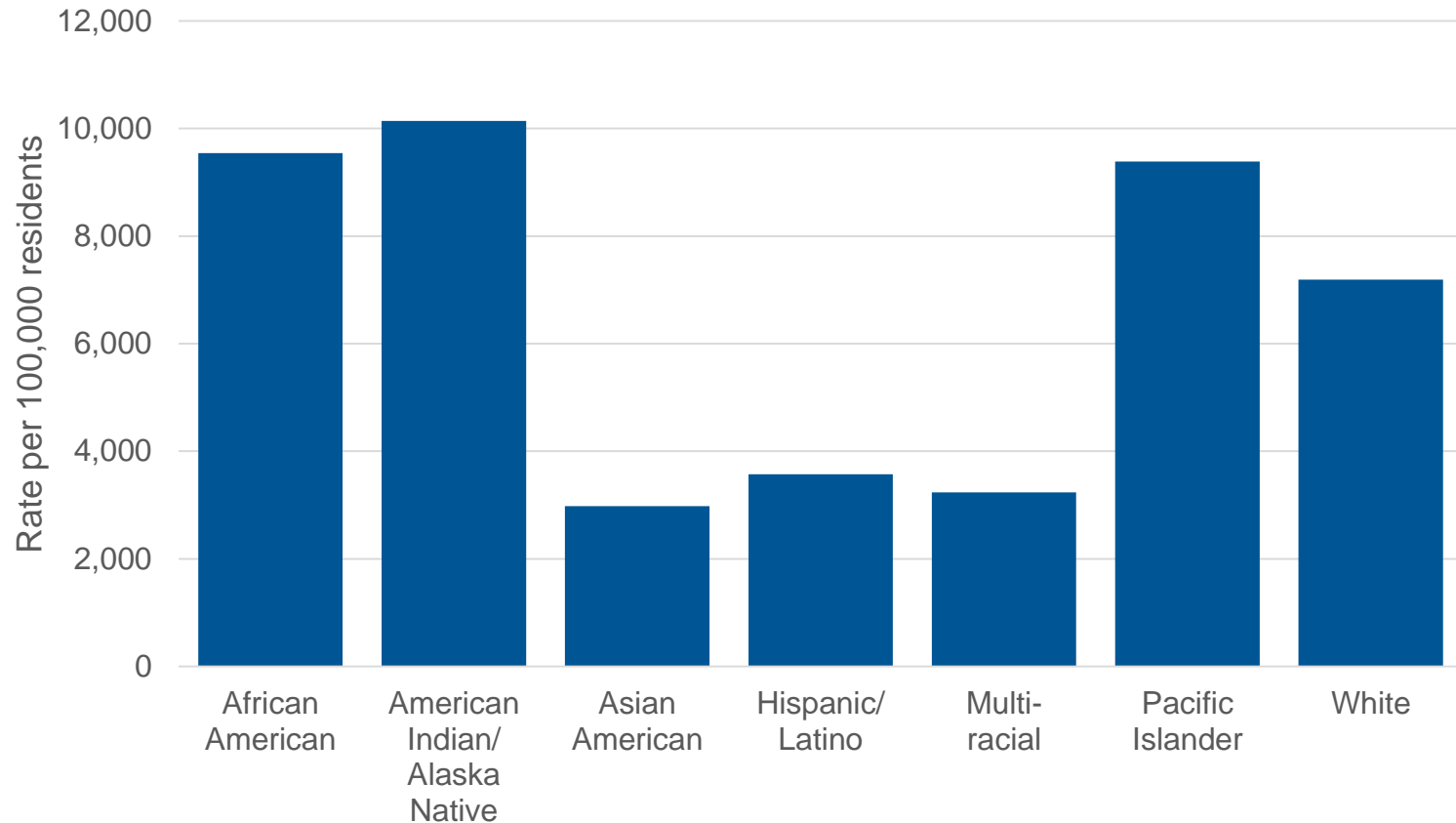
Source: Oregon Center for Health Statistics Death Certificate Data
Notes: All other groups exclude Hispanic ethnicity

Economic cost of risk factors in Oregon

- **Tobacco use** costs Oregonians **$2.9 billion** in medical spending, lost productivity and early death each year*

- Medical costs related to **obesity** among adult Oregonians **$1.6 billion** in 2006**

- **Excessive alcohol use** costs Oregon's economy **$3.5 billion** each year in medical expenses, lost productivity, criminal justice costs and motor vehicle crashes. That's $2.08 per drink consumed***

*   Campaign for Tobacco-Free Kids. The Toll of Tobacco in Oregon. https://www.tobaccofreekids.org/problem/toll-us/Oregon.
**   Trogdon E, Finkelstein E, Feagan C, Cohen, J. State- and payer-specific estimates of annual medical expenditures attributable to obesity. Obesity. 2012;20:214-220.
*** Sacks, J, Gonzalez K, Bouchery E,Tomedi L, Brewer, R. 2010 National and State Costs of Excessive Alcohol Consumption. Am J of Prev Med 2015; 49; Issue 5; 73-79.

Current cigarette and e-cigarette use, Oregon, 1996–2019
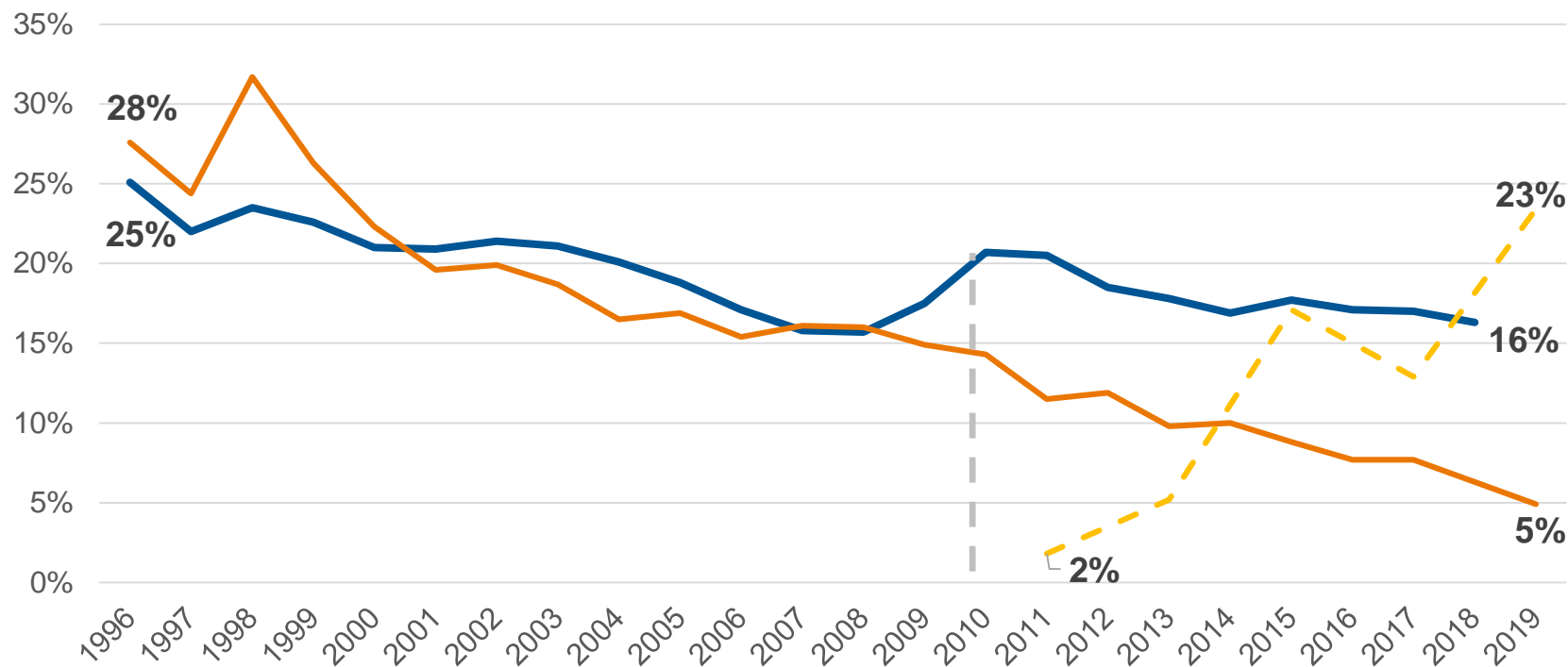
Adult source: Behavioral Risk Factor Surveillance System (BRFSS)

▬ Method for weighting data to be representative of all Oregonian adults changed

11-th grade sources: Student Drug Use Survey (1998, 2000); Youth Risk Behavior Survey (1997, 1999); Oregon Healthy Teens (2001–2009, 2011, 2013, 2015,2017); Student Wellness Survey (2010, 2012, 2014, 2016). Unpublished data.

Obesity among Oregon adults, 1996–2018
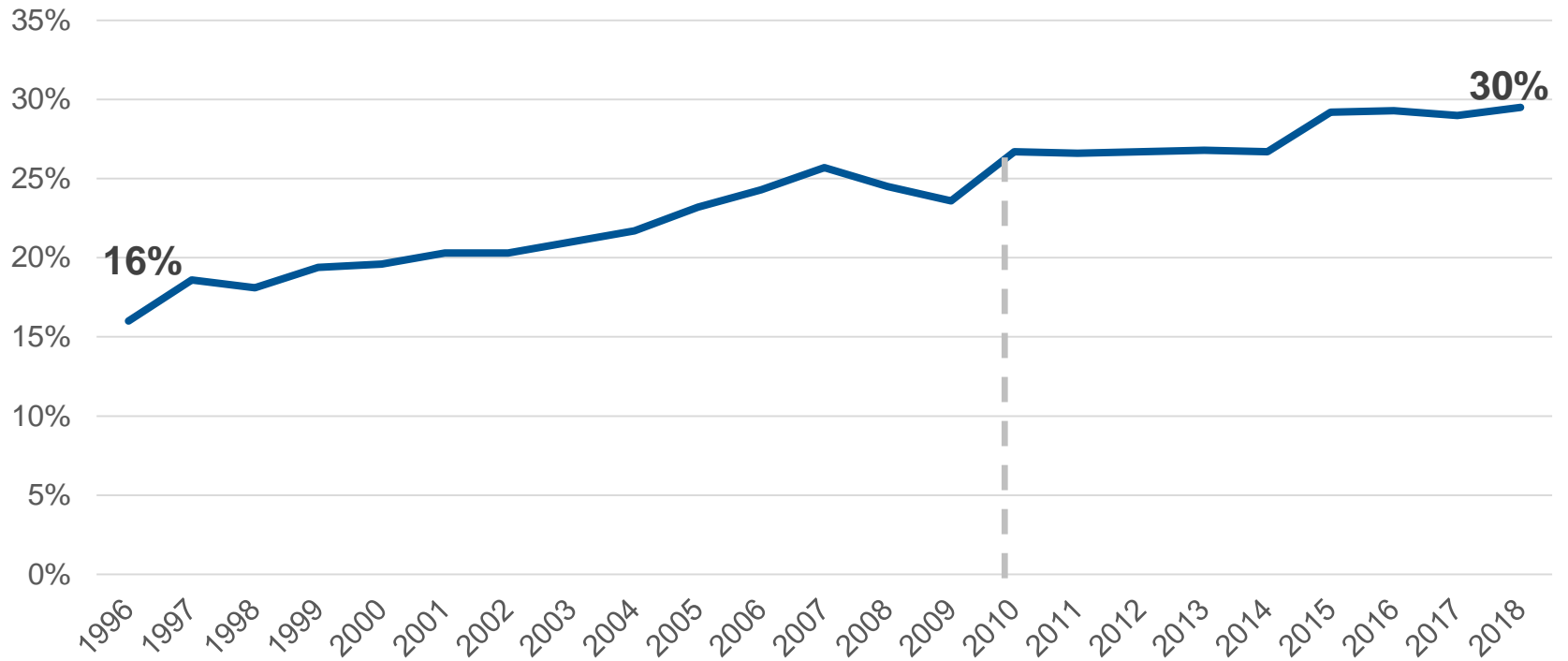
Source: Behavioral Risk Factor Surveillance System (BRFSS)

– Method for weighting data to be representative of all Oregonian adults changed

Binge drinking among Oregon adults, 2002–2018

16%

18%

20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%

2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018

Oregon Health Authority

Binge drinking among Oregon adults by sex and age, 2018
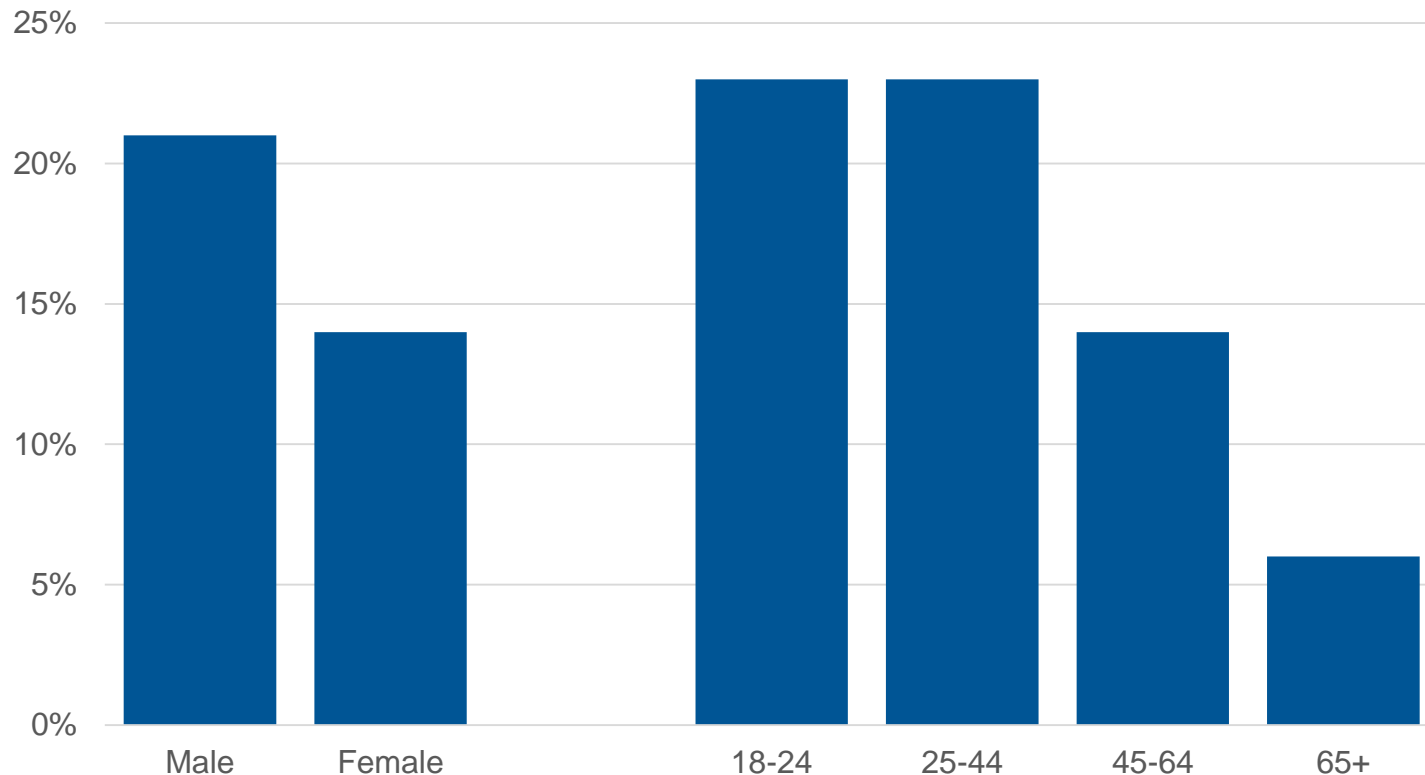
Alcohol-related death rate, Oregon 2001-2017

Each day, **5** people die from alcohol-related causes

Oregon Health Authority

Alcohol-related death rate by sex and age, Oregon, 2017
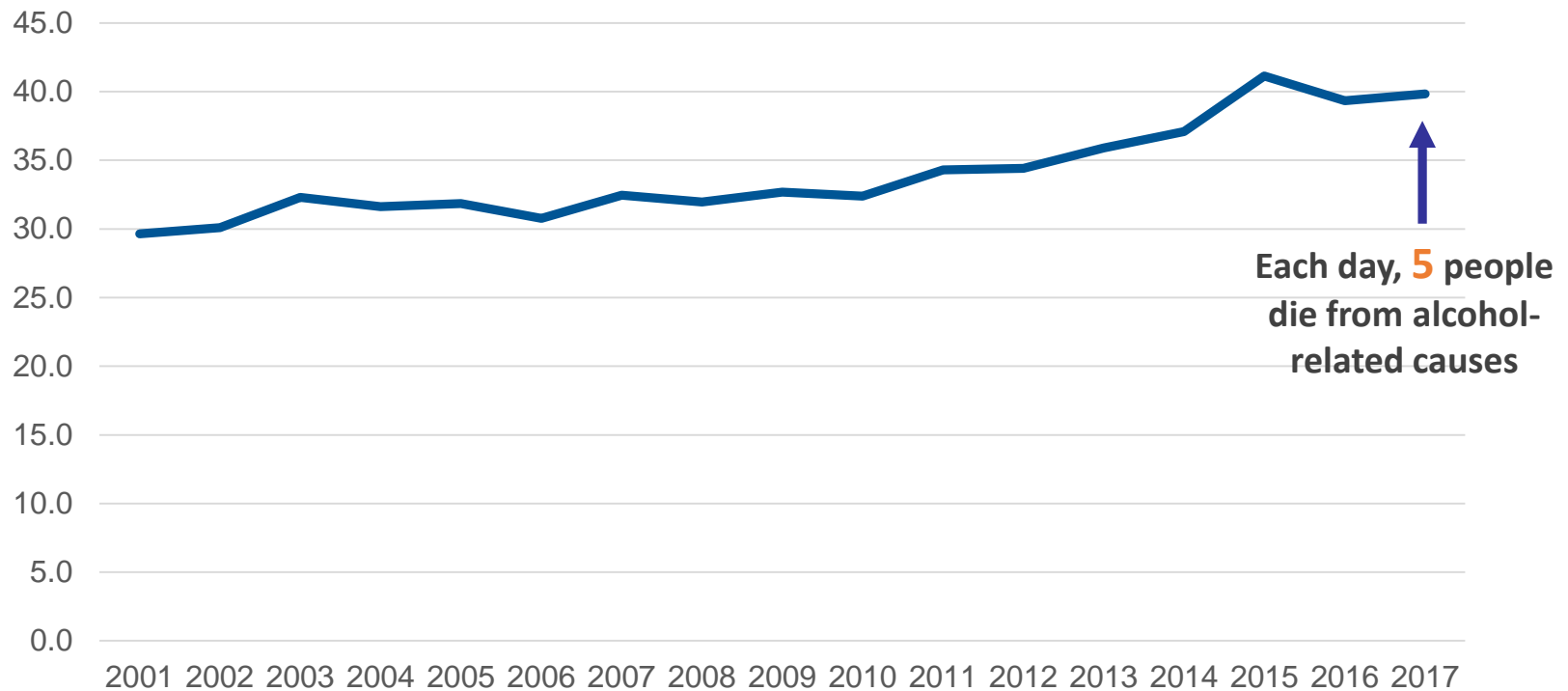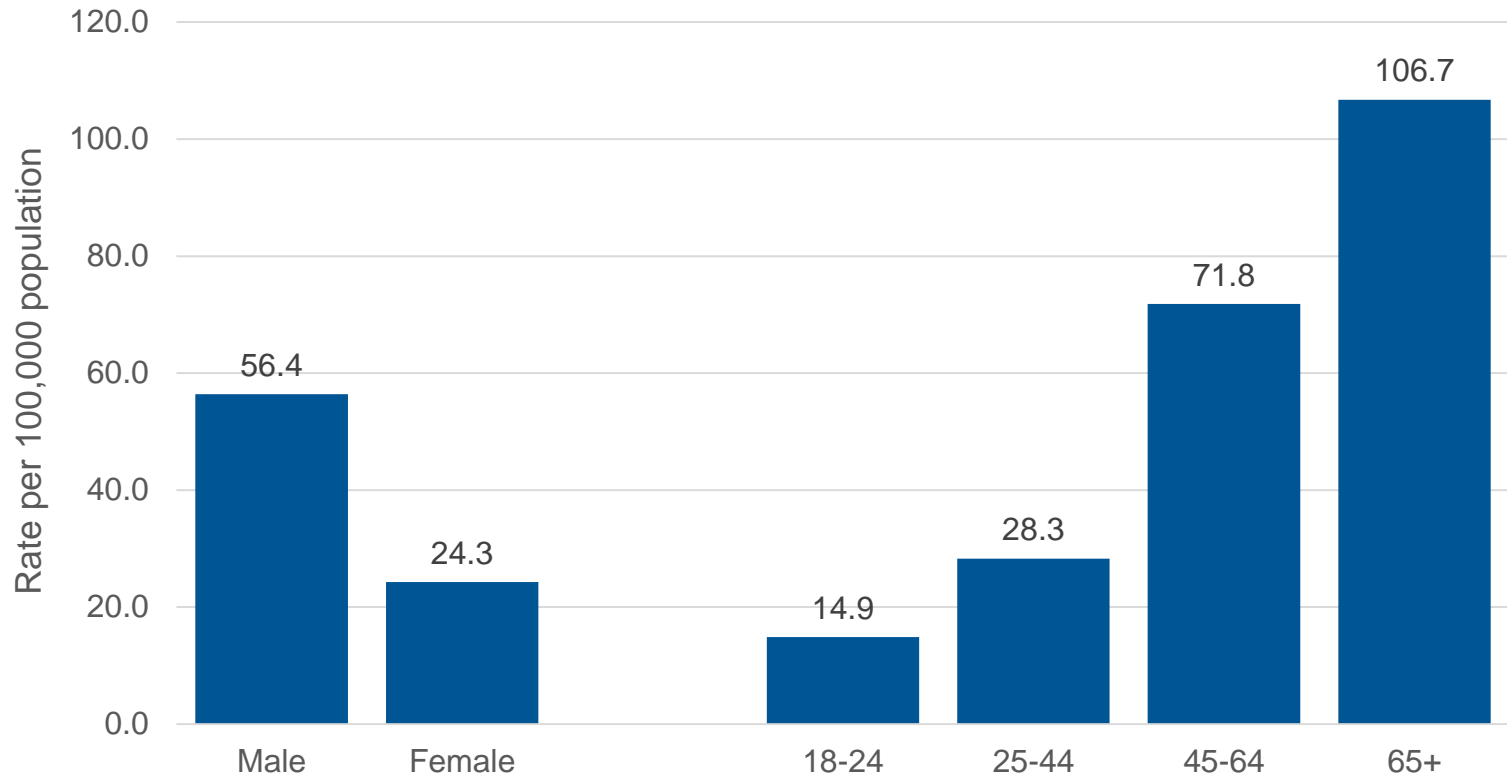
Source: Oregon Center for Health Statistics Death Certificate Data

Alcohol-related death rate by race and ethnicity, Oregon, 2014-2017 average

Age-adjusted rate per 100,000 population
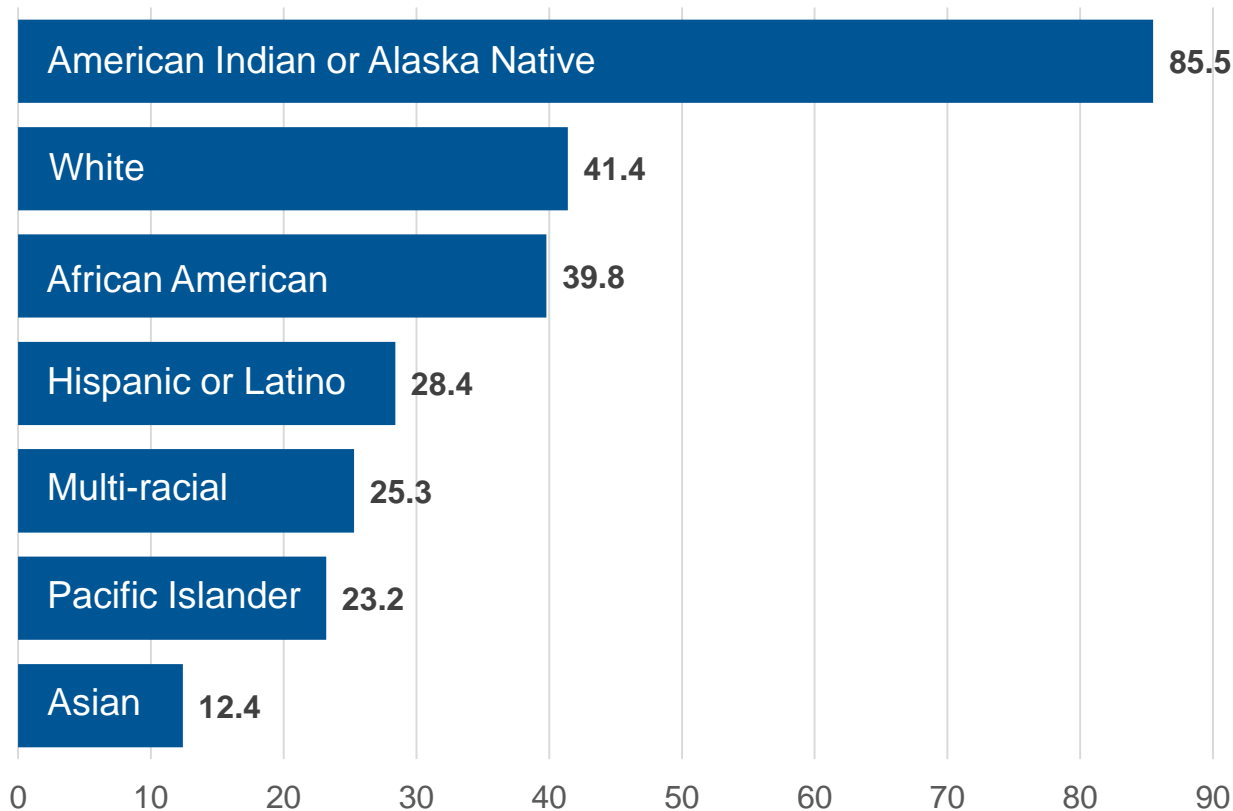
Race/Ethnicity	Rate
American Indian or Alaska Native	85.5
White	41.4
African American	39.8
Hispanic or Latino	28.4
Multi-racial	25.3
Pacific Islander	23.2
Asian	12.4

Source: Oregon Center for Health Statistics Death Certificate Data
Notes: All other groups exclude Hispanic ethnicity

Oregon Health Authority

The Oregon vaping epidemic

Oregon Health Authority is participating in the investigation of a nationwide outbreak of respiratory illnesses associated with use of vaping devices, and is working with local public health and health care partners to track any illnesses in Oregon.

Current electronic cigarette use in Oregon

12% 8th graders

23% 11th graders

5% adults

Oregon Health Authority

Current electronic cigarette use in Oregon, 2019

Nearly three-quarters of all 11th-graders in Oregon who have ever used tobacco started with e-cigarettes

LPHA + OHA

A very nerdy love story

Miriam D. McDonell, MD, FACOG

Diplomate American Board Obesity Medicine

Health Officer North Central Public Health District

Of Hydras and Talpidae

Hope!

Active Rx

    What it is

    What went into it

More Good Stuff!

Active Rx

Referral system

Children and families

Access to local swimming pools

Funding
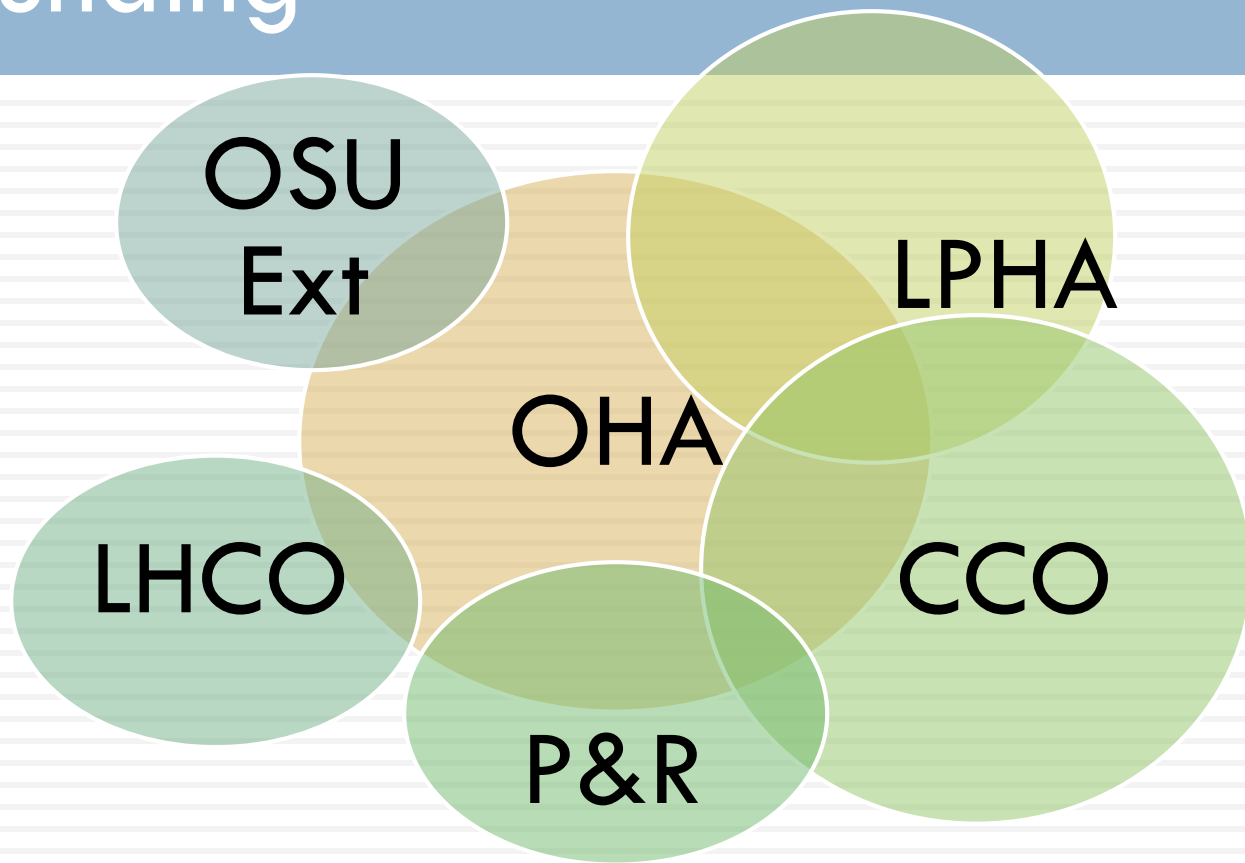
Data & Resources

Local Elementary BMI collection (2014, 2017, 2019)

Oregon Healthy Growth Survey

HPCDP 5-Year Strategic Plan

Oregon SHIP

Local CHA and CHIP

NHANES

WIC

More Good Stuff!

Blue Zones The Dalles

Step It Up Students/ Step It Up The Dalles

Safe Routes To Schools

Gorge Food Security Coalition

Fit In The Gorge Coalition

Healthy Active Oregon Coalition

Obesity Metric (prospective)

Protecting Youth Through Tobacco Retail Licensing

Guess which one does **NOT** require a license?

Own a dog   Sell Christmas trees   Sell tobacco

Tobacco 21 (T21)

- **On January 1, 2018 Oregon became the 5th state to raise the minimum age to purchase tobacco products to age 21.**

- More than 95% of smokers started before age 21

- Having a cigarette by age 18 makes it twice as likely to become a lifelong smoker.

- The developing teenage brain is particularly vulnerable to the addictive effect of nicotine.

Illegal Tobacco Sales To Minors

- December 2017 12% of stores in Clatsop County sold to minors.
- No strong incentive for retailers to obey the law.

> **According to a 2013 SAMHSA Report :**
> - Oregon is one of the easiest states for youth to illegally purchase tobacco from retailers.
> - It takes teens in Oregon less than five attempts to purchase tobacco; nationally, it takes teens an average of 10 attempts before successfully purchasing tobacco

VAPING: A New Threat

VAPING: A New Threat

E-cigarette use has tripled among youth in Oregon

Past 30 day use of electronic cigarettes among 11th graders in Oregon, 2011 - 2015

25%

20% **17.1%**

15%

10% **5.2%**

5%

1.8%

0%

2011   2013   2015

Source: Oregon Healthy Teens Survey
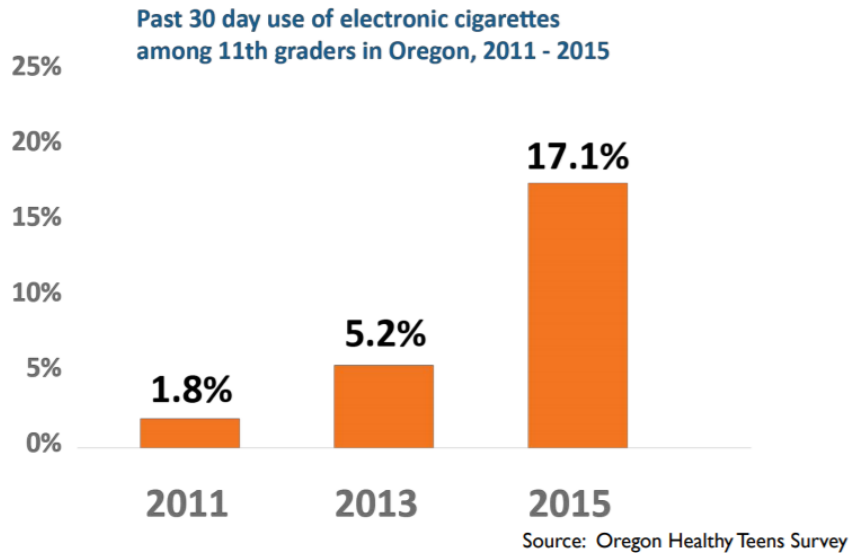
VAPING: A New Threat

Clatsop County Public Health Conducted an E-cigarette and Vaping use in Clatsop County Public Schools assessment and found:

- School officials feel overwhelmed at the scope of the problem
- Student perception that vaping is not risky and poses no health threats
- E-cigarette use is easy to use and hide while in class or at school

Tobacco Retail Licensure In Clatsop County

US Surgeon General Advisory

"**We have never seen use of any substance by America's young people rise as rapidly as e-cigarettes**.....

We cannot allow e-cigarettes to become the on-ramp to nicotine addiction for younger Americans.......

Jerome Adams, December 2018

We need to protect our kids from all tobacco products, including all shapes and sizes of e-cigarettes."

Marlboro Modernizes Its Method
Of Peddling Death To Kids
Forbes Dec 23, 2018

E-Cigarettes Hook a New Generation of Teens
Public health and tobacco-control advocates scramble to catch up
Eugene Weekly 1.3.2019

Tobacco Retail Licensing

- Requires businesses to purchase a license to sell tobacco and nicotine products, including vape
- Provides for annual inspections and compliance checks of all retailers
- Provides a mechanism to educate retailers an penalty system for those who violate the law
- Annual license fee sustains the program

Tobacco Retail Licensing

- Ensure e-cigarettes and vape juice move behind the counter as required by state law
- Prevent new retailers within 1,000 feet of schools and youth facilities
- Eliminates price discounts and coupons
- Be county-wide, creating a level playing field

Tobacco Retail Licensing

- The provision banning flavored tobacco products has been removed.
- The current Governor's Emergency Order to ban flavored vaping products for 180 days is in place.

What Do The Retailers Say?

Tobacco Retailer Survey Results

A majority support TRL

SUPPORT OF TRL TO PREVENT YOUTH INITIATION OF TOBACCO AND VAPING

■ Agree ■ Disagree ■ Need more info

- 40%
- 30%
- 30%
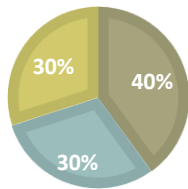
- May-June 2019 Public Health conducted a retailer survey to listen and address concerns
- 48 retailers contacted; 11 responded and were interviewed.

PERCEIVED IMPACT OF TRL ON BUSINESS

■ No impact
■ Would not continue selling tobacco
■ unsure

- 9%
- 9%
- 82%
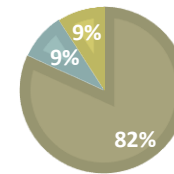
82% believe a TRL will have no impact on their businesses

A majority of retailers would consider discontinuing the sale of vaping products to prevent youth from using:

DISCONTINUATION OF SALE OF VAPING PRODUCTS TO REDUCE YOUTH USE

■ Agree ■ Neutral ■ Disagree ■ Does Not Carry Product

- 46%
- 27%
- 9%
- 18%

Tobacco Retail Licensing

- Oregon is one of only 9 states that don't have Tobacco Retail Licensing
- Lessons leaned from Benton, Klamath, Lane & Multnomah Counties

- An adequate licensing fee is needed to cover education and enforcement.

- Public Health Authorities are best positioned to implement Tobacco Retail Licensure.
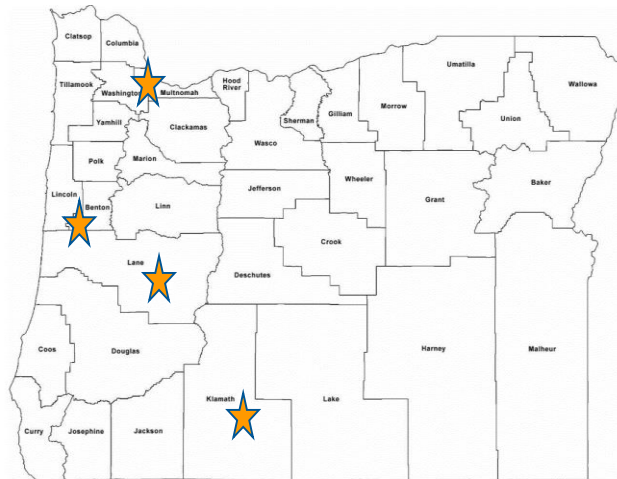
- Tobacco Retail Licensing is most effective when implemented countywide.

- Support from city leaders is critical to successfully pass and implement Tobacco Retail Licensing.

Tobacco Retail Licensing

Reduce youth initiation of tobacco use

Protect youth from a lifelong tobacco addiction

Reduce lifelong tobacco use

Reduce tobacco-related disease & death

Increase productivity & health care savings

Have a happier and healthier community!

Tobacco Retail Licensure In Clatsop County

Public health's role to impact health for all people in Oregon

Cara Biddlecom, Director of Policy and Partnerships

Oregon Health Authority

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

The Role of Social Determinants of Health

Impact of different factors on risk of premature death

Health Care — 10%

Individual Behavior — 40%

Social and Environmental Factors — 20%

Genetics — 30%

Health and Wellbeing
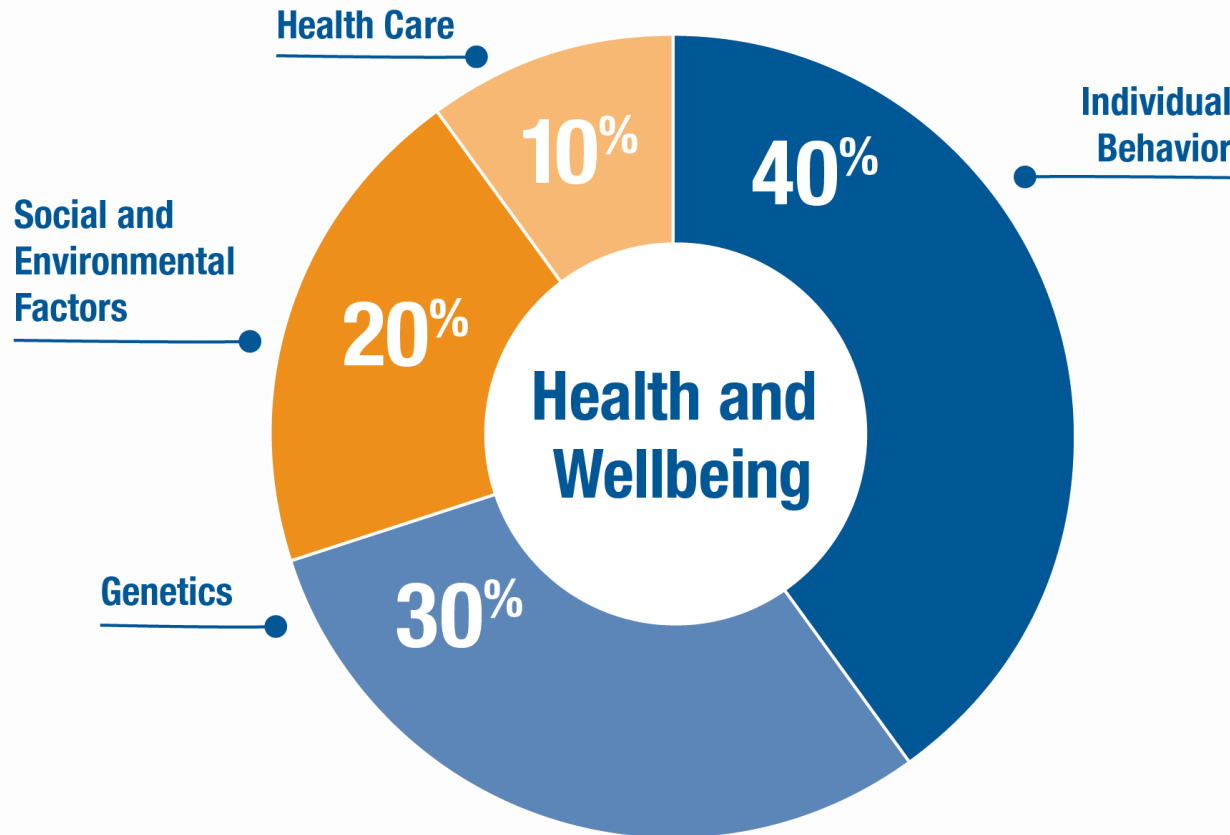
SOURCE: Schroeder, SA. (2007). We Can Do Better — Improving the Health of the American People. NEJM. 357:1221-8.

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Modernized framework for governmental public health services
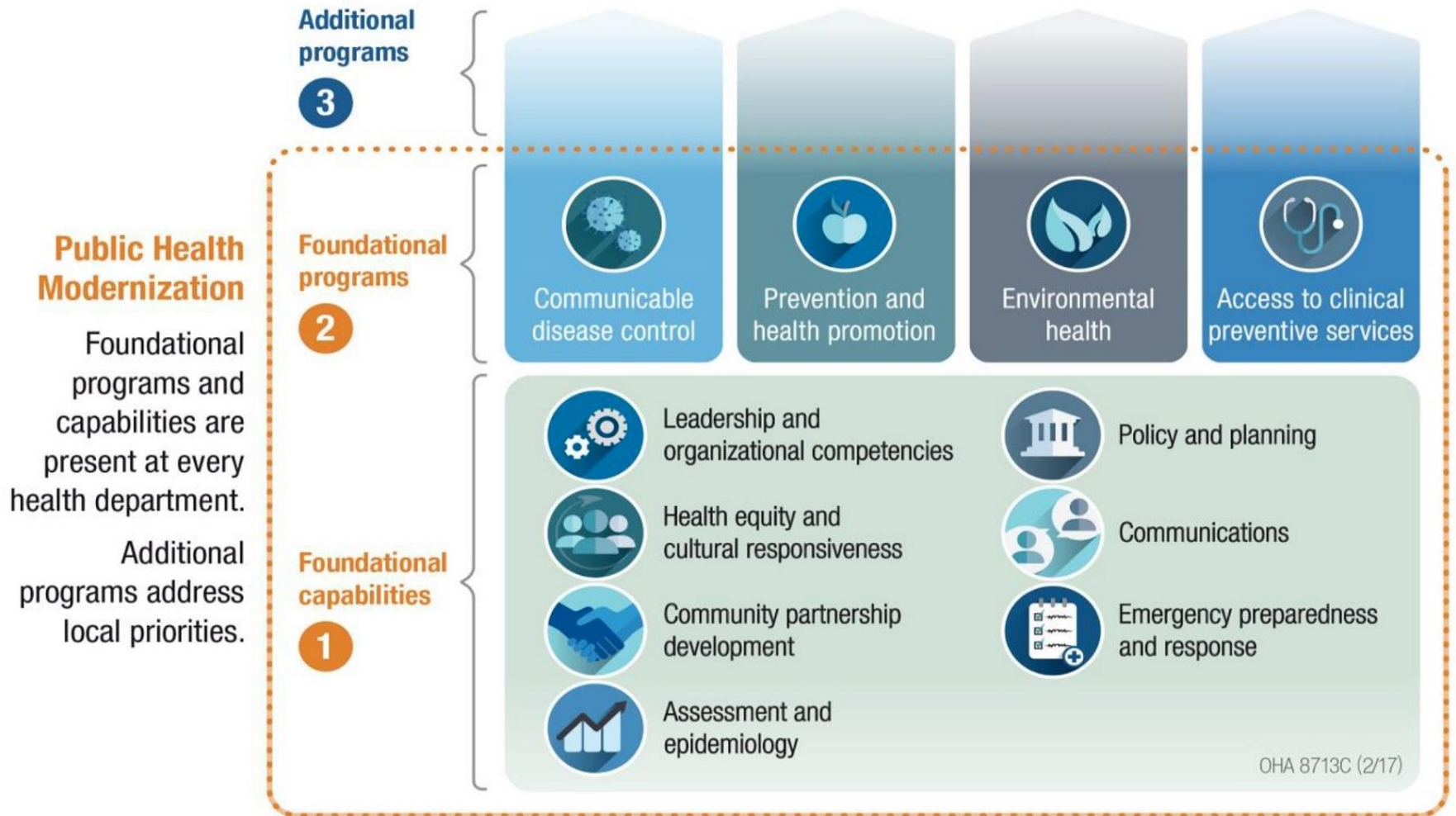
Traditional vs. Modern Public Health

Traditional Public Health System	Modern Public Health System
Separate funding and staff for each disease or other health topic	Funding and staff can adapt and respond as critical health needs emerge
Responds to health problems	Strives to prevent and prepare for health problems, then responds as needed
Works independently	Emphasizes partnerships
Health disparities unaddressed	Identifies and addresses health disparities and emphasizes cultural responsiveness
Data systems are static, isolated from each other, and/or difficult to use	Data systems are complete, dynamic and integrated, and generate useful information
Patchwork quilt of programs and capabilities	All foundational programs and capabilities available across the state

Oregon Health Authority

Public Health Strategist

CCO 2.0

Public health modernization

CHA/CHIP

Solutions to complex health issues

How do we work together differently?

Work is community and culture-driven.

Work involves multiple sectors.

Funding and strategies are braided.

COMMUNITY AND CULTURE-DRIVEN

Everyone has a voice

Co-create with community

CROSS-SECTIONAL COLLABORATION

BRAIDED FUNDING AND STRATEGY

What do partnerships look like?

Strategic partnerships involve shared accountability driving collective impact.

Community members and community based organizations have unique roles to play.

Representatives from tribes and priority populations are engaged in policy and systems change work that impacts health.

How do policy and planning efforts adjust?

Policy recommendations are evidence-based and intentionally focused on achieving health equity.

Planning involves cultivating authentic engagement with and inclusion of community members, especially intended beneficiaries of policy solutions to be responsive to tribal and community goals and needs.

A diversity of representatives on councils and committees inform ongoing planning.

The workforce is supported with skills and experience needed to carry out shared public health strategies in partnership with multiple sectors.

Example: Vaping Crisis

Modernized framework for governmental public health services

New opportunities in Coordinated Care Organization (CCO) contracts

- Broader incentive payments from the CCO Quality Pool to entities, including public health, that support achievement of incentive metrics

- More specific collaboration between CCOs, local public health, tribes and hospitals on CHIPs

- Alignment of social determinants of health and equity spending plans with implementation of the CHIP

Public health modernization investment to all LPHAs

- Includes requirements and menu options in three areas:
  - Leadership and governance
  - Health equity and cultural responsiveness
  - Communicable disease control

Tribal public health modernization investment

- **Goal:** bring tribes that would like to be a part of public health modernization to the point of implementation by the end of the biennium.

- Collaborating with a tribal work group to develop scope of work and funding model.

Going forward

- There are many opportunities for state, tribal and local partners to help improve the health of our communities.
- We all play a role!