



The State of Health in Oregon

Progress and Opportunities

November 2015

Oregon **Healthiest** State
Join The Movement

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REPORTS THAT WERE REVIEWED AND CONSIDERED

- Community health needs assessments and implementation plans for every community in the state
- Oregon’s Healthy Future, (Oregon Health Authority)
- Health Promotion and Chronic Disease Prevention Five-Year Strategic Plan (Oregon Health Authority)
- Ten-Year Plan for Oregon “Healthy People Policy Vision”
- State of Our Health (OHSU, PSU)
- Oregon Well-being Index Report
- Oral Health Plan for Oregon
- State of Health Equity
- Oregon Healthy Teens
- Disability in Oregon
- State of Oregon’s Children
- Ending Hunger Before It Begins (Hunger-Free Oregon)
- An Unsettling Profile (Coalition of Communities of Color)
- True North: Oregon Values and Beliefs
- State of Black Oregon

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American Heart Association	Oregon Dairy Council
Asante Ashland Community Hospital	Oregon Food Bank
Ashland Chamber of Commerce	Oregon Health and Science University
BackTPack	Oregon Public Health Institute
Betties360	Oregon State University
Bicycle Transportation Alliance	PacificSource Health Plans
Bloom Anew	Playworks
Breastfeeding Coalition of Oregon	Play.Fit.Fun.
Cambia Health Solutions	Community Services
Cascades East Family Medicine	Providence
City of Beaverton	Rede Group
Climax Portable Machining & Welding	Salem Health
Earth Advantage Institute	Sky Lakes Medical Center
East West College of Healing Arts, Inc	South Central Oregon Early Learning Hub
Elemental Technologies	Standing Stone Brewing Co.
Erickson Incorporated	State of Oregon
Gathering Grounds Café	Stoel Rives LLP
Health Share of Oregon	The Fit & Well Coalition
Institute of Aging, PSU	The Intertwine Alliance
Jefferson School District	The James Marshall Group
Kiwanis Club of Klamath Falls	The Standard
Klamath Basin Senior Citizens Center	Tillamook County Creamery Assoc.
Klamath County Public Health	Tournament Golf Foundation
Klamath Lake Cares	University of Portland
Legacy Health	University of Western States
Medford Fabrication	Warn Industries
Nike	We Can Do Better
North Clackamas School District	Western University of Health Sciences – COMP Northwest

INTRODUCTION

How healthy are Oregonians? That question goes to the well-being of individuals, families, communities, the state’s economy, and our quality of life.

Health in Oregon is a picture of scattered improvement against a backdrop of pervasive challenges. Pockets of innovative effort have promoted better nutrition, physical activity, and vibrant communities. These, in turn, have reduced obesity and tobacco rates, produced other positive outcomes, and made Oregon generally healthier. Yet at the same time, smoking, obesity, and alcohol misuse account for one third of all deaths in Oregon and cost billions of dollars in healthcare costs and loss of productivity each year.¹ Moreover, Oregon has one of the highest rates of depression in the nation.²

Oregon has not mustered the collective assets, expertise, and capacity to act on this dilemma. Instead, isolated programs or policies using different strategies and measurement systems do what they can. Yet their impact is limited for the most part to their own program boundaries. That’s because they lack the systems to share and learn together about how to improve the overall health of the state, particularly in our most vulnerable communities

Oregon Healthiest State was founded to *IGNITE A MOVEMENT* that expands what works to improve health in Oregon.

It involves both those with primary responsibility for better health outcomes and those who haven’t always seen themselves as health leaders. It aims to do this by sharing best practices, removing barriers, and establishing, communicating, and executing a *shared agenda to improve health*.

To do this, we first need to build a common understanding of our strengths alongside the challenges we face. The purpose of this report is twofold. First, we want to establish a shared understanding of the State of Health in Oregon—ranging from what is going well to what needs improvement. Second, we issue a call to action around two specific strategies:

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- 1. Industry or community wide actions—from policies to investments—that change the context in communities and organizations that help make the healthy choice easier.**
 - 2. Statewide collective impact, the engagement of partners to address an issue through shared goals, measurement, and aligned efforts.**
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The idea that underpins these strategies is to work together as community members, as leaders in the office and in city hall, and as friends and neighbors, to build communities where it is easier for *everyone* to live healthy lives.

The pages that follow are intended to establish a shared understanding of Oregon’s health issues and to outline a strategy to improve health for all Oregonians. As the Oregon Healthiest State partnership builds, an annual progress report and update will catalog both our evolving health and our strategy for improving it.

¹ Oregon Health Authority, Oregon Public Health Division. State Health Improvement Plan, 2015 – 2019. Available online at <https://publichealth.oregon.gov/About/Pages/HealthImprovement.aspx>

² Gallup-Healthways Well-Being Index 2015, Analyzed by Gallup Healthways Inc. for Oregon Healthiest State

A WORD ABOUT MEASUREMENT SOURCES

It's important to note the key sources of health data that underpin the findings in this paper. Oregon Healthiest State relies primarily on four sources:

- 1. Gallup-Healthways Well-Being Index® (WBI).** Phone survey addressing these areas:
 - a. Purpose:** Liking what you do each day and being motivated to achieve goals.
 - b. Social:** Having supportive relationships and love in your life.
 - c. Financial:** Managing your economic life to reduce stress and increase security.
 - d. Community:** Liking where you live, feeling safe, and having pride in your community.
 - e. Physical:** Having good health and enough energy to get things done daily.
- 2. Behavioral Risk Factor Surveillance Survey (BRFSS).** The BRFSS is used by all states, the District of Columbia, and three territories through funds disbursed by CDC. The BRFSS provides data for many purposes:
 - Assessing risk for chronic diseases.
 - Identifying demographic differences and trends in health-related behaviors.
 - Designing and monitoring health interventions and services.
 - Addressing emergent and critical health issues.
 - Formulating policy and proposing legislation for health initiatives.
 - Measuring progress toward achieving state and national health objectives.
- 3. Bureau of Economic Analysis (BEA) Personal Consumption Expenditures (PCE) and state population data.** The BEA is an agency of the Department of Commerce's Economics and Statistics Administration, charged with "enabling government and business decision-makers, researchers, and the American public to follow and understand the Nation's economy. To do this, BEA collects source data, conducts research and analysis, develops and implements estimation methodologies and disseminates statistics to the public." In this capacity, the BEA produces the following information.
 - GDP by state and metropolitan areas
 - Personal income and employment statistics across the regions and states of the United States
- 4. (Geographic or Demographic) Community-led measurement.** Specific communities, whether geographic or demographic, develop and analyze some of the most trusted data because the process usually involves community participation in choosing measurements, carrying out research, and developing findings.

THE STATE OF HEALTH IN OREGON: Middle of the Pack

To the surprise of many, Oregon ranks 27th among U.S. states in health and consistently hovers in the middle of the pack. Looking further into the Well-Being Index rankings, we see that Oregon is doing well on some indicators and needs to improve on others. The ranking look like this:³

Physical (26th): Having good health and enough energy to get things done daily.

- **Assets:** Oregon does comparably well in produce consumption and is 11th lowest in the nation on obesity (though still over 25 percent).
- **Opportunities:** Oregon is in the bottom ten states for personal perception of physical health and depression diagnoses.

Purpose (41st): Liking what you do each day and being motivated to achieve goals.

- **Assets:** none noted
- **Opportunities:** Oregon ranks an uninspiring 41st of all states in this area. Most notably, is the absence of ‘having a leader (anywhere) in your life who creates enthusiasm for the future,’ where we rank a sad 45th.

Social (24th): Having supportive relationships in your life.

- **Assets:** Oregon ranks 12th in “relationship with spouse, partner, or closest friend is stronger than ever” (78 percent agree)
- **Opportunities:** Almost a quarter of us don’t have family and friends who provide us with positive energy each day.

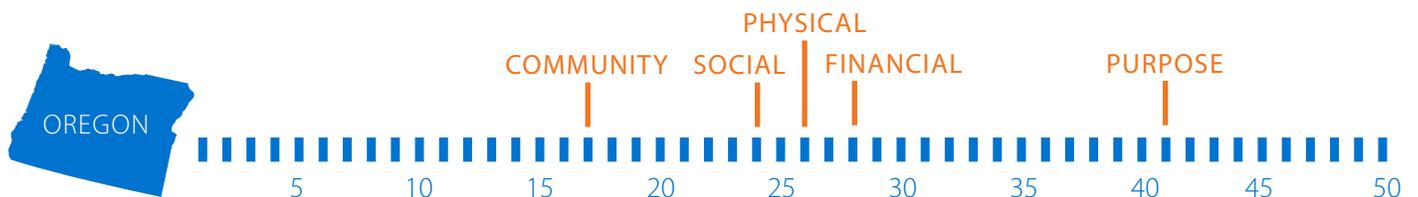


Financial (28th): Managing your economic life to reduce stress and increase security. This includes food security, managing money and living within means, and stress and worry associated with money.

- **Assets:** none noted
- **Opportunities:** More than a third of us worry about money weekly.

Community (17th): Liking where you live, feeling safe, and having pride in your community.

- **Assets:** Oregonians have a uniquely strong sense that their “city or area is a perfect place for you” (6th) and “can’t imagine a better community” (11th).
- **Opportunities:** Few Oregonians feel as though they’ve received recognition for helping their community in the last twelve months (ranked 30th at 18.8 percent).



³ Gallup-Healthways Well-Being Index 2015, Analyzed by Gallup Healthways Inc. for use in this report.

WHY DOES OVERALL WELL-BEING MATTER?

As compared to employees who are thriving across all five elements, employees thriving in physical alone **missed 68 percent more work** due to poor health.

There are also differences in how people engage in the community. People thriving in all five categories (vs just physical) are:

36% more likely to report full **recovery** after hardship

Over 2x more likely to exhibit adaptability to **change**

23% more likely to have donated to **charity**

43% more likely to have **volunteered**

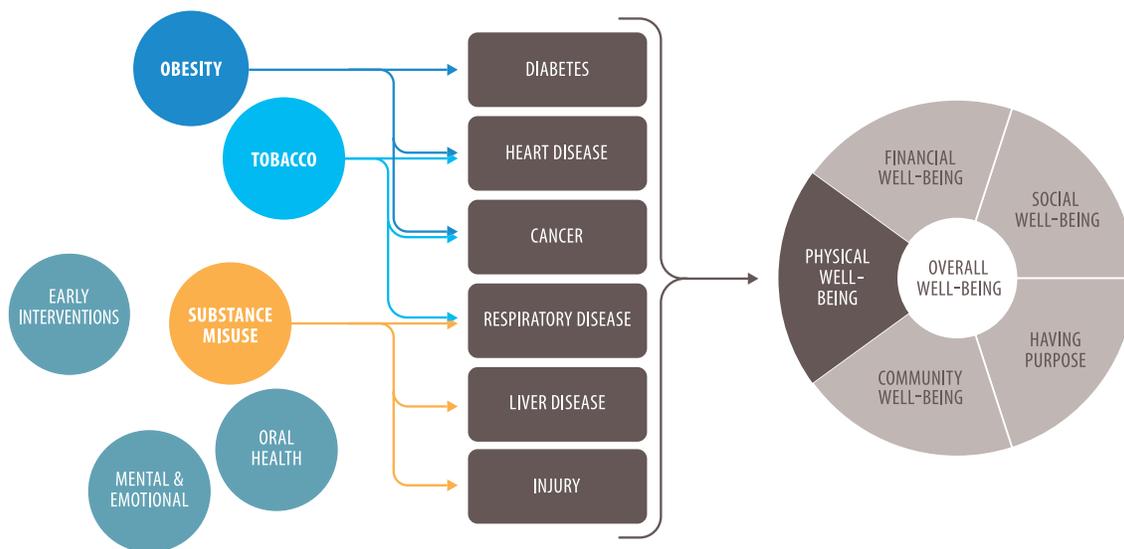
The Oregon purpose ranking is striking and should inspire additional thought and action, especially related to the lack of 'leaders creating enthusiasm for the future.' In this category, Oregon also ranks in the bottom sixteen states for 'liking what you do each day,' 'reaching your goals,' 'using your strengths,' and 'learning new and interesting things each day.' Oregon Healthiest State challenges partners to study this issue and share what you learn so we can all better understand it and act accordingly, especially within the strategies related to enhancing the social environment.

WHERE DO WE FOCUS OUR INITIAL ENERGY?

We know that physical health is crucial, we know quite a bit about how we are doing in this area, and we know what works to improve it. Focusing our energy here first can move the needle on health and decrease the burden of illness on our economy. Parallel to this, Oregon Healthiest State partners are beginning, and are strongly encouraged, to explore the other aspects of well-being described above.

SIX AREAS OF FOCUS TO IMPROVE PHYSICAL HEALTH

Informed by data, Oregon health and well-being experts⁴ identified six factors that contribute to poor physical well-being. Addressing these vigorously holds the greatest potential to reduce chronic diseases and conditions that lead to premature death, restrain sky-rocketing healthcare costs, and improve overall health and well-being in the state.



TOBACCO

What does tobacco use look like in Oregon?

- Over 17 percent of Oregonians smoke⁵
- This rate almost doubles for those who are low income, African American, or American Indian / Alaska Native⁶
- Smoking rates are higher in rural counties, including Coos (27.5 percent), Lincoln (33 percent), Crook (31 percent), and Curry County (29.2 percent)⁷

Why is it a problem?

Tobacco use is the number one preventable cause of death and disease in Oregon, killing seven thousand

people each year and costing Oregonians \$2.5 billion a year in medical expenditures and lost productivity due to premature death.⁸ Tobacco is the leading risk factor of many chronic diseases that lead to premature death, including cancer, diabetes, and chronic lower-respiratory disease.

OBESITY

What do obesity rates look like in Oregon?

- One in four Oregonians are obese⁹
- Obesity rates are substantially higher in communities of color. American Indian / Alaska Native, Latino, and African American obesity rates climb to 35–40 percent.¹⁰

⁴ Oregon Healthiest State Executive Steering Committee, Strategy and Evaluation committee.

⁵ Oregon Health Authority 2015

^{6,7,8,9,10} Ibid.

- Rates of obesity are much higher in rural communities compared to the rest of the state. Jefferson, Wheeler, Lake, and Harney counties have obesity rates between 35 and 40 percent.¹¹

Why is it a problem?

Obesity—a risk factor for diabetes, cancer, heart disease, and stroke—is the number two preventable cause of death among Oregonians, killing 1,400 individuals each year.¹² Obesity is an expensive problem for individuals and taxpayers. In Oregon, obesity-related medical costs reached \$1.6 billion in 2006 (with \$339 million and \$333 million paid by Medicare and Medicaid respectively).¹³

SUBSTANCE MISUSE

Alcohol

What does alcohol abuse look like in Oregon?

- Oregon ranks 23rd among all states in binge drinking.¹⁴ This statistic has increased sharply in recent years.¹⁵
- Among the Medicaid population, binge-drinking rates were highest among American Indian/Alaska Native (15.6 percent) and Pacific Islanders (12.7 percent).¹⁶

Why is it a problem?

Excessive alcohol use puts individuals at risk of many conditions, such as brain and liver damage, heart disease, cancer, fetal damage in pregnant mothers, and injury. It is troubling that these rates are getting worse.

Drugs

What does drug misuse look like in Oregon?

- Oregon ranks 2nd among all states for highest rate of non-medical use of pain relievers.¹⁷
- Oregon ranks 28th among all states in terms of drug-poisoning deaths.¹⁸

- Opioid use is highest among American Indian / Alaska Native Females.¹⁹

Why is it a problem?

Prescription and non-prescription opioid use (like heroin) is a leading cause of injury-related deaths in Oregon and accounts for more drug-related deaths than any other type of drug.²⁰ Opioid overdose accounts for nearly twice the number of deaths attributable to motor-vehicle traffic in Oregon.

ORAL HEALTH

What does oral health look like in Oregon?

- Thirty-four percent of Oregonians do not access a dentist.
- Oregon has one of the highest rates of dental disease in the country.
- Eastern Oregon has a cavity rate of 73 percent, showing large geographic disparities for oral health in the state.

Why is it a problem?

Dental decay is the most common chronic disease among children aged six to eleven and adolescents aged twelve to nineteen years. Poor oral health impacts children's speech, nutrition, growth, and social development. It also causes children to miss more school, which leads to lower academic performance.²¹ Further, studies link dental decay in childhood with adverse conditions later in life, including heart disease and diabetes.²²

¹¹ Oregon Health Authority 2015

¹² https://www.oregonlegislature.gov/citizen_engagement/Reports/BB2014ObesityPublicHealthFacts.pdf

¹³ Health Promotion and Chronic Disease Section. 2012. Oregon Overweight, Obesity, Physical Activity and Nutrition Facts. Available online at <http://public.health.oregon.gov/PreventionWellness/PhysicalActivity/Pages/pubs.aspx>

¹⁴ America's Health Rankings analysis of 2014 BRFSS data

¹⁵ Oregon Health Authority, Public Health Division, Health Promotion and Chronic Disease Prevention section. Health risk and protective factors among adults, Oregon 2010 – 2013.

¹⁶ Oregon Health Authority 2015

¹⁷ Oregon Health Authority Data Retrieved from: <http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/OregonInjuryPreventionPlan.pdf>

^{18, 19} Ibid.

²⁰ Oregon Health Authority, Oregon Public Health Division. State Health Improvement Plan, 2015 – 2019. Available online at <https://public.health.oregon.gov/About/Pages/HealthImprovement.aspx>

²¹ Oregon Health Authority, Oregon Public Health Division. State Health Improvement Plan, 2015 – 2019. Available online at <https://public.health.oregon.gov/About/Pages/HealthImprovement.aspx>

²² J.G. Rogers, Evidence-Based Oral Health Promotion Resource. Prevention and Population Health Branch, Government of Victoria, Department of Health, Melbourne, 2011

MENTAL AND EMOTIONAL HEALTH

What does Oregon’s mental and emotional health look like?

- Suicide is the second-leading cause of death among Oregonians aged 15–34 years of age, and is the 8th leading cause of death among all Oregonians.²³
- Oregon has the highest rate of adults reporting poor mental health in the country.²⁴
- Suicide is more prevalent in Oregon’s American Indian / Alaska Native Population.
- Suicide rates are higher than the state average in many rural Oregon counties, including Baker, Coos, Douglas, Grant, Harney, Jackson, Josephine, Klamath, Lincoln, and Tillamook.

Why is it a problem?

Nearly two people in Oregon die every day from suicide, resulting in the death of 650 Oregonians each year and another 2,100 hospitalizations. Furthermore, approximately 70 percent of people who died by suicide in 2012 had a diagnosed mental disorder, alcohol and / or substance- abuse problem, or depressed mood at the time of death.²⁵

EARLY INTERVENTIONS—MATERNAL AND CHILD HEALTH

Early childhood experiences have a dramatic impact on the health and well-being of adults. This complex topic covers many health factors like teen pregnancy, breastfeeding, infant mortality, low-birth-weight babies, adverse childhood events, and others. Although many of the adverse maternal-child health indicators are declining for Oregonians overall, large racial disparities continue to exist. For example, while teen pregnancy rates are declining overall, almost one in three Hispanic

babies are born to a teen mom.²⁶ It’s also important to note the interactions of early interventions on the health-improvement areas already discussed. Early trauma is not getting better in the state of Oregon.

Early Trauma

What does early trauma look like in Oregon?

- Twenty-three percent of Oregon 11th graders reported that an adult intentionally hit or physically hurt them at some point in their lives.²⁷
- Seven percent of Oregon 11th graders reported that an adult had sexual contact with them at some point in their lives.²⁸
- In 2013, the highest rate of assault hospitalization in Oregon was among infants. This rate has more than doubled since 2005.²⁹

Why is it a problem?

Any form of child maltreatment is considered an “Adverse Childhood Experience” that can lead to immediate and enduring negative health consequences.³⁰ Trauma that occurs early in life is common, frequently occurs in multiples, and has a cumulative negative impact on social, emotional, and cognitive development. Health issues that are associated with early trauma include the most pressing health issues in Oregon: smoking, obesity, alcohol and drug abuse, suicide attempts, depression and anxiety, teen pregnancy, chronic diseases (including chronic obstructive pulmonary disease and liver disease) and early death.³¹ The most recent data from 2012 report that the Oregon Department of Human Services received 69,096 reports of child abuse and neglect and half of those were referred for investigation.³²

²³ <https://public.health.gov/DiseasesConditions/InjuryFatalityData/Documents/OregonInjuryPreventionPlan.pdf>

²⁴ Kaiser Family Foundation analysis of 2013 Behavior Risk Factor Surveillance System Data

²⁵ <https://public.health.gov/DiseasesConditions/InjuryFatalityData/Documents/OregonInjuryPreventionPlan.pdf>

²⁶ Oregon Health Authority Public Health Division, Accessed at: <https://public.health.oregon.gov/ProviderPartnerResources/PublicHealthAccreditation/Documents/Indicators/teenpregnancy.pdf>

²⁷ <https://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/OregonInjuryPreventionPlan.pdf>

²⁸ Oregon Health Teens Survey, 2013: http://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/Documents/2013/2013_OHT_State_Report.pdf

²⁹ *Ibid.*

³⁰ Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *Am J of Preventive Medicine*, 14(4):245–258

³¹ *Ibid.*

³² <https://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/OregonInjuryPreventionPlan.pdf>

HEALTH OUTCOMES ARE NOT EQUITABLE, BUT THEY COULD BE

Health inequities are avoidable, unfair, and systemically related to social inequality and marginalization. They are also expensive. As cited by the Oregon Health Authority, “A national study by Johns Hopkins University and University of Maryland researchers found that almost one-third of the medical care expenditures for African Americans, Asians, and Hispanics were excess costs due to health inequities.”³³

Almost one-third of medical expenditures for African Americans, Asians, and Hispanics were excess costs due to health inequities.

In Oregon, inequities are stark:

- African Americans, American Indians/Alaska Native, and Asians/Pacific Islanders all face higher rates of premature death than do non-Hispanic whites,³⁵ and disparities for many communities of color exist in nearly every chronic condition.³⁶
- Rural Oregonians face worse health outcomes than do urban Oregonians. For example, rural Oregonians face a substantially higher rate of premature death than do urban Oregonians.³⁷
- Oregon reports more poor-mental-health days than nearly every state,³⁸ and has the 9th highest suicide rate in the country.³⁹ These rates are much higher in males and in rural Oregon.⁴⁰
- We continue to engage in unhealthy behaviors. 17.8 percent of Oregonians smoke and 26.8 percent are obese. These rates are strikingly higher in communities of color.⁴¹

These data tell us that Oregon has not consistently established—or facilitated the growth of—supportive social and built environments that prevent disease among communities of color and those in the state’s rural regions.

In the strategy discussion that follows, community-based efforts like Living Cully and PASOS will be highlighted to show how, with more attention, support, and investment, communities throughout Oregon can change this story.

Distinguishing between equity and equality is critical to understanding the concept of health equity. One illustration that is commonly used to explain this difference depicts three children of differing heights watching a ball game over a fence. If every child was given a stool of “equal” height, the shortest child would still be unable to see the game. The stool would adequately accommodate only the tallest child. An equitable result requires providing each child with a stool at the necessary height to see over the fence. This concept can also be applied to health disparities. When a disadvantaged person is given the same health opportunities as a person who experiences societal advantage, the result may be equal, but it is not equitable. The disadvantaged person or group is still in an inferior position because nothing has been done to eliminate the gap between them and the advantaged group.³⁴

³³ Oregon Health Authority, Oregon Public Health Division. 2013. Oregon’s Healthy Future: A Plan for Empowering Communities. Available online at <https://public.health.oregon.gov/About/Pages/HealthImprovement.aspx>

³⁴ American Public Health Association, <https://www.apha.org/topics-and-issues/health-equity> (last visited July 24, 2015)(adapted from an image adapted by the City of Portland, Oregon, Office of Equity and Human Rights).

³⁵ 2012 Oregon State Health Improvement Plan

³⁶ Oregon Health Authority, Public Health Division, Health Promotion and Chronic Disease Prevention Section. Chronic diseases among adults by race and ethnicity, Oregon 2010 – 2011. Created August 2014; Accessed September 2015

³⁷ Communities Reporter Tool, OregonExplorer.info, using Oregon Department of Human Services, Center for Health Statistics data

³⁸ America’s Health Rankings 2014, using BRFSS data

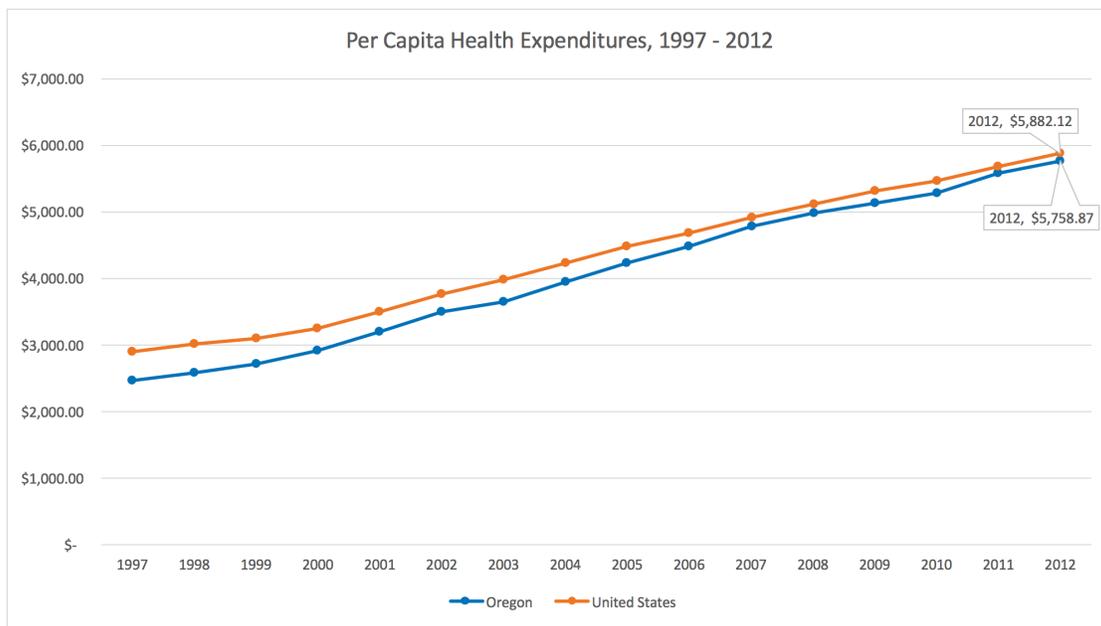
³⁹ Centers for Disease Control and Prevention

⁴⁰ Oregon Health Authority. Suicides in Oregon: Trends and Risk Factors 2012. Retrieved at <http://www.oregon.gov/oha/amh/CSAC%20Meeting%20Shedule/Suicide-in-Oregon-report.pdf>

⁴¹ Oregon Health Authority, Public Health Division

WHAT DOES ALL OF THIS MEAN FOR OREGON?

The data give us insight into why healthcare expenditures per capita are growing and will continue to grow if we do not address the focus areas outlined above.⁴²



Source: Bureau of Economic Analysis

OREGON HEALTHIEST STATE STRATEGY

The premise of Oregon Healthiest State is that health beats healthcare. Improving the health of Oregonians reduces the need for medical treatment, prescriptions, and other healthcare expenditures. Good health averts the toll that sickness takes on families and it contributes immeasurably to individual, family, and community well-being. Healthy employees are more productive, which directly improves an enterprise’s bottom line. Aligning our efforts on behalf of communities and organizations that support health is crucial to Oregon’s well-being and economy.

Oregon Healthiest State formed in 2013 to address Oregon’s most pressing health issues with a core philosophy: ‘efficient impact,’ characterized by efforts to accelerate and scale things that work, to work with and support as many partners promoting health as possible,

and to avoid adding a new layer of bureaucracy in the fight against health threats. In support of this philosophy, Oregon Healthiest State embarked on its first task in 2014: engaging with as many partners as possible to identify what is working, what is not, and what Oregon Healthiest State can do to improve statewide health without duplicating existing work.

Over one hundred key-informant interviews across the state recognized that emphasis should be placed further upstream. One way to improve health is through better healthcare. Much investment and attention currently exists here. The evidence about what actually creates health shows that we are not spending enough time and attention upstream, keeping people healthy so they don’t need as much healthcare.

The interviews also revealed a key theme: people are healthier in communities that support them. Supportive

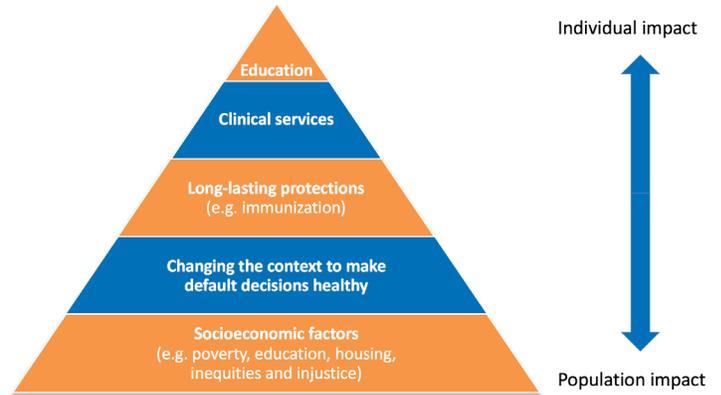
⁴² BEA, Personal Consumption Expenditures by State; BEA, Personal Income Summary; BEA, GDP by State, Analyzed by ECONorthwest

communities, or the built and social environments where and with whom we spend our time, ensure that all members, regardless of race or ethnicity, income or disability, share in opportunities to lead healthy lives. Supportive communities have one thing in common: they are places where the healthy choice is the default choice for each and every community member.

From this work emerged two strategic areas where Oregon Healthiest State partners could have the greatest possible impact complementing existing efforts:

1. **Industry or community-wide actions**—from policies to investments—that change the context in communities and organizations that help make the healthy choice easier.
2. **Statewide Collective Impact**, or the gathering of partners to address an issue through shared measurement, a shared agenda, and aligned efforts.

These strategies are best depicted using the Centers for Disease Control and Prevention’s Health Impact Pyramid. The Health Impact Pyramid is used to describe interventions that improve health based on impact to a population. The first strategy lives in the second-from-the-bottom tier of the pyramid and the second strategy encompasses tactics at every level in tackling a single health issue.



Source: CDC, Framework for Public Health Action: The Health Impact Pyramid

In the pages that follow, each strategy is described, including why it will work and how you can get involved in the movement that will make Oregon the healthiest state. First described is **Strategy 1**: Changing the context to make healthy choices followed by a similar highlight of **Strategy 2**: Statewide collective impact initiatives. While brief examples of the strategies are provided, more detailed examples are provided in the appendix, and interested partners are encouraged to explore them further.

“Interventions focusing on the lower level of the pyramid tend to be more effective because they reach broader segments of society and require less individual effort. Implementing interventions at each level can achieve the maximum possible sustained public health effort.”

—Thomas R. Frieden, MD, Director, CDC

STRATEGY 1: Changing the Context in Communities and Across Industries

COMMUNITY-BASED SOLUTIONS

Community-based solutions are those in which communities, especially those traditionally marginalized, identify problems and then generate and implement solutions that make healthy choices easier.

How will this strategy unfold?

To do this, communities, funders, and partners need to have a strong understanding of geographic and demographic areas of need along with efforts emerging in those communities. This also requires knowledge of what works with regard to changing the built environment (grocery store locations, sidewalks, parks and trees, stairwell placement, etc.) and social context (design and culture that encourages healthy social connections) that help make healthy choices easier. Finally, this requires that community, business, and government leaders all have processes in place that engage community members in open and respectful dialogue that encourages shared recognition of problems and a willingness to address them.

The role of Oregon Healthiest State

Oregon Healthiest State as a backbone organization works with communities to gather necessary data and connect them with evidence-based and emerging solutions that communities can tailor to their unique needs. Oregon Healthiest State partners are asked to commit to removing barriers communities may face in their efforts.

Examples of community-based initiatives:

Partner organization Cambia Health Foundation has brought Blue Zones Project® to Oregon. Blue Zones Project is a community-wide well-being improvement initiative to help make healthy choices easier. It encourages changes through the leadership of individuals, worksites, schools, restaurants, grocery stores, and government to build a community movement to improve the quality of life for everyone. Several communities are already taking advantage of the three-year opportunity in Oregon:

- Klamath Falls. With strong local leadership from Sky Lakes Health Center, Klamath Falls is enthusiastically moving forward as a Blue Zones Project Demonstration Community with five full-time local staff dedicated to the work. A second demonstration community will begin in 2016.
- Communities and organizations across the state of Oregon will be attending the first ever Blue Zones Institute on November 11th, 2015. This annual training event will help interested communities and organizations learn about available resources and best practices in order to create action plans focused on creating healthier environments.

Other examples include:

- Portland's Cully Neighborhood's "[Living Cully](#)" program
- The Gorge [PASOS](#) program
- Clatsop County's [Way to Wellville](#) program
- Tillamook County's [Year of Wellness](#) Initiative
- Portland's [Age-friendly Community](#) effort
- Many [Healthy Beginnings Healthy Communities](#) efforts supported by Northwest Health Foundation
- [Best Baby Zone Model](#)

INDUSTRY-FOCUSED SOLUTIONS

To complement the bottom-up approach of community-based solutions, statewide industry-focused solutions are top-down efforts in which specific industry groups—whether an association of schools or a chain of grocery stores—make changes within the social and built environments where they have influence.

How will this strategy unfold?

First, industry leaders will come together and discuss the dimensions of health over which they have influence. In that process they will commit to take collective, mutually beneficial action in their built and social environments so that healthy decisions are easier for their employees or members, their customers or stakeholders, and their cultural and geographic communities. This will be particularly powerful in areas where a large system or institution could accelerate the efforts of the local organization working with their community to improve health.

The role of Oregon Healthiest State

As a backbone organization, Oregon Healthiest State pledges to help coordinate and convene industry workgroups around a shared measurement system. Oregon Healthiest State partners are asked to make a commitment, learn about what works, make changes, measure outcomes, and share what is learned.

Examples of industry-focused solutions that make the healthy choice easier:

The success of Hy-Vee grocery stores in Iowa is a great example of industry-focused solutions at the state and community level. The CEO of Hy-Vee stores, Ric Jergens, made a company-wide commitment to make healthier options more available at Hy-Vee grocery stores. After making these changes statewide, Hy-Vee found that:

- Healthy beverage sales increased by 122 percent in a three-month period.
- Produce sales increased by 15.8 percent.
- At the same time, according to the Gallup-Healthways Well-Being Index, Cedar Falls saw produce consumption and healthy eating improve by approximately 7 percentage points.⁴³

Similar industry efforts are emerging in Oregon:

- **Employers.** The Oregon Business Council is convening an employer team, led by a-dec CEO, Scott Parrish. The group will identify a goal to improve well-being for employees throughout the state, understand what works within an employer environment, engage partners, develop a strategy, and implement best practices in businesses throughout the state.
- **Schools.** Oregon Association of School Administrators is embarking upon a “Year of Discovery” related to health.
- **Cities.** Throughout the state, cities are adopting policies that make healthy eating and active living easier for those who live in their communities. In many cases, this work is part of a larger movement called the HEAL Cities Campaign.

⁴³ <http://www.marketwatch.com/story/cedar-falls-achieves-certified-blue-zones-community-status-2014-01-22>

STRATEGY 2: Collective-Impact

STATEWIDE INITIATIVES

A collective-impact initiative coalesces leaders from all sectors around a shared goal related to a problem. In a collective-impact initiative, leaders develop and act on a common understanding of the problem and its solutions (i.e. a common agenda). A shared measurement system is deployed to identify progress (or regress) on the issue, while the backbone organization makes sure that members are engaging in mutually reinforcing activities. By leveraging the unique contact points various sectors have with a given problem, collective-impact initiatives begin to improve the specific outcome area across the entire state at an accelerated rate compared to isolated efforts.

How will this strategy unfold?

The work ahead is to take the state's most pressing health issues, identify where there is the most energy and interest, and then convene actors across sectors to address the issue.

The role of Oregon Healthiest State

Oregon Healthiest State pledges to act as the backbone organization for statewide collective-impact initiatives. This includes:

- Convening organizations from many sectors to build a common understanding of the problem and its solutions.
- Developing a shared measurement system with which to share success and to refine and improve strategy.
- Convene and coordinate learning communities that allow these groups to learn from other initiatives that have been successful using the collective-impact approach.

Oregon Healthiest State partners are asked to identify one of Oregon's most pressing health issues from the State of Health and join the effort to solve it.

Examples of collective-impact initiatives

- **Reducing childhood dental disease** by funders working together to bring dental screenings and preventive services into school settings, to promote oral-health literacy, and to develop infrastructure that provides all children in Oregon with timely access to age-appropriate dental care.
- **Finance.** The Standard is convening a workgroup to explore what financial well-being means to Oregonians, the most effective solutions to improve it, agree on common measures, pursue mutually reinforcing activities, and learn together.
- **Outdoors.** The outdoor industry is coming together to better understand how the outdoors impacts health, learn together about what works, provide a statewide action framework to improve health, and commit to work and learn together.

While not a statewide initiative, the following effort is a great example of a local collective-impact effort that could be extended for statewide impact.

- **Reducing child abuse in Lane County by 90 percent by 2030.** Seven community coalitions worked together to identify shared definitions of child abuse and neglect and common core beliefs, and to develop a strategic framework. Research and measurement activities include 1) identification of evidence-based primary-prevention strategies, 2) a random digit county-wide climate survey to identify public beliefs and attitudes about child abuse and its prevention, and 3) a prevalence study designed to more accurately measure actual rates of child abuse and neglect.

CONCLUSION—A CALL TO ACTION

Elevating statewide health is a formidable undertaking and can seem overwhelming. However, the strategies to address it are relatively straightforward:

1. **Change the context so that healthy choices are easier (within an industry / community).**
2. **Select a problem, gather partners, identify shared measures, create a shared agenda, and align efforts.**

The solutions cannot rest solely on the shoulders of those whose jobs explicitly say they are responsible for health. When we look at the impacts and costs, it's clear that we all must consider ourselves leaders in improving health.

In 2015 executive leadership from the Oregon Health Authority, Oregon Health Leadership Council, The Ford Family Foundation, along with Michael Alexander, all agreed to serve as leaders alongside Nike, Oregon Health & Science University, Cambia Health Solutions, and the Oregon Business Council. Health data experts who had never worked together found themselves in a room debating the most pressing health issues in Oregon for the first time ever.

Additionally, over seventy organizations signed on as partners committed to making changes within their spheres of influence, two communities initiated Blue Zones Project efforts, finance leaders committed to measuring and improving financial well-being, outdoor industry partners committed to measuring and improving well-being, and employers are considering an industry-wide commitment to health. Additional efforts are already under way and emerging.

This year, a short list of pressing issues has been identified:

- Tobacco
- Obesity
- Substance Misuse
- Oral Health
- Mental Health
- Maternal/Child Health

Partners are challenged to use the examples in this paper as inspiration, share what they've learned with others, let us know what we've missed, and dig deep as appropriate to their community and their sphere of influence.

Oregon Healthiest State staff will ensure that measurement is aligned, collective-impact groups have what they need to get started, and that progress is communicated. To do this, we need to hear from you to find out where you see yourselves within the Oregon Healthiest State movement.

Leaders of environments (schools, cities, counties, healthcare organizations, restaurants, grocery stores, markets, faith-based organizations, civic organizations):

- Join the movement by signing the [Partner Form](#) to have your name included on the OHS [Partner Page](#).
- Share your main health success and/or challenge (so others can benefit and share their experiences with you).
- Identify where you will focus your time and energy (which strategy? which pressing issue?), commit to measurement, and learn with the partnership.
- Join a workgroup in your community or industry and share what you learn.

Supporters of change (public health, healthcare organizations, not-for-profits):

- Join the movement by signing the [Partner Form](#) to have your name included on the OHS [Partner Page](#).
- Share programs you have that support the strategies outlined and have proven outcomes.
- Share specific examples of work you are doing with communities, industries, or collective impact to address a pressing issue.

Each of us will make a commitment to do something. We will work together to make sure our efforts actually improve well-being in Oregon. We will stumble. We will learn. We will adapt. We will succeed.
