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Background Brief on...

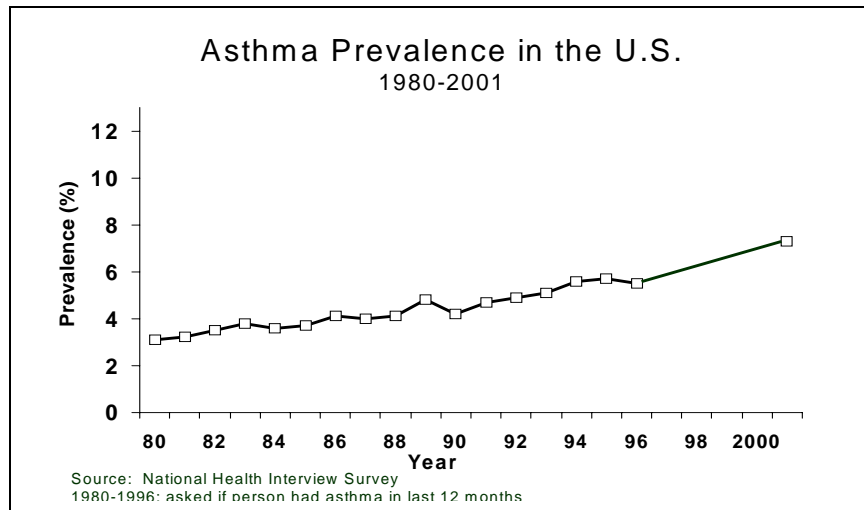
Public Health Facts

Prepared by: Rick Berkobien

Following are a series of “at-a-glance” Background Briefs on selected public health conditions and issues.

These fact sheets were compiled by Rick Berkobien, Committee Services. However, data in each table or chart, along with various bulleted points, were developed by Dr. Mel Kohn, State Epidemiologist, and staff in Health Services at the Department of Human Services. For more information on the data or information presented, please contact the staff person listed at the end of each fact sheet.

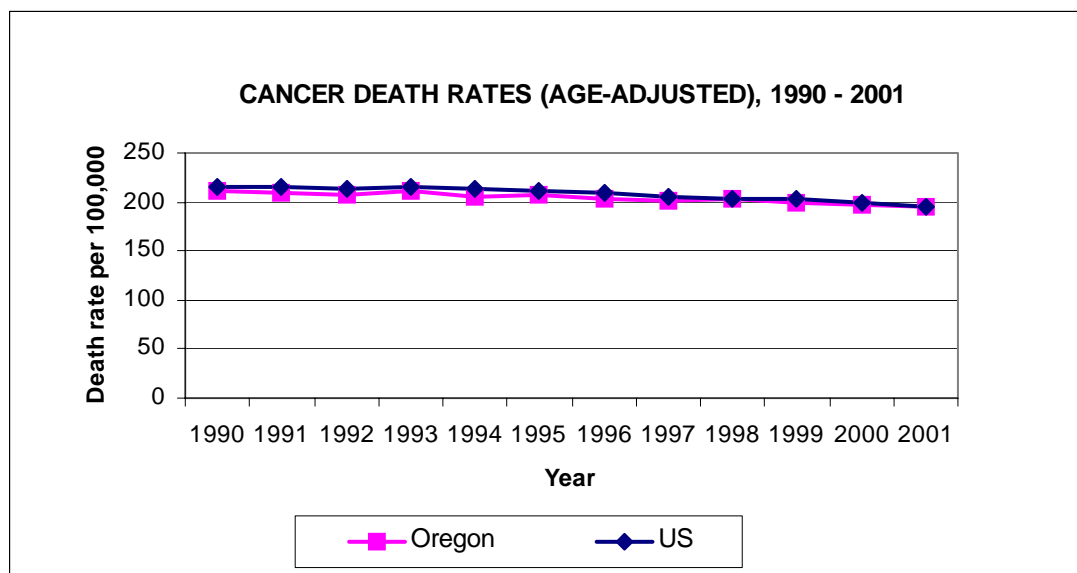
Asthma in Oregon



- Asthma is a chronic lung disease involving ongoing inflammation and narrowing of airways due to spasm of the muscles surrounding the airway walls.
- In Oregon, 8.7% of adults (229,000 people) report having asthma, higher than the national rate of 7.5%.
- 15% of adults on the Oregon Health Plan report having asthma.
- In the U.S., asthma prevalence has been increasing slowly but steadily for more than twenty years (see chart above).
- Oregonians have approximately 2,500 hospitalizations for asthma each year.
- 11% of Oregon's adult women – versus 6% of men – report having asthma.
- 23% of adult women who smoke more than one pack of cigarettes a day report having asthma, compared with 6% of men.
- Oregonians pay an estimated \$152 million annually in direct and indirect costs from asthma.
- 16% of adult Oregonians with asthma report missing one or more days of work, school or other activities due to asthma during a three-month period.
- Most people with asthma can lead active, healthy lives if their asthma is well-controlled.
- Nearly one-third of Oregonians aged four to 55 with persistent asthma are not using appropriate medication to control their disease. Regular use of effective medication by all Oregonians with asthma could reduce asthma-related hospitalizations in the state by 35-40%.
- Age-adjusted asthma death rates are three times higher for African Americans than whites. Asthma prevalence, as measured through self-report, is estimated to be higher among African American children and adults compared to whites, but lower among Latinos compared to whites.

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Cancer in Oregon

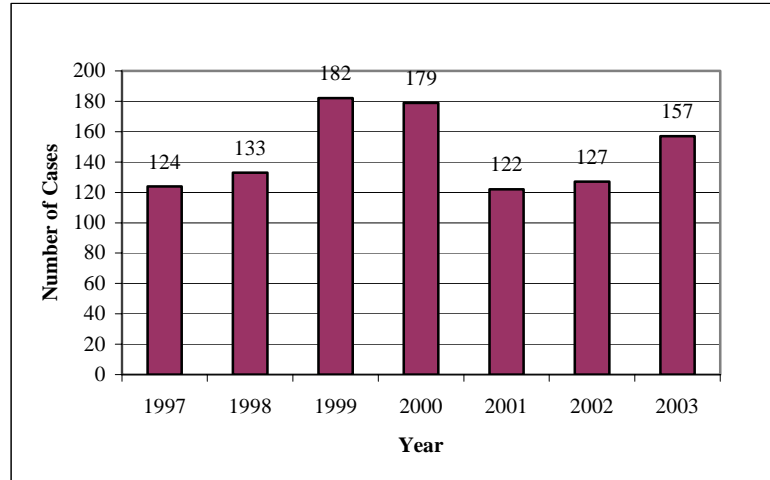


- Cancer is the second leading cause of death in Oregon. Cancer death rates in Oregon are similar to rates for the US (see figure, above).
- Lung cancer is the leading cause of cancer death in Oregon, followed by breast and colorectal cancers.
- Among men, prostate cancer is the most common, followed by lung cancer. Among women, breast cancer is the most common, followed by lung cancer
- In 2000, hospitalizations for cancer cost Oregonians \$210 million.
- Cancer risk increases with age. Because Oregon's population is aging, the incident-rate of cancer will increase.
- Research indicates that stopping all tobacco use could eliminate 90% of lung cancers as well as a large number of oral, bladder, and cervical cancers, among others
- Cancer screenings can detect and even prevent colon cancer. Only 11% of eligible Oregonians are following screening guidelines for colon cancer.
- Screening for breast and cervical cancer can lead to early detection and effective treatment.
- Cancer is the second leading cause of death among every racial/ethnic group in the United States except Asian/Pacific Islanders, for whom it is the first. Overall, African Americans are more likely to develop and die from cancer than any other racial/ethnic group.

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Childhood Lead Poisoning In Oregon

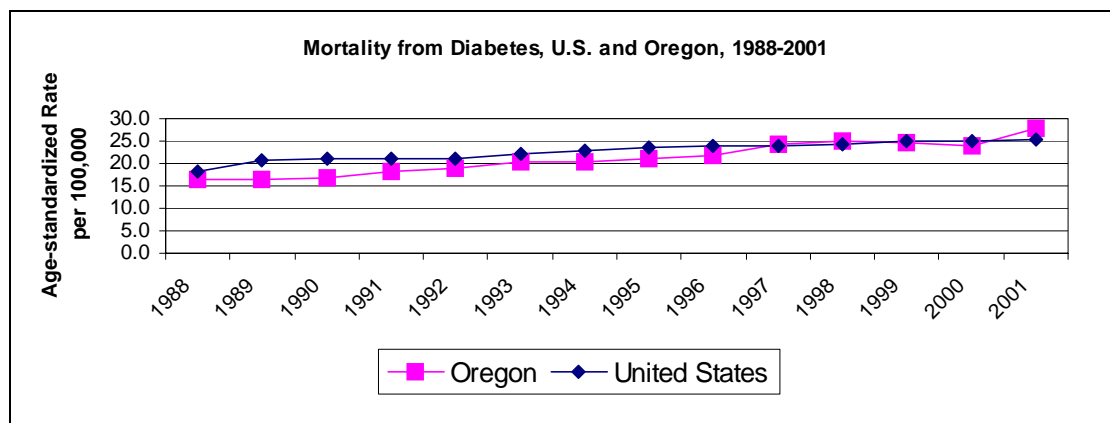
*Reported Cases of Lead Poisoning in Children Under 18 Years of Age
Oregon: 1997-2003*



- Less than 3% of the 270,000 Oregon children under age 6 have some level of lead poisoning, although many of these will not be identified due to limited blood lead testing.
- About 150 Oregon children are reported each year with elevated lead levels. Almost all of these have mild elevations. Severe cases of poisoning are rare.
- Lead affects every system in the body.
- Lead poisoning can cause learning disabilities, developmental delays, lowered intelligence, behavioral and attention problems, and stunted growth. The severity of these effects is related to the level of lead.
- Even low levels can subtly affect a child's ability to learn.
- Neurological damage from lead is largely irreversible.
- Although the use of lead as a paint additive was banned in 1978, many homes built before that time have surfaces covered with lead-based paint.
- The older the paint the more likely it is to be deteriorated and available to expose children.
- Paint accounts for 63% of recent Oregon lead poisoning cases. Nearly half of these were related to remodeling of older homes.
- Other sources of lead poisoning include lead-containing home remedies, pottery and toys.
- Children under the age of six, especially one and two-year olds, are most susceptible to the effects of lead.
- Every county in Oregon has at least some homes with lead-based paint in them.
- Low income and minority children are more likely to live in deteriorating homes, and therefore more likely to be exposed to lead-based paint.
- Childhood lead poisoning can be prevented by eliminating sources of lead exposure, particularly deteriorating lead-based paint, and by enhanced screening of children at high risk so that new lead hazards can be identified and eliminated

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Diabetes in Oregon

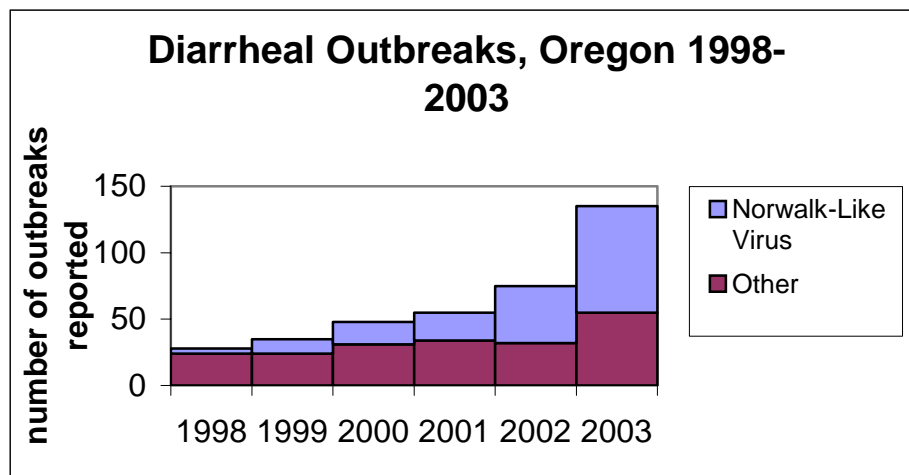


Source: Centers for Disease Control and Prevention *Wonder*

- Diabetes is the inability to move sugar from the bloodstream into the tissues so it can be used as fuel. Type 1 diabetes has a strong hereditary component; the cause is not well-understood. Type 2 diabetes is closely related to obesity.
- Diabetes causes serious complications such as heart disease, limb amputation, impotence, kidney failure, blindness, and decreased ability to fight off infections.
- Over 150,000 Oregonians have diabetes.
- Although diabetes is common among all racial and ethnic groups, it is more common among African-Americans and American Indians.
- Diabetes is the seventh leading cause of death in Oregon.
- In 2000, Oregonians spent \$30 million on hospitalizations for control of diabetes. Hundreds of millions more were spent on care for other complications of diabetes.
- Type 2 diabetes is increasing at a rapid rate among children in particular. This increase is closely linked to the obesity epidemic.
- Diabetes may be controlled or prevented by regular physical activity and weight loss (even modest weight loss can delay or prevent progression to diabetes in people at high risk).
- People with diabetes can often avoid related complications through good self-management.

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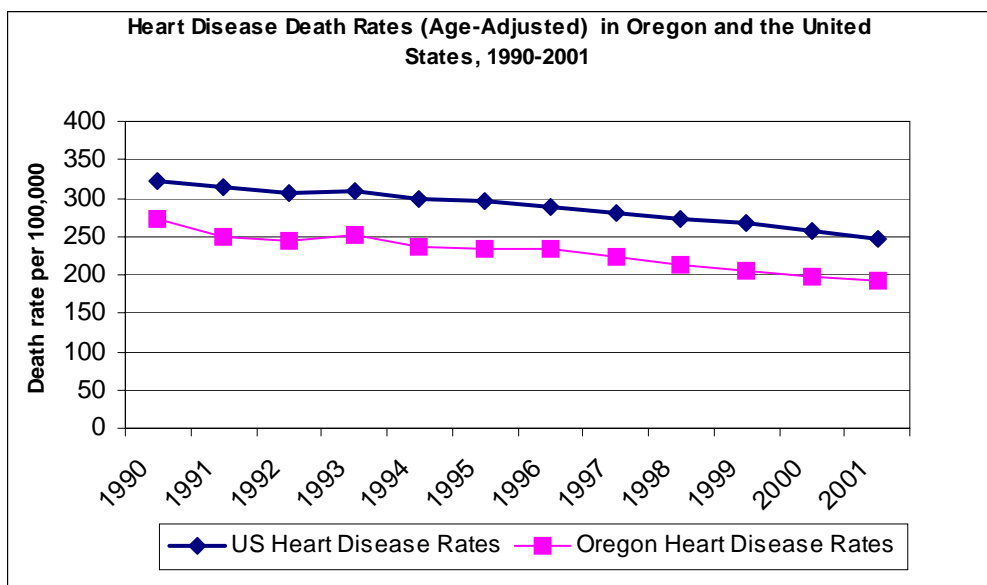
Foodborne Disease



- Six percent of Oregonians, or 200,000 people, get an acute diarrheal illness every *month*, of which half may be foodborne.
- Over 300,000 Oregonians seek medical care for diarrheal illness every year, including thousands hospitalized or treated in emergency rooms. Most infections are minor, but the cost of a single case of *E. coli* O157:H7 infection with kidney failure may be \$300,000 or more.
- Foodborne illness outbreaks are common. Oregon public health agencies investigate over eight outbreaks of gastroenteritis each month, of which at least 40% are foodborne.
- Foodborne disease can be caused by viruses (e.g. Norovirus), parasites (e.g. giardia), bacteria (e.g. *E. coli* O157:H7), prions (Mad Cow Disease), and toxic exposures (staphylococcal food poisoning).
- Past foodborne outbreaks in Oregon include: salmonellosis from alfalfa sprouts and commercial egg salad; shigellosis from bean dip; listeriosis from hot dogs; *E. coli* O157 infections from ground beef and raw milk; *Vibrio* infections from raw shellfish.
- State activities to prevent foodborne illnesses includes investigating outbreaks to identify and stop transmission from ongoing sources, and educating the public and foodhandlers about the importance of handwashing and proper food-handling practices (keep hot foods hot and cold foods cold).

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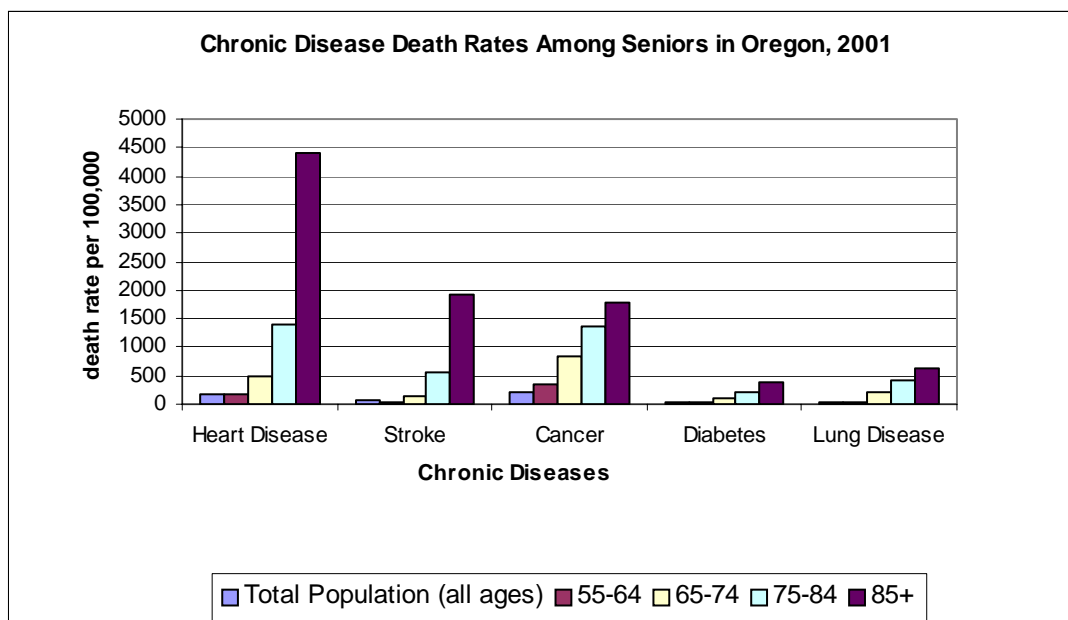
Heart Disease in Oregon



- Almost one in ten Oregonians over age 45 have heart disease. Heart disease is the leading cause of death in Oregon.
- While deaths from heart disease are higher among men, heart disease killed 7 times as many Oregon women as breast cancer in 2002.
- African Americans in Oregon have higher death rates from heart disease than do Oregonians in general.
- In 2001, hospitalizations for heart disease cost Oregonians \$549 million.
- Death rates from heart disease are falling (see chart above) due to improved medical care and reduction of risk factors for heart disease.
- Smoking is a leading contributor to heart disease. Among Oregonians younger than age 65 who died from heart disease in 2002, almost half were smokers, compared with 21% of the total population who smoke.
- The benefits of stopping smoking occur quickly; within one year of quitting smoking the risk of a dying from heart disease drops by 40%
- Other risk factors for heart disease that can be controlled include obesity, inactivity, high blood pressure, and high blood cholesterol.

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Health and Elderly Oregonians



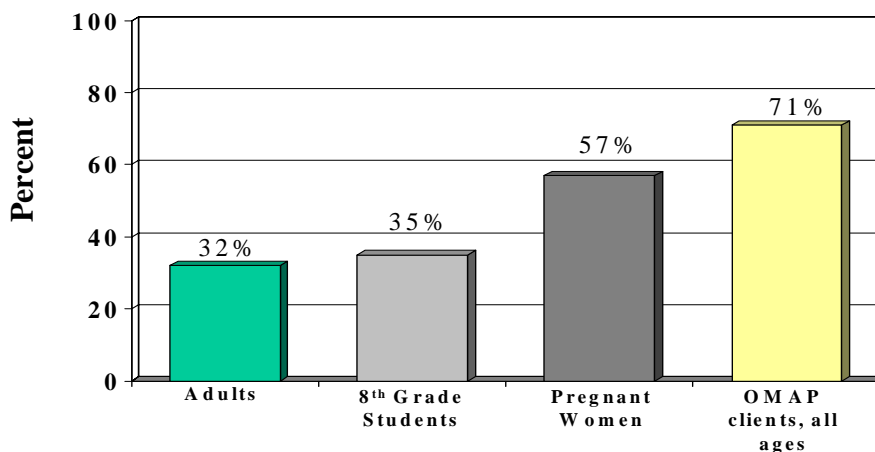
- Mortality rates for many conditions, including cancer, heart disease, stroke, and diabetes, increase with age.
- Screening for breast cancer, and colon cancer in the elderly have been proven to decrease deaths from these diseases, and in the case of colon cancer, can prevent the disease in the first place.
- Tobacco use is the leading preventable cause of death, followed closely by physical inactivity and poor diet.
- Falls represent an additional risk for death among the elderly and the risk increases with age; an 85 year old is 15 times more likely to die from a fall than someone 65 to 69 years old.

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Oral Health in Oregon

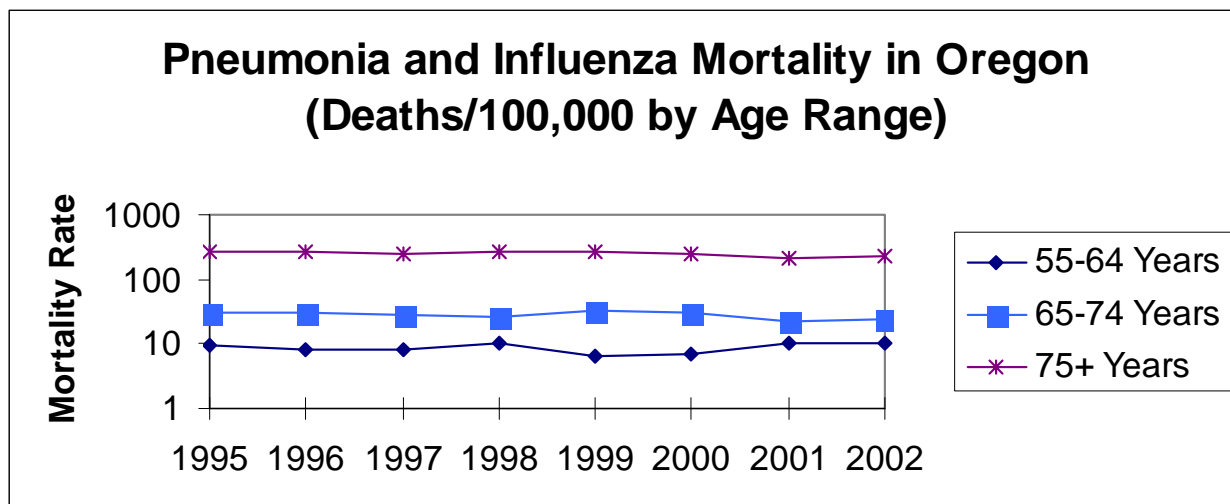
Oregonians With No Dental Visit in 2002



- One-in-six Oregonians over age 60 (18%) have lost all their teeth due to preventable decay or infection.
- Children in low-income homes have nearly three times the amount of untreated decay.
- In homes where a language other than English is spoken, children are twice as likely to have untreated decay and 58% less likely to have visited a dentist in the previous year.
- The number of oral health care providers is low (many communities in Oregon are designated as underserved), particularly in rural areas where the number of providers continues to shrink.
- The percentage of all Oregon Health Plan clients who had a dental visit fell 29% between 2002 and 2003.
- Only one-in-three Oregon children in grades 1-3 (32.3%) have had decay-preventing sealants placed on their teeth.
- Only 20% of Oregonians live in communities with optimally fluoridated water supplies. Research shows that water fluoridation is considered the most effective and economical method to improve oral health.
- Periodontal disease during pregnancy has been linked with low birth weight.
- Poor oral health is the most prevalent chronic disease among children, five times more prevalent than asthma.
- In 2000, the Surgeon General issued a call for a national effort to improve oral health (called “the silent epidemic”) among all Americans.

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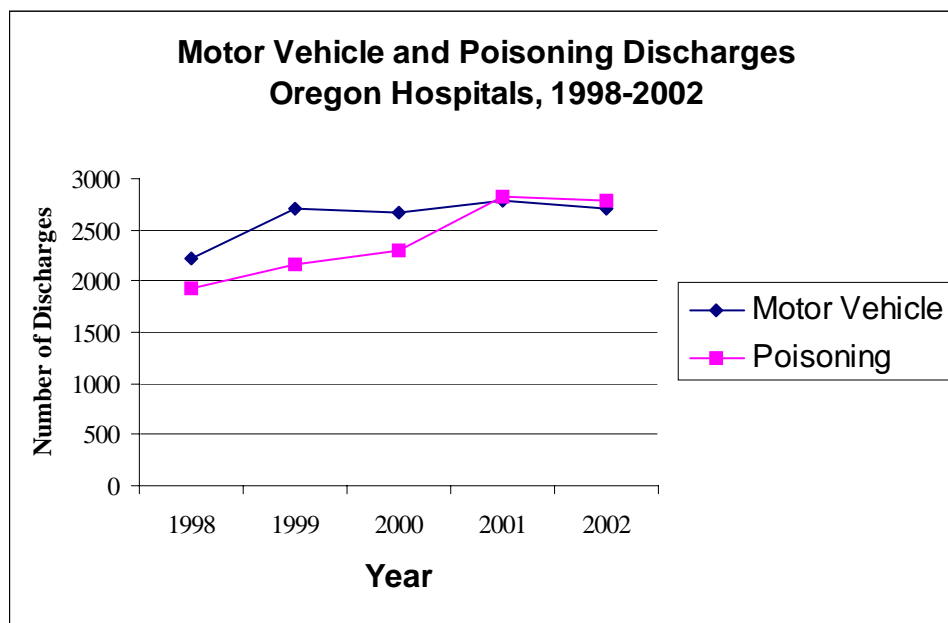
Pneumonia and Influenza Deaths in Oregon



- Pneumonia and Influenza are the leading causes of infectious disease deaths in Oregon. From 1999-2002, 2,558 Oregonians died from pneumonia and influenza.
- Of these deaths, 91% occurred among persons age 65 years and older.
- Among all causes of death in all age groups, pneumonia and influenza ranks as the 8th leading cause.
- Persons at highest risk include those age 65 years and older, or those who are at high risk due to a chronic disease, such as heart disease or diabetes, or are immunocompromised.
- Effective vaccines against both pneumonia and influenza have been developed. The federal Centers for Disease Control and Prevention (CDC) recommends vaccination against pneumococcal disease (the most common bacterial cause of fatal pneumonia) for all adults at age 50 and for younger persons who are at high risk.
- The CDC recommends annual influenza vaccination for adults who are age 65 and older, infants 6-23 months, and for people at high risk.
- In 2002, 32% of Oregonians age 65 years and older *failed* to receive an influenza vaccination.
- In 2002, 35% of Oregonians age 65 years and older *failed* to receive pneumococcal vaccination.

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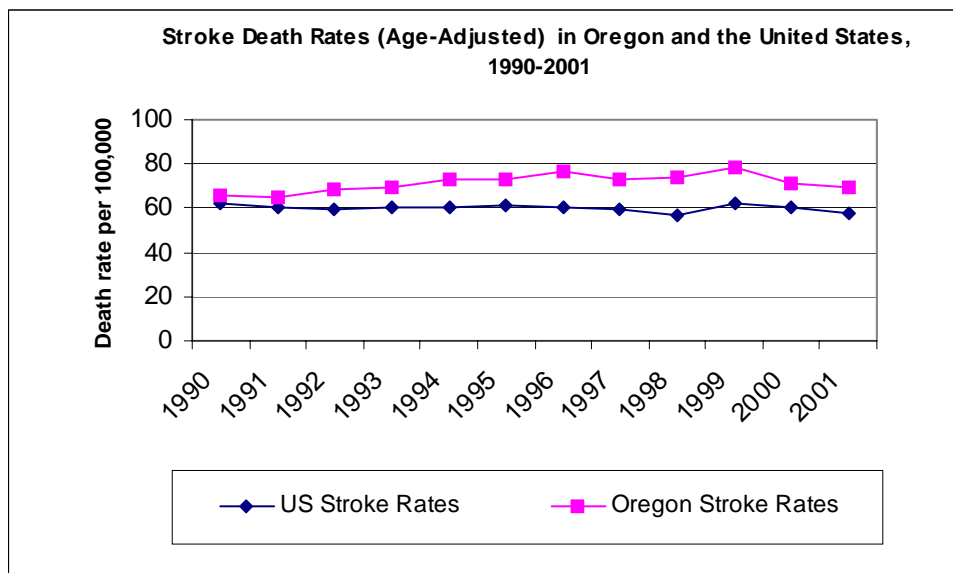
Poisoning Injury in Oregon



- 10,062 individuals were discharged from Oregon hospitals for poisoning from 1999-2002.
- Poisoning, which includes unintentional and intentional overdoses, is the 2nd leading cause of injury-related hospitalizations in Oregon.
- More people are hospitalized for poisoning than for motor vehicle traffic crashes.
- 63% of the poisoning hospitalizations are suicide attempts.
- Inpatient costs for treatment of poisoning injuries from 1999-2002 was \$63,715,301.60.
- From 1999-2002, 1,135 Oregonians died as a result of poisoning.
- Poisoning is the 3rd leading cause of injury deaths in Oregon.
- 47% of the poisoning deaths were unintentional.
- Oregon's poisoning death rate increased 27% from 1999 to 2002.
- Nationally, Oregon ranked 13th for suicide poisonings in 2001.
- Children under 5 years of age and the elderly (aged 75+) are at greatest risk for unintentional poisoning.
- 84% of those discharged after treatment of a suicidal poisoning were aged 15 - 49 years.
- Females are 2 times more likely than males to be admitted for a suicidal poisoning.
- Males were more likely to die from poisoning than females.

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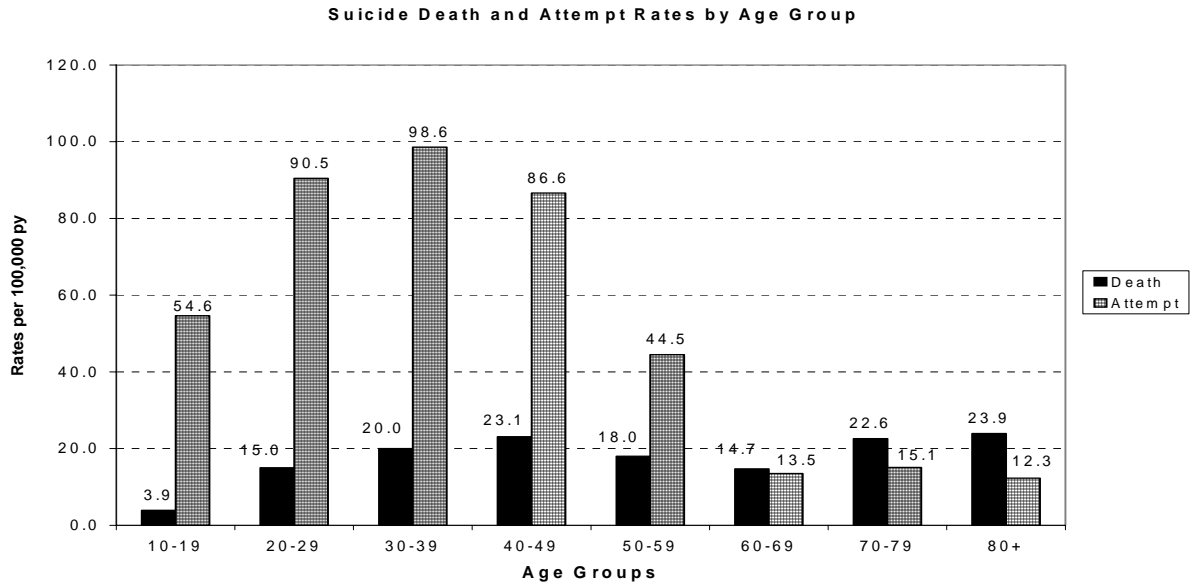
Stroke in Oregon



- Stroke is the third leading cause of death in Oregon
- Oregon ranked 5th in the nation in 2001 for stroke death rate.
- African Americans have higher death rates from stroke than do Oregonians in general.
- During 2001, hospitalizations in Oregon for stroke cost Oregonians \$103 million.
- Risks for stroke that can be controlled include smoking, obesity, inactivity, high blood pressure, high blood cholesterol.
- Frequency of stroke increases with age, and Oregon's population is aging. Stroke and related health care costs can be reduced by helping Oregonians to stop smoking, increase their activity and decrease their amount of obesity.
- Rapid treatment of stroke can stop death of brain cells and limit resulting disability.

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Suicide in Oregon

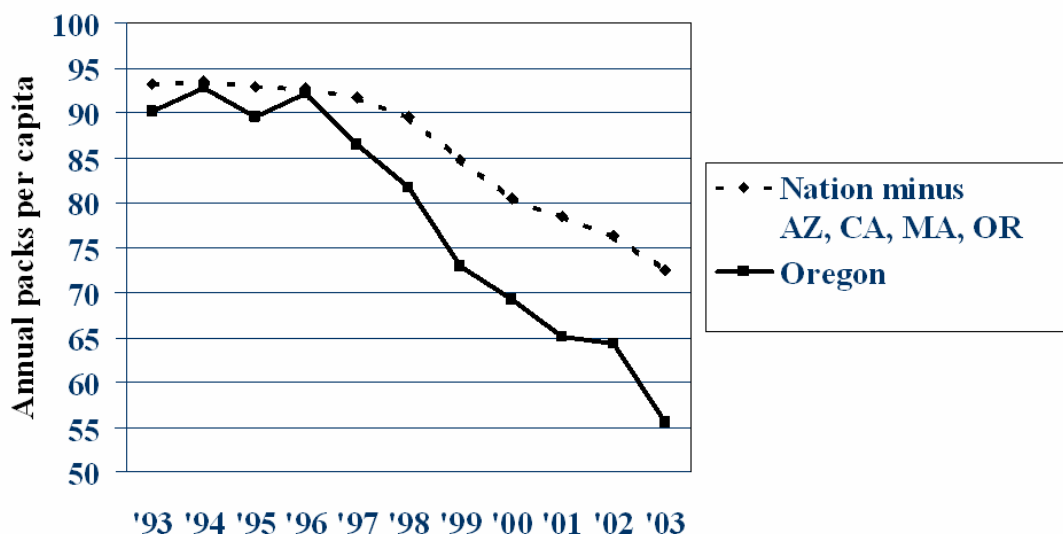


- In 2001, 524 Oregonians died by suicide in 2001. It is the ninth leading cause of death.
- Males are four times more likely to die from suicide than females.
- Mechanisms of suicide include firearms (55%), hanging (20%), and poisonings (18%).
- Attempts are especially common for those under age 60.
- In 2001, 1927 people were treated in Oregon hospitals for suicide attempts.
- To address the issue, the state has developed a youth suicide prevention plan (<http://www.dhs.state.or.us/publichealth/ipe/2000plan>) and elder suicide prevention plan (currently under development).
- The state promotes the identification of those at risk for suicide, referral of people for appropriate treatment, reducing stigma associated with mental health treatment, improving screenings for suicide risk, teaching Oregonians suicide intervention skills and developing school based intervention and response teams.

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Tobacco Use in Oregon

Annual Per Capita Cigarette Sales: Oregon and the Nation



Sources:

Oregon - Cigarette tax revenue (2003 data is preliminary)

National - Research Triangle Institute (2001-03 data are preliminary)

Note: Arizona, California, Massachusetts, and Oregon began comprehensive tobacco prevention programs in 1997 or before.

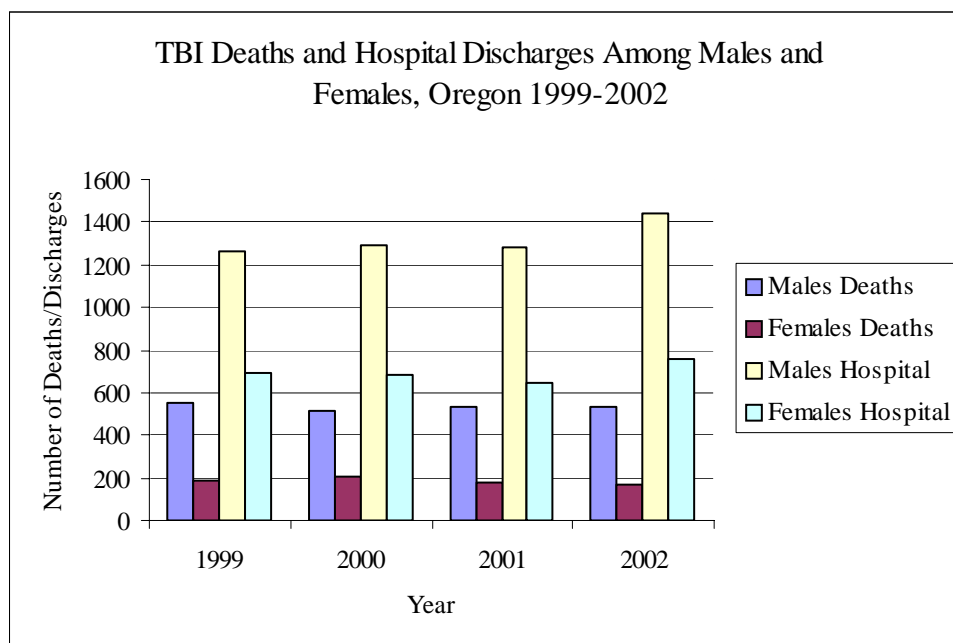
- Despite recent reductions, tobacco use is the leading preventable cause of death in Oregon.
- In 2001, tobacco use contributed to 6,760 deaths in Oregon, 22% of all deaths.
- Secondhand smoke kills an additional 800 Oregonians annually.
- The harmful effects of tobacco cost Oregonians an estimated \$1.8 billion in 2000.
- 21% of Oregon adults smoke cigarettes: 22% of men and 19% of women smoke.
- The following groups have smoking rates higher than the state average: African Americans (27%), American Indians (44%), and Medicaid clients (37%).
- 5% of adult males use smokeless tobacco, including 11% of adult males who live in Southern Oregon or Central/Eastern Oregon.
- Smoking among youth has declined in recent years, but still 11% of eighth graders and 20% of eleventh graders smoke.
- The risk of death from heart attack falls rapidly in the first year after a smoker quits. The elevated risk of stroke due to smoking disappears within two years of quitting.
- Many states have shown that comprehensive tobacco prevention programs can reduce tobacco use.

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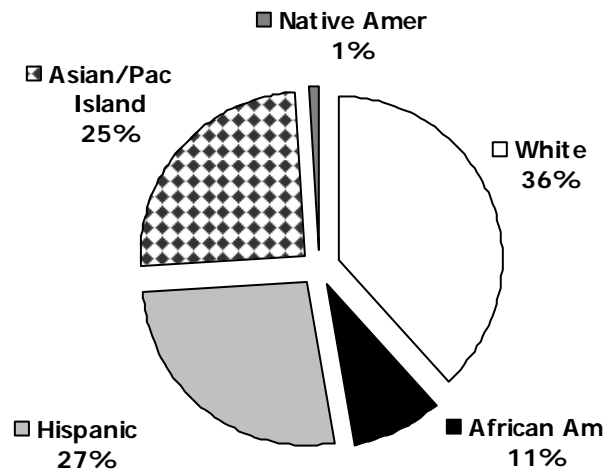
Traumatic Brain Injury (TBI) in Oregon



- 8,053 individuals were discharged from Oregon hospitals with a primary diagnosis of TBI, and 2,883 Oregonians died from a TBI from 1999-2002.
- More males died of a TBI than females, 61% vs. 39%.
- Males also outnumber females with regards to hospital admissions, 65% vs. 36%, respectively
- The leading causes of TBI hospitalization were falls (38%), motor vehicle traffic crashes (37%), and being struck by or against an object (9%).
- 85% of the injuries were unintentional and 4% were from assaults.
- Firearms (40%), motor vehicle traffic crashes (31%), and falls (15%) were the leading cause of TBI death
- 50% of the deaths were unintentional and 36% were suicides
- Inpatient costs for TBI treatment from 1999 – 2002 were \$199,599,439
- Males are more likely to be affected by TBI than females
- Individuals aged 15–24 and those over 70 years have the highest rates of TBI hospitalization
- TBI death rates are highest among Oregonians aged 65 and older.

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Tuberculosis in Oregon



- In 2001, 123 cases of tuberculosis (TB) were reported in Oregon
- Since 1998, the case numbers and rates have fallen 20% to 3.5 cases per 100,000 persons in the state in 2001.
- Typically, TB is a disease of the elderly and is reported more often in people age 60 and older.
- In three out of the last four years, the age group with the most cases in Oregon was 30 to 39 years of age.
- Asian/Pacific Islanders represent 4.2% of Oregon's population, but have 25% of the active TB cases
- Non-Hispanic blacks are 2.1% of the population and 11% of TB cases
- Persons of Hispanic ethnicity are 8.0% of the population, but have 27% of the cases of TB.
- Native Americans represent 2.5% of the population and 1% of the TB cases

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Women's Health Issues

Disease	Total deaths among women	% of all deaths among women	Total hospitalizations	Cost of hospitalizations
Heart Disease	3,473	22.0%	14,987	\$239,745,524
Cancer	3,556*	22.5%	6,753	\$129,964,768
Stroke	1,613	10.2%	4,910	\$68,054,751
Chronic lung disease	901	5.7%	3,897	\$34,708,981
Diabetes	535	3.4%	1,763	\$18,138,459
Total	10,078	63.8%	32,310	\$490,612,483

Deaths and hospitalizations among women due to selected diseases, Oregon 2002

*Lung cancer (28%) was the leading cause of cancer-related death among Oregon women, followed by breast cancer (14%), colorectal cancer (9%), and ovarian cancer (6%).

- The leading causes of death among Oregon women include heart disease, cancer, cerebrovascular disease, chronic lower respiratory disease, and unintentional injury.
- In Oregon, cervical cancer deaths declined 50% between 1979 and 1999. This decrease is attributed to the use of Papanicolaou (Pap) testing beginning in the 1950s.
- Although breast cancer mortality declined 3.4 percent between 1995 and 1998, the decline was much greater among white women than among black women.
- Black women with breast cancer are less likely than white women to survive 5 years: 72 vs. 87 percent. In addition, high blood pressure, lupus, and HIV/AIDS disproportionately affect women of color.
- More than half of pregnant women in 2001 had not intended to become pregnant.
- 22% of women who gave birth in 2001 began prenatal care after the first trimester and 5% had inadequate or no care (less than five visits or began care in the last trimester).
- Latinos, African, Americans and American Indian/Alaska Natives are at least twice as likely than whites and Asian/Pacific Islanders to receive late or no prenatal care.
- 5,171 cases of the sexually transmitted disease chlamydia were reported among women in 2002. 40% will develop pelvic inflammatory disease, associated with infertility, tubal pregnancy, and pelvic pain.
- 13% of reported AIDS cases in 2002 were among women, an increase of 5% from 1998.
- 19% of new HIV cases reported in 2002 were among women.
- 13% of women aged 20-55 reported they suffered from chronic depression.
- Almost 30,000 (3%) of women aged 20-55 reported physical and/or sexual assault by an intimate partner in the past year.
- The death rate from falls among women over 65 is 164 per 100,000 and the hospitalization rate is 4,036 per 100,000.
- 19% of women report that they smoke.
- 33% of women report that they have been diagnosed with high cholesterol.
- 20% of women report that they engage in no physical activity.
- 21% of women report that they are obese.
- 15% of women report that they have no healthcare coverage.
- More than 20% of eligible Oregon women don't get routine mammograms.
- 12% of women have never had a Pap test.

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