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PUBLIC HEALTH DIVISION
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The Oregon Health Authority (OHA), through its Office of Multicultural Health and Services and Health Promotion and Chronic Disease Prevention Section, are seeking your input into how a community-based regional equity coalition model could work in Oregon. Thank you for joining us at one of our in-person meetings. We are excited to host you and to hear your thoughts and feedback on our ideas. This memo and the attached article from Family and Community Health: The Journal of Health Promotion and Maintenance provide some background information on the project idea that we will talk about during the meetings. Please try to read both this memo and the article before attending one of the meetings, so that our time together focuses on discussion and your feedback.

Why regional coalitions? Nationally, models that are most successful in improving health include stakeholders working across sectors to build partnerships among business, government, faith-based, health, and social service and other community organizations. [i] Through these partnerships, specific interventions designed by and for local communities to better address each region's particular needs and opportunities. Building "regional social capital" also increases local capacity to influence equitable policy development at the state level[ii].

Why community engagement? Community engagement is essential to building an Oregon where everyone has the opportunity to be healthy. The Centers for Diseases Control and Prevention recognize community engagement as essential to reducing health disparities and to effectively changing policies, systems and environments to improve health.[iii] Research shows that people's life chances are affected by where they live, work, play, learn and age.

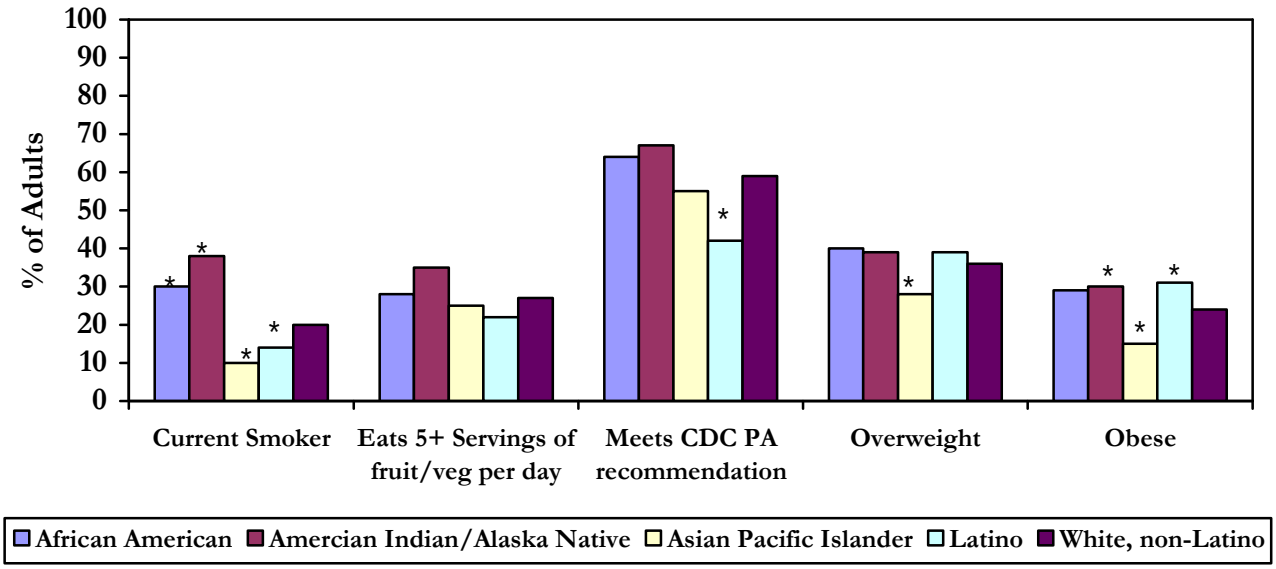
Why here? Why now? Oregon outpaces the nation with rapid growth in ethnic, racial, and cultural diversity, which makes it even more critical to build broad public commitment and engagement when working on issues of equity. Traditional boundaries and jurisdictions, broken down by cities and/or counties do not adequately capture the systems, environments and opportunities that affect health. The places where people live, work, play, age and learn include regional economic clusters and neighborhoods within regions in which social, political and economic factors cut across all lines. Thus, a regional approach is required to assess the impact[iv] of these places on individual and community health, and to create change that meaningfully improves health.

Together, heart disease, stroke, cancers, diabetes and chronic lower respiratory diseases account for more than three of five deaths in Oregon. For Oregon as a whole, 61 percent of adults have at least one of the following chronic diseases: arthritis, asthma, diabetes, heart disease, high blood pressure, high cholesterol or stroke. A startling 89 percent of

Oregon adults have at least one of these risk factors: current smoker, overweight or obese, physically inactive or consume too few fruits and vegetables.

People of color, people with fewer financial resources and people living with a mental illness or disability are more likely to live with one or more chronic diseases, and are more likely to die early as a result of a chronic disease. Data on chronic disease and risk factor prevalence is available online on the OHA website (http://oregon.gov/DHS/ph/hpcdp/) in Keeping Oregonians Healthy and Oregon Tobacco Facts and Laws. These data are summarized in the chart below.

Modifiable risk factors for communities of color, Oregon 2005



* Indicates statistically significant difference, compared to white, non-Latinos

[i] PolicyLink (2002). *Promoting Regional Equity: A Framing Paper*.
[ii] PolicyLink (2000). *Community Based Initiatives: Promoting Regional Equity*.
[iii] http://www.cdc.gov/reach/about.htm;
http://www.cdc.gov/tobacco/stateandcommunity/bp_user_guide/index.htm
[iv] PolicyLink (2002). *Promoting Regional Equity: A Framing Paper*.