



Agenda: August 23, 2016 from 3:30pm-5:00pm

No Call-In Option

5. **3:30-3:40** **Introductions—All**
5. **3:40-4:00** **Role of workgroup and work plan purpose—MaCayla Arsenault/All**
 - **Discussion**
5. **4:00-4:25** **Direction and work plan discussion—MaCayla Arsenault/All**
4. **4:25-4:55** **Crook County School District Proposal—Cynthia Jurgensen**
 - **General support for proposal?**
5. **4:55-5:00** **Next Steps—MaCayla Arsenault/All**

Next Meeting: September 26 from 3:30-5:00pm at PacificSource (Suite 210)

Cardiovascular Disease/Diabetes**Organization**

Mary Deeter	La Pine Community Health Center
Kathy Drew	Gero-Leadership Alliance
Sean Ferrell	CAC Consumer Representative/US Forest Service
Brenda Johnson	Deschutes County Health Services
Tom Kuhn	Deschutes County Health Services
Kylie Loving	Crook County Health Department
Monica McClain-Smith	Bend Parks and Recreation District
Joe McHaney	Kids Club of Jefferson County/Madras Aquatic Center
Kelsey Meservy	Redmond School District
Jules Moratti-Greene	High Desert Food & Farm Alliance
Meg Moyer	Bend-La Pine School District
Leslie Neugebauer	PacificSource
Penny Pritchard	Deschutes County Health Services
Nicole Rodrigues	CAC Consumer Representative
Courtenay Sherwood	Redmond School District
Emily Usselman	Boys and Girls Club/Girls on the Run
Katrina Van Dis	Central Oregon Intergovernmental Council
Kris Williams	Crook County Health Department
Emily Wegener	Jefferson County Health Department
Sarah Worthington	Deschutes County Health Services
Holly Wenzel	Crook County Health Department
Jess Weiland	High Desert Food & Farm Alliance
Heidi Wright	Bend Bulletin
Katherine Ahern	Oregon State University
Marielle Gold	High Desert Food & Farm Alliance

Cardiovascular Disease and Diabetes Prevention Four-year Work Plan

Workgroup Goal Statement

To: Provide guidance and support on selection and implementation of prevention specific RHIP strategies

For: Individuals within Crook, Jefferson, Deschutes, and Northern Klamath Counties

So That: RHIP priorities are addressed and community needs are met

Cardiovascular Disease Prevention

Prevention and Health Promotion

Prevention Strategies	Actions	Workgroup Liaison	2016 Action Plan	2017 Action Plan	2018 Action Plan	2019 Action Plan
<p>Promote the Oregon Health Authority statewide Smoke free Oregon campaign for youth.</p> <p><i>Decrease the prevalence of smoking among 11th and 8th graders from 12% and 6%, respectively to 9% and 3%, respectively (Baseline: Oregon Healthy Teens Survey, 2013).</i></p>	In the Fall of 2015, DCHS was awarded a Community partnership grant by OHSU to train staff to implement the American Lung's Not on Tobacco teen cessation program in schools.	Penny Pritchard, DCHS Jessica Hiddleston, DCHS	Implemented the Not on Tobacco (NOT) program. Trained 8 volunteer facilitators Helping schools and SBHC to implement	Working with schools and School Based Health Centers to implement the program		
	Jefferson County Public Health provides Smokefree Oregon printed material at community events	Emily Wegener, Jefferson Co. PH	Providing materials	Continue providing materials	Continue providing materials	Continue providing materials
	Regional -Deschutes, Jefferson, and Crook County Public Health reposts Smokefree Oregon on their Facebook pages	Emily Wegener, Jefferson Co. PH Kris Williams, Crook Co. PH Penny Pritchard, DCHS	Completed/Ongoing			
	Bend La Pine School District has adopted the American Lung Association Alternative to Suspension Program (ATS) to address teen smoking.	Penny Pritchard, DCHS	Completed			
	Regional -In 2015, the Central Oregon Intergovernmental Council (COIC) passed a tobacco free property policy for all their properties in Deschutes, Crook, Jefferson, and Warm Springs including sheltered bus stops. They also placed Oregon Tobacco Quit Line promotional materials at all their buildings for employees, visitors, and riders.	Penny Pritchard, DCHS	Completed			

	On January 1, 2016, the Deschutes Public Library passed a tobacco-free property policy for all their locations in Deschutes County and placed Oregon Tobacco Quit Line promotional materials in all their buildings.	Penny Pritchard	Completed			
Implement a community-based educational campaign on blood pressure control (i.e., Measure Up/Pressure Down).	n/a	n/a	n/a	Will look into American Heart Association, Million Hearts, and other models for potential implementation strategies	TBD	TBD
Engage community-based organizations (schools, dentists, colleges, employers, hospital, etc.) in an educational program/campaign around BP control and monitoring and CVD relationship. <i>Increase the percentage of OHP participants with high blood pressure that is controlled (<140/90mmHg) from 64% to 68% (Baseline: QIM NQF 0018 - Controlling high blood pressure, 2014).</i>	n/a	n/a	n/a	Engage schools based on the CDC School Health Index findings. Explore potential to collaborate with nursing ,dental programs, and faith based organization, etc.	TBD	TBD
Engage employers to offer worksite health promotion programs that support improved employee weight status by targeting nutrition and physical activity <i>Decrease the prevalence of adults who report no leisure</i>		n/a	n/a	Look into the potential of the Central Oregon Worksite Wellness program See what large employers are currently doing, and		

<p><i>time physical activity from 16% in Crook County, 14% in Deschutes County and 17% in Jefferson County to 14%, 12%, and 15 % respectively (Baseline: Oregon BRFSS, 2010-13).</i></p>				<p>look into connecting wellness programs and insurance.</p>		
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Policy

Prevention Strategies	Actions	Workgroup Liaison	2016 Action Plan	2017 Action Plan	2018 Action Plan	2019 Action Plan
<p>Implement a tobacco retail licensing program that will eliminate illegal sales to minors, prevent retailers from selling tobacco within 1000 feet of schools, raise the age of purchase to 21, and eliminate sales of flavored tobacco products.</p>	<p>Regional- Quitline promotion: local coalitions doing awareness and education, policy work for tobacco free policies in parks, government buildings, schools, and businesses, work on other policies, such as bans on flavored tobacco, where they can sell, how they can sell, etc.</p>	<p>Penny Pritchard, DCHS</p>	<p>Start media campaign in Deschutes Co. Apply for RHIP funding for media campaign in Jefferson & Crook Co.</p>	<p>TBD/Start implementation</p>		
<p><i>Decrease the prevalence of smoking among 11th and 8th graders from 12% and 6%, respectively to 9% and 3%, respectively (Baseline: Oregon Healthy Teens Survey, 2013)</i></p>	<p>In February 2016, DCHS was awarded the SPArC grant from OHA to create a workgroup to complete a fiscal impact analysis to implement a tobacco retail-licensing program for the county and the cities. Tobacco retailers will also be engaged through an interview process.</p>	<p>Penny Pritchard, DCHS</p>	<p>Create workgroup and data collection</p>	<p>Present findings</p>	<p>Use findings to influence policy</p>	<p>Use findings to influence policy</p>
	<p>Jefferson County is planning to provide a retailer education class to teach retail workers how to identify fake IDs.</p>	<p>Emily Wegener, Jefferson Co.</p>	<p>n/a</p>	<p>Begin training/ education with retailers</p>		<p>Start hosting second training/ education with retailers</p>

	Jefferson County is posting QuitLine information in retail outlets.	Emily Wegener, Jefferson Co.	Post QuitLine information in retail outlets	Post QuitLine information in retail outlets	Post QuitLine information in retail outlets	Post QuitLine information in retail outlets
	Crook County received the SPARC grant and is creating a tobacco prevention coalition. One of their focuses is to work on retail policy for tobacco.	Kylie Loving, Crook Co. PH	Create a coalition to determine/ assess political will in the community	Determine political will in community	Post Quitline information in the regional environment	TBD
<p>Increase the number of schools using the CDC School Health Index to improve their health policies and programs.</p> <p><i>Decrease the prevalence of 11th graders and 8th graders who have zero days of physical activity from 11% and 6% to 10% and 5%, respectively (Baseline: Oregon Healthy Teens, 2013)</i></p> <p><i>Decrease the prevalence of 11th graders and 8th graders who are overweight from 14% and 16%, respectively, to 13% and 14%, respectively (Baseline: Oregon Healthy Teens, 2013).</i></p>	Regional- Implementation of the CDC school health index is in discussion	Emily Wegener, Crook Co. PH Meg Moyer, Nurse, Bend-La Pine School District	Create a project group, coordinator, apply for funding, and begin collaboration with schools	Complete assessments for select schools in Crook, Deschutes, and Jefferson Counties. Determine Actions for Improvement and how they align to the RHIP	TBD based on assessment results	TBD based on assessment results
Encourage healthy community design and policies that increase opportunities for physical activity, access to healthy foods, and other health-enhancing features.	Refer to diabetes Policy Strategy					

Health Equity

Prevention Strategies	Actions	Workgroup Liaison	2016 Action Plan	2017 Action Plan	2018 Action Plan	2019 Action Plan
<p>Identify, develop and implement culturally competent materials and programs such as smoke-free Oregon ads for culturally disparate populations.</p> <p><i>Decrease the prevalence of cigarette smoking among adults from 18% to 16% (Baseline: Oregon BRFSS, 2010-13; QIM Cigarette Smoking Prevalence).</i></p> <p><i>Decrease the prevalence of smoking among 11th and 8th graders from 12% and 6%, respectively to 9% and 3%, respectively (Baseline: Oregon Healthy Teens Survey, 2013).</i></p>	<p>Regional- Policy work in tri-county area to increase tobacco free campus policies, outdoor venues and promotion of the Oregon Tobacco Quitline.</p>	n/a	Part of Quitline and Smokefree Oregon Campaign <i>(Reference above prevention strategy "Promote the Oregon Health Authority statewide Smoke free Oregon campaign for youth.")</i>			
	<p>Jefferson County is working on posting QuitLine information in retail outlets.</p>	Emily Wegener, Jefferson Co. PH	Part of Quitline and Smokefree Oregon Campaign <i>(Reference above prevention strategy "Promote the Oregon Health Authority statewide Smoke free Oregon campaign for youth.")</i>			
	<p>Deschutes County Health Services was awarded QIM funding to implement a media campaign to promote cessation and the Oregon Tobacco Quitline on COIC/CET buses across Central Oregon with a focus on areas with the highest adult smoking prevalence (i.e. Warm Springs, Prineville, Madras, La Pine, Redmond)</p>	Penny Pritchard, DCHS	Begin media campaign implementation	Continue implementation (funded through spring 2017) Apply for additional QIM funding	TBD	TBD
	<p>Crook County received an OHSU Community Partnership grant in 2016 to convene a workgroup of providers to determine tobacco cessation needs and resources for our community.</p>	Kris Williams, Crook Co. PH	Convene listening sessions with tobacco users to determine next steps for offering cessation support in our community	Apply for a tier 2 grant to conduct those listening sessions and develop a strategy for cessation support implementation in 2017	TBD	TBD

Childhood Health

<p><i>Engage schools to promote CVD prevention using best-practice, school-based model.</i></p>	<p><i>Reference prevention strategy "Increase the number of schools using the CDC School Health Index to improve their health policies and programs" above</i></p>
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Other

Health Indicator	Actions	Workgroup Liaison	2016 Action Plan	2017 Action Plan	2018 Action Plan	2019 Action Plan
<p><i>Decrease the provenance of 11th graders who have zero days of physical activity from 11% and 6% to 10% and 5%, respectively (Baseline: Oregon Healthy Teens, 2013)</i></p>	<p>Kids Club of Jefferson county transportation for extracurricular physical activities.</p>	<p>Joe McHaney, Kids Club & Madras Aquatic Center</p>	<p>Perform bus maintenance, and paint/rebrand the bus. Expand and communicate additional activity opportunities for kids</p>	<p>Continue to expand opportunities for kids.</p>		
<p><i>Decrease the provenance of 11th graders who have zero days of physical activity from 11% and 6% to 10% and 5%, respectively (Baseline: Oregon Healthy Teens, 2013)</i></p> <p><i>Decrease the prevalence of adults who report no leisure time physical activity from 16% in Crook County, 14% in Deschutes County and 17% in Jefferson County to 14%, 12%, and 15 % respectively (Baseline: Oregon BRFSS, 2010-13).</i></p>	<p>Bicycling/Active commuting promotion</p>	<p>TBD</p>	<p>Development of sub workgroup to collaborate and develop feasible options for the region</p>			

Diabetes Prevention

Prevention and Health Promotion

Prevention Strategies	Actions	Workgroup Liaison	2016 Action Plan	2017 Action Plan	2018 Action Plan	2019 Action Plan
Implement a Diabetes Prevention Program (DPP). <i>Decrease the prevalence of adults who are overweight (BMI 25 to 29.9) from 33% to 31% (Baseline: Oregon BRFSS 2010-13).</i>	Regional -Diabetes Prevention Program (DPP) piloted in region by DCHS	Sarah Worthington, DCHS	Proposal submitted and program planning. Participant enrollment. Advertise program and launch 1 st cohort. Funding begins in September, 2016	Work with non-participating providers to implement DPP (TBD)	Work with non-participating providers to implement DPP (TBD)	DPP Sustainability model (TBD)
	Re-implement a diabetes self-management program in Deschutes county health services	Sarah Worthington, DCHS	Submit RHIP proposal for funding	TBD		
	Regional -Implement a Diabetes self-management program in Bend, Redmond, Madras, and Prineville at St. Charles	N/A	Completed			
Increase availability of diabetes self-management programs. <i>Decrease the prevalence of adults who are overweight (BMI 25 to 29.9) from 33% to 31% (Baseline: Oregon BRFSS 2010-13).</i>	Regional -High Desert Food and Farm Alliance assessment and nutrition and wellness resource guide (Contingent on COHC Board approval)	Katrina Van Dis, HDEFA	Submit proposal Conduct assessment and develop nutrition and wellness resource guide Publish and disseminate guide	Project evaluation	Project evaluation	TBD

			to providers and community Project evaluation			
<i>Engage employers to offer worksite health promotion programs that support improved employee weight status by targeting nutrition and physical activity.</i>	<i>Refer to CVD Prevention and Health Promotion strategy four</i>					
Partner with grocery stores and farmers markets to increase pre-diabetes and diabetes awareness programs.	<i>La Pine grocery store offers healthy recipes and food sampling</i>	<i>Katie Ahern, OSU Extension</i>	<i>Completed summer 2016</i>	TBD	TBD	TBD
<i>Decrease the prevalence of adults who are overweight (BMI 25 to 29.9) from 33% to 31% (Baseline: Oregon BRFSS 2010-13).</i>	<i>See HDFFA nutrition and wellness resource guide above</i>	<i>Katrina Van Dis, HDFFA</i>		<i>Provide resource guide at farmers markets</i>		

Policy

Prevention Strategies	Actions	Workgroup Liaison	2016 Action Plan	2017 Action Plan	2018 Action Plan	2019 Action Plan
<i>Increase the number of schools using the CDC School Health Index to improve their health policies and programs.</i>	<i>Refer to CVD Policy Strategy two (CDC Health Index)</i>					

Health Equity

Prevention Strategies	Actions	Workgroup Liaison	2016 Action Plan	2017 Action Plan	2018 Action Plan	2019 Action Plan
<p>Create diabetes awareness campaigns that are culturally aligned, health literate, and community specific.</p> <p><i>Decrease the prevalence of adults who are overweight (BMI 25 to 29.9) from 33% to 31% (Baseline: Oregon BRFSS 2010-13).</i></p>	TBD	TBD	Determine what activities are already occurring, and if this can be tied to diabetes awareness activities at farmers markets	TBD	TBD	TBD
<p>Encourage healthy community design and policies that increase opportunities for physical activity, access to healthy foods, and other health-enhancing features.</p> <p><i>Decrease the prevalence of adults who are overweight (BMI 25 to 29.9) from 33% to 31% (Baseline: Oregon BRFSS 2010-13).</i></p>	Bend Open Streets (September 2016) to encourage physical activity by helping to normalize active transportation. Many of several planning efforts by the City of Bend to improve bike/pedestrian infrastructure.	TBD	Reach out to bend bikes and determine opportunities for collaboration.	TBD	TBD	TBD
	Regional- Identify and collaborate around ways to increase bike ability/ better infrastructure for healthy commute options.	TBD	Reach out to bend bikes and other community partners to determine opportunities for collaboration.	TBD	TBD	TBD

Childhood Health

Prevention Strategies	Actions	Workgroup Liaison	2016 Action Plan	2017 Action Plan	2018 Action Plan	2019 Action Plan
Promote coordinated school health programs that prevent risk behaviors that contribute to heart disease and stroke: <ul style="list-style-type: none"> • <i>Maintain or establish enhanced physical education classes.</i> • <i>Prohibit withholding recess as punishment.</i> • <i>Decrease the prevalence of 11th graders and 8th graders who are overweight from 14% and 16%, respectively, to 13% and 14%, respectively (Baseline: Oregon Healthy Teens, 2013).</i> 	TBD		TBD	Will determine action items		
<i>Engage schools to provide evidence-based interventions to promote physical activity and nutrition education in schools.</i>	<i>Refer to CVD Policy Strategy two (CDC School Health Index)</i>					

Other

Health Indicator	Actions	Workgroup Liaison	2016 Action Plan	2017 Action Plan	2018 Action Plan	2019 Action Plan

<p><i>Decrease the prevalence of adults who are overweight (BMI 25 to 29.9) from 33% to 31% (Baseline: Oregon BRFSS 2010-13).</i></p> <p><i>Decrease the prevalence of 11th graders and 8th graders who are overweight from 14% and 16%, respectively (Baseline: Oregon Health Teens, 2013).</i></p> <p><i>Decrease the percentage of OHP participants with BMI greater than 30 from 31.5% to 30.9% (Baseline: Oregon State Core Performance Measure, MBRFSS 2014).</i></p>	<p>Regional- Veggie Rx (Contingent upon Board approval)</p>	<p>Katrina Van Dis, HDEFA</p>	<p>Program development</p> <p>Patients screened for food insecurity</p> <p>Veggie vouchers given to patients</p>	<p>Program expanded implemented and refined</p>	<p>Evaluation Program expanded implemented and refined</p>	<p>Evaluation</p>
	<p>Regional- Cooking Matters (Contingent upon Board approval)</p>	<p>Katrina Van Dis, HDEFA</p>	<p>Patient screening and referral to cooking matters class</p>	<p>Patient screening and referral to cooking matters class</p>	<p>Evaluation</p>	
	<p>Snap Ed Nutrition Education Volunteer Program offers healthy recipe cooking demonstration at local NeighborImpact food pantries and community wide events.</p>	<p>Katie Ahern, OSU Extension Service</p>	<p>Completed 47 demonstrations and served 1293 people.</p>	<p>Coordinate with NeighborImpact in promoting fruit and vegetable consumption through advertising events and demonstrations</p>		

RHIP Workgroup Updates: July

Behavioral Health: Identification & Awareness (Support: Rebeckah Berry & Steve Strang)

- This group meets the fourth Tuesday of every month from 9-10am and currently has 23 members.
- In July the group reviewed the draft work plan and provided feedback as a team. Currently, a second draft of the plan is being circulated for edits and additions. The work plan will be presented at Operations Council on August 19th. In the coming months, this workgroup will discuss how to implement a four-tiered plan for responding to a variety of positive behavioral health screenings. The group will also try to clearly identify the problem(s) that exist in order to create a clear pathway for referral to specialty care for individuals with Medicaid, Medicare, or private pay insurances.

Behavioral Health: Substance Use and Chronic Pain (Support: Rebeckah Berry & Rick Treleven)

- This group meets the third Wednesday of every month from 4-5pm and currently has 21 members.
- In July the group reviewed a second draft of their work plan. Edits have been made and a final draft of the plan is being circulated for approval from all members of the group. The work plan will be reviewed by Operations Council on August 5th. In the coming months, this group will be defining clear and standardized pathways for patients that display one of four levels of SUD risk within primary care settings. These pathways will be personalized for our region to support providers in offering the best care for their patients.

Cardiovascular Disease—Clinical (Support: Rebeckah Berry)

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 9 members.
- In July this group developed the first draft of their work plan. This draft is being circulated among the members and finalized to be reviewed by Operations Council on August 19th. In the coming months, this group will further develop patient education documents around proper blood pressure procedures and things that raise blood pressure. These documents will be shared broadly with clinics. The group will also discuss e-referrals for the tobacco Quit Line, and potential clinic champion trainings around evidence-based guidelines for blood pressure measurement and treatment.

Diabetes—Clinical (Support: Rebeckah Berry)

- This group meets the second Thursday of every month from 9-10am and currently has 12 members.
- In July this group reviewed their draft work plan and provided input. Edits were made and the final draft is currently being circulated. The work plan will be reviewed by Operations Council on August 5th. In the coming months this group will develop standardized care pathways for four HbA1c categories that are personalized for our region. These pathways will be shared broadly to support care of our population with pre- and type II diabetes.

Cardiovascular Disease & Diabetes—Prevention (Support: MaCayla Arsenault & Channa Lindsay)

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 26 members.
- The workgroup met in July to continue to develop their work plan. Additionally, workgroup decided to develop a subcommittee composed of workgroup members and content experts to collaborate and develop feasible strategies to promote bicycling/active transportation and encourage healthy community design. The work plan will be reviewed by Operations Council on August 5th.

RHIP Workgroup Updates: July

Oral Health (Support: Donna Mills & Suzanne Browning)

- This group meets the third Tuesday of every month from 11-12pm and currently has 19 members.
- The Oral Health workgroup did not meet in July while the leads and a small sub-group worked on their respective work plans. This work plan will be reviewed by Operations Council on August 5th.

Reproductive Health/Maternal Child Health (Support: Donna Mills & Muriel DeLaVergne-Brown)

- This group meets the second Tuesday of every month from 4-5pm and currently has 22 members.
- The workgroup did not meet in July while the leads and a small sub-group worked on their respective work plans. This work plan will be reviewed by Operations Council on August 5th.

Social Determinants of Health

- This group meets the third Friday of every month from 10-11am and currently has 27 members in kindergarten readiness and 26 members in housing.

Education & Health (Support: Donna Mills & Desiree Margo)

- Kindergarten Readiness heard two RHIP presentations and agreed to move into a smaller sub group to complete the work plan due to Operations Council by August 19th.

Housing (Support: Bruce Abernathy & MaCayla Arsenault)

- The workgroup met in July to finalize their workgroup one-page overview and description and continue to develop their work plan. They continue to discuss goals, strategies, responsible parties, target metrics, and timelines. Additionally, the workgroup has decided to develop a housing data inventory in order to get the lay of the land and to use for future projects. Their work plan will be reviewed by Operations Council on August 19th.