



Agenda: November 29, 2016 from 3:30pm-5:00pm

1. **3:30-3:35** **Introductions—All**
2. **3:35-3:40** **Workgroup Leaders Discussion—MaCayla Arsenault**
3. **3:40-3:50** **Promoting School Based Activities**
 - Subcommittee Update—Holly Wenzel
 - School Health Index Update—MaCayla Arsenault
4. **3:50-4:55** **Increasing Active Modes of Transportation**
 - Commute Options—Brian Potwin
 - COIC—Judy Watts
 - Where to start?
6. **4:55-5:00** **Next Steps/Action Items—All**

Next Meeting: December 20 from 3:30-5:00pm at Deschutes County Health Services (Stan Owen)

Physical Activity Consensus Workshop

Question asked: If anything were possible, what strategies (big or small, and currently occurring or not) would you want to have happen in the entire region of Central Oregon around increasing physical activity?

School Programs

Promote Innovative and Accessible School-Based Activities

- Before & after school programs for physical activity, including elementary school
- Outdoor Education K-12
- Higher number of PE minutes
- More time in school for teachers to be active with kids
- Girls on the Run (or other similar programs)
- Reward system for kids who are active 60 or more minutes a day
- Free/no fees to participate in school sports (2)
- School incentives
- Fun activities to travel to different schools
- Bike & pedestrian safety education for all kids
- (RHIP) Increase the number of schools using the CDC School Health Index to improve their health policies and programs
- (RHIP) Engage schools to promote CVD prevention using best practice, school based model
- (RHIP) Promote coordinated school health programs that prevent risk behaviors that contribute to heart disease and stroke. (i.e. maintain or establish enhanced physical education classes, prohibit withholding recess as punishment)
- (RHIP) Engage schools to provide evidence-based interventions to promote physical activity and nutrition education in schools.

Affordable Programs

Increasing Affordable Physical Activity Programs for All

- Free Parks & Rec days at public parks
- Free/Cheap memberships to fitness centers (2)
- Low-income discounts for outdoor/sports gear
- Donation-based yoga facility
- Gym passes
- Make winter sports accessible for all
- Cheaper indoor facilities (for winter)
- More alternative options to physical activity – cheap dance, yoga, etc.
- (RHIP) Create partnership with Parks and Recreation offices to offer peer led exercise sessions

Infrastructure & Transportation

Promote a Built Environment Facilitating Physical Activity & Active Modes of Transportation

- Safe, well-lit bike and walking paths everywhere
- Walkable, livable communities (i.e. blue zones)
- Promote an environment that facilitates physical activity
- Lights on multi-use paths
- More workout equipment at parks
- (RHIP) Encourage healthy community design and policies that increase opportunities for physical activities, access to healthy foods, and other health-enhancing features
- Bike share in Central Oregon
- Free Transportation
- Universal Commute Options
- More walking & biking to school
- More biking, transit education
- More bus routes and # of circulation times

Community Events

Integrating Physical Activity into Community Events

- Regular walking events
- Free summer activities for kids
- Seeing physical activity as fun, not a chore
- Bar Leagues (i.e. volleyball)

Incentives

Incentivize Physical Activity

- Employer incentives for physical activity
- Contests at pet stores for pet owners that walk
- Reimbursement for community runs/walks
- Any incentive

Clinical Support

Clinical Support of Physical Activity

- Walk with a Doc (BMC)
- Yoga Prescriptions
- A Robust Diabetes Prevention Program (DPP)

Increasing Healthy Diet/Nutrition Consensus Workshop

Question asked: If anything were possible, what strategies (big or small, and currently occurring or not) would you want to have happen in the entire region of Central Oregon around healthy diets/nutrition?

Community Partnerships & Consumption of Produce

- Veggie Rx (4)
- More SNAP benny's @ farmers market
- Expand Access to fruit and vegetable voucher programs
- Make healthy, organic foods affordable & accessible

Social Marketing to promote Positive Behaviors

- More body positive attitudes (eat to be healthy, not skinny)
- Community awareness campaign around sugary beverages
- Junk food movement to emulate tobacco movement
- Educate how many calories are in beer
- Make the healthy choice the easy choice
- Marketing for existing programs (WIC)
- Resurrect healthy messaging for youth (5-3-2-1 ?)

Enact Policy to Encourage Healthy Eating

- Work with retailers to reduce promotion of unhealthy foods
- Restrict access to sugary beverages on public property
- Tax junk food
- Required to put calories on fast food menus
- Soda tax (2)

Employer Based Education Programs

- Employer Incentives for physical activity
- Work wellness subsidized CSA program
- Employer gardening program
- Free/cheap membership to fitness centers

Tri-County School/Community Gardens

- More school gardens (3)
- Field trip to farms for kids
- Community gardens @ work
- Outdoor education / higher number of PE minutes
- School garden program (cooking included)

Improve School Nutrition Programs

- More local, fresh produce in schools
- School based nutrition programs

- Summer healthy snacks at school
- Bring SNAP nutrition teachers to all schools
- Bring more unusual veggies and fruits to K-12
- Nutritional value of K-12 food options

Greater access to healthy foods

- Eliminate food deserts
- Easily accessible grocery stores everywhere
- Healthy options available at events, meetings, etc.
- Incentives to buy healthy food for WIC/food stamps
- More farmers markets in different parts of town
- Mobile farmers market
- Roaming farmers market “fruit trucks”

Skills – based food education safety

- Inexpensive cooking education
- Easy, well-known meal planning and shopping tools
- Cooking classes
- Expanded healthy food cooking classes
- Cooking skills
- Plan, Shop save in grocery store lessons
- Community kitchens (more)
- SNAP double cash and farmers markets
- No soda / junk food at schools or government buildings
- Nutrition summary scores for foods at grocery stores
- Fewer antibiotics/pesticides
- Required disclosure of food sources for restaurants

DPP for All
Any Incentive

RHIP Workgroup Updates: October

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

- This group meets the fourth Tuesday of every month from 8:15-9:15am and currently has 20 members.
- In October, the group discussed the RHIP health indicator of how they would begin to develop a baseline of successful referral and engagement in specialty care from primary care. The group will begin by working with the four primary care clinic settings throughout the region that have agreed to pilot this effort. In November, the group will be reviewing more RHIP proposals as well as continuing their involvement in the MindYourMind regional campaign.

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 23 members.
- In October the group edited and finalized a clear and standardized pathways algorithm for patients who display substance use risk within primary care settings. The group discussed additional accompanying documents that will be shared and developed along with this algorithm. A sub-group of organizations that agreed to pilot expedited referrals to treatment met for the first time this month and worked out basic action steps to begin their efforts.

Cardiovascular Disease—Clinical (Support: Rebeckah Berry)

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 11 members.
- In October this group finalized patient education documents around proper blood pressure procedures and things that raise blood pressure. These documents are being shared broadly with clinics, and the group is working to translate them into Spanish. The group also discussed the e-referral pilot for the Tobacco Quit Line, (target date of 6/30/17) and provided further input on a blood pressure control education RHIP proposal.

Diabetes—Clinical (Support: Rebeckah Berry & Megan Bielemeier)

- This group meets the second Thursday of every month from 9-10am and currently has 11 members.
- In October the group finalized a pathway/algorithm for assertively addressing Pre-Diabetes within a primary care setting. Final edits have been made to this algorithm and steps to share this and additional supporting resources are being outlined for our region. The group is waiting to hear about the Grand Rounds presentation on Pre-Diabetes for Spring 2017. The group plans to roll out their educational information in alignment with Grand Rounds.

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

- This group meets the fourth Tuesday of every month from 3:30-5pm and currently has 25 members.
- In October, the workgroup went through a consensus workshop to agree on broad strategies addressing unhealthy diet and nutrition. They revisited the strategies they developed around increasing physical activity and determined they want to initially focus on promoting school based physical activity (P.A.) and education/awareness around active modes of transportation and existing programs. They also created a subcommittee to explore best ways to support increasing P.A. in schools. In the coming months the workgroup will be selecting and implementing specific strategies.

RHIP Workgroup Updates: October

Oral Health (Support: Donna Mills & Suzanne Browning)

- This group meets the third Tuesday of every month from 11-12pm and currently has 23 members.
- The workgroup reviewed the living workplan as a matter of course. This will be a recurring exercise to affirm direction and accurate reporting up to the Ops Council. A 'fishbone diagram' exercise was executed around the Clinical Goal of Improving Oral Health for Pre-Post Natal Women. This exercise will enable the workgroup to prioritize next action steps. The prioritization will happen over email in the month of November, as there will not be a meeting in November. Suzanne Browning is moving away due to her husband's health; she has stepped down as the workgroup lead. MaryAnn Wren has stepped up to lead the group with the group's endorsement.

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.
- This group did not meet in October.

Social Determinants of Health

- This group meets the third Friday of every month from 10-11:30am and currently has 28 members in Kindergarten Readiness and 32 members in Housing.

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

- In October the workgroup reviewed the living workplan as a matter of course. This will be a recurring exercise to affirm direction and accurate reporting up to the Ops Council. Courtney Snead with Let's Talk Diversity presented to the group as a matter of education. Ken Wilhelm from United Way presented on the TRACE's steering committee's progress. Kat Mastrangelo shared a draft version of a timeline for using data to instruct our next steps regarding which school catchment areas in which to focus first. The group will meet again in December.

Housing (Support: Bruce Abernathy & MaCayla Arsenault)

- In October, the workgroup discussed ways to coordinate their efforts with six other housing workgroups in Central Oregon. Representatives from four of the workgroups met to discuss ways to collaborate, share resources, and avoid duplication. The workgroup would also like to work with others to develop and capture stories to shape public opinion and share with the legislature. They want to broaden their research scope to identify demographics in each community by occupation to identify specific housing needs.