



Agenda: March 21, 2017 from 3:30pm-5:00pm

1. **3:30-3:35**      Introductions—All
2. **3:35-3:45**      Updates—MaCayla Arsenault
  - Workgroup Co-Leader
  - Letters of Support
  - Letters to the Editor
  - Physical Activity Survey
3. **3:45-4:15**      A3 Overview—Sarah Worthington & MaCayla Arsenault
4. **4:20-4:55**      A3 Prioritization—Sarah Worthington
5. **4:55-5:00**      Next Steps/Action Items—Steve Strang

Next Meeting: April 25 from 3:30-5:00pm at PacificSource (Suite 210)

# Cardiovascular Disease and Diabetes Prevention Workgroup

- **Prevention Health Indicators by 2019**
  - 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, 2010-2013)
  - Decrease the prevalence of 11<sup>th</sup> graders and 8<sup>th</sup> graders who have zero days of physical activity from 11% and 6% to 10% to 10% and 5% respectively (Baseline: Oregon Healthy Teens, 2013)
  - Decrease the prevalence of adults who are overweight (BMI 25 to 29.9) from 33% to 31% (Baseline: Oregon BRFSS 2010-2013)

# Cardiovascular Disease and Diabetes Prevention Workgroup

- **Prevention Health Indicators by 2019**
  - Decrease the prevalence of 11<sup>th</sup> graders and 8<sup>th</sup> graders who are overweight from 14% and 16% respectively to 13% and 14% respectively (Baseline: Oregon Healthy Teens, 2013)
  - Decrease the percentage of OHP participants with BMI greater than 30 from 31.5% to 30.9% (Baseline: MBRFSS 2014)
  - Decrease the prevalence of cigarette smoking among adults from 18% to 16% (Baseline: Oregon BRFSS, 2010-2013)
  - Decrease the prevalence of smoking among 11<sup>th</sup> and 8<sup>th</sup> graders from 12% and 6% respectively to 9% and 3% respectively. (Baseline: Oregon Healthy Teens)



February 27, 2017

House Committee on Transportation Policy  
Representative Caddy McKeown, Chair  
900 Court Street NE, Room 431  
Salem, Oregon 97301

RE: Support for HB 2745 – Transit Funding

Chair McKeown and Members of the Committee:

I am writing today to urge you to support the bill currently before the legislature, HB 2745, which will give voters in Central Oregon a choice on whether their areas should fund a public transit system.

The Central Oregon Health Council supports HB2745. This legislation would enable the communities we serve, Jefferson, Crook, and Deschutes, to create and support the transportation needs as individual and unique as the counties themselves.

A clarification to ORS190 offers a number of benefits to our Central Oregon Communities. It gives them local control -- each city can choose the appropriate level of service, funding amount, and tool for funding transit in their community. It maximizes efficiency, by retaining regional management for the transit system, minimizing costs and optimizing streamlined and convenient service. It drives economic development, helping local companies attract workers by giving employees a public transportation option that saves time and money. Some communities may choose to ask voters to support funding initiatives, and other communities may not be ready any time soon. Giving Central Oregon communities the option to seek transit funding from voters is important to our region.

So please, encourage the House Transportation Committee to move HB 2745 forward, and support its passage in this session. Thank you for giving local control of future transit initiatives to the Central Oregon voters.

Sincerely,



Donna Mills  
Executive Director



March 10, 2017

Dear Decision Makers:

The Central Oregon Health Council (COHC) believes Safe Routes to School will greatly benefit our community and the communities of Oregon as a whole. The COHC has regional oversight and vested interest in the improvement of health in Central Oregon.

Safe Routes To School enables children to be healthier and live higher quality lives. This program has the potential to ultimately reduce the high cost of healthcare because diseases such as diabetes and heart disease can be prevented by increased physical activity and instilling healthy habits. Communities lacking safe, accessible, active forms of transportation place children and families at risk of unhealthy futures. The COHC supports raising healthy children and empowering families to take charge of their own health and safety.

The COHC is honored to take part in the advocacy for Safe Routes to School and looks forward to collaborating on this project in the future. Now is the time to give everyone in Oregon a chance at a healthy future by dedicating funding to Safe Routes to School.

Thank you,

A handwritten signature in black ink, which appears to be "Donna Mills". The signature is written over a large, hand-drawn oval that encircles the text "Thank you,".

Donna Mills  
Executive Director

## Healthy Communities Include Everyone

Every child deserves access to the means of creating a healthy future. Central Oregon is known as an active community with a high awareness for wellness, and for the financially stable population, that is a fair statement. Children in poverty, however, frequently miss out on the opportunities for disease prevention and building of beneficial health habits afforded to the middle and upper classes. Oregon is no exception, but we believe there is hope for change in House Bill 3230.

Because low-income families struggle to afford the most basic of needs, their range of priorities is limited to the short-term goals of paying rent, keeping gas in the car, and food on the table. Healthy habits such as exercise are not high on anyone's list whose main concern is survival. The high cost of living in urban areas of Central Oregon has put a greater number of children at risk of enduring unhealthy futures.

One way we can begin to see change in this area is to make exercise accessible to the impoverished in our communities. House Bill 3230 proposes \$20 million of the State Highway Fund be dedicated to Safe Routes to Schools near all high poverty schools statewide. Safe Routes to Schools is a national organization that has been enabling students to walk and bike to school for the past 11 years. Their methods include increasing the safety of streets and crosswalks within a mile radius of schools, empowering communities to provide bike and pedestrian safety education, and hosting family-oriented biking and walking events.

This program would allow Oregon to reap a plethora of benefits, such as decreased traffic and air pollution, safer communities, and healthier children. A CDC study shared in 2004 that, "Walking for transportation is part of an active lifestyle that is associated with decreased risks for heart disease, diabetes, hypertension, and colon cancer and an increased sense of well being."

We believe regular physical activity is also vital for maintaining a healthy body composition. In 2015, the Surgeon General released a report called "Step It Up" that stated: "Children with obesity have an increased risk of type 2 diabetes, high blood pressure and being obese as an adult." Currently more than one-third of the United States population is obese or at risk of becoming obese. The prevalence of obesity is so great in today's generation of children that they may be the first in over 200 years to live less healthy and have a shorter lifespan than their parents. Additionally, students who walk at least one mile to and from school each day can achieve two-thirds of the CDC recommended sixty minutes of physical activity per day.

Safe Routes to School is a way that we as a community can prevent disease and increase the quality of life for the next generation. If you want to help children in your community, please visit [CommuteOptions.org/for-every-kid-2/](http://CommuteOptions.org/for-every-kid-2/) and sign the petition supporting House Bill 3230 and make Central Oregon an inclusive healthy community.

- The Cardiovascular Disease & Diabetes Prevention Workgroup

This workgroup, composed of community and subject matter experts, is dedicated to preventing cardiovascular disease and diabetes in Central Oregon. The workgroup formed after the release of the Regional Health Improvement Plan (RHIP) that identifies these diseases as a high priority for our region. The Cardiovascular Disease and Diabetes Prevention Workgroup is organized by the Central Oregon Health Council.

DRAFT

## **Physical Activity Priorities**

### **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.

### **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



## **Increasing Healthy Diet/Nutrition Consensus Workshop**

### **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

### **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



Description:

Value Stream ID:

Site / Location:

Event Number:

Revision: 1.0

Sponsor:

Process Owner/Team Lead:

Facilitator:

Sensei:

Current Date:

Event Date:

Team Members:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

**1: REASONS FOR ACTION** Go No Go

**Major Elements**

- Problem Statement: A factual statement, clear, concise, hurts. Use the voice of the customer.
- Aim: Where we want to be, think big, reach beyond what we think we can achieve.
- Boundaries: Show what is in or out of scope.
- Trigger & End: The start and finish of a process (only applicable to processes with a clear beginning and end)

Unclear reason - unclear action

**4: GAP ANALYSIS** Go No Go

**Identify all possible causes or gaps for the situation**

If you had to be at future state tomorrow, identify all of the things that are standing in the way or are absent. What we need to do to accomplish the aim?

Ask "why" or "how" to find the root cause - treat the root cause, not the symptom.

**Suggested Tool: Reverse Fishbone**

The Reverse Fishbone only works well for new problems, not existing processes

**7: COMPLETION PLAN** Go No Go

**Create an Action Plan**

- Create an action plan to implement the solution
- Track progress and review status
- Small tests of change and then spread
- What worked, what didn't work, review gaps - Plan, Do Check, Act (PDCA)

Action	Who	When	Status
Collect	Dan	xx/xx	Done

**2: INITIAL STATE** Go No Go

**Understand the Situation**

What - What is happening now?  
Where - Where does the problem occur?  
When - When does it occur?  
How - How often does it occur?  
Who - Who is affected?

Determine the metric for measurement and the baseline for your data.

"A problem well-defined is a problem half solved."

**5: SOLUTION APPROACH** Go No Go

**Scientific Approach: Hypothesize**

If we implement "X", then we expect "Y" outcome.

Prioritize solutions and identify their potential impact.

Statistics or measurement of expected improvement are not required here.

**Suggested Tool: PICK Chart**

The PICK Chart works best when there seem to be too many "If we, then we" statements.

Plot proposed initiatives on the PICK Chart based on their perceived impact and effort. Take action based on the quadrant they land in.

**8: CONFIRMED STATE** Go No Go

**Metrics Tracking**

Track your metrics over time to visualize trends.

Verify the solution and learnings.

When box 8 = box 3 you've reached your target.

Track and Verify the Solution is working!

**3: TARGET STATE:** Go No Go

**Set the Target**

- Expressed in the same terms as initial state.
- When possible, use the voice of the customer.
- Aim high for the required target, not just what we think we can achieve. The Target metric must align with the metric determined in Box 2.
- Document how you will measure going forward.

**6: RAPID EXPERIMENTS** Go No Go

**Check & Course-correct**

What we're going to try to test the hypothesis.  
What we tried, tested, implemented.  
What are the conclusions?

If the Aim remains elusive, return to Box 4 and repeat the cycle until the Aim has been achieved.

**9: INSIGHTS** Go No Go

**Learning**

Share the learning so we can continually improve through the future.

What worked well, what didn't work well?  
What did we learn?  
What would we do differently?

## **RHIP Workgroup Updates: February**

### **Behavioral Health: Identification & Awareness (Support: Rebeckah Berry, Mike Franz & Rick Treleaven)**

- This group meets the fourth Tuesday of every month from 8:15-9:15am and currently has 19 members.
- In February, the group began developing a primary care flow algorithm around screening and referral for depression. This effort will resume after the group begins the A3 process for their area of focus in March.

### **Behavioral Health: Substance Use and Chronic Pain (Support: Rebeckah Berry, Rick Treleaven & Nikki Lemmon)**

- This group meets the third Wednesday of every month from 4-5pm and currently has 23 members.
- In February, this workgroup finalized their intro letter encouraging screening and referrals for substance use disorders (SUD). The group is also close to finalizing their primary care algorithm for substance use screening and referring, their SUD outpatient referral list, and the wallet referral card. The group hopes to disseminate this packet of information next month. This workgroup will not begin the A3 process for their area of focus until April.

### **Cardiovascular Disease—Clinical (Support: Rebeckah Berry & Shiela Stewart)**

- This group meets the fourth Tuesday of every month from 4-5pm and currently has 10 members.
- In February, this workgroup elected not to meet. The group crafted and sent out a press release in celebration of Heart Health month that encouraged Central Oregonians to know their blood pressure, and also shared the group's developed educational resources around blood pressure and tobacco cessation. This workgroup will meet in March to begin the A3 process for their area of focus.

### **Diabetes—Clinical (Support: Rebeckah Berry & Therese McIntyre)**

- This group meets the second Thursday of every month from 9-10am and currently has 15 members.
- In February, the group finalized their provider and community educational materials in preparation for their Grand Rounds rollout addressing prediabetes, which is scheduled on March 3, 2017. In March, this workgroup will begin the A3 process for their area of focus.

### **CVD & Diabetes: Prevention (Support: MaCayla Arsenault, Sarah Worthington, & Steve Strang)**

- This group meets the fourth Tuesday of every month from 3:30-5pm and currently has 27 members.
- In February, the group evaluated their progress on the regional school physical activity surveys in regard to response rates and strategizing focused efforts. The group is drafting letters to the editor to promote active modes of transportation and prompt community awareness. Additionally, the group listened to presentations on the OSU Extension's SNAP Ed programs and High Desert Food and Farm Alliances programs in order to have an informed discussion regarding increasing healthy diets and nutrition in Central Oregon next month.

# RHIP Workgroup Updates: February

## Oral Health (Support: Donna Mills & Mary Ann Wren)

- This group meets the third Tuesday of every month from 11-12pm and currently has 25 members.
- The Oral Health Workgroup reviewed their RHIP metrics and sources of data. The new RHIP Proposal protocol training on A3 was introduced by our partners at St. Charles Health Systems, with an overview of the process and a practical application exercise. The workgroup will begin the prioritizing process next month.

## 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 23 members.
- The RMCH Workgroup heard a report out from the COHC grant funded Perinatal Care Continuum. There was a review of the current metrics as identified in the RHIP. The group requested the link to the LARC initiative at the State – Donna committed to forwarding that information for a future meeting topic around policy. The workgroup is not meeting in March, but will reconvene in April for two hours and the launch of the RHIP Proposal protocol training (A3).

## Social Determinants of Health

- This group meets the third Friday of every month from 10:30-11:30am and currently has 30 members in Kindergarten Readiness and 37 members in Housing.

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

- The KR Workgroup heard an update from the TRACEs committee from Ken Wilhelm; TRACEs has completed the Steering Committee selection and now will move forward with assembling Community Action Teams (CATs). They had a robust discussion around possible metrics. The determination was made that using the A3, they would likely be able to flesh out metrics. The workgroup will not meet in March, but a small sub-group was formed to take the A3 comprehensive training, enabling them to assist with the larger group training in April (3 – 4 hours).

### Housing (Support: Bruce Abernethy & MaCayla Arsenault)

- In February, the workgroup discussed the upcoming Housing First training and connecting with community leaders. The workgroup also discussed developing an updated housing needs assessment because the latest version was published in 2006. Information from this assessment would be used to obtain various housing grants for Central Oregon. Additionally, the group discussed target metrics based on the data they've gathered thus far.