1. 3:30-3:35 Introductions—All

2. 3:35-3:40 Workgroup Charter—MaCayla Arsenault

3. 3:40-4:10 Data Updates—Sarah Worthington
   - RHP Metrics
   - School Physical Activity Surveys

4. 4:10-4:55 A3 Development—Sarah Worthington

5. 4:55-5:00 Next Steps/Action Items—Sarah Worthington

Next Meeting: May 23 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 11th graders and 8th 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 11th graders and 8th 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 11th and 8th graders from 12% and 6% respectively to 9% and 3% respectively. (Baseline: Oregon Healthy Teens)
Cardiovascular Disease and Diabetes Prevention Workgroup Charter

Central Oregon Health Council:
Cardiovascular Disease and Diabetes Prevention Regional Health Improvement Plan (RHIP) Workgroup

1. PURPOSE
The Cardiovascular Disease and Diabetes Prevention RHIP Workgroup will serve to provide expert advice and action that will support the goals of the Central Oregon Health Council using Lean Practices. The Workgroup is designed to improve each of the Health Indicator Metrics (HIMs) outlined in the RHIP for the Cardiovascular Disease and Diabetes Prevention area of focus. All of these efforts are to be done with the True North Metrics as the guiding principles.

Duties to be considered:
• Collaboration with community partners and other RHIP workgroups.
• Writing proposals or creating Requests for Proposals (RFPs) to supplement the needs of the community as they directly relate to the HIMs.
• Attend monthly meetings, and subgroup meetings as applicable.
• Reporting annually to the Operations Council to ensure alignment, movement, and support.

2. PURVIEW
The purview of the Cardiovascular Disease and Diabetes Prevention Workgroup includes accountability for the positive movement of the HIMs, generating ideas and identifying areas that require the use of key tactics (funding, aligned strategies, policy, etc.), encouraging partnerships, and community outreach. The Workgroup is not required to create or apply these initiatives itself, but merely works to ensure that the gaps are filled and that barriers to HIMs improvement are removed.

3. AUTHORITY
The COHC Board of Directors vests authority to the Cardiovascular Disease and Diabetes Prevention Workgroup. In partnership with the Operations Council, the Workgroup has the decision-making authority to fiscally support any funded initiatives that affect the HIMs assigned to them. The Workgroup has the individual authority to make a declaration of support for any initiative.

4. COMPOSITION /GOVERNANCE
Community partner representatives and local experts will comprise the
Cardiovascular Disease and Diabetes Prevention Workgroup. Every effort will be made to have member representatives from all impacted parties.

The COHC staff member who acts as the organizer of that Workgroup must approve new members of the Cardiovascular Disease and Diabetes Prevention Workgroup. Workgroup members will be educated and be expected to fully understand the scope and authority of the Workgroup. Regular attendance at meetings is expected to direct the responsibilities of the Workgroup.

The Workgroup may form ad-hoc subgroups or request ad hoc member representation as required to achieve specific tasks. The Workgroup will include a member(s) on any sub-groups in order to maintain strategic alignment and communication of improvement ideas.

The Workgroup may choose to appoint a leader, but is not required to do so. The COHC staff will organize all meetings and serve as the spokesperson and liaison for the group. A COHC staff member will fulfill the duties of the leader in his/her absence. Support for meetings will occur through the COHC staff team.

5. RESPONSIBILITIES/DUTIES
   a. Scope
      Workgroup members are expected to actively engage in discussions centered on HIMs improvement. The Workgroup is responsible for identifying and declaring their support for the initiatives they believe will have the greatest possible impact on the HIMs.

   b. Objectives
      The Workgroup shall conduct an A3 on at least one of their assigned HIMs. The Workgroup will be charged with this function in order to identify the gaps and brainstorm strategies for improving the HIMs.

      If the Workgroup determines that funding is required to fill a gap, they must present their idea to the Operations Council. Given approval, the Workgroup will draft an RFP, and will review applications at least once every 6 months with the RFP Review Sub-Committee of the Operations Council.

   c. Communication
      Meetings will be scheduled on a monthly basis. Special meetings may be called if an issue arises that requires immediate attention. Meeting agendas will be updated and sent to Workgroup members prior to meetings.

   d. Charter Approval and Revision
This charter must be approved by the Cardiovascular Disease and Diabetes Prevention Workgroup to become active. The Workgroup will approve revisions to the charter and additions such as charts, etc.

6. CONFIDENTIALITY
Confidentiality must always be maintained during Cardiovascular Disease and Diabetes Prevention Workgroup review and deliberations.
# RHIP Cardiovascular Disease & Diabetes Updated Data

*Green* = Target met  
*Orange* = Progress  
*Red* = Moving in wrong direction  
*This number may be statistically unreliable and should be interpreted with caution.*

## Overweight Teens

### 8th Grade

<table>
<thead>
<tr>
<th></th>
<th>State</th>
<th>Crook</th>
<th>Deschutes</th>
<th>Jefferson</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>14.8%</td>
<td>15.2%</td>
<td>13.6%</td>
<td>22.6%</td>
</tr>
<tr>
<td>2015</td>
<td>15.4%</td>
<td>20.4%↑</td>
<td>11.0%*↓</td>
<td>14.3%↓</td>
</tr>
</tbody>
</table>

### 11th Grade

<table>
<thead>
<tr>
<th></th>
<th>State</th>
<th>Crook</th>
<th>Deschutes</th>
<th>Jefferson</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>13.6%</td>
<td>10.6%</td>
<td>12.8%</td>
<td>20.5%</td>
</tr>
<tr>
<td>2015</td>
<td>15.4%</td>
<td>17.4%↑</td>
<td>12.8%*</td>
<td>18.7%↓</td>
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</table>

## Adult Smoking

### Target: 16%

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<tr>
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<th>State</th>
<th>Crook</th>
<th>Deschutes</th>
<th>Jefferson</th>
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</thead>
<tbody>
<tr>
<td>2013</td>
<td>19.0%</td>
<td>31.0%</td>
<td>16.3%</td>
<td>24.1%</td>
</tr>
<tr>
<td>2015</td>
<td>17.9%</td>
<td>26.3%↓</td>
<td>17.3%↑</td>
<td>12.7%↓</td>
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## Teen Smoking

### 8th Grade

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<tr>
<th></th>
<th>State</th>
<th>Crook</th>
<th>Deschutes</th>
<th>Jefferson</th>
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</thead>
<tbody>
<tr>
<td>2013</td>
<td>4.1%</td>
<td>8.9%</td>
<td>5.0%</td>
<td>4.9%</td>
</tr>
<tr>
<td>2015</td>
<td>4.3%</td>
<td>3.1%↓</td>
<td>3.5%*↓</td>
<td>5.8%↑</td>
</tr>
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### 11th Grade

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<thead>
<tr>
<th></th>
<th>State</th>
<th>Crook</th>
<th>Deschutes</th>
<th>Jefferson</th>
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<tbody>
<tr>
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<td>9.4</td>
<td>16.8%</td>
<td>10.7%</td>
<td>12.3%</td>
</tr>
<tr>
<td>2015</td>
<td>8.8</td>
<td>9.2%↓</td>
<td>3.4%*↓</td>
<td>8.8%↓</td>
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</table>
### Adults with no Leisure Activity
**Target:** 14% Crook, 12% Deschutes, 15% Jefferson

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<tr>
<th></th>
<th>State</th>
<th>Crook</th>
<th>Deschutes</th>
<th>Jefferson</th>
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</thead>
<tbody>
<tr>
<td>2013</td>
<td>18.0%</td>
<td>15.8%</td>
<td>13.5%</td>
<td>16.7%*</td>
</tr>
<tr>
<td>2015</td>
<td>16.8%</td>
<td>29.3%↑</td>
<td>12.7%↓</td>
<td>19.3%*↑</td>
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### Teens with 0 days PA
**8th Grade**
**Target:** 5%

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<th>State</th>
<th>Crook</th>
<th>Deschutes</th>
<th>Jefferson</th>
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<tbody>
<tr>
<td>2013</td>
<td>6.2%</td>
<td>4.0%</td>
<td>5.9%</td>
<td>6.9%</td>
</tr>
<tr>
<td>2015</td>
<td>6.7%</td>
<td>4.9%↑</td>
<td>3.4%*↓</td>
<td>6.6%↓</td>
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**11th Grade**
**Target:** 10%

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<th>State</th>
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<th>Deschutes</th>
<th>Jefferson</th>
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</thead>
<tbody>
<tr>
<td>2013</td>
<td>11.1%</td>
<td>8.2%</td>
<td>12.6%</td>
<td>9.8%</td>
</tr>
<tr>
<td>2015</td>
<td>11.6%</td>
<td>11.1%↑</td>
<td>2.4%*↓</td>
<td>11.2%↑</td>
</tr>
</tbody>
</table>
**1. REASONS FOR ACTION**

- **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**

**2. INITIAL STATE**

- **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."

**3. TARGET STATE**

- **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.

**4. GAP ANALYSIS**

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.

**5. SOLUTION APPROACH**

**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: Reverse Fishbone**

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)

**6. RAPID EXPERIMENTS**

**Suggested Tool: PICK Chart**

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

**7. COMPLETION PLAN**

**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.

**8. CONFIRMED STATE**

**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: April**

**Behavioral Health: Identification & Awareness  (Support: Rebeckah Berry, Rick Treleaven & Nikki Lemmon)**
- This group meets the fourth Tuesday of every month from 8:15-9:30am and currently has 21 members.
- In April, the group began their A3 process around creating a common response matrix that clinics could adopt, including physician intervention, BHC intervention, short-term behavioral health intervention, and referral to specialty behavioral health. The group also approved and adopted their workgroup charter.

**Behavioral Health: Substance Use and Chronic Pain  (Support: Rebeckah Berry, Rick Treleaven & Mike Franz)**
- This group meets the third Wednesday of every month from 3:45-5pm and currently has 23 members.
- In April, the group began the A3 process for their area of focus. They received an overview and prioritized their first A3, which will be around making SUD engagement services available at hospitals and primary care clinics. Before this group begins their A3, they will review and evaluate their metrics during their May meeting. The group also approved and adopted their workgroup charter.

**Cardiovascular Disease—Clinical  (Support: Rebeckah Berry & Shiela Stewart)**
- This group meets the fourth Tuesday of every month from 3:45-5pm and currently has 10 members.
- In April this workgroup began their A3 around promoting/saturating SmokeFree Oregon cessation and prevention campaigns in Central Oregon. Before the group began working on their A3, they learned more about SmokeFree Oregon through a presentation by public health staff. The group will continue working on their first A3 in May. The group also approved and adopted their workgroup charter.

**Diabetes—Clinical  (Support: Rebeckah Berry & Therese McIntyre)**
- This group meets the second Thursday of every month from 9-10:30am and currently has 15 members.
- In April, this workgroup began their A3 around implementing community-wide standards for the prevention and treatment of type 2 diabetes. The group will continue working on their first A3 in May. The group also approved and adopted their workgroup charter.

**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.
- The workgroup moved their April 25 meeting to May 9 and will begin their first A3 around reducing barriers for children accessing after-school sports. The workgroup will also go over the results of their School Physical Activity Survey and updated data for their metrics.
**RHIP Workgroup Updates: April**

**Oral Health (Support: Donna Mills & Mary Ann Wren)**
- This group meets the third Tuesday of every month from 11-12pm and currently has 24 members.
- The Oral Health Workgroup took the April meeting to review a Prevention and Disease Management presentation by Sharity Ludwig with Advantage Dental. Both House Bills 3353 & 2882 were reviewed by the group with no additional action required or requested. The remainder of the meeting was spent on Box 5 (Solution approaches) of the current A3.

**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 Reproductive and Maternal Child Health Workgroup approved their Workgroup Charter. A review of the metrics, as outlined in the RHIP, was performed before the group launched into their A3 Introduction, training and practice. In May, the Workgroup will have a report out from the Perinatal Care Continuum project.

**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 Kindergarten Readiness Workgroup met for an extended three-hour meeting to hear an update from the TRACEs steering committee, as well as approve their Workgroup Charter. They then launched into their A3 Introductions, training and practice. The homework for the workgroup consists of submitting Box 1 (AIM) recommendations prior to the next meeting in May.

**Housing (Support: Bruce Abernethy & Macayla Arsenault)**
- In April, the Housing workgroup began their first A3 around developing a housing needs assessment for Central Oregon in order to provide more accurate and actionable data that can be used to better align housing efforts in the region. The workgroup also approved their charter.