Prevention Goals:
1. Increase awareness of the risk factors for cardiovascular disease including tobacco use, uncontrolled hypertension, high cholesterol, obesity, physical inactivity, unhealthy diets, and diabetes.
2. Decrease the proportion of adults and children at risk for developing type 2 diabetes.

<table>
<thead>
<tr>
<th>Health Indicators by 2019</th>
<th>QIM Measure</th>
<th>State Measure</th>
<th>Healthy People 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 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).</td>
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<tr>
<td>2. Decrease the prevalence of 11th graders and 8th graders who 0 days of physical activity from 11% and 6% to 10% and 5%, respectively (Baseline: Oregon Healthy Teens, 2013).</td>
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<tr>
<td>3. Decrease the prevalence of adults who are overweight (BMI 25 to 29.9) from 33% to 31% (Baseline: Oregon Healthy Teens, 2013).</td>
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</tr>
<tr>
<td>4. 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).</td>
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<td></td>
<td>✓</td>
</tr>
<tr>
<td>5. 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).</td>
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<td>✓ ✓</td>
</tr>
</tbody>
</table>

1. **3:30-3:35** Introductions—All
2. **3:35-3:40** Membership Approval—All
3. **3:40-3:55** Veggie Rx Program Update—Hannah Brzozowski
4. **3:55-4:50** Promoting a Healthy Environment among American Indians and Hispanic Americans in Jefferson County  
   3:55-4:20 Presentation and Q & A— Michael Baker & Nansaa Conway  
   4:20-4:50 Discussion and Decision—All
5. **4:50-5:00** Next Steps/Action Items—Sarah Worthington
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Katherine Ahern, MS</td>
<td>Oregon State University</td>
</tr>
<tr>
<td>Chelsie Carter</td>
<td>PacificSource</td>
</tr>
<tr>
<td>Katie Chipko</td>
<td>Children's Forest</td>
</tr>
<tr>
<td>Michael Baker</td>
<td>Jefferson County Public Health</td>
</tr>
<tr>
<td>Hannah Brzozowski</td>
<td>High Desert Food and Farm Alliance</td>
</tr>
<tr>
<td>Maria Buagas</td>
<td>Bend-La Pine School District</td>
</tr>
<tr>
<td>Kathy Drew</td>
<td>Gero-Leadership Alliance</td>
</tr>
<tr>
<td>Kylie Loving</td>
<td>Crook County Health Department</td>
</tr>
<tr>
<td>Meg Moyer</td>
<td>Bend-La Pine School District</td>
</tr>
<tr>
<td>Kelly Ornberg, RD, LD</td>
<td>St. Charles Health Systems</td>
</tr>
<tr>
<td>Brian Potwin</td>
<td>Commute Options</td>
</tr>
<tr>
<td>Lindsey Staling</td>
<td>Mosaic Medical</td>
</tr>
<tr>
<td>Sherri Sturko</td>
<td>PacificSource</td>
</tr>
<tr>
<td>Steve Strang, MPH, MBA</td>
<td>Mosaic Medical</td>
</tr>
<tr>
<td>Crystal Sully</td>
<td>Deschutes County Health Services</td>
</tr>
<tr>
<td>Sarah Worthington, MPH, RD</td>
<td>Deschutes County Health Services</td>
</tr>
</tbody>
</table>
**Problem:** 33% of Central Oregon adults are overweight contributing to high and growing rates of diet modifiable diseases, such as type 2 diabetes, cardiovascular disease, and some cancers.

**Aim:** By 2019 0% of adults in Central Oregon will have a diet modifiable disease, specifically CVD and/or type 2 diabetes.

**Boundaries:** Focus will be on adults 18+ in Central Oregon

Age adjusted BRFSS data for CVD and Diabetes in Central Oregon 2015.

**Cardiovascular Disease:**
- Oregon 7%
- Deschutes 4.9%
- Jefferson 4.8%
- Crook 6.3%

**Diabetes:**
- Oregon 8.6%
- Crook 13.3%* Unreliable
- Deschutes 4.8%
- Jefferson 16%

See attached Fishbone Diagram

- If we provide access to healthy and nutritious foods to individuals and families experiencing food insecurity, then we expect those families will incorporate healthier food into their diet.
- If individuals and families incorporate healthier food into their diet, then we expect their risk for developing diabetes type II and cardiovascular disease will decrease. For individuals who currently have cardiovascular disease or diabetes type II as a result of an unhealthy diet, we expect their condition will improve.
- If we increase the access to programs that provide nutrition education, budgeting, and increase fruit and vegetable preparation skills, then we expect individuals and families to purchase and prepare healthier meals for themselves and their family.
- If individuals and families consume healthier meals, then we expect their risk for developing diabetes type II and cardiovascular disease will decrease. For individuals who currently have cardiovascular disease and diabetes type II as a result of an unhealthy diet, we expect their condition will improve.

- Fund program(s) that increase access to healthy foods to those experiencing food insecurity
- Fund program(s) that provide nutrition education, budgeting, and increase fruit and vegetables preparation skills.
CVD/DIABETES PREVENTION: BOX 4 FISHBONE DIAGRAM - Nutrition

WHAT could help us reach our aim?
— HOW do we do it?

AIM
By 2019 0% of adults in Central Oregon will have a diet-modifiable disease, specifically CVD/Type 2 Diabetes

Increase vegetable consumption
- Grants for more double up vouchers for SNAP/WIC
- Incent health food restaurants to have drive thru
- Food demos and tastings at local food banks
- Increase mobile food bank services
- Meal Prep Partners

Advocate for policy limits on density of fast food establishments
- Recipe Apps
- Incent community leaders on importance
- Policies around health options in restaurants
- Policies around smaller portions in restaurants

Worksite wellness nutrition programs
- Edible meals
- Incentive for food supplier to increase sales of fruits and vegetables
- Meal Prep Partners

Food as medicine
- Food drives to donate low sodium, low sugar, whole grain foods
- Donate veggies from community garden
- Workplace incentives to supply healthy lunch options for employees (half the plate fruits and vegetables)
- High school food pantry
- Expand meals on wheels for those with transit barriers to include people with CVD/Diabetes
- Make free gardening kits available (seeds, soil, watering can, etc.)
- Enroll patients in e-meals
- Mobile food bank with fresh foods

Remove sugary beverages from SNAP benefits
- Connect high-risk diagnosis clinic panels with local farm CSAs
- Mobile food banks to stop at healthcare offices
- Financial support for a menu of options, initial diagnosis with diettian
- Lunch and learns with healthcare providers
- CSA discounts for clinics
- Corporate wellness nutrition challenges

Food store partnership
- Education around exactly how much sugar is in various beverages
- Leverage the work being done by Nutrition Policy group
- Education for community about food and beverage lobby
- Food Hero events at local grocers
- Cooking demos at local grocers

Access to healthy foods
- Free samples of fruits and veggies.
- Free cooking with kids classes
- Tax incentive for food supplier to increase sales of fruits and vegetables in food
- Food Hero events at local grocers
- Cooking demos at local grocers

Education and Training
- Education around exactly how much sugar is in various beverages
- Leverage the work being done by Nutrition Policy group
- Education for community about food and beverage lobby
- Food Hero events at local grocers
- Cooking demos at local grocers

Healthy eating marketing
- COHC/RHIP or other entity hires research marketing agency to development brand and website
- Catchphrase/slogan (branding)
- Celebrity Partnership
- Create videos and PSAs
CVD Diabetes Prevention Box 5 Survey Results

AIM: BY 2019 0% OF ADULTS IN CENTRAL OREGON WILL HAVE A DIET MODIFIABLE DISEASE, SPECIFICALLY CVD AND/OR TYPE 2 DIABETES.

The results of this survey show a common thread of supporting the distribution of healthy foods to individuals experiencing medical and socioeconomic risk. There was emphasis in the comments of pairing food insecurity screenings directly with the distribution of nutritious food. Twelve out of fifteen responses were received for this survey. The following five “hows” & their corresponding “whats” were identified as the highest priority tactics for achieving the AIM:

<table>
<thead>
<tr>
<th>HOWS</th>
<th>WHATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile food banks to stop at healthcare offices</td>
<td>Food as Medicine</td>
</tr>
<tr>
<td>Veggie Rx Programs</td>
<td>Increase Vegetable Consumption &amp; Food as Medicine</td>
</tr>
<tr>
<td>Mobile food bank with fresh foods</td>
<td>Access to Healthy Foods</td>
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<tr>
<td>Food drives to donate low sodium, low sugar, whole grain foods</td>
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<tr>
<td>Food insecurity screenings</td>
<td>Food as Medicine</td>
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</table>

See following pages for detailed results and comments.