Promote Enhanced Physical Health Across Communities
Regional Health Improvement Plan Workgroup

Join Zoom Meeting
https://us02web.zoom.us/j/188624791?pwd=emNBU2hueW9rRnAwQ2dXNG1Pc1lyUT09

Join by phone:
+1 669 900 6833
Meeting ID: 188 624 791
Passcode: 450534

October 27, 2020
8:00-9:30am

Aim/Goal
Equitably and measurably support all Central Oregonians to prevent disease by improving health behaviors and reducing risk factors that contribute to premature death and diminish quality of life.

Future State Metrics
1. Decrease asthma, cancer, cardiovascular disease, and diabetes rates
2. A. Decrease obesity rates in adults
   B. Increase fruit/vegetable consumption and physical activity in youth
3. Decrease risk factors for cardio-pulmonary and/or preventable disease
4. Decrease sexually transmitted infections
5. Increase individuals receiving both an annual wellness visit and preventive dental visit

AGENDA

8:00-8:15 Welcome, Land Acknowledgement & Announcements
8:15-8:30 Resolve Strategic Directions
8:30-9:25 Focused Implementation
9:25-9:30 Wrap Up & Next Steps
# Future State Metrics – Full Detail

1. **By December 2023, decrease chronic disease rates by 10% in each County, age-adjusted:**

<table>
<thead>
<tr>
<th></th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma (%)</td>
<td>7.4</td>
<td>8.2</td>
<td>12.9</td>
</tr>
<tr>
<td>Cancer (%)</td>
<td>7.0</td>
<td>6.4</td>
<td>4.9</td>
</tr>
<tr>
<td>Cardiovascular Disease (%)</td>
<td>8.7</td>
<td>4.3</td>
<td>5.1</td>
</tr>
<tr>
<td>Diabetes</td>
<td>9.5</td>
<td>5.3</td>
<td>18.3</td>
</tr>
</tbody>
</table>

2. A.) **By December 2023, reduce adult obesity rates in Central Oregon Region by 7% in each county:**

<table>
<thead>
<tr>
<th></th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29.3%</td>
<td>19.9%</td>
<td>39.2%</td>
</tr>
</tbody>
</table>

2. B.) **By December 2023, increase the percentage of Central Oregon youth who meet the physical activity and fruit/vegetable consumption goals by 10 percentage points in each county to:**

### 8th Grade Rates

<table>
<thead>
<tr>
<th>Percentage of students reporting 60 minutes or more of physical activity in the last 7 days.</th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>47%</td>
<td>38%</td>
<td>32%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Index of 6 fruit and vegetable consumption questions, what percentage of youth are getting at least 5 servings of fruit or vegetables per day.</th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>38%</td>
<td>33%</td>
<td>41%</td>
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</table>

### 11th Grade Rates

<table>
<thead>
<tr>
<th>Percentage of students reporting 60 minutes or more of physical activity in the last 7 days.</th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>39%</td>
<td>26%</td>
<td>30%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Index of 6 fruit and vegetable consumption questions, what percentage of youth are getting at least 5 servings of fruit or vegetables per day.</th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31%</td>
<td>26%</td>
<td>25%</td>
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</table>
3. By December 2023, decrease risk factors that contribute to Cardio-Pulmonary Disease and/or Preventable Disease by 7% in each county:

<table>
<thead>
<tr>
<th></th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-adjusted % of adults who currently smoke</td>
<td>24.5%</td>
<td>16.1%</td>
<td>11.9%</td>
</tr>
<tr>
<td>The age-adjusted rate of persons hospitalized for stroke per 100k</td>
<td>196.0</td>
<td>190.0</td>
<td>319.0</td>
</tr>
<tr>
<td>The age-adjusted rate of persons hospitalized for diabetes per 100k</td>
<td>86.0</td>
<td>59.5</td>
<td>128.5</td>
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</tbody>
</table>

4. By December 2023, decrease 5-year rates and/or 5-year case counts of STIs by 20%:

<table>
<thead>
<tr>
<th></th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>The 5-year age-adjusted rate of gonorrhea per 100k</td>
<td>52.7</td>
<td>23.5</td>
<td>95.8</td>
</tr>
<tr>
<td>5-year syphilis case count</td>
<td>Central Oregon</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>5-year HIV case count</td>
<td>Central Oregon</td>
<td>21</td>
<td></td>
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</tbody>
</table>

5. By December 2023, increase the percentage of PacificSource (Central Oregon CCO) Medicaid members, at any age, who received both an annual wellness visit by a Primary Care Provider and a preventive dental visit by a member of the Oral Health Care Team by 10 percentage points to:

<table>
<thead>
<tr>
<th></th>
<th>Crook County</th>
<th>Deschutes County</th>
<th>Jefferson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.8%</td>
<td></td>
<td>32.75%</td>
<td>31.3%</td>
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</table>
Regional Health Improvement Plan (RHIP) Workgroup

**Guiding Principles**

**Shared Focus**
We come together to improve the health and well-being of individuals living in various and diverse communities throughout Central Oregon region. We use the Regional Health Improvement Plan (RHIP) as our guide. It is our region’s shared vision of current problems and our aims. As workgroup partners we develop agreed-upon actions to solve the issues and keep the needs of our communities as the main focus.

**Shared Metrics**
We measure progress, process and outcomes through a shared lens. We use the Regional Health Assessment (RHA), Regional Health Improvement Plan and community dashboard.

**Involve Targeted Population**
The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our workgroups, discussions, processes and decisions.

**Collaborate to Solve Complex Issues**
Inviting diverse perspectives from throughout the Central Oregon region deepens our shared understanding of complex issues and propels us toward better progress and outcomes. We practice frequent, structured, open communication to build trust, assure shared objectives, and create common motivation. We respect the privacy and sensitivity of information partners share.

**Coordinate Collective Efforts**
We are made up of diverse partner organizations and individuals with unique strengths, skills, and resources. We coordinate our efforts and use our unique strengths and skills to meet the goals of the RHIP.

**Learn and Adapt Together**
We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second changes, and a celebration of brave attempts. We adjust and apply our learnings to the complex and changing landscape of health and well-being in Central Oregon.
Promote Enhanced Physical Health Across Communities

**Background: Why are we talking about this?**

- **1990s**
  - Rise in obesity rates
  - Increased sugar consumption
  - Decrease in recess time at school
  - Increasing Aging Population
  - Tech Advancement & Screen Time
  - Vaping / E-cigarettes

- **2000s**
  - Physical health is influenced by genes and biology, health behaviors, social environment, physical environment, and health services. Enhancing physical health throughout our communities improves quality of life and reduces the burden of healthcare and other costs to personal and public health.
  - Access to healthcare is a challenge for residents in rural areas.

**Current Condition: What’s happening right now?**

- Current rates of cardiovascular disease: Crook 9.7%, Deschutes 4.8%, Jefferson 5.7%
- Current rates of diabetes: Crook 10.6%, Deschutes 5.9%, Jefferson 20.4%
- Current adult obesity rates: Crook 31.5%, Deschutes 21.4%, Jefferson 42.2%
- Fewer than 30% of 11th graders report 60 minutes or more of physical activity in 7 days
- Fewer than 25% of 11th graders report getting 5 or more servings of fruits and vegetables per day
- Adults who currently smoke: Crook 29.3%, Deschutes 17.3%, Jefferson 12.7%
- Adults reporting high blood pressure: Crook 48.8%, Deschutes 24.8%, Jefferson 16.9%
- New cases of syphilis have been steadily increasing in the entire region since 2012
- Percentage of Medicaid members who receive both annual wellness visit and preventive dental visit: Crook 17.8%, Deschutes 20.75%, Jefferson 19.3%

See RHIP for Full Current State Metrics

**Goal Statement: Where do we want to be in 4 years?**

**Aim/Goal**

Equitably and measurably support all Central Oregonians to prevent disease by improving health behaviors and reducing risk factors that contribute to premature death and diminish quality of life.

**Future State Metrics - By December 2023:**

1. Decrease asthma, cancer, cardiovascular disease, and diabetes rates
2. Decrease obesity rates in adults
3. Increase fruit/vegetable consumption and physical activity in youth
4. Decrease risk factors for cardio-pulmonary and/or preventable disease
5. Decrease sexually transmitted infections
6. Increase individuals receiving both an annual wellness visit and preventative dental visit

**Analysis: What’s keeping us from getting there?**

- Inequitable measurement and approaches to weight and health management
- Rigidity of time, funding/payment, availability of service and receiving service
- Disparate funding and deceptive marketing
- Siloed systems prevent coordination of care
- Power dynamics adversely affect and create an underrepresentation in policy creation
- Trauma without resilience skills negatively impacts health
- Resource inequality exacerbates health disparity
- Individual and collective health beliefs impact health literacy efforts
- Restrictive and inequitable built environment impacts health

**Follow-Up: What’s working? What have we learned?**

{insert}
## Enhanced Physical Health Across Communities

### Root Cause Barriers: What is blocking us from moving toward our future state measures?

<table>
<thead>
<tr>
<th>Rigidity of time funding/payment, availability of service and receiving service</th>
<th>Individual and collective health beliefs impact health literacy efforts</th>
<th>Restrictive and inequitable built environment impacts health</th>
<th>Resource inequality exacerbates health disparity</th>
<th>Trauma without resilience skills negatively impacts health</th>
<th>Power dynamics adversely affect and create an underrepresentation in policy creation</th>
<th>Insufficient integration of systems prevents coordination of care</th>
<th>Inequitable measurement and approaches to weight and health management</th>
<th>Disparate funding and deceptive marketing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduling of classes and educational groups mostly 9-5, adding burden to working adult</td>
<td>STD education is inadequate and not working</td>
<td>Transportation to preventable dental care</td>
<td>Affordability and accessibility to fresh fruits &amp; veggies</td>
<td>Trauma</td>
<td>Policies don’t encourage representation by those most effected</td>
<td>Chronic conditions are complex and are treated in a silo’d way</td>
<td>Healthcare system that proactively ignores the individuals needs and mostly supports the affluent</td>
<td>Targeted Marketing to Youth</td>
</tr>
<tr>
<td>Working time is barrier to PA - only affluent can fit it in</td>
<td>Hours and transportation limit access to early education</td>
<td>Walkability and distance to access stores, parks, etc.</td>
<td>Cost is #1 barrier to sports participation for low income families</td>
<td>Lack of family structure</td>
<td>School-based health center limits on education and prevention</td>
<td>Workflows are not easy for clinics, with scheduling being an obstacle</td>
<td>Focus on obesity rates with an individual can lead to fat shaming and it’s not supportive</td>
<td>Food industry messaging, education</td>
</tr>
<tr>
<td>Inaccessibility to services</td>
<td>Cultural differences in health practices and health literacy</td>
<td>Physical activity engineered out of our lifestyles</td>
<td>Ability to pay for dental care</td>
<td>School support for gardening and growing fresh fruits and veggies</td>
<td>Dental appointments aren’t scheduled</td>
<td>Remove weight stigma and work to create healthy relationships with food</td>
<td>Media - social media exposure, marketing targeting audiences</td>
<td></td>
</tr>
<tr>
<td>Access / time</td>
<td>Constrained parental engagement</td>
<td>Transportation</td>
<td>Poverty</td>
<td>Shifting political climate shifts priorities</td>
<td>Public perception that eating healthy means it doesn’t taste good</td>
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<tr>
<td>Understanding risk factors for disease</td>
<td>Environmental factors</td>
<td>Insurance coverage</td>
<td></td>
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<tr>
<td>Unstable Family Structure</td>
<td>Food deserts</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Education</td>
<td></td>
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### Strategic Directions: What Moves Us Toward Our 2023 Practical Visions

<table>
<thead>
<tr>
<th>Coordinate Funding</th>
<th>Reduce Financial Barriers to Physical Activity</th>
<th>Cover Insurance Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand Double Up Bucks</td>
<td>Resource for families falling through the cracks to access recreation</td>
<td>Community Rural Health Programs (not insurance-based)</td>
</tr>
<tr>
<td>A centralized Central Oregon Grant Services organization</td>
<td>Provide sports registration fees</td>
<td>Funding pool to cover copay/co-insurance</td>
</tr>
<tr>
<td>Support intersectional work by different agencies (schools, housing, etc.); reference current conversation about redistribution funds for policing to health and education</td>
<td>Partnership between PacificSource and other park and recreation departments (like BPRD partnership)</td>
<td></td>
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<tr>
<td></td>
<td>Resource inequality - increase scholarships to physical activity opportunities</td>
<td></td>
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<tr>
<td></td>
<td>Free summer camps for kids in rural communities – not just sports</td>
<td></td>
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<tr>
<td></td>
<td>Movement for every body – eliminating the pay to play, focus on the fun of movement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Remove pay to play for sports</td>
<td></td>
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</tbody>
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### Ensure Community Members Have Access to Transportation to Health-Related Activities & Services

- Discover and coordinate transportation resources (for medical and non-medical needs)
- Mandatory question at all health care and dental visit intake to ask about transportation needs and provide contact to transportation services
- Incentivizing OHP signup and providing transportation services

### Improve Access to Resources That Improve Health and Wellness Services

- Integrated primary care at time of services (Bodenheimer model per Richard Bennett) – with Behavioral Health, physical therapy, other services immediately available
- Meet people where they are; homeless groups, their lens. Some groups not aware of services/resources. How to reach the underserved.
- Create and mobilize mobile medical/dental/other services (food market stand, pharmacy, etc.)

### Improve Service Coordination

- Nurse navigator for people with chronic conditions to coordinate between different specialists
- Risk stratification (similar to DHS) for a best match for services
- Reach out to partners to assess, identify, and implement strategies to better communicate information that meets the language, literacy, and cultural needs of the community
- Offer incentives for scheduling medical and dental appointments (PacificSource)
- Reach Medicaid and Medicare members using member support specialists. Understanding environmental context.
### Improving health and wellness communication, education, and delivery

<table>
<thead>
<tr>
<th>Destigmatize weight</th>
<th>Create counter and alternative marketing</th>
<th>Diversify Health Promotion Approaches</th>
</tr>
</thead>
</table>
| • Educate providers and insurance companies to regard individual health as a whole- not just BMI  
• Focus on other surrogates of health, not just BMI to address patient health  
• “Ditch the BMI” training  
• Explore “Health at every size” movement and their approaches and resources | • Work with news stations to maintain equitable marketing, offer commercials that provide accurate marketing  
• Media campaign for cheap, healthy dinners | • Increase workplace wellness programs  
• Create a comprehensive app on student devices that educates on prevention, etc. and promotes activity, gamifying activities and tracking health to see needs  
• Make health education classes virtual  
• Trauma Resilience: Resilience training for students and teachers  
• Group class on resiliency (one of our organizations represented already offers group classes, maybe Mosaic.) |

### Advocate for State and Local Policy

<table>
<thead>
<tr>
<th>Develop healthy and equitable built environment</th>
</tr>
</thead>
</table>
| • Provide insurance for all  
• Support progressive policies and curriculum in sexual health education, using research, stop using abstinence only program  
• Tobacco retail licensing  
• Increase price of sugary drinks | • Built environment to support safe activities  
• 10minutewalk.org – ensuring everyone in community has access to safe green spaces 10 minutes from their homes (safe route)  
• Use Health Impact Assessments to evaluated plans before construction  
• Joint Use Agreements  
• Use school grounds for public green spaces  
• Increase gardening opportunities for kids  
• Mandatory built environment regulation for new subdivision developments  
• Encourage city zoning to be close to work and home for those who lack transportation |

### Partner with underserved communities in leadership and decision-making

<table>
<thead>
<tr>
<th>Partnering with underserved communities for equitable decision-making</th>
</tr>
</thead>
</table>
| • Work directly with communities to co-create policies, programs, and strategies to ensure that health interventions are equitable and culturally responsive  
• Include people with lived experience on board by providing compensation so they can attend  
• Identify commonalities across different underserved populations that could be used to design strategies to meet the needs of all the different subgroups  
• Power dynamics: Policy Processes (including this one) should include those that are affected  
• Use underrepresented voices to drive decision-making on top strategies for workgroup |