



**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

September 28, 2021

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 Measures – Condensed
<ol style="list-style-type: none"><li>1. Decrease asthma, cancer, cardiovascular disease, and diabetes rates</li><li>2. Decrease obesity rates in adults</li><li>3. Increase fruit/vegetable consumption and physical activity in youth</li><li>4. Decrease risk factors for cardio-pulmonary and/or preventable disease</li><li>5. Decrease sexually transmitted infections</li><li>6. Increase individuals receiving both an annual wellness visit and preventative dental visit</li></ol>

AGENDA
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8:00-8:30	Welcome & Announcements
8:30-9:20	Implementation Plan Development
9:20-9:30	Wrap Up & Next Steps

Working Document:

<https://docs.google.com/presentation/d/1j6LJR-ZPdwv9qNpYLuuPVJs5wlUuFX5vNKKhlfjzD7I/edit?usp=sharing>



**Promote Enhanced Physical Health Across Communities**

Regional Health Improvement Plan Workgroup

Future State Measures – Full Detail			
1. By December 2024, decrease chronic disease rates by 10% in each County, age-adjusted:			
	Crook County	Deschutes County	Jefferson County
Asthma (%)	7.4	8.2	12.9
Cancer (%)	7.0	6.4	4.9
Cardiovascular Disease (%)	8.7	4.3	5.1
Diabetes	9.5	5.3	18.3
2. A.) By December 2024, reduce adult obesity rates in Central Oregon Region by 7% in each county:			
Crook County	Deschutes County	Jefferson County	
29.3%	19.9%	39.2%	
2. B.) By December 2024, 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:			
8 <sup>th</sup> Grade Rates	Crook County	Deschutes County	Jefferson County
Percentage of students reporting 60 minutes or more of physical activity in the last 7 days.	47%	38%	32%
Index of 6 fruit and vegetable consumption questions, what percentage of youth are getting at least 5 servings of fruit or vegetables per day.	38%	33%	41%
11 <sup>th</sup> Grade Rates	Crook County	Deschutes County	Jefferson County
Percentage of students reporting 60 minutes or more of physical activity in the last 7 days.	39%	26%	30%
Index of 6 fruit and vegetable consumption questions, what percentage of youth are getting at least 5 servings of fruit or vegetables per day.	31%	26%	25%

3. By December 2024, decrease risk factors that contribute to Cardio-Pulmonary Disease and/or Preventable Disease by 7% in each county:

	Crook County	Deschutes County	Jefferson County
Age-adjusted % of adults who currently smoke	24.5%	16.1%	11.9%
The age-adjusted rate of persons hospitalized for stroke per 100k	196.0	190.0	319.0
The age-adjusted rate of persons hospitalized for diabetes per 100k	86.0	59.5	128.5

4. By December 2024, decrease 5-year rates and/or 5-year case counts of STIs by 20%:

	Crook County	Deschutes County	Jefferson County
The 5-year age-adjusted rate of gonorrhea per 100k	52.7	23.5	95.8
	Central Oregon		
5-year syphilis case count	37		
5-year HIV case count	21		

5. By December 2024, 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:

Crook County	Deschutes County	Jefferson County
29.8%	32.75%	31.3%

## **Land Acknowledgement**

We recognize and acknowledge the indigenous land of which we live, work, learn, play, and grow. This land of the Mololla, Paiute, Klamath, Modoc, Yahooskin Band of Snake Indians, Confederated Tribes of Middle Oregon, and Confederated Tribes of Warm Springs. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land where we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: “This land is for you to know and live upon and pass on to the children.”



**Central Oregon  
Health  
Council**

**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?	
<b>1990s</b> Rise in obesity rates Increased sugar consumption <b>2000s</b> Decrease in recess time at school Increasing Aging Population Tech Advancement & Screen Time Vaping / E-cigarettes	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?
<ul style="list-style-type: none"> <li>• Current rates of cardiovascular disease: Crook 9.7%, Deschutes 4.8%, Jefferson 5.7%</li> <li>• Current rates of diabetes: Crook 10.6%, Deschutes 5.9%, Jefferson 20.4%</li> <li>• Current adult obesity rates: Crook 31.5%, Deschutes 21.4%, Jefferson 42.2%</li> <li>• Fewer than 30% of 11<sup>th</sup> graders report 60 minutes or more of physical activity in 7 days</li> <li>• Fewer than 25% of 11<sup>th</sup> graders report getting 5 or more servings of fruits and vegetables per day</li> <li>• Adults who currently smoke: Crook 29.3%, Deschutes 17.3%, Jefferson 12.7%</li> <li>• Adults reporting high blood pressure: Crook 48.8%, Deschutes 24.8%, Jefferson 16.9%</li> <li>• New cases of syphilis have been steadily increasing in the entire region since 2012</li> <li>• Percentage of Medicaid members who receive both annual wellness visit and preventive dental visit: Crook 17.8%, Deschutes 20.75%, Jefferson 19.3%</li> </ul>
See RHIP for Full Current State Metrics

Goal Statement: Where do we want to be in 4 years?
<b>Aim/Goal</b> 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.
<b>Future State Metrics - By December 2023:</b> <ol style="list-style-type: none"> <li>1. Decrease asthma, cancer, cardiovascular disease, and diabetes rates</li> <li>2. Decrease obesity rates in adults</li> <li>3. Increase fruit/vegetable consumption and physical activity in youth</li> <li>4. Decrease risk factors for cardio-pulmonary and/or preventable disease</li> <li>5. Decrease sexually transmitted infections</li> <li>6. Increase individuals receiving both an annual wellness visit and preventative dental visit</li> </ol>

Analysis: What's keeping us from getting there?
<ul style="list-style-type: none"> <li>• Inequitable measurement and approaches to weight and health management</li> <li>• Rigidity of time, funding/payment, availability of service and receiving service</li> <li>• Disparate funding and deceptive marketing</li> <li>• Siloed systems prevent coordination of care</li> <li>• Power dynamics adversely affect and create an underrepresentation in policy creation</li> <li>• Trauma without resilience skills negatively impacts health</li> <li>• Resource inequality exacerbates health disparity</li> <li>• Individual and collective health beliefs impact health literacy efforts</li> <li>• Restrictive and inequitable built environment impacts health</li> </ul>

Date updated:	Workgroup:	Version:
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Strategic Direction: What are we going to try?
<ul style="list-style-type: none"> <li>• Reducing financial barriers to health</li> <li>• Ensuring access and coordination of health services</li> <li>• Improving health &amp; wellness communication, education &amp; delivery</li> <li>• Partnering with underserved communities for equitable decision making</li> <li>• Ensuring policies that promote health and an equitable built environment</li> </ul>

Focused Implementation: What are our specific actions? (who, what, when, where?)
{insert}

Follow-Up: What's working? What have we learned?
{insert}

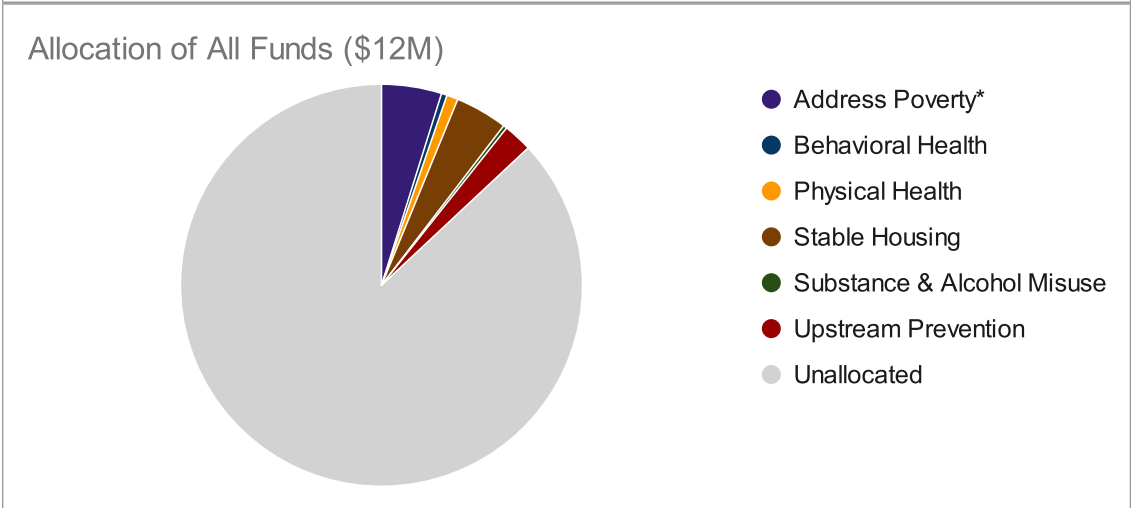
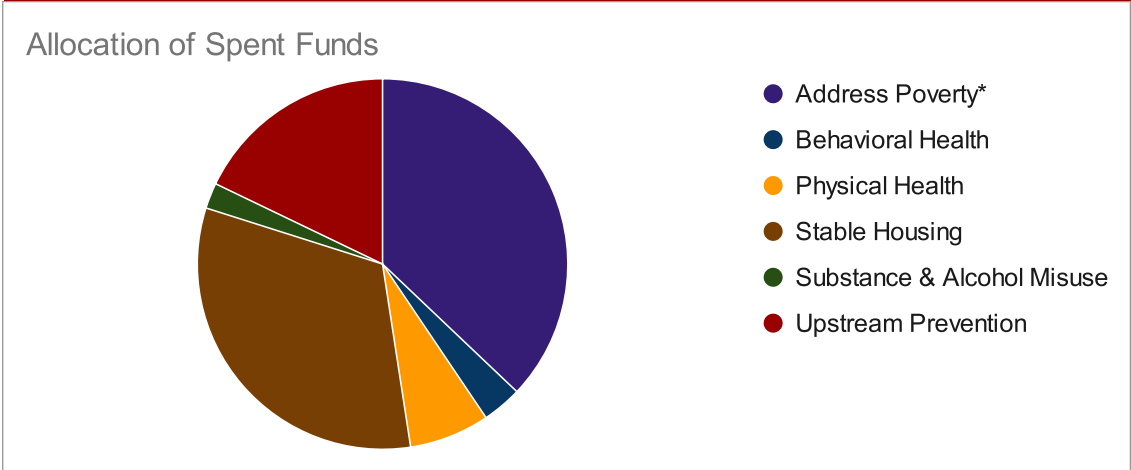
# 2020-2024 RHIP Workgroups

## 5 Year Budget

Updated August 30, 2021

Funds Available	<b>\$10,437,563</b>
Initial Funds (spread over 5 years)	\$12,000,000
Funds Spent	\$1,562,437

Amount Invested by Workgroup	
Address Poverty*	\$579,506.79
Behavioral Health	\$54,275.00
Physical Health	\$109,494.06
Stable Housing	\$505,000.00
Substance & Alcohol Misuse	\$35,000.00
Upstream Prevention	\$279,161.00

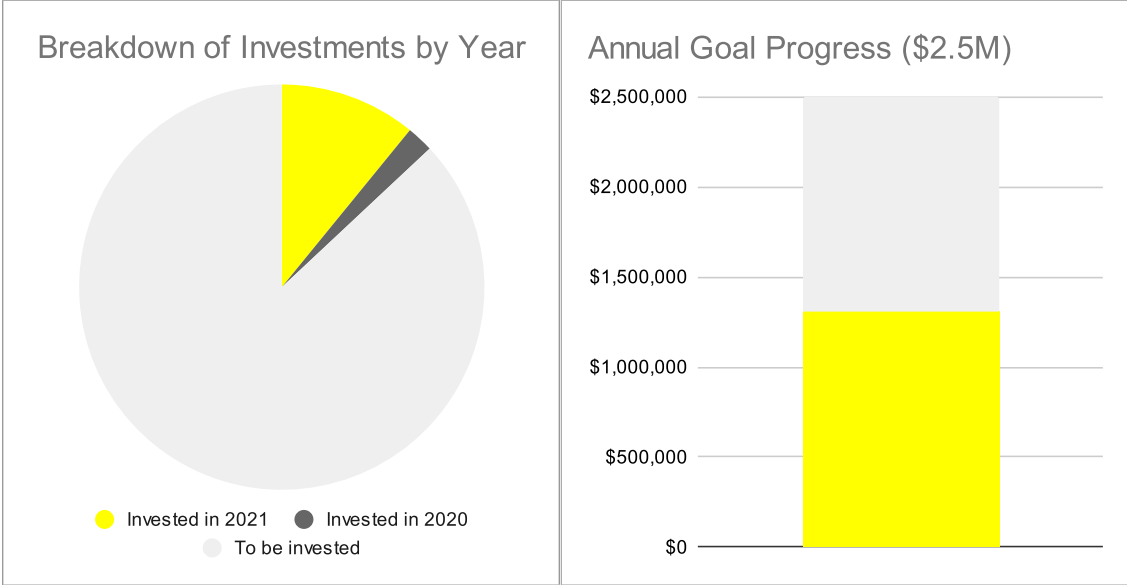


\*Poverty workgroup is still in the process of awarding these funds for their Graduation Rates RFP

# 2020-2024 RHIP Workgroups

## 2021 Budget

2021 investment goal	\$2,500,000
Amount remaining to invest toward 2021 goal	<b>\$1,192,514</b>
Invested in 2021	\$1,307,486
Invested in 2020	\$254,951



For the 2021-2024 funding years, each workgroup's annual investment goal is a minimum of \$500,000. The Central Oregon Health Council is required by law to invest a total of at least \$2.5M each year through the workgroups. Each workgroup is expected to do their part in helping to reach this \$2.5M annual commitment.



# Promote Enhanced Physical Health

## 2020-2024 RHIP Workgroup Budget

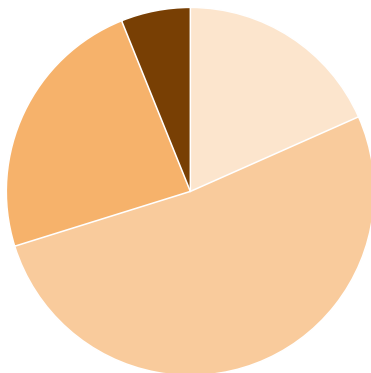
Updated August 30, 2021

Funds Available	<b>\$1,890,506</b>
Initial Funds (spread over 5 years)	\$2,000,000
Funds Spent	\$109,494

### Amount Invested by Future State Measure

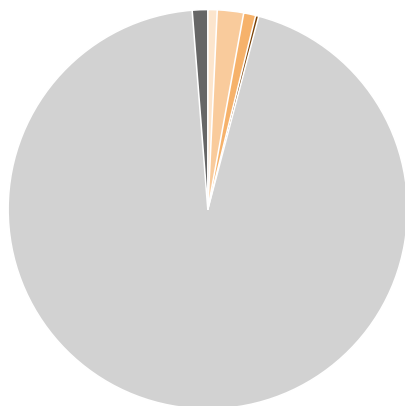
Reduce asthma, cancer, cardiovascular disease, and diabetes rates	\$15,048.81
Increase fruit/vegetable consumption and physical activity among youth	\$42,500.00
Decrease risk factors of preventable disease (smoking, stroke, and hospitalizations for diabetes)	\$19,445.25
Reduce adult obesity rates	\$0.00
Decrease Gonorrhea, Syphilis, and HIV rates or case counts	\$0.00
Increase individuals who receive both an annual wellness visit and a preventative dental visit	\$5,000.00

### Allocation of Funds by Measure



- Reduce asthma, cancer, cardiovascular disease, and diabetes rates
- Increase fruit/vegetable consumption and physical activity among youth
- Decrease risk factors of preventable disease (smoking, stroke, and hospitalizations for diabetes)
- Increase individuals who receive both an annual wellness visit and a preventative dental visit

### Allocation of All Funds (\$2M)



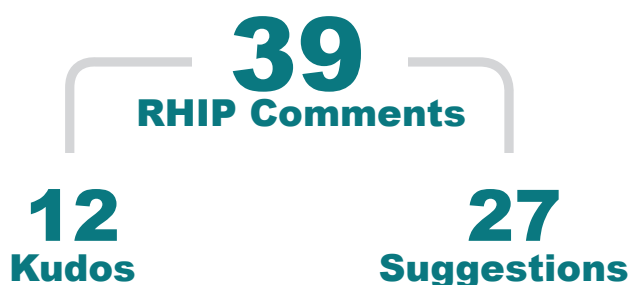
- Reduce asthma, cancer, cardiovascular disease, and diabetes rates
- Increase fruit/vegetable consumption and physical activity among youth
- Decrease risk factors of preventable disease (smoking, stroke, and hospitalizations for diabetes)
- Increase individuals who receive both an annual wellness visit and a preventative dental visit
- Unallocated
- COVID-19 (\$25k pooled funds)



# 2021 Community Partner Satisfaction Survey Results

## Regional Health Improvement Plan

The Community Partner Satisfaction Survey conducted in February, 2021 solicited feedback on the relationships of the Central Oregon Health Council. The survey did not inquire specifically about Regional Health Improvement Plan Workgroups, but nearly half of all open-ended responses pertained to it.



“ You are all doing an incredible job. The processes are extremely equitable and based on research and evaluation.

“ Continue to strive for equal voice for entities, especially amongst those who may be competitors in the same field

“ Continue to reach out to organizations not represented on the committees.

## Top 3 Themes

**Inclusion** Desire to bring in new organizations, new sectors and more voices from priority populations.

**Investments** Concern about how quickly decisions are made, by whom, and bias.

**Networking** Desire to know how other workgroups, organizations and sectors are contributing to efforts.

## Our Next Steps

**Engage New Voices** Staff and workgroup partners will develop a plan to engage new sectors and community members.

**Accountability** Staff will continue to add transparency to workgroup communication efforts.

**Build Connections** Staff will implement new ways for workgroups to interact and hear about one another's work.



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## **Central Oregon Health Council Commitment to Diversity, Equity, Inclusion & Justice**

Racism is a public health crisis. Every human being has a basic right to health.

As an organization created to improve the well-being of all residents across Central Oregon, the Central Oregon Health Council (COHC) has a responsibility to promote and protect that right to health. We know that health equity will never be achieved unless we address the racism and inequality resulting from biased policies, practices, and ideologies that helped shape Oregon and continue today.

People of color and tribal nations experience pervasive and deep health disparities. By focusing on race, we create a framework to address the impacts of inequality experienced by people who are also marginalized by ability, sexual orientation and gender, and people who live at the intersection of these and other identities. These persisting health inequities threaten the principles and priorities that the COHC was formed to address.

The Central Oregon Health Council is committed to diversity, equity, inclusion and justice in our work culture, grant making, and community partnerships. This is essential to achieving our purpose to build an equitable and integrated health ecosystem that improves the well-being of all Central Oregonians. As a community-led organization, we pledge to work with our partners to address the racial inequities within our communities and organizations.

The COHC commits to:

- engaging and learning with our diverse Central Oregon communities, especially populations who have been excluded, underrepresented, and underserved;
- listening and elevating the voices of communities who are most impacted by our work;
- co-creating with communities throughout our region to achieve more inclusive thinking, values and practices to meet their diverse needs for partnership;
- applying a health equity analysis to all of our programs, policies, practices, and grants;
- striving to provide regional leadership on health equity through shared governance and accountability with our Coordinated Care Organization and implementation of the Regional Health Assessment and Regional Health Improvement Plan;
- publicizing and referencing this commitment in all appropriate communications;

- evaluating how we follow through on this Commitment to Diversity, Equity, Inclusion, and Justice, and publicly sharing both our successes and failures.

*We recognize we have a lot to learn and much work to do. We ask our partners, members, and staff to support and hold us accountable to this commitment.*

**Call to Action**

The COHC calls on all its members, partners and leaders to develop, adopt, and implement similar commitments to diversity, equity, inclusion and justice. *Together, we must identify meaningful solutions to dismantle structural racism. We must ensure every person has the freedom to be healthy, to be safe, and to thrive.*

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## **Background**

[Health equity](#) means that everyone has a fair and just opportunity to be as healthy as possible. [Social determinants of health](#) contribute to health disparities and inequities. These conditions affect a wide range of health, functioning, and quality-of-life outcomes and risks. Racism, discrimination, violence, and wealth inequities are examples.

[Structural racism](#) is a fundamental social determinant that has been woven tightly into the fabric of American society. Structural racism establishes and reinforces a legacy of racial oppression and differential distribution of goods, services, opportunities, and protections by race. These include safe and affordable housing, quality education, adequate income and wealth building capacity, accessible quality health care, access to healthy food, safe and healthy neighborhoods, social connectedness and belonging.

Since 2020, the [Centers for Disease Control](#), [American Medical Association](#), and [American Public Health Association](#) have declared racism a serious public health emergency and threat. More agencies and states continue to join this [declaration](#).

The [Oregon Health Authority](#) and the Governor have prioritized health equity. The [State of Oregon Diversity, equity and Inclusion Action Plan](#) aims to guide the still early efforts of the state enterprise to dismantle racism and establish a shared understanding. The purpose of [Healthier Together Oregon: 2020-2024 State Health Improvement Plan](#) is to advance health equity. Coordinated Care Organizations and Public Health Departments are implementing comprehensive health equity plans. Health equity is not just a strategic priority, but essential to the organizational mission and values of the Central Oregon Health Council.

Health equity is a cornerstone of the [2020-2024 Central Oregon Regional Health Improvement Plan \(RHIP\)](#). Central Oregon strives toward an equitable health system where all people can reach their full health potential and well-being. Achieving health equity requires ongoing collaboration of all Central Oregon communities to address the inequitable distribution of resources, wealth and power; and to recognize, reconcile and rectify historical and contemporary injustices (2020-2024 RHIP).

## **Our Journey To Date Towards Health Equity**

The COHC was founded in 2009 by medical and government leaders within our Central Oregon communities with the vision of improving health for every individual living in our region. Since then, the COHC has grown and the regional understanding of health, social determinants of health and health equity has evolved and developed. Out of our desire to better engage our communities, our partnerships have expanded outside the medical community to non-profit social services and education. Partnership remains an integral part of who the COHC is.

The Central Oregon Diversity, Equity, and Inclusion (CODEI) Committee was formed in 2019 to provide actionable strategies to advance [diversity, equity and inclusion](#) in support of the goals of the Central Oregon Health Council (COHC) as articulated in the Regional Health Improvement Plan (RHIP). Since the inception of CODEI, the COHC has accomplished the following:

- Creation and implementation of CODEI Action Plan, and development of resources to support progress in advancing health equity
- Supported the COHC Board of Directors prioritization of health equity in the current strategic plan
- Highlighting opportunities to advance health equity in RHIP workgroups
- Inclusion of health equity priority in community grant programs
- Beginning to identify and share data to support health equity

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