



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 26, 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">1. Decrease asthma, cancer, cardiovascular disease, and diabetes rates2. Decrease obesity rates in adults3. Increase fruit/vegetable consumption and physical activity in youth4. Decrease risk factors for cardio-pulmonary and/or preventable disease5. Decrease sexually transmitted infections6. Increase individuals receiving both an annual wellness visit and preventative dental visit

AGENDA

8:00-8:10	Welcome & Announcements
8:10-8:40	Mini Grant Process Review
8:40-9:20	Implementation Plan Development
9:20-9:30	Wrap Up & Next Steps

Working Document:

<https://docs.google.com/presentation/d/1j6LJR-ZPdvw9qNpYLuuPVJs5wIUuFX5vNKKhfjzD7I/edit?usp=sharing>



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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 th 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 th 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 is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. 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?	
1990s Rise in obesity rates Increased sugar consumption 2000s 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"> • 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% <p>See RHIP for Full Current State Metrics</p>

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: <ol style="list-style-type: none"> 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?
<ul style="list-style-type: none"> • 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

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

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

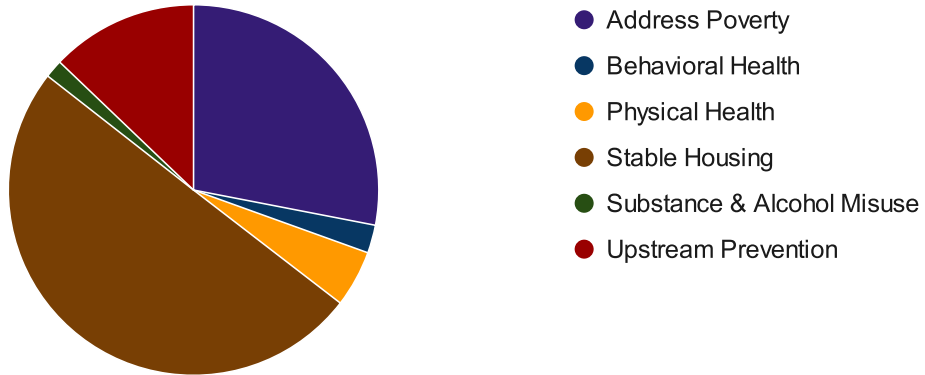
Updated September 30, 2021

Funds Available	\$9,785,877
Initial Funds (spread over 5 years)	\$12,000,000
Funds Spent	\$2,214,123

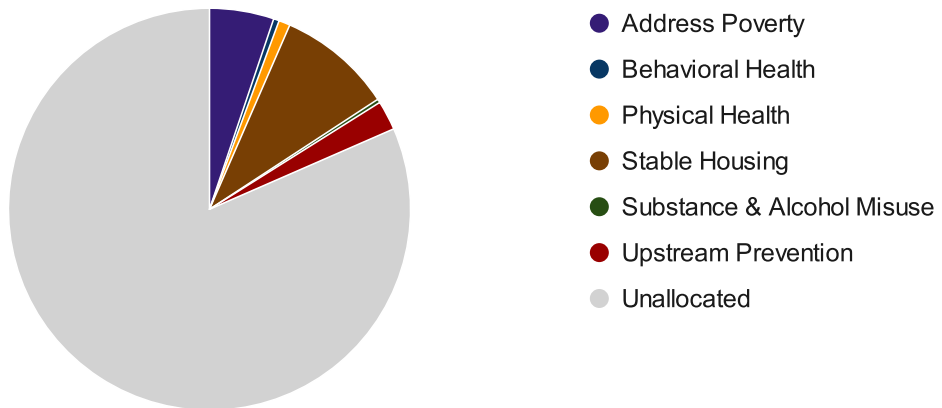
Amount Invested by Workgroup

Address Poverty	\$621,001.79
Behavioral Health	\$54,275.00
Physical Health	\$109,494.06
Stable Housing	\$1,109,654.00
Substance & Alcohol Misuse	\$35,000.00
Upstream Prevention	\$284,698.00

Allocation of Spent Funds



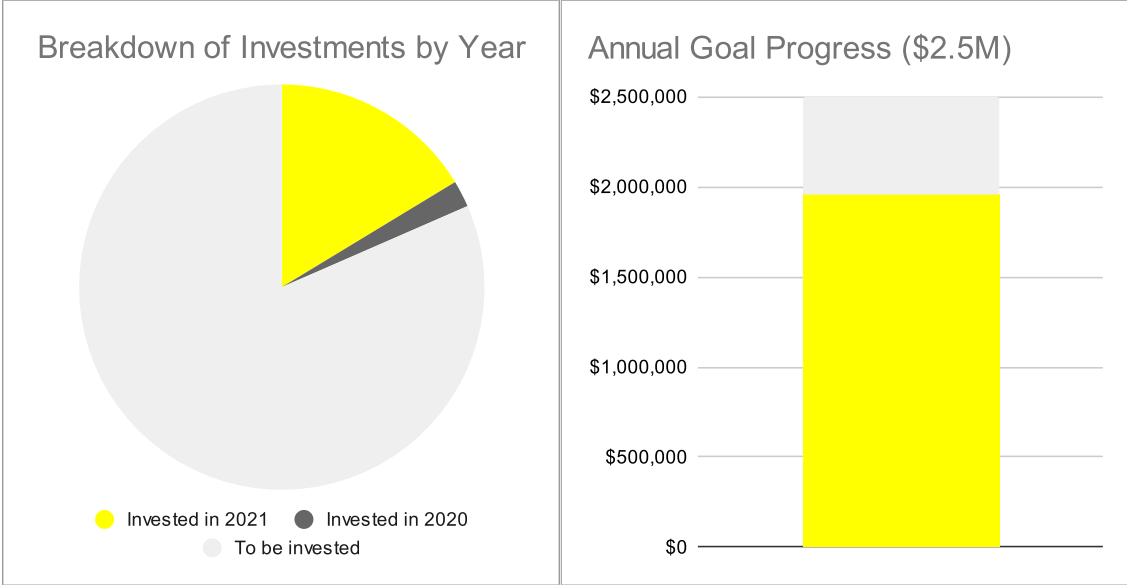
Allocation of All Funds (\$12M)



2020-2024 RHIP Workgroups

2021 Budget

2021 investment goal	\$2,500,000
Amount remaining to invest toward 2021 goal	\$540,828
Invested in 2021	\$1,959,172
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

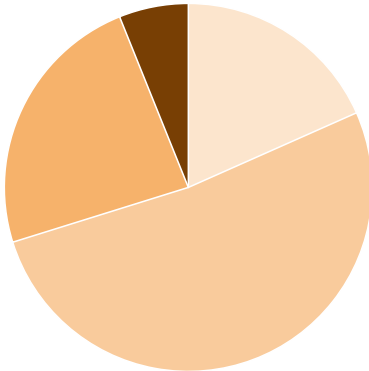
Updated September 30, 2021

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

Amount Invested by Future State Measure

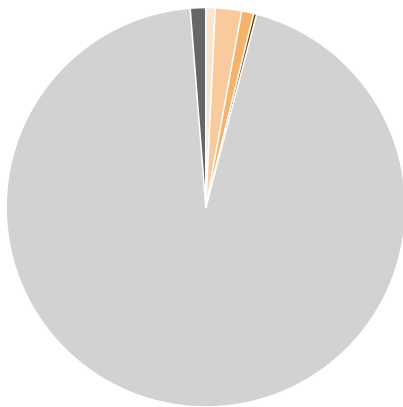
Reduce asthma, cancer, cardiovascular disease, and diabetes rates	\$15,048.81
Increase fruit/vegetable consumption and physical activity among youth	\$42,500.00
Decrease risk factors of preventable disease (smoking, stroke, and hospitalizations for diabetes)	\$19,445.25
Reduce adult obesity rates	\$0.00
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)

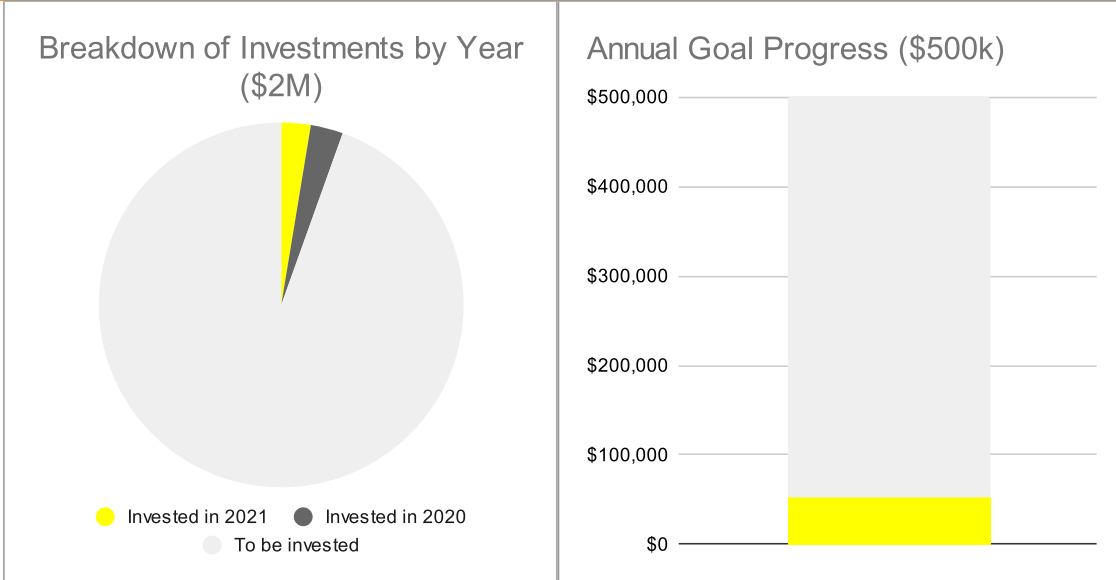
Address Poverty & Enhance Self-Sufficiency 2021 RHIP Workgroup Budget

2021 investment goal \$500,000

Amount remaining to invest toward 2021 goal **\$447,957**

Invested in 2021 **\$52,043**

Invested in 2020 \$57,451



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Regional Health Improvement Plan (RHIP) Workgroup

Voting Practices

Our work as partners within the Central Oregon Health Council's (COHC) Regional Health Improvement Plan (RHIP) workgroups often benefits many organizations. If we were to ask Voting Partners not to vote because they have submitted an application for funding, many people in the RHIP workgroup might not be able to participate. We all stand to gain from the shared wisdom of our many RHIP workgroup partners.

- It is our practice that you, the Voting Partner, announce a conflict of interest when it occurs during a discussion and vote. Then you can continue to vote in spite of that conflict.
- If you feel your conflict of interest unfairly affects your vote, you may choose not to vote.

It is common for organizations to have more than one person on a RHIP workgroup.

- When it is time to vote, people from the same organization will share a single vote.
- If you are not associated with an organization (i.e. community member) you will have a single vote.

We approach decisions using the Focused Conversation method.

- This technique encourages everyone to participate and brings the group closer to consensus.

The Focused Conversation is followed by a vote.

- A decision is made when 75% of the Voting Partners are in agreement.

Sometimes you might part of a subgroup working on a project.

- Everyone on the subgroup must agree unanimously to take the project to the larger workgroup for additional support.

Consensus is defined as:

- Finding and creating areas of shared understanding.
- A coming together of the common sense of the total group.
- An agreement that everyone can live with.