



Promote Enhanced Physical Health Across Communities

Regional Health Improvement Plan Workgroup

Join Zoom Meeting

<https://us02web.zoom.us/j/84385255148?pwd=c2lmNEFWMkh0UkYzTTFsYnVodDFKUT09>

Join by phone:

+1 669 900 6833

Meeting ID: 843 8525 5148

Passcode: 857818

November 22, 2022

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.

AGENDA

- | | |
|-----------|---|
| 8:00-8:20 | Welcome & Announcements |
| 8:20-9:30 | Organizing to Advocacy <ul style="list-style-type: none">An introduction to system change through advocacy. A conversation with Carmen Madrid, ED COHC. |

Working Document:

<https://docs.google.com/presentation/d/1j6LJR-ZPdww9qNpYLuuPVJs5wIUuFX5vNKKhFjzD7I/edit?usp=sharing>

Budget Spreadsheet:

<https://docs.google.com/spreadsheets/d/1Gw9dL6ilRe1oGhJRMloXg9pEUofJ-KzU5WnscBbEX8/edit?usp=sharing>

Land Acknowledgment

We recognize and acknowledge the indigenous land on 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 that 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."

Promote Enhanced Physical Health Across Communities

RHIP Workgroup Virtual Meeting



**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.

Five-Year Investment Overview
All Workgroups
 January 2020–December 2024

| Budget | Spent | Available |
|--------------|-------------|-------------|
| \$12,000,000 | \$7,046,943 | \$4,953,057 |

| Workgroup | Spent | Available |
|------------------------------|-------------|--------------|
| Address Poverty | \$941,994 | \$1,058,006 |
| Behavioral Health | \$1,879,623 | \$120,377 |
| Physical Health | \$1,116,132 | \$883,868 |
| Stable Housing | \$1,119,654 | \$880,346 |
| Substance and Alcohol Misuse | \$581,214 | \$1,418,786 |
| Upstream Prevention | \$1,408,326 | \$591,674.00 |

| PHYSICAL HEALTH 2022 Budget | | | | | | |
|---|--------------------|------------------|----------------------|--------------------------------|--|----------------------|
| Overview | | | | | | |
| | | Budget | Spent | Available | | |
| | 5-Year | \$2,000,000 | \$1,116,132 | \$883,868 | | |
| | Cycle to Date [1] | \$1,000,000 | \$1,116,132 | -\$116,132 | | |
| | Yearly Mini-Grant | \$0 | \$0 | \$0 | * declining mini grants, will reassess at future point | |
| By Future State Measure (5 year) | | | | | | |
| | Budget* [2] | Spent | Available [3] | Currently Allocated [4] | Projected Available [5] | Notes [6] |
| Chronic Disease (1) | | \$15,048.81 [7] | -\$15,048.81 | | -\$15,048.81 | |
| Fruit, Veggie & Activity (2) | | \$544,970.48 [8] | -\$544,970.48 | | -\$544,970.48 | |
| Preventable Disease (3) | | \$23,612.75 [9] | -\$23,612.75 | | -\$23,612.75 | |
| Obesity (4) | | \$0.00 | \$0.00 | | \$0.00 | |
| Sexually Transmitted Illness (5) | \$500,000.00 | \$500,000.00 | \$0.00 | | \$0.00 | |
| Wellness and Dental (6) | \$500,000.00 | | | | | |
| *Budget for each FSM reflects the agreed upon 5 year 'soft budget' minus the portion contributed to shared mini grant budget. | | | | | | |
| | | | | | | |
| | | | | | | |
| Investments | | | | | | |
| Organization | Process | Project | Award | Decision Date | Future State Measure | Latest Report |

| | | | | | | | |
|---|---|--|--------------|--------|--|---------------------------------|--|
| Mosaic Medical | Standard Grant Improving Youth Physical Activity and Fruit/Vegetable Consumption (2020-2024 RHIP) | Rx to Move | \$72,800.84 | 1.3.22 | Increase fruit/vegetable consumption and physical activity among youth | Progress Report | |
| Jefferson County Public Health Department | Standard Grant Improving Youth Physical Activity and Fruit/Vegetable Consumption (2020-2024 RHIP) | Learning good health habits early in life to prevent chronic disease | \$117,857.48 | 1.3.22 | Increase fruit/vegetable consumption and physical activity among youth | Progress Report | |
| OSU Extension | Standard Grant Improving Youth Physical Activity and Fruit/Vegetable Consumption (2020-2024 RHIP) | Let's Be Active and Eat More Fruits and Veggies with OSU Extension Service | \$43,500.00 | 1.3.22 | Increase fruit/vegetable consumption and physical activity among youth | | |
| High Desert ESD | Standard Grant Improving Youth Physical Activity and Fruit/Vegetable Consumption (2020-2024 RHIP) | Creciendo Girasoles (Growing Sunflowers): Version 2.0 | \$125,000.00 | 1.3.22 | Increase fruit/vegetable consumption and physical activity among youth | | |
| Crook County Health Department | Standard Grant Regional Coordination: Sexually Transmitted Infections Full Application (2020-2024 RHIP) | Central Oregon STI/HIV Prevention Public Health Collaborative | \$500,000.00 | 6.1.22 | Decrease Gonorrhea, Syphilis, and HIV rates or case counts | | |

Promote Enhanced Physical Health Across Communities



Background: Why are we talking about this?

| | |
|--|---|
| <p>1990s Rise in obesity rates Increased sugar consumption</p> <p>2000s Decrease in recess time at school Increasing Aging Population Tech Advancement & Screen Time Vaping / E-cigarettes</p> | <p>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.</p> |
|--|---|

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

Date updated: 5.2022

Strategic Direction: What are we going to try?

- 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?)

| | | | |
|---|---|-----------|-----------|
| Mosaic Medical | Rx to Move | 2022-2023 | Region |
| Jefferson County Public Health | Learning Good Health Habits | 2021-2022 | Jefferson |
| OSU Extension | Let's Be Active & Eat Fruits/Veggies | 2022-2024 | Region |
| High Desert ESD | Creciendo Girasoles (Growing Sunflowers) | 2022-2023 | Region |
| The Giving Plate | Fruits & Veggies for Kids | 2021-2024 | Deschutes |
| Crook, Deschutes and Jefferson County Public Health | Regional STI/HIV Prevention Public Health Collaborative | 2022-2024 | Region |
| | | | |
| | | | |

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

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Enhanced Physical Health Across Communities

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

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

STRATEGIC DIRECTIONS: What Moves Us Toward Our 2023 Practical Visions

| Coordinate Funding | Reduce Financial Barriers to Physical Activity | Cover Insurance Gaps |
|--|---|---|
| <ul style="list-style-type: none"> Expand Double Up Bucks A centralized Central Oregon Grant Services organization Support intersectional work by different agencies (schools, housing, etc.); reference current conversation about redistribution funds for policing to health and education | <ul style="list-style-type: none"> Resource for families falling through the cracks to access recreation Provide sports registration fees Partnership between PacificSource and other park and recreation departments (like BPRD partnership) Resource inequality - increase scholarships to physical activity opportunities Free summer camps for kids in rural communities – not just sports Movement for every body – eliminating the pay to play, focus on the fun of movement Remove pay to play for sports | <ul style="list-style-type: none"> Community Rural Health Programs (not insurance-based) Funding pool to cover copay/co-insurance |

Reducing Financial Barriers to Health

| Ensure community members have access to transportation to health-related activities & services | Improve access to resources that improve health and wellness services | Improve service coordination |
|--|---|---|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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.) | <ul style="list-style-type: none"> 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. |

Ensuring access and coordination of health services

| Destigmatize weight | Create counter and alternative marketing | Diversify Health Promotion Approaches |
|---|---|--|
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Work with news stations to maintain equitable marketing, offer commercials that provide accurate marketing • Media campaign for cheap, healthy dinners | <ul style="list-style-type: none"> • 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. |

Improving health and wellness communication education and delivery

| Advocate for State and Local Policy | Develop healthy and equitable built environment |
|--|--|
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 |

Ensuring policies that promote health and an equitable built environment

| Partner with underserved communities in leadership and decision-making |
|--|
| <ul style="list-style-type: none"> • 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 |

Partnering with underserved communities for equitable decision-making