

Strategies for Reducing Obesity among Oregon CCO Members

CCOs can play an important role in addressing obesity and its risk factors of poor nutrition and physical inactivity. Meaningful efforts that CCOs can undertake include:

1. Screening all adults for obesity and offering, as covered benefits, evidence-based behavioral interventions such as the National Diabetes Prevention Program (National DPP) and Weight Watchers;
2. Adopting and implementing nutrition standards at health plans, clinics and hospitals; and
3. Fostering partnerships with local public health agencies and other community stakeholders to implement promising practices to make it easier for people to eat nutrition foods, avoid unhealthy foods, and increase physical activity.

1. Strategy: Screen for obesity and offer evidence-based behavioral interventions

CCO strategies

- Cover obesity-related services for screening and counseling
- Develop and streamline reimbursement models to pay for delivery of evidence-based interventions such as the National DPP and Weight Watchers for CCO members
- Communicate and promote covered benefits to CCO members
- Support providers in effective delivery of benefits addressing obesity through quality improvement initiatives and training

Practice-level strategies (including hospitals and clinics)

- Screen all patients for obesity through routine body mass index measurement
- Provide counseling and behavioral interventions on diet and lifestyle change
- Refer eligible patients to lifestyle change/weight loss programs

Evidence-based programs

The [U.S. Preventive Services Task Force recommends](#) screening all adults for obesity and referring patients with a BMI of 30 kg/m² or higher to intensive, multicomponent behavioral interventions. Weight Watchers and the National Diabetes Prevention Program are evidence-based programs that health plans have offered as benefits for their members.

Clinical trials have shown that people who use Weight Watchers achieved greater weight loss than people who received education only. The National Diabetes Prevention Program (National DPP) was designed based on research that showed, among those with prediabetes, a 58% reduction in the number of new cases of type 2 diabetes overall, and a 71 percent reduction in new cases for those over age 60. Results were achieved through reducing calories, increasing physical activity, and a weight loss of 5 to 7 percent of body weight.

Through a cooperative agreement with the CDC, America's Health Insurance Plans is working in collaboration with four health insurance plans to launch the National DPP in six states to demonstrate

value and scalability. Molina Healthcare, Inc. provides an example of successful implementation of National DPP classes that include Medicaid beneficiaries. Classes began in 2013 in New Mexico and Florida through partnerships with New Mexico State University Cooperative Extension Service, University of Florida Cooperative Extension Service, Molina Healthcare of New Mexico, and Molina Healthcare of Florida. Case studies with results to date from each of the four health insurance plans, as well as webinars and additional resources for health plans, can be found at <https://ahip.org/diabetes/>.

Beginning on January 1, 2018, the [Medicare Diabetes Prevention Program](#) (MDPP) will be covered as a preventive service with no-cost sharing for Medicare beneficiaries. The MDPP will have similar participant eligibility requirements as the National DPP. Payment structure will be finalized in rulemaking in 2017.

Initiatives in Oregon

In Oregon, the Public Employees Benefits Board (PEBB) and the Oregon Educators Benefits Board (OEBB) offers weight-management benefits to help in achieving weight-loss goals and improving overall health. PEBB and OEBB members and other covered individuals have a no-cost Weight Watchers benefit that enables participation in in-person or online Weight Watchers Programs. PEBB and OEBB also provide the National Diabetes Prevention Program as a benefit to covered individuals through their health plans.

Through Oregon's Sustainable Relationships for Community Health project, as well as through a grant awarded to Oregon by the National Association of Chronic Disease Directors to demonstrate successful delivery of the National DPP to the Medicaid population, Trillium, Health Share of Oregon, and Family Care are implementing pilot referral and payment systems to provide the National DPP to CCO members with prediabetes. CCO members will be referred to community-based as well as online program providers. Through their pilot programs, CCOs are learning how to define eligibility and how to ensure optimal provider and patient engagement for referrals to, and participation in, National DPP programs.

The CDC maintains a [registry](#) of organizations that deliver evidence-based diabetes prevention programs across the U.S., which includes 29 organizations in Oregon that have the capacity to offer classes in at least 30 of Oregon's 36 counties. During the past three years, 1,156 people in Oregon have participated in the National DPP through an in-person or online program; that number is expected to continue to increase as additional health plans and employers offer it as a covered benefit.

2. Strategy: Adopt Nutrition standards at health plans, clinics and hospitals

CCO strategies

- Adopt nutrition standards for CCO administrative offices that increase access to healthy foods and beverages, remove sugary beverages and increase access to lactation accommodation
- Require contracted providers to adopt nutrition standards and to promote breastfeeding with training and support

Practice-level strategies (including hospitals and clinics)

- Adopt nutrition standards for CCO administrative offices that increase access to healthy foods and beverages, remove sugary beverages and increase access to lactation accommodation
- Promote breastfeeding and provide training and support

An increasing number of health care institutions have been adopting nutrition standards to increase access to healthy food and beverages, reduce unhealthy options, and provide support for increased breastfeeding. In Oregon, Providence Health & Services has adopted nutrition standards that include elimination of sugary beverages in hospitals, clinics and medical office buildings. Providence has described their efforts as a “holistic approach to support wellness” by changing the environment to support healthy behaviors through nutrition standards, while at the same time offering the National Diabetes Prevention Program to support individual behavior change efforts.

Providence increased access to water and promoted healthier beverages in the year prior to eliminating sugary beverages from all Providence facilities including cafeterias and cafes, vending, catering, gift shops and patient food menus.

3. Strategy: Work with partners to reduce obesity prevalence in communities served by the CCO

CCO and Practice-level strategies

- Partner with local public health authorities to address obesity prevention in the communities served by the CCO
- Support efforts to address comprehensive obesity prevention through collective impact. Effective interventions include:
 - increasing awareness of the dangers of sugary drinks;
 - decreasing availability of sugary beverages through pricing and promotional strategies;
 - increasing access to healthy food and beverages through nutrition standards where Oregonians live, work, play, learn and receive health care;
 - increasing access to places to walk safely and be physically active;
 - increased access to evidence-based self-management programs through benefits coverage and referral systems; and
 - Increased access to lactation accommodation in workplaces and public places

CCOs, Community Advisory Councils and clinics can partner with local public health authorities and other community partners to implement promising practices to make it easier for people to eat

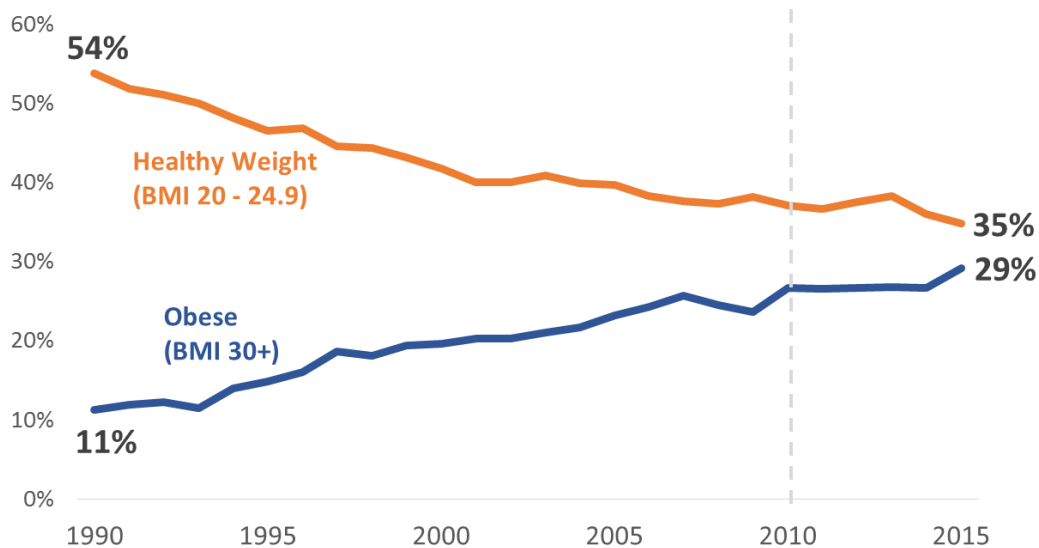
nutritious foods, avoid unhealthy foods (especially sugary beverages), and increase physical activity where they live, work, play, learn and receive health care. The following are several examples of this type of partnership among Oregon CCOs:

- Trillium CCO provides funding to support Lane County Health & Human Services prevention strategies and population-based programs focused on preventing the biggest drivers of health care costs – tobacco use and obesity. Funds have been use to support a staff position to implement obesity prevention initiatives to improve nutrition and increase access to physical activity.
- IHN-CCO provided funds to help establish a bikeshare program in Corvallis. Helmets are being provided at no cost to a limited number of IHN-CCO members.
- Jackson Care Connect is providing matching funds for a Safe Routes of School grant awarded to Jackson County, to help students walk and bike safely to school.

Through the strategies outlined above, CCOs can help tackle the risk factors for chronic disease and obesity by scaling up what is already working across the state.

The following pages provide additional obesity-related data requested by the Metrics & Scoring Committee.

Weight status among Oregon adults, 1990-2015

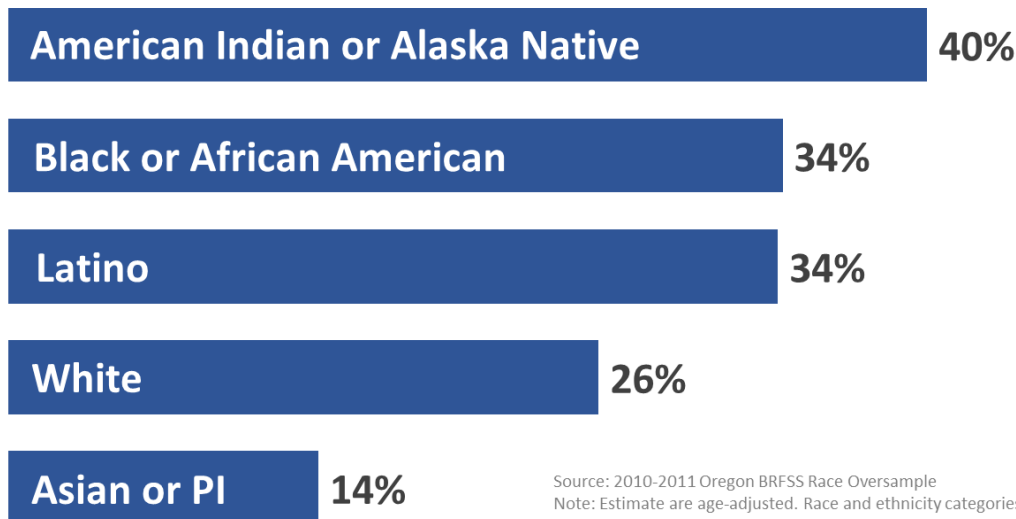


Source: Oregon Behavioral Risk Factor Surveillance System

Note: Vertical dashed line (---) indicates change in survey methods (2010).

Estimates are age-adjusted.

Obesity among Oregon adults by race and ethnicity, 2010-2011



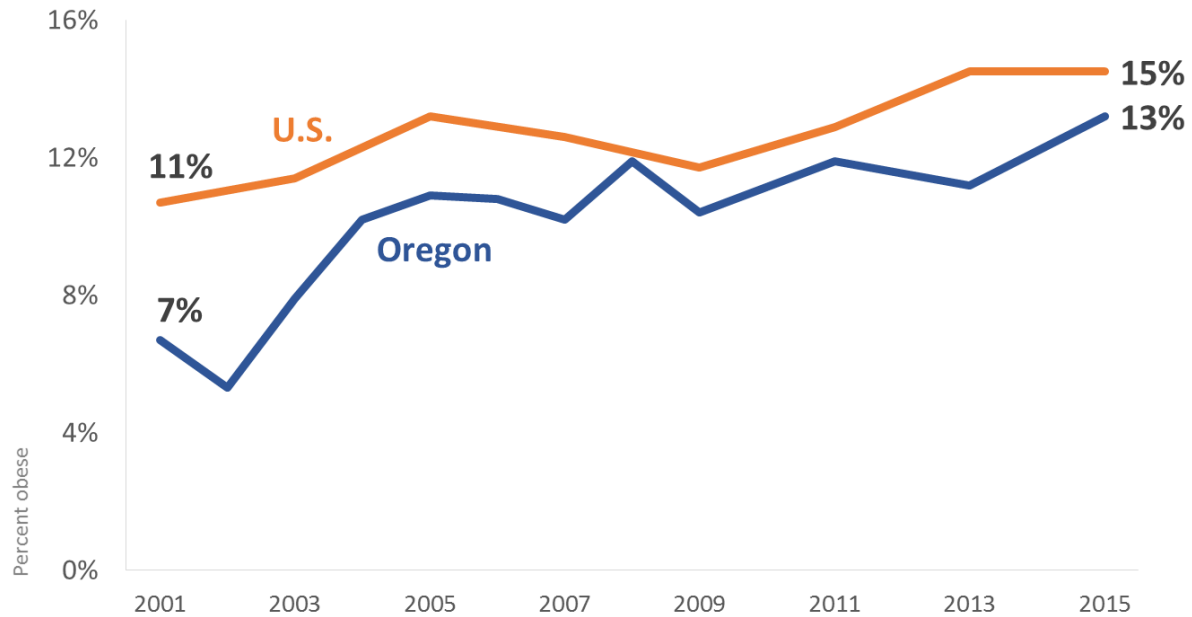
Source: 2010-2011 Oregon BRFSS Race Oversample

Note: Estimate are age-adjusted. Race and ethnicity categories are mutually exclusive.

Obesity among Oregon adults by selected demographics, 2015

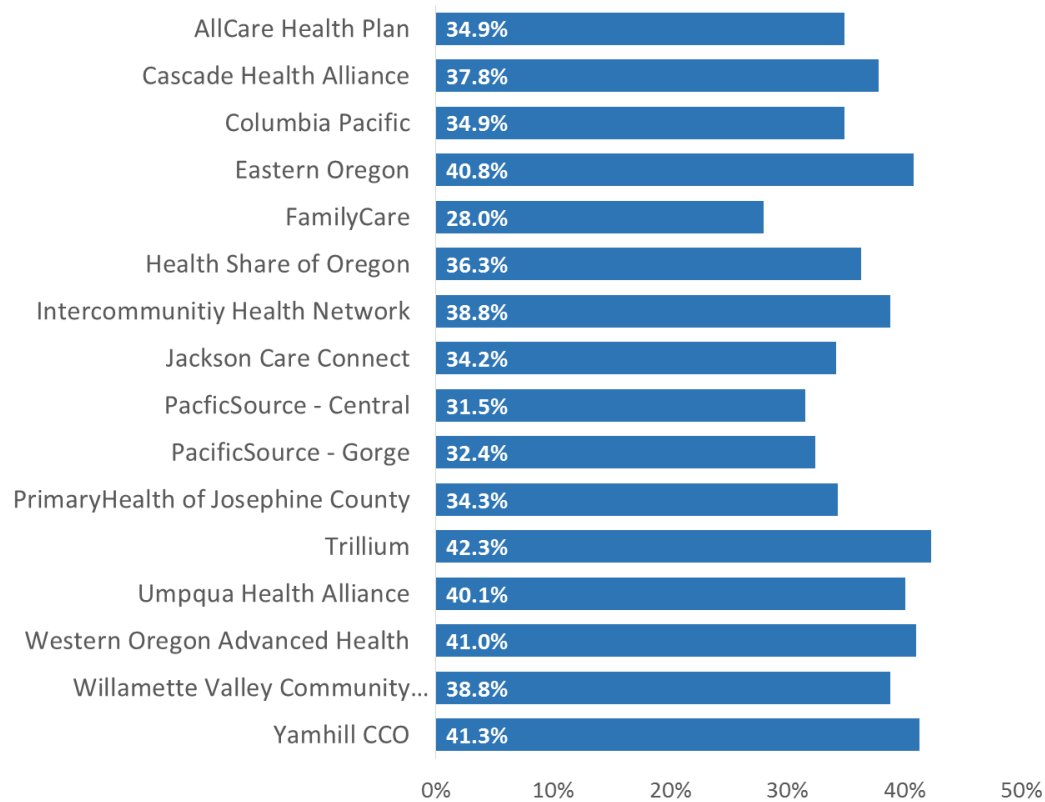
Total	29.2
<u>Sex</u>	
Male	30.1
Female	28.3
<u>Age</u>	
18-44	26.9
45-64	33.2
65+	28.0
<u>Education</u>	
Less than High School graduate	30.7
High School graduate or GED	30.9
Some college	35.4
College graduate	19.7
<u>Income</u>	
less than \$20,000	36.6
\$20,000 to <\$50,000	32.4
\$50,000 to <\$100,000+	29.5
\$100,00 or more	21.4
<u>Socioeconomic status</u>	
Low SES	33.8
Not low SES	28.9
<u>Geography</u>	
Rural	32.4
Urban	29.3
<u>Insurance status</u>	
On Oregon Health Plan	38.2
Not on Oregon Health Plan	27.4
<u>Employment status</u>	
Employed or self employed	27.9
Not in workforce	32.1
<u>Veteran status</u>	
Veteran	34.7
Not a veteran	28.8
<u>Home ownership</u>	
Own	26.4
Rent	35.1

Obesity among 11th graders, Oregon and the U.S., 2001-2015

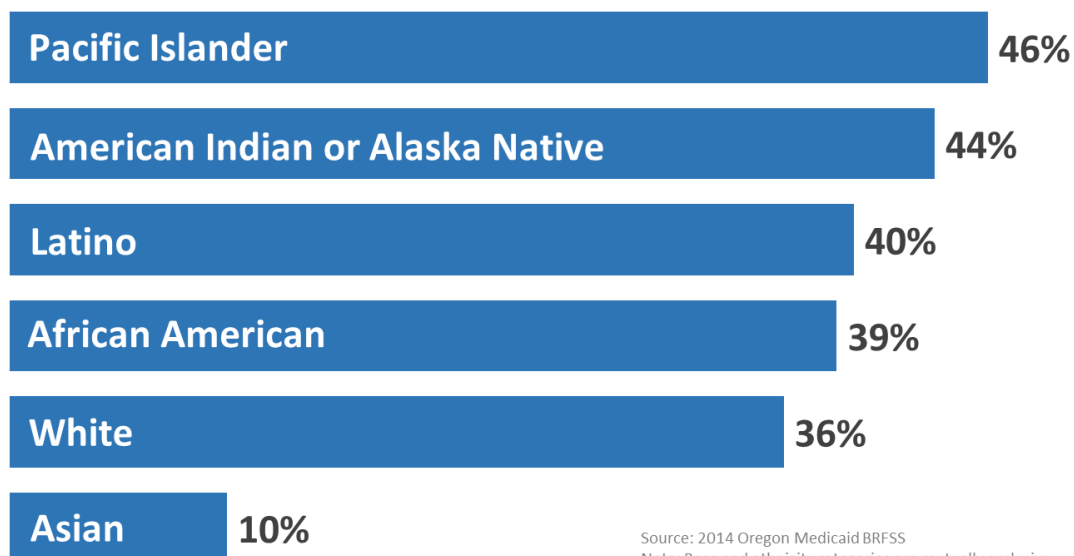


Source: Oregon Healthy Teens Survey; National High School Youth Risk Behavior Survey

Percent of Medicaid members who are obese by CCO



Obesity among Oregon adult Medicaid recipients by race and ethnicity



Source: 2014 Oregon Medicaid BRFSS
Note: Race and ethnicity categories are mutually exclusive.