

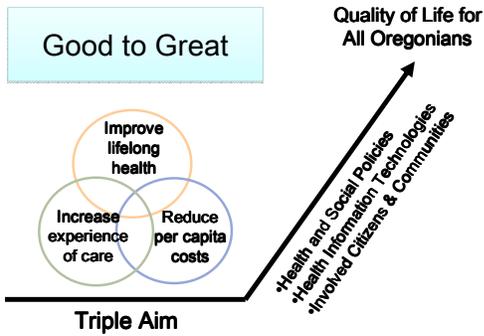
Oregon Health Improvement Plan Committee Recommendations

Presentation to
Oregon Health Policy Board

Tammy Bray and Lila Wickham
November 9, 2010



Good to Great



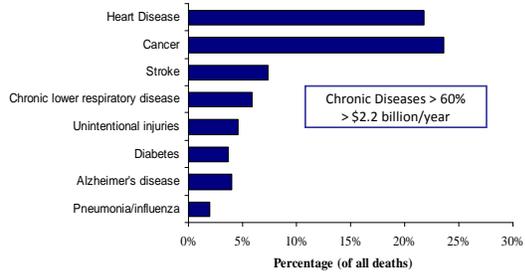
Primary Goal of Health Improvement Plan Committee Defined by Oregon Health Policy Board

“Improve the health of Oregonians by promoting and supporting lifestyle choices that prevent and manage chronic diseases”

Measured by:

- Self Report of good or Excellent Health Status
- Premature Death

Leading Causes of Death in Oregon



Source: National Center for Health Statistics

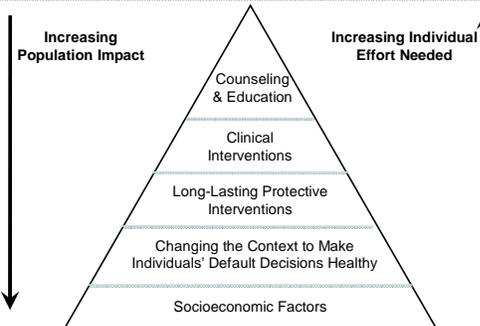
HIP Committee Process to date

- 26 Committee members
- 10 committee meetings from March 30 – October 8, 2010
- 8 Community Listening Sessions
- Website Community Input Survey (for those not able to attend a listening session)
- Website Public Input for review of final draft, through October 29, 2010

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The Health Impact Pyramid

Frieden, *AJPH*, 100 (4):590-595 (2010)



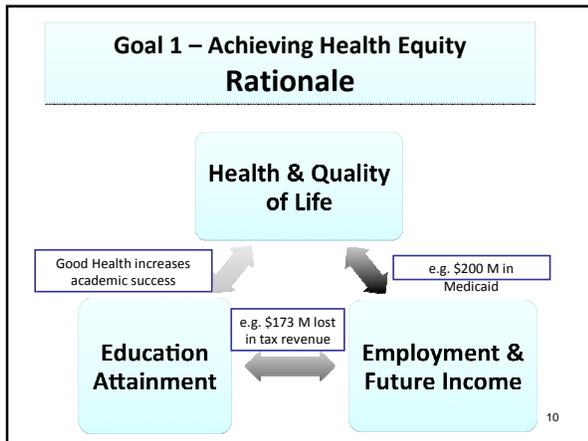
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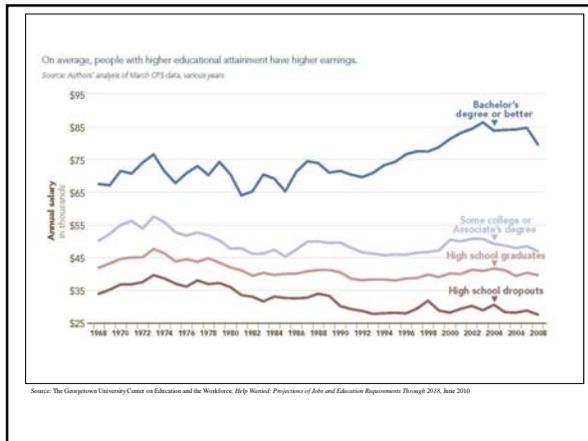


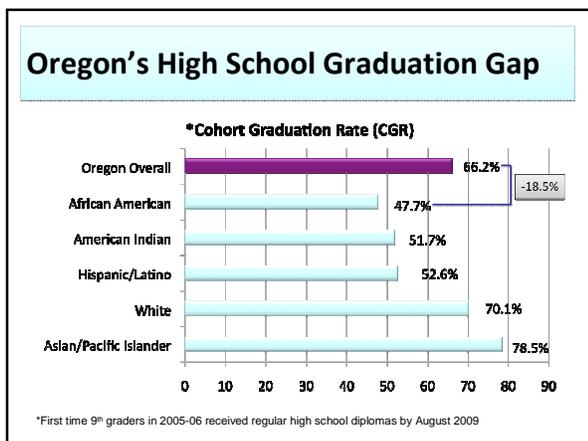
Criteria for Setting Priority of Actions

Consistent w/ HB 2009 Mandate, HIP Charter & OHPB feedback	Not mentioned or supported (+)	Specifically mentioned and supported by OHPB (++++)
Based on evidence, best practice & promising practice	Little to none (+)	Solid literature based evidence (++++)
Can be tracked with data by population groups & counties	Data does not exist (+)	Data exists for most population & readily accessible (++++)
Attuned to state budget situation for 2011-2013 & future	Revenue to support does not exist (+)	Revenue to support exceeds program costs (++++)
Total Scores		
Incorporated or transferred to other committee	OHA/DMAP; HITOC; Public Employers Health Purchasing Committee; Health Incentives and Outcomes Committee; Healthcare Workforce Committee.	









Goal 1 – Achieving Health Equity Rationale

- By focusing on the health of youth in school settings we create an equitable **“health empowerment zone”** that **reduces disproportionate disparities** in health status and health care.
- Targeting school-aged youth has the greatest potential of improving the long-term socioeconomic status and yield significant returns on investment.

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What Oregon Health Authority (OHA) can do to achieve Goal 1 in Year 1?

- Advocate that the legislature maintain funding for Headstart Programs
- Support legislation that promotes health in the school setting
- Require partnerships among and between state and community agencies
- Inventory, expand and improve K-12/college programs aimed at diversifying the health and health care workforce

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Goal 1 – Action Timeline After Year 1

2012-2014

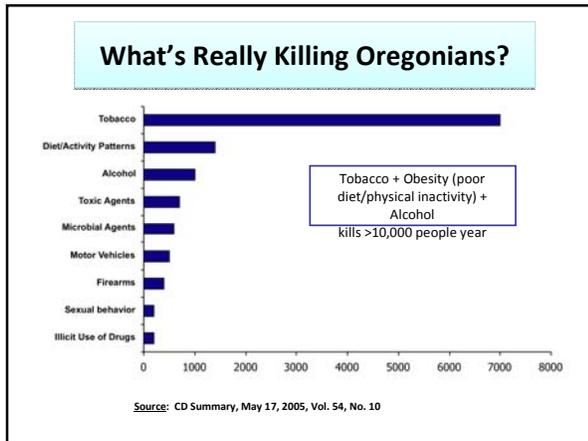
- Expand early childhood education
- Implement strategies to improve educational attainment and address the racial and ethnic disparities in high school and post-high school success
- Perform **‘Health Impact’** Assessments for school building projects
- Provide prompt access to **mental health** services for school and transitional age youth

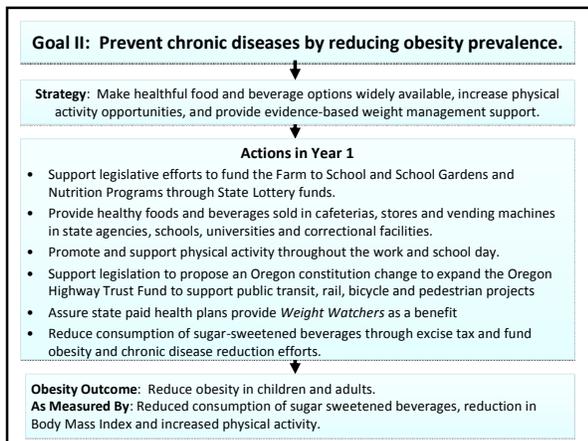
2015-2020

- Promote **stable housing** for low-income families and emphasize the importance of **culturally-specific** housing programs and cultural centers

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Goal II (Obesity) – Action Timeline after Year 1

2012-2014

- Adopt healthy food standards in additional settings
- Expand the availability of weight management programs (Weight Watchers)
- Promote active transportation
- Reduce sodium content in packaged/restaurant foods

2015-2020

- Supplement SNAP to provide incentives for purchase of healthier foods
- Develop healthy food markets in low-income neighborhoods and create a **culturally specific food** and economic development plan that partners with community business owners to provide culturally-specific healthy food

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Goal II: Prevent chronic diseases by reducing tobacco use

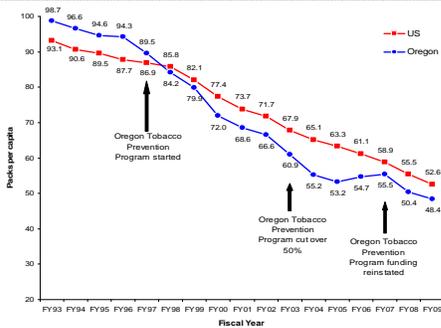
Strategy: Create tobacco-free environments, prevent initiation of tobacco use, support cessation, and counter pro-tobacco influences.

Actions in Year 1

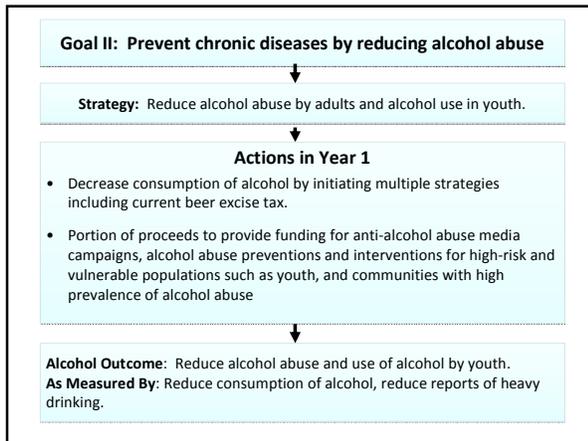
- Tobacco-free campus policies in state agencies, addictions and mental health facilities contracting with OHA, and hospitals
- Smoke-free policies for all public multiunit housing
- Evidence-based tobacco cessation health insurance benefits are available in all state paid plans.
- Prevent initiation and reduce consumption of tobacco by raising the price of cigarettes by \$1/pack excise tax; 10% of revenues will be dedicated to best/emerging practice interventions by counties, regions, tribes, schools, coalitions and community-based organizations.

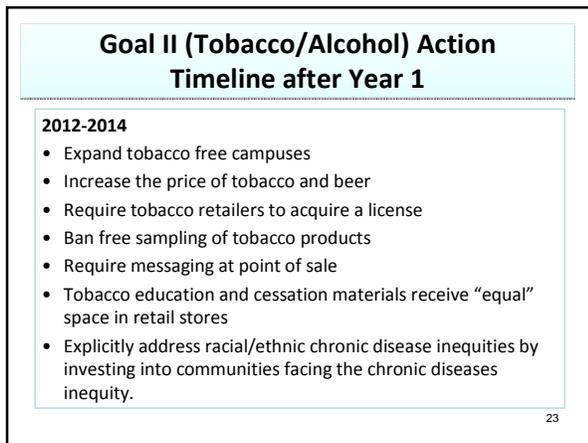
Tobacco Outcome: Reduce Tobacco Use in children and adults.
As Measured By: Oregon Healthy Teens Survey, BRFSS,

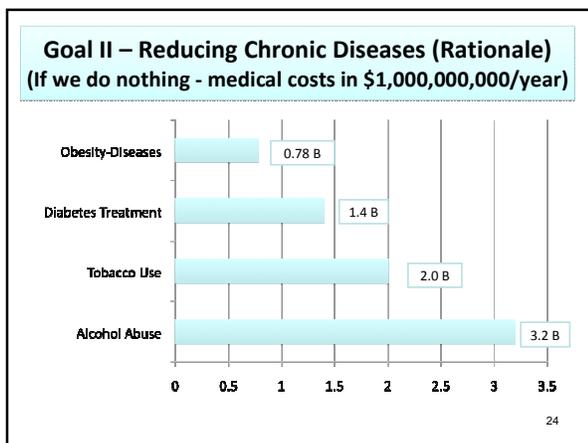
Annual Per Capita Cigarette Consumption



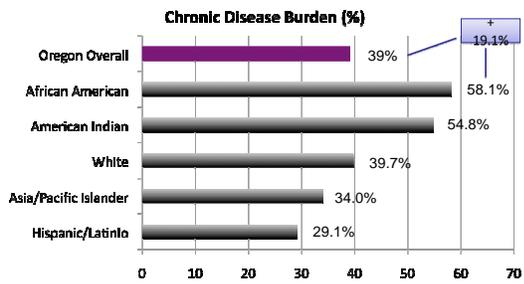
Source: Data from the Oregon Department of Revenue





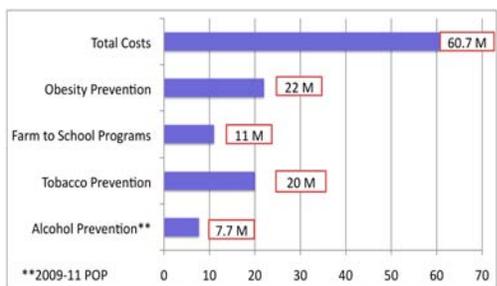


Racial/Ethnic Health Inequity in Tobacco- & Obesity-Related Chronic Disease Burden



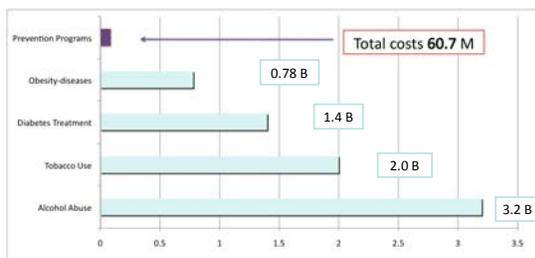
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If we do prevention - How much does prevention program cost? (per year in \$1,000,000)



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Goal II – Reducing Chronic Diseases (Rationale) (Comparison of Prevention Costs to Medical Costs)



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What Oregon Health Authority (OHA) can do to achieve Goal II in Year 1?

- Support legislative efforts to fund Farm to School and Nutrition Programs
- Assure healthy foods are sold in state funded agencies
- Support legislation to use Oregon Highway Trust Funds to support active transportation
- Implement tobacco-free campuses in state agencies and agencies contracting with OHA
- Support smoke-free policies for public multi-unit housing
- Explicitly address racial/ethnic chronic disease inequities

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What Oregon Health Authority (OHA) can do to achieve Goal II in Year 1?

- Support legislative efforts to create a sugar-sweetened beverage tax that is known to be effective in reducing consumption
- Support legislative efforts to raise the price of tobacco to further reduce consumption
- Convene multi-sector group to develop legislative language to raise the beer tax to a level that is known to be effective in reducing consumption

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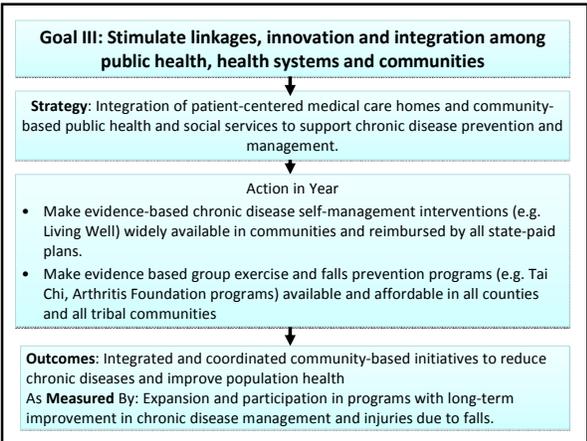
Goal III: Stimulate linkages, innovation and integration among public health, health systems and communities

↓
Strategies: Increase the effectiveness and efficiency of Oregon's public health system integration between health care systems and community support systems

↓ Actions for Year 1

- Utilize community health workers, public health nurse home-visiting, case managers to create a bridge between medical home and community resources
- Create Community Health Assessments and resultant Health Improvement Plans using the expertise of hospitals, public health and community organizations
- Create regional health collaboratives that support integration, reduce duplication, assure community participation, produce strong data sets that support policy decisions
- Require the collection of racial and ethnic data at the most granular level

↓
As Measured By: The presence of the actions described above, hospital readmissions and preventable hospital admissions



Goal III Stimulate system innovations

Rationale

Supporting communities to develop local coordinated and collaborative solutions to community health problems will improve:

- Planning that reflects data and outcomes
- Priority setting
- Force the analysis of existing resources
- Promote system integration
- Focus on prevention and management of chronic diseases

What Oregon Health Authority (OHA) can do to achieve Goal III in Year 1?

- Develop community level Health Improvement Plans (CHIP) capitalizing on the CDC Public Health Capacity grant
- Redirect resources acquired from savings achieved from integration, coordination and regional collaboration to CHIPS that focus on prevention of chronic disease
- Provide ongoing funding for current community based chronic disease prevention efforts like Healthy Eating Active Living
- Designate Health Information Technology funding to assure racial and ethnic health data is collected

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Goal III – Action Timeline after Year 1

2012-2014

- Seek national accreditation by state and local health departments
- Expand Public Health Accreditation standards to include 'culturally and Linguistically Appropriate Service' (CLAS) standards
- Fund local Health Improvement Plans that support vulnerable populations to improve health equity and explicitly support the 'Community Health Worker' model
- Reimburse for Healthy Homes asthma prevention programs
- Develop "Community Health Team" models that coordinate, navigate, integrate and track referrals and outcomes between medical homes and community services
- Measure the savings resulting for chronic disease interventions and redirect the savings to expansion to primary prevention and the OHP
- Expand statewide programs that demonstrate improved health outcomes resulting from community coordination and communication.

Recommendations Referred to Other Committees (separate report)

- *Health Information Technology Oversight Council*
- *Public Employers Health Purchasing Committee*
- *Health Incentives and Outcomes Committee*
- *Healthcare Workforce Committee*

Website Survey Respondents

300 respondents

- 27% concerned citizens
- 17% non-profit organizations
- 3% business
- 33% state or local government
- 12% health care
- 2% school/higher education

Survey Results

- 86% of respondents agreed that Goal 1 moves Oregon in the right direction
- 84% of respondents agreed that Goal 2 moves Oregon in the right direction
- 88% of respondents agreed that Goal 3 moves Oregon in the right direction
- 78% agreed the HIP moves Oregon forward in improving the health of all Oregonians
- 76% rated support of the OHIP as high

Recurring themes from OHIP Survey

- Primary prevention is the way to impact future generations
- Health equity is more than education
- Plan should (and does not) include mental health and addictions as a chronic disease/problem
- Broaden the stakeholders
- Emphasize prevention across the lifespan
- Include oral health
- Community based collaborations are key
- Get government out of health it is an individual responsibility
- Taxes will not improve anything
- Make the plan easier to understand/eliminate the jargon

Suggestions for Moving the Plan Forward

- Bring the goals back to the community, use local coalitions
- Mental Health, Addictions and Substance Abuse are related to health improvement
- Show taxpayers how it will save money
- Fund prevention
- Share the plan widely and continue to involve communities
- Broad based support is important to move the agenda
- Incorporate the Health Equity Policy Review Committee recommendations into the final HIP Plan

Thank you!
謝謝!