

# Oregon Health Improvement Plan Committee Recommendations

Presentation to  
Oregon Health Policy Board

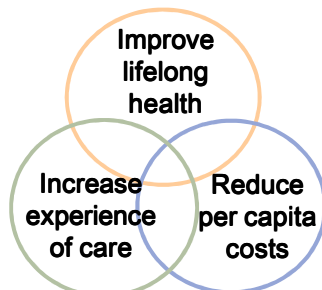
Tammy Bray and Lila Wickham

November 9, 2010



Good to Great

Quality of Life for  
All Oregonians



Triple Aim

- Health and Social Policies
- Health Information Technologies
- Involved Citizens & Communities

2

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

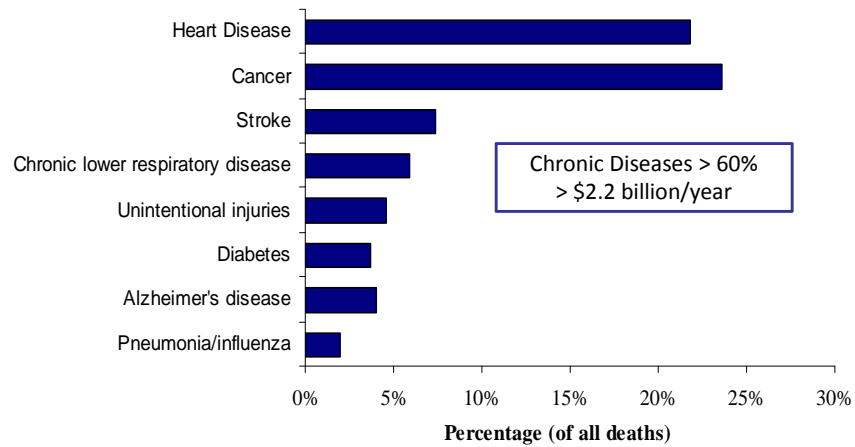
“Improve the health of Oregonians by promoting and supporting lifestyle choices that prevent and manage chronic diseases”

### Measured by:

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

3

## Leading Causes of Death in Oregon



Source: National Center for Health Statistics

## **HIP Committee Process to date**

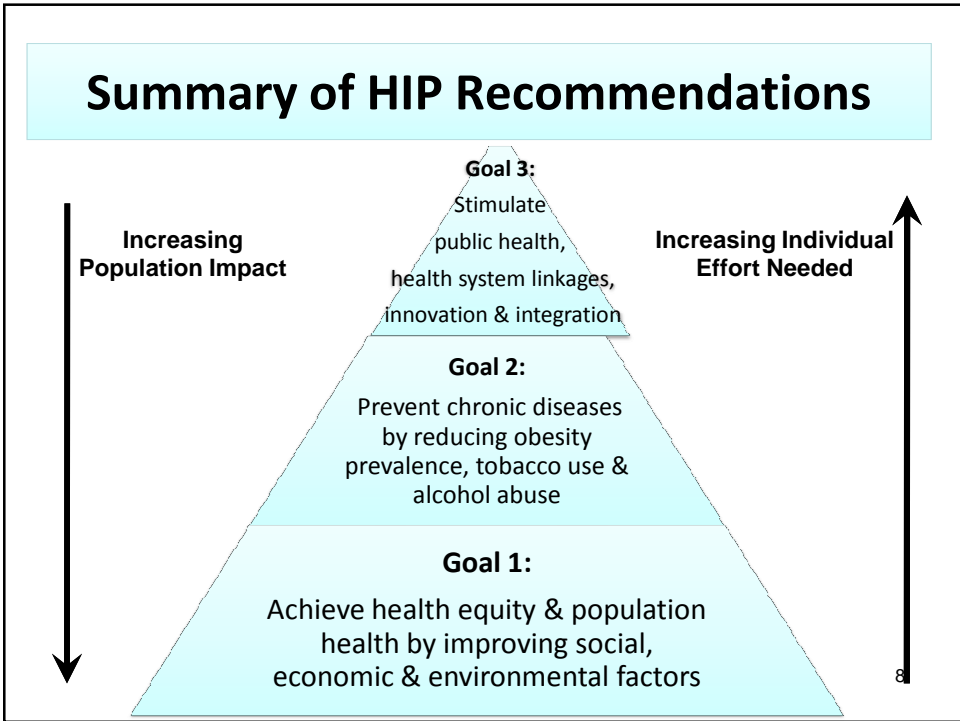
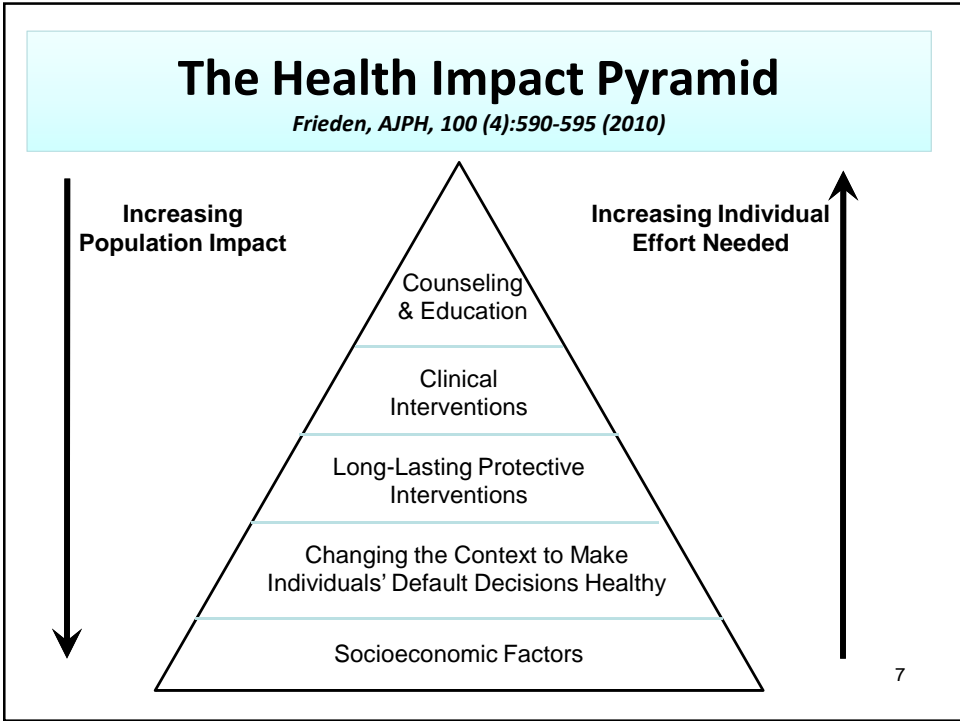
- 26 Committee members
- 10 committee meetings from March 30 – October 8, 2010
- 8 Community Listening Sessions
- Website Community Input Survey (for those not able to attend a listening session)
- Website Public Input for review of final draft, through October 29, 2010

5

## **Guiding Principles**

- Prevention first
- Evidence-based or best practices
- Health Equity
- Respect cultural integrity
- Local solutions
- Sustainable resources
- Data for assessment
- Reduce obesity and tobacco use
- Short and long-term actions

6



## Criteria for Setting Priority of Actions

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

9

### Goal 1: Achieve health equity and population health by improving social, economic and environmental factors



**Strategy:** Target resources to improve child and student health (birth through higher education) to support improved educational outcomes



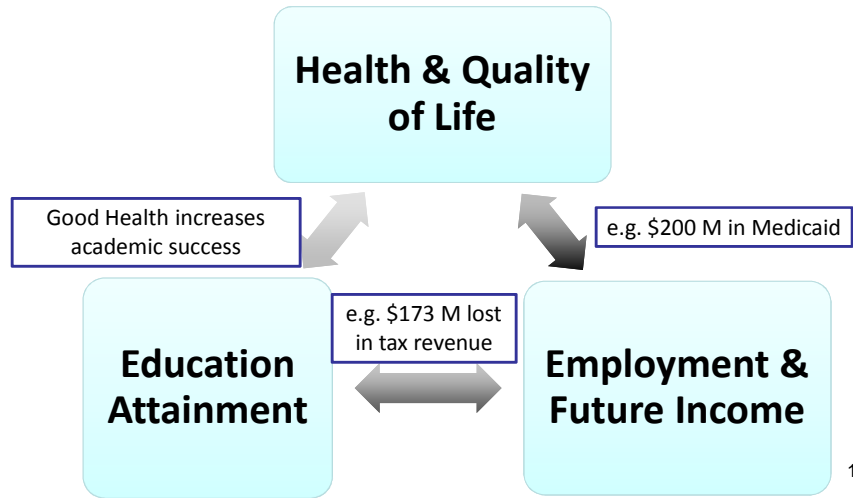
#### Actions in Year 1

- Maintain funding for early childhood education such as Head Start, Early Head Start and Migrant Head Start
- Support legislation that promotes health in the school setting
  - School Health Report Card used to inform policy and progress
  - Increases access to school based health care
  - Promote Physical Education and Healthy Food
- Require partnerships among and between state and community agencies: Education, Public Health, community based organizations



**Outcomes:** Increase Oregon high school graduation rates  
**As measured by:** Participation in early childhood education, high school graduation and post-secondary degrees.

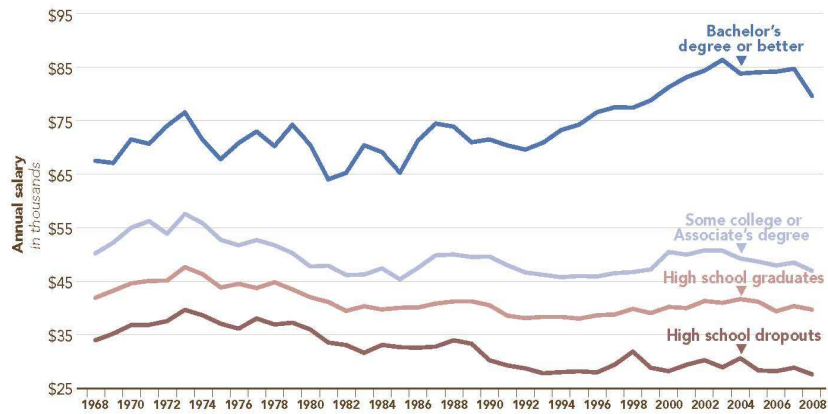
# Goal 1 – Achieving Health Equity Rationale



11

On average, people with higher educational attainment have higher earnings.

Source: Authors' analysis of March CPS data, various years



Source: The Georgetown University Center on Education and the Workforce, *Help Wanted: Projections of Jobs and Education Requirements Through 2018*, June 2010

## 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.

13

## 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

14

## Goal 1 – Action Timeline After Year 1

### 2012-2014

- Expand early childhood education
- Implement strategies to improve educational attainment (Chalkboard Project)
- 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

15

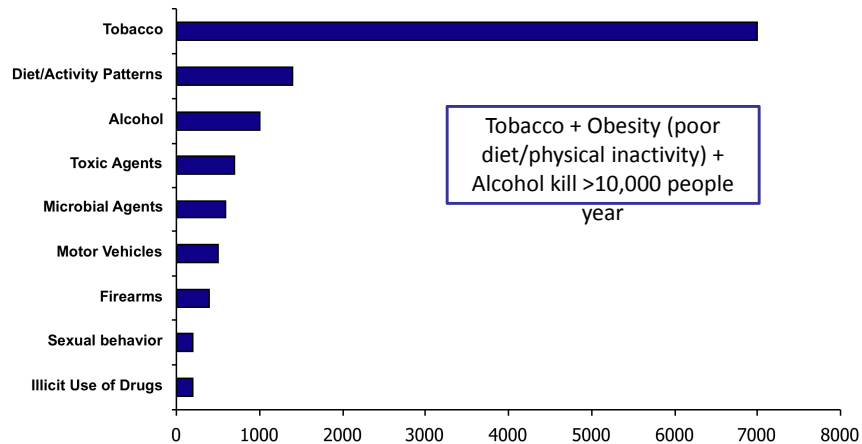
## Goal II

**Prevent Chronic Disease by reducing obesity, tobacco use & alcohol abuse**

<b>Strategy for Reducing Obesity</b>	<b>Strategy for Reducing Tobacco Use</b>	<b>Strategy for Reducing Alcohol Abuse</b>
Make healthful food and beverage options widely available, increase physical activity opportunities, and provide evidence-based weight management support.	Create tobacco-free environments, prevent initiation of tobacco use, support cessation, and counter pro-tobacco influences.	Reduce alcohol abuse by adults and alcohol use in youth.



## What's Really Killing Oregonians?



Source: CD Summary, May 17, 2005, Vol. 54, No. 10

### Goal II: Prevent chronic diseases by reducing obesity prevalence.

**Strategy:** Make healthful food and beverage options widely available, increase physical activity opportunities, and provide evidence-based weight management support.

#### Actions in Year 1

- Support legislative efforts to fund the Farm to School and School Gardens and Nutrition Programs through State Lottery funds.
- Provide healthy foods and beverages sold in cafeterias, stores and vending machines in state agencies, schools, universities.
- Promote and support physical activity throughout the work and school day.
- Support legislation to propose an Oregon constitution change to expand the Oregon Highway Trust Fund to support public transit, rail, bicycle and pedestrian projects
- Assure state paid health plans provide *Weight Watchers* as a benefit
- Reduce consumption of sugar-sweetened beverages through a \$0.005 per ounce excise tax and fund obesity and chronic disease reduction efforts.

**Obesity Outcome:** Reduce obesity in children and adults.

**As Measured By:** Reduced consumption of sugar sweetened beverages, reduction in Body Mass Index and increased physical activity.

## 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

19

## 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.

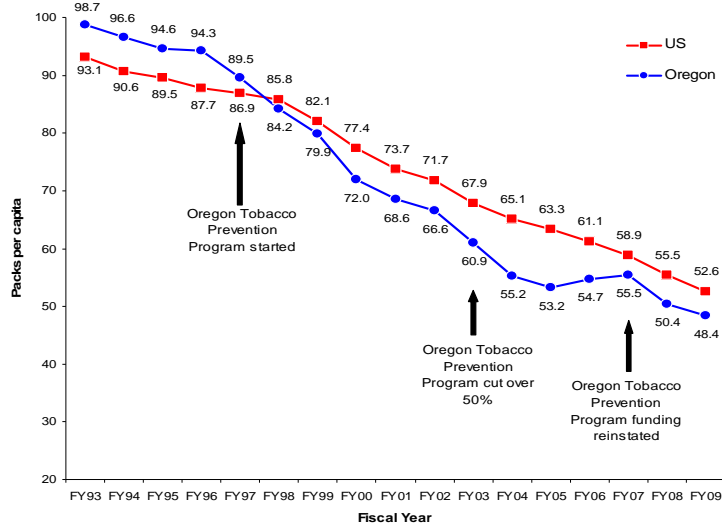
↓  
**Actions in Year 1**

- 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 (\$40 million). Dedicate the resources to best 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

### Goal II: Prevent chronic diseases by reducing alcohol abuse

**Strategy:** Reduce alcohol abuse by adults and alcohol use in youth.

#### Actions in Year 1

- Decrease consumption of alcohol by initiating multiple strategies including current beer excise tax from 8 cents per gallon to 16 cents.
- Portion of proceeds to provide funding for anti-alcohol abuse media campaigns, alcohol abuse preventions and interventions for high-risk and vulnerable populations such as youth, and communities with high prevalence of alcohol abuse

**Alcohol Outcome:** Reduce alcohol abuse and use of alcohol by youth.

**As Measured By:** Reduce consumption of alcohol, reduce reports of heaving drinking.

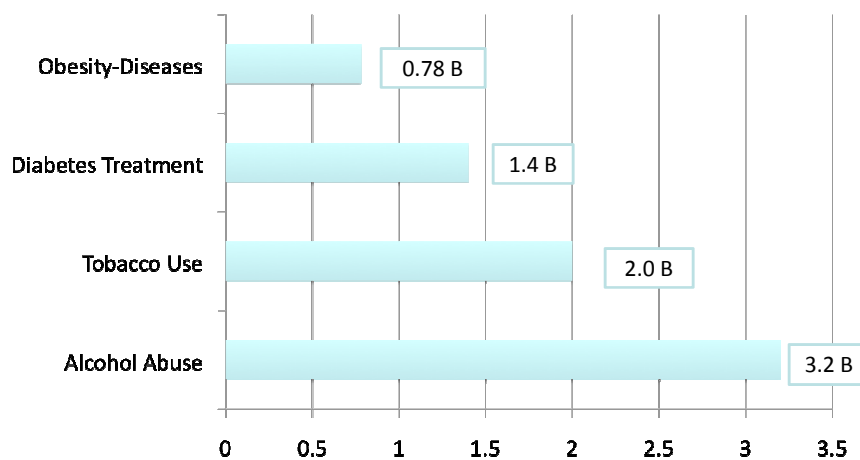
## Goal II (Tobacco/Alcohol) Action Timeline after Year 1

### 2012-2014

- Expand tobacco free campuses
- Increase the price of tobacco and beer
- Require tobacco retailers to acquire a license
- Ban free sampling of tobacco products
- Require messaging at point of sale
- Tobacco education and cessation materials receive “equal” space in retail stores

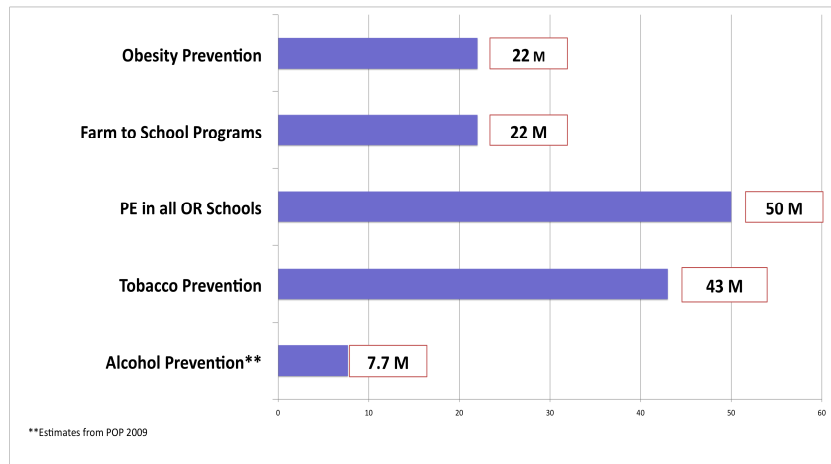
23

## Goal II – Reducing Chronic Diseases (Rationale) (If we do nothing - medical costs in \$1,000,000,000/year)



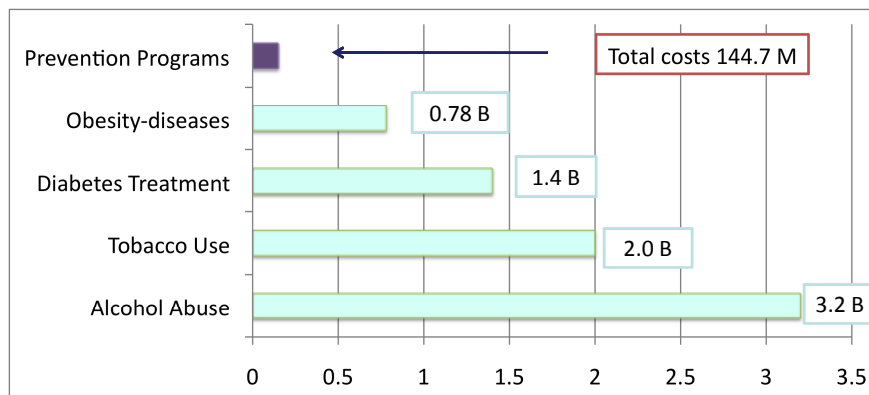
24

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



25

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



26

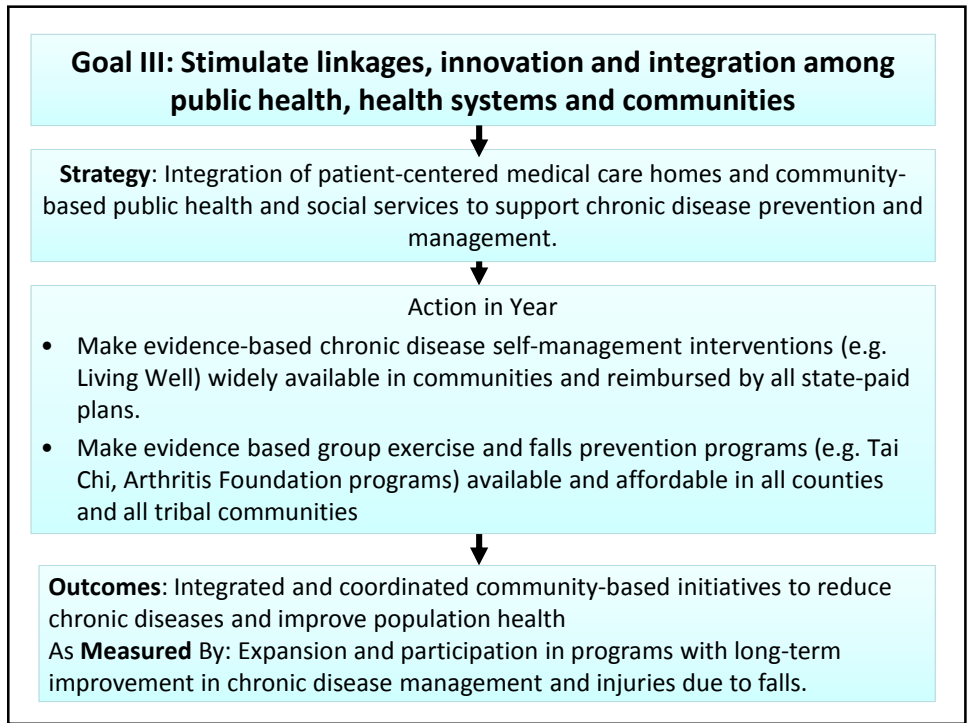
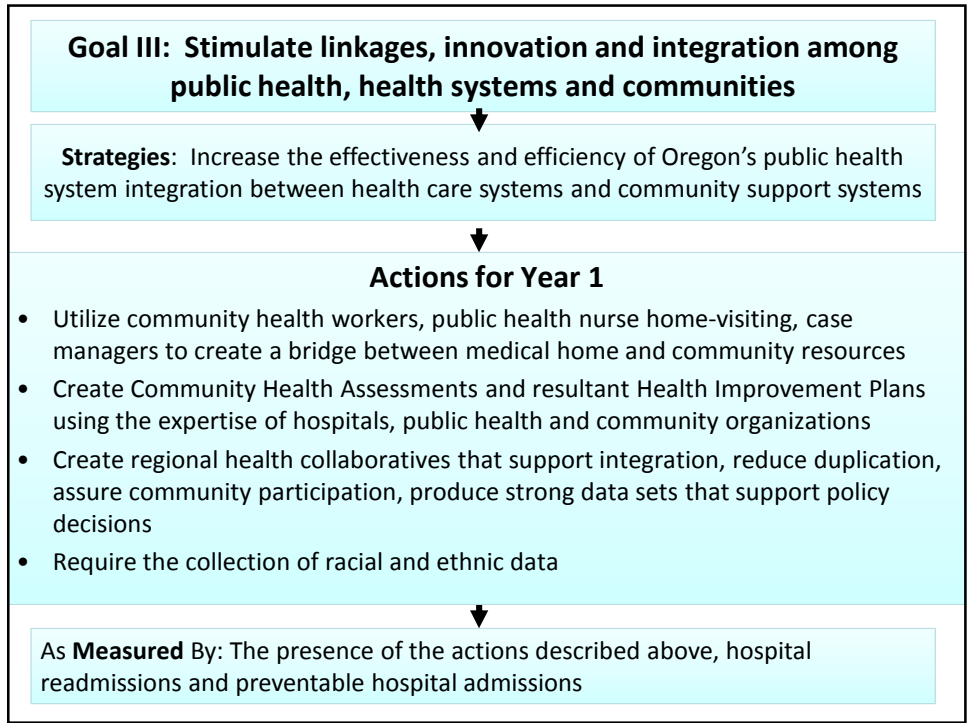
## **What Oregon Health Authority (OHA) can do to achieve Goal II in Year 1?**

- 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

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

- Support legislative efforts to create a sugar-sweetened beverage tax
- Support legislative efforts to raise the price of tobacco
- Convene multi-sector group to develop legislative language to raise the beer tax and apply the revenue to prevention programs

28



## **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.

2



## Goal III – Action Timeline after Year 1

### 2012-2014

- Seek national accreditation by state and local health departments
- Fund local Health Improvement Plans that support vulnerable populations to improve health equity
- 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.

33

## 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*

34

## 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

35

## 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

**Thank you!**  
**謝謝!**

**Oregon**  
**Health**  
**Authority**