



Chronic Disease Prevention Work Group Minutes

Date: Thursday, May 21, 2015 **Time:** 2:30 – 4:00 pm
Location: Bauer Building, Thomson Room
Attendees: Haydee Dabritz, Marcel Horowitz, Lisa Larsen, John McKean, Rebecca Tryon, Amy Dyer, Lisa Musser, Ashley Logins-Miller, Emily Vaden

Welcome & Introductions

- Emily Vaden welcomed the group.

Review of the Project

- Please see Attachment A.
- Emily reviewed the CHIP Timeline. The workgroups are currently at the first grey box of identifying goals.
- The CHIP will revolve around things that are already being done around this priority area, with a few new innovative ideas also included.
- CHIP is a county-wide plan. If any goals will be focused on a certain population, that will need to be noted.
- The CHIP serves several purposes: an internal document for DHS, part of the accreditation process and a tool to help organize community efforts. This CHIP will go before the Board of Supervisors.

Brainstorming Session & Affinity Diagram

- Everyone split into 2 groups and were asked to identify any actions that are currently being taken within the respective organizations/units around Chronic Disease prevention (for any population).
- Please see Attachment B.
- Further discussion around starred words will be needed.

CHIP Samples

Please see Attachment C and D.

- **Action Item:** Follow up with Benton County to see how well their plan has worked.



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Questions & Next Steps

- Connect with City Engineers.

Next Meeting

- Thursday, June 18th 2:30 – 4:00 pm Thomson Room #1600

Future Agenda Topics

- Further refinement – bringing in strategies.
- Please send EVB or action plan items. Please send a week before the meeting. Will have printed. Policy, environmental, education level for each strategy.
- After June meeting, will start writing and hone that more.

Meeting Evaluation

Plus (+)	Delta (Δ)
	<ul style="list-style-type: none"> • Need more members/agencies

2015 Chronic Disease Prevention Work Group Schedule

Meeting will occur every 4 weeks:

- Thursday, July 16th 2:30 – 4:00 pm Thomson Room #1600
- Thursday, August 20th 2:30 – 4:00 pm Thomson Room #1600
- Thursday, September 17th 2:30 – 4:00 pm Thomson Room #1600



Attachment A

Community Health Improvement Plan Timeline

Community Health Improvement Plan (CHIP) Timeline





Attachment B

Chronic Disease Prevention Brainstorming Information



Chronic Disease Prevention Work Group Brainstorming Session – 5/21/15

Brainstorm:

- Improve health literacy and knowledge about chronic disease management.
- Increase access to preventive health care/screening

Category: Education/Health Care

Goal: Increase health literacy about preventive health care and management of chronic disease.

Brainstorm:

- Increase consumption of fruit and vegetable across the lifecycle.
- Increase number of residents who follow dietary guidelines for Americans.
- Increase consumption of healthy foods consistent with dietary guidelines/requirements.

Category: Diet

Goal: Increase consumption of *whole (*unprocessed) food and unsweetened beverages.

Brainstorm:

- Increase number of trainings/education for staff and organizations working with target populations so they can bring health to all policies/programs (whether health related or not).
- Create health behavior messaging better education and consistent messages for providers.
- Increase agency collaboration for health messaging.

Category: Communication/Collaboration

Goal: Increase agency collaboration to provide consistent messages and maximize resource utilization.

Brainstorm:

- Improve infrastructure to encourage safe and fun physical activity.
- Increase safe locations for people to be active/play.

Category: Environment/Physical Activity

Goal: Increase number of locations for residents to be safe while being active/play (...by x%?)



Attachment C

CHIP Example: Benton County



Priority Health Issue: Obesity

Situational Analysis: Why is this a concern?

Obesity increases the risk of a number of health conditions including hypertension, adverse lipid concentrations, certain cancers, and type 2 diabetes, among other conditions.¹ In 2009-2010, on average 35 percent of U.S. adults were obese;² however rates were higher among sub-populations such as women ages 60 and over, non-Hispanic Black women and Mexican American men and women.³ In Benton County, over one-third (35 percent) of adults are overweight and another 21 percent are obese.⁴

Obesity in childhood can lead to early onset of chronic illnesses formerly seen in older adults. Research has shown that obese children are more likely to be overweight or obese as adults. In 2010, more than one-third of children and adolescents were overweight or obese in the United States.⁵ Information collected in 2007-2008 among eighth graders in Benton County suggests that 12 percent were overweight, while 7 percent were obese. Rates were slightly higher for eleventh graders, 13 percent were overweight and 8 percent were obese.⁶

Access to healthy, nutritious food including fresh fruits and vegetables is a major community asset for combatting obesity. The U.S. Department of Agriculture (USDA) defines limited food access as residing more than a mile from the nearest grocery store. Nine percent of low-income Benton County residents live in areas that meet this definition. Forty-three percent of Benton County residents have difficulty accessing healthy food as measured by the percent of residential zip codes in the county with a healthy food outlet.

Research confirms a wide range of health benefits that derive from regular physical activity. Aerobic, muscle- and bone-strengthening physical activity of at least a moderately-intense level can slow the loss of bone density that comes with age. Being physically active lowers the risk for both colon and breast cancer. Moderate physical activity such as walking or bicycling can reduce the risk for heart disease and stroke. Physical activity that leads to weight loss can also significantly reduce the risk for type 2 diabetes and other metabolic disorders.

Best Practices

Preventing and reducing obesity requires comprehensive efforts to improve access to healthy food and make it easier to engage in physical activity. In 2012, the Institute of Medicine published *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation* which outlines five strategies for addressing the obesity epidemic.

- Make physical activity an integral and routine part of life.
- Create food and beverage environments that make healthy food and beverage options a routine, easy choice.
- Transform messages about physical activity and nutrition.
- Expand the roles of health care providers, insurers, and employers.
- Make schools a focal point.



Opportunities for Health

Goal 1: Decrease the prevalence of overweight and obesity across the lifespan.⁷

Outcome Objectives/Indicators

- Decrease the proportion of 8th graders in Benton County who are obese from 6.6 percent to 5.9 percent by 2018.⁸
- Decrease the proportion of 8th graders in Benton County who are overweight from 11.7 percent to 10.5 percent by 2018.⁹
- Decrease the proportion of 11th graders in Benton County who are obese from 8.0 percent to 7.2 percent by 2018.¹⁰
- Decrease the proportion of 11th graders in Benton County who are overweight from 12.6 percent to 11.3 percent by 2018.¹¹
- Decrease the proportion of adults ages 18 and older in Benton County who are obese from 19.5 percent to 17.5 percent by 2018.¹²
- Decrease the proportion of adults ages 18 and older in Benton County who are overweight from 35.4 percent to 31.9 percent by 2018.¹³

Goal 2: Encourage physically active lifestyles in Benton County.¹⁴

Outcome Objectives/Indicators

- Determine and increase the proportion of children ages 3 to 5 who engage daily in at least 60 minutes of physical activity (determine by June 2014 and increase by 2018).
- Determine and increase the proportion of school children ages 6-11 years who engage daily in at least 60 minutes of physical activity (determine by June 2014 and increase by 2018).
- Increase the proportion of 8th graders who are physically active for 60 minutes a day at least 5 days a week from 54.0 percent to 59.4 percent by 2018.¹⁵
- Increase the proportion of 11th graders who are physically active for 60 minutes a day at least 5 days a week from 43.7 percent to 48.1 percent by 2018.¹⁶
- Increase the proportion of adults ages 18 and older who are physically active 30 minutes a day at least 5 days a week from 63.4 percent to 69.7 percent by 2018.¹⁷

Goal 3: Reduce the consumption of soda and other sugar sweetened beverages among youth.¹⁸

Outcome Objectives/Indicators

- Determine and reduce the proportion of children ages 12 to 36 months who consume sugar-sweetened beverages (determine by September 2014 and reduce by 2018).
- Determine and reduce the proportion of preschoolers (ages 3 to 5 years) who consume sugar-sweetened beverages (determine by September 2014 and reduce by 2018).
- Decrease the proportion of 8th graders who report drinking 7 or more sodas/sugar-sweetened beverages per week from 13.3 percent to 12.0 percent by 2018.¹⁹
- Decrease the proportion of 11th graders who report drinking 7 or more sodas/sugar-sweetened beverages per week from 14.1 percent to 12.7 percent by 2018.²⁰



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Action Steps for Community Health

Assessment

- Using GIS technology and other mapping software, describe walkable routes and transportation options to schools and parks.
- Research and compile evidence base linking public transit use to health outcomes.

Outreach and Education

- Disseminate information regarding policy and built environment impacts on health.
- Increase availability of culturally and linguistically appropriate obesity prevention programs and planning strategies.
- Implement social media messages to promote healthy eating, active living, and the importance of making healthy choices.

Community Collaboration and Mobilization

- Identify opportunities for collaborative and coordinated planning to maximize obesity prevention initiatives across diverse sectors.
- Explore integrated funding approaches among key institutional partners to maximize resources and reduce duplication.
- Foster policy, systems, and environmental changes that promote physical activity, healthy eating and positive wellbeing.

Participation in Policy and Planning Processes

- Promote participation of public health experts in planning processes.
- Promote the use of Health Impact Assessments to inform food and built environment-related decisions and help avoid unintentional obesity risks.

Potential Partners

Public Agencies

- Planning departments
- Economic/community development departments
- Local elected officials
- Local/regional transportation agencies
- School Districts
- Parks, Open-Spaces and Recreation Departments
- Senior Centers

Community Partners

- Parent-Teacher Associations
- Neighborhood groups
- OSU Cooperative Extension
- Non-profit groups
- Community benefit organizations
- Medical Providers
- Grocers and Farmer's Markets
- Farms and agriculture organizations
- Recreation and sports clubs
- Multicultural groups



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Additional Resources

- **Let's Move Active Schools.** In collaboration with the First Lady's *Let's Move!* Initiative, several national organizations have united to boost physical activity in schools. www.letsmoveschools.org
- **Robert Wood Johnson Foundation: Childhood Obesity** supports research on environmental and policy strategies that have the greatest potential to promote healthy eating and physical activity among children, and focuses on six policy priorities that will have the greatest and longest-lasting impact on children. <http://www.rwjf.org/en/about-rwjf/program-areas/childhood-obesity>
- **ChangeLab Solutions: Childhood Obesity** works with neighborhoods, cities, and states to transform communities with laws and policies that create lasting change. <http://changelabsolutions.org/childhood-obesity>
- **Health in All Policies (HiAP)** is a project of the National Association of County & City Health Officials. The project is an innovative, systems change approach to the processes through which policies are created and implemented. www.naccho.org

¹ National Institutes of Health. (1998). Clinical guidelines on the identification, evaluation, and treatment of overweight and obesity in adults- The evidence report. *Obesity Research*, 6(Suppl2); 515-2095

² Ogden, C.L., Carroll, M.D., Kit, B.K., Flegal, K.M (January 2012). Prevalence of Obesity in the United States, 2009-2010. *NCHS Data Brief*, No. 82. 8 pages

³ Ogden C.L, Lamb M, Carrol MD, Flegal KM (December 2010). Obesity and Socioeconomic Status in Adults: United States, 2005-2008. *NCHS Brief*. No. 50. 8 pages

⁴ Benton County Health Status Report, 2012

⁵ Ogden CL, Carroll MD, Kit BK, Flegal KM. (2012).Prevalence of obesity and trends in body mass index among U.S. children and adolescents, 1999-2010. *Journal of the American Medical Association*, 307(5): 483-490

⁶ Benton County Health Status Report, 2012

⁷ Healthy People 2020 and Oregon Community Health Improvement Plan, 2011-2020

⁸ Oregon Health Authority, 2007-2008

⁹ Oregon Health Authority, 2007-2008

¹⁰ Oregon Health Authority, 2007-2008

¹¹ Oregon Health Authority, 2007-2008

¹² Behavioral Risk Factor Surveillance System Survey, 2006-2009

¹³ Behavioral Risk Factor Surveillance System Survey, 2006-2009

¹⁴ Healthy People 2020 and Oregon Community Health Improvement Plan, 2011-2020

¹⁵ Oregon Health Authority, 2007-2008

¹⁶ Oregon Health Authority, 2007-2008

¹⁷ Behavioral Risk Factor Surveillance System Survey, 2006-2009

¹⁸ Oregon Health Improvement Plan, 2011-2020

¹⁹ Oregon Health Authority, 2007-2008

²⁰ Oregon Health Authority, 2007-2008



Attachment D

CHIP Example:



Our Community Our Future

COLLECTIVE ACTION TO COMMUNITY IMPACT

*Actions We Take Collectively
Across Sectors*

*Results We Seek
or Community Impact*



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Our Community Our Future

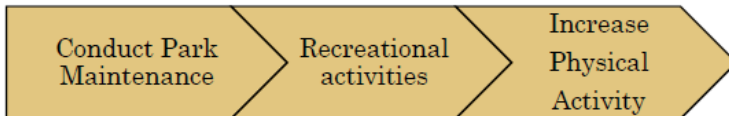
COLLECTIVE ACTION TO COMMUNITY IMPACT

Actions We Take

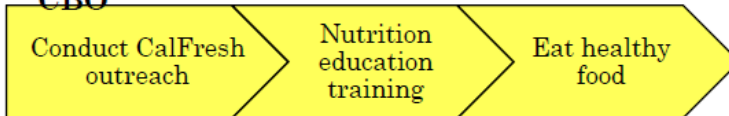
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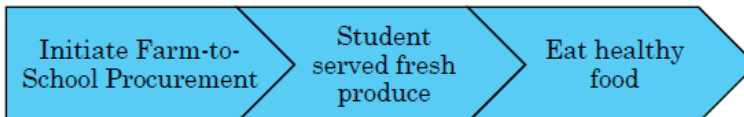
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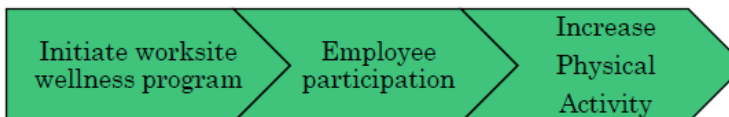
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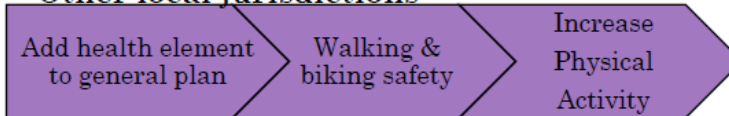
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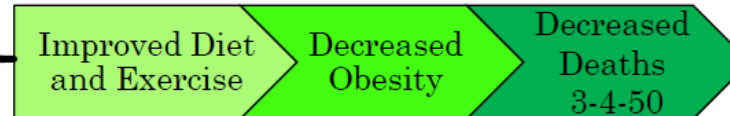
Other local jurisdictions



Results We Seek

Population Outcomes

Short Term: w/in 3 years **Mid-Term:** w/in 7 years **Long Term:** w/in 10 years



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