Health Status Work Group
DRAFT Meeting Notes
August 31, 2004
12 noon - 3 pm.
Portland State Office Building
800 NE Oregon St.
Portland, OR

Members Present: Governor Roberts, John Valley, Mary Lou Hennrich, Heather Young, Jim Lace, Grant Higginson, James Mason

Members Excused: Jim Lussier, Rick Cagen, Njeri Karanja, Kent Hunsaker

Staff: Mike Bonetto, Elizabeth Kurtz

Guest: Holly Robinson, Legislative Counsel

I. Call to Order

II. Overall Meeting Desired Outcome

- Reviewed HPC activities
- Group discussion regarding the Health Status Work Group outline
- Group discussion regarding the finalization of immediate Legislative concepts

III Update on Commission Activities

Mike Bonetto discussed what the goals, Legislative strategies and non-Legislative strategies are of each of the work groups. What types of items the Commission will bring before the Legislature. Group discussion regarding the Governor's budget and the children charter. The overall mission of the Commission is to improve the overall health of Oregonians.

IV. Edit Health Status Work Group Outline

Review Problem statement of work group's outline. The Commission and the other work groups would like to rephrase the first paragraph to say: *The goal of an effective health care system is optimum health status for its population. Unfortunately the U.S. and Oregon fall short in maximizing the health of its citizens as resources are continually focused on acute care. This neglects the significant contribution of prevention activities that improve quality of life, reduce of the burden of chronic illness, and reduce of the costs of acute and chronic disease management.*

The second paragraph of the Problem Statement is reviewed and changed as follows: One third of deaths in Oregon can be attributed to just three unhealthy behaviors: tobacco use, lack of physical activity and poor eating habits. These behaviors often result in and exacerbate chronic disease. Heart disease, cancer, stroke, respiratory disease and diabetes account for two of every three deaths. Furthermore, one out of every three years of potential life lost before the age of 65 is due to a chronic disease. Beyond mortality, these chronic diseases reduce the quality of life of individuals, have an impact on families and friends, and are responsible for massive health care expenditures.

The third paragraph will remain as it is.

The fourth paragraph will read as follows: *With a statewide effort, these unhealthy behaviors and disparities can be changed.*

The work group worked on its goal. Rephrase to say: *Improve the health status of Oregonians by fostering supportive environments that are conducive to healthy lifestyles through effective state policy, education, preventative services, incentives and collaboration.*

The Preamble will read as follows: The Health Status Work Group proposes the establishment of a *HEALTY OREGON* initiative that will serve as a catalyst to improve the health status of all Oregonians. It will coordinate communication both statewide and nationally of, 1) the short-term goals that Oregonians are pursuing to address immediate health-related issues, and 2) the long-term goals of transforming physical and social environments to assure that all Oregonians attain their optimum health status and to promote Oregon as the healthiest state in the country. The focus of *HEALTHY OREGON* will incorporate state and local governments, hospitals and healthcare providers, educational institutions (especially K-12), and other human services organizations like churches, families and individuals. The predominant health issues facing Oregonians today are in large measure a combination of life-style related factors and how our health system is designed. There is a dire need for more appropriate resource allocation to better meet the needs of Oregonians in the 21st century.

PROGRAMMING

HEALTHY OREGON will address current and future health issues facing Oregon and work to design programs and legislation to address them. It will include the priorities of the Governor and Legislature – as well as the priorities identified by the Commission's work groups. In addition, *HEALTHY OREGON* will work to develop coalitions among independent organizations through collaboration. Ultimately, the over-arching goal of *HEALTHY OREGON* is to create an effective initiative to improve the health of Oregonians. This will be accomplished by fostering collaboration among all related agencies and institutions, and raising the consciousness level within Oregon as to issues of health and how they can be

most effectively addressed. The following list outlines recommended legislative and non-legislative strategies.

V. Discussion on Drafting Legislative Concepts

- Group discussion regarding Legislative and non-Legislative strategies. Prioritizing what the most important two or three concepts that will be taken to the Legislature. Discussion on which items in the tobacco use section should be submitted to the Legislature as immediate problems.
- Group discussion regarding obesity, nutrition, and physical activity. Prioritize the Legislative strategies for which areas of obesity, nutrition, and physical activity need immediate attention.
- Group discussion regarding oral health. Prioritize the Legislative strategies for which areas of oral health need immediate attention.
- Discussed intermediate to long-term goals for tobacco use and obesity, nutrition, and physical activity.

VI. Discussion of Next Meeting Agenda and Date

TBD

VII. Adjournment – 3 pm.

Health Status Work Group
DRAFT Meeting Notes
August 10, 2004
12 noon - 2 pm.
Public Service Building, Studio A
Salem, Portland, Ashland

Members Present: John Valley, Mary Lou Hennrich, Heather Young, Jim Lace, Grant Higginson, James Mason

Members Excused: Governor Roberts, Jim Lussier, Rick Cagen, Njeri Karanja, Kent Hunsaker

Staff: Mike Bonetto, Elizabeth Kurtz

I. Call to Order

Allen Douma, MD, Cost Work Group member, was introduced and welcomed to attend this work group.

II. Review and Discuss Tobacco-Related Legislative Concepts

Discusses items to be presented to the September 13 Interim Joint Committee. Wants tobacco to be at the top of this list for leg. concepts.

TOFCO

TPEP – Tobacco Education Program

Identifying current revenue sources to tap into or request allocation to tobacco cessation.

National Settlement Agreement (NSA) funds intended for tobacco cessation and reduction. CDC recommended levels. In the past, used for debt service and to subsidize state shortfalls and fill in budget gaps. Last year $25M went to OHP. CDC Best Practices model. Local tobacco reduction coalitions. Schools. Special projects, AAHC, Tribes.

Measure 44 1996. Attempting to restore voter mandated funding levels.

Exactly what are the CDC minimum limits? How close are we?

2001 Indoor Air Law for 100% Smoke Free Workplaces - amend the law. We are at 95%.

AOI – places for people to smoke. Restaurants were the most visible opponent that no smoking hurts business. Exposure to second-hand smoke.

Reinstating the 10 cent cigarette surtax. Eliminate the two-year 'sunset'.

Research America – polling about public support of sin taxes – alcohol and tobacco. Appears the public supports prevention, research for health related services in the form of increased taxes.

Identifying education/awareness versus legislation. Smoking in cars, homes.

III Review and Discuss Obesity/Nutrition/Physical Activity Legislative Concepts

Set standards for food sold in schools, or food used as fundraisers.

Awareness and change should happen in each community school district to empower school districts to do what works for them, as opposed to mandating legislation forcing compliance. Not just around food – include physical activity as part of the nutrition and obesity project.

Oregon Nutrition Policy Alliance – comprehensive alliance of folks and organizations, advocacy groups – comparing Oregon to other states as they apply to policy and legislation.

Include assessments, screening, BMI, report-carding, etc. in the data collection and discussion around health of young people. Don't collect and identify information without using it to the benefit of the child. Prevention might be a better to begin, rather than trying to change people already at risk. Assess to intervene. Include a supportive environment.

A more global approach – not just about schools. Teach/educate by example.

Incentives versus mandates might be more palatable right now, especially in light of current budget limitations, shortfalls and restraints.

IV. Discussion of Next Meeting Agenda and Date

Pick the remainder three to Aug. 31 – hunger, nutrition, and obesity.

Face-to-face meeting just before the Sept. 13 presentation.

V. Adjournment – 2 pm.

DRAFT

Health Status Work Group
DRAFT Meeting Notes
July 19, 2004
1-3 pm.
Public Service Building, Studio A
Salem, Portland, Ashland, Bend

Members Present: Governor Roberts, Jim Lussier, John Valley, Mary Lou Hennrich, Heather Young, Jim Lace

Members Excused: Rick Cagen, Grant Higginson, James Mason, Njeri Karanja, Kent Hunsaker

Staff: Mike Bonetto, Elizabeth Kurtz, Liz Baxter, Jeanene Smith

I. Overview of Commission's Public Input Process – Review Health Values Survey – Liz Baxter, Office for Health Policy and Research

Liz Baxter presented on the public input process, and asked questions of the group to determine their input to the process. Health Values Survey 2001.

HPC is looking to build on the work done in the 2000 survey. Telephone survey and town-hall meetings. All four workgroups will participate.

Goal is to have a draft summary by the time of the full Commission meeting in September. Phone survey in August/Sept. What would this work group like to accomplish in this survey? Who do you want to hear from – target audiences? What information are you looking for? What are common issues among the work groups? Plan a 2-hour meeting to discuss data and tables. Contextual concept to incorporate all of the collected data.

Ask the public if they think we are on the right track. What does the public think should be at the top of the list?

Looking at the priorities of the other work groups. Does the public understand and support prevention and promotion of health care?

Gov. reported on work group priorities discussed at the July 15 HPC. Overlaps between priorities. Individual responsibility is one charge of health status. Individual responsibility for health care and prevention. What facilitates enacting positive behaviors? Identify barriers to learn where policy can apply. What do people know, and what do they need to learn? Should government be involved? If so, where and how much? Government assist or do?

Prioritize specific strategies to present to the legislature. Identify short term versus long-term objectives.

Name key stakeholders – include them in the frame of the issues. We want to include their input. Learn from their expertise. Geographic diversity. Seniors, and kids. Schools. People who have little or no investment in this process - solicit their input.

We can go to them, rather than ask them to attend meetings. Underrepresented ethnic groups should be included. Migrant populations should be represented. Single-out issues to determine the audiences to interview.

Liz shares key items from other work groups. Cost – does the public understand 'health care cost'? Do they think they have a role or play a part? Access – what to people mean when they talk about access – personal, community. Quality – does the public believe the State has a role in the quality of health care?

Concern over vague and general questions – recommend interviews be specific and to the point. Find a focus first. Kids? Obesity? Target where to put our energies. Shaped scenarios will assist in achieving appropriate, accurate, and useful information.

II. Discussion of HPC Meeting July 15, 2004

Jim reports the Commission heard from each work group. Shared priorities. Gov. Roberts reported on standard technological record keeping. Incentivize or encourage ways to standardize medical information, cost savings. Patient-centered strategies. "Everyone should have access to healthcare" was an agreed-upon issue. Reproductive services are urban and rural concerns. Pharmacy is the major issue for the cost work group. Cost shifting, un and underinsured. Disease management. Unmanaged and inefficient care. End-of-life. Duplication of processes and the cost of that.

Erinn Kelley-Siel from the Governor's Office updated the HPC on phased processes, budgets, timelines, Children's Charter, mental health care, school based, CHIP Program. Mental Health Task Force will present their report soon. Overlap exists – commission and work group members also belong on these groups.

Health Reform presentations. Interim Health Care Committee September 13.

III. Discussion of Policy Options and Strategies to Present to the Legislature

John Valley distributed handouts outlining TOFCO (Tobacco Free Coalition) briefing paper illustrating this coalition's perspective. Media campaign. Community-based and school-based statewide tobacco prevention program. CDC Best Practices. Prevention programs.

Benchmarks should be indicated – gaps should be identified.

Physical activity and obesity. PE in school. Assessing statewide standards, testing. Oregon Health Teen Survey. No Child Left Behind. Minimum requirements. Certified teachers are not required. Physical activities that kids can take home with them and use outside of school and into adulthood.

Healthy Schools documentation around health and nutrition. Incent private business to become involved. NIKE.

IV. Discussion of Next Meeting Agenda and Date

Liz will have the first iteration complete tomorrow, for overview at upcoming workgroup meetings.

Next meetings will be Aug. 10

Summarization, policy adoption, and recommendations to the HPC Tobacco, Obesity, Nutrition, Physical Activity for Aug. 10. From Mary Lou on nutrition by the end of July for this meeting. John Valley will have physical activity plan. John Chism, Jane Moore, on chronic disease and prevention.

Hunger, nutrition, and obesity will be covered at Aug. 31 meeting.

Face-to-face meeting just before the Sept. 13 presentation.

V. Adjournment – 3 pm.

Health Status Work Group
DRAFT Meeting Notes
July 1, 2004
10 am. - 12 noon
Public Service Building, Studio A
Salem, Portland, Bend, Ashland

Members Present: Governor Roberts, Jim Lussier, John Valley, Mary Lou Hennrich, Heather Young, John Lace, James Mason, Njeri Karanja, Kent Hunsaker

Members Excused: Rick Cagen, Grant Higginson

Staff: Mike Bonetto, Elizabeth Kurtz, Liz Baxter

I. Call to Order/Introductions

Jim and Gov. Roberts welcome members and thank everyone who participated in the matrix project.

II. Discussion of Prioritization Worksheet

Mike shares input and responses to the Prioritization Worksheet. The group discusses their experience and recommendations prioritizing the categories with target populations. Healthy People 2010

Category	Tally
1. Tobacco Use	19
2. Overweight/Obesity	28
3. Hunger/Nutrition	36
4. Physical Activity	37
5. Access	37
6. Substance Abuse	66
7. Violence	69
8. Oral Health	60
9. Preventable/Accidental Injury	70
10. Sexual Behavior	74
11. End of Life	90
12. Environmental Quality	92

The group discusses its strategy to present to the Legislature in September.

III. Overview of Commission's Public Input Process – Review Health Values Survey – Liz Baxter, Office for Health Policy and Research

Liz has updated the survey timeline and will send it out to the group. She will attend the next meeting, discuss the process with the work group, and ask for their questions and input.

IV. Discussion of Next Meeting Agenda and Date

Identify existing programs that should be maintained. Discuss them in the context of the gaps that exist – GAP Analysis. Focus in the top 6, and hone the list down to 3 or 4 to present to the Legislature.

Next meeting will be a videoconference July 19, 1-3 p.m. to link Portland, Salem, Bend, and Ashland.

V. Adjournment - 12 noon

Health Status Work Group
DRAFT Meeting Notes
June 18, 2004
Capitol Building, Hearing Room 350

Members Present: Governor Roberts, Jim Lussier, John Valley, Mary Lou Hennrich, Heather Young, John Lace, Kent Hunsaker, James Mason

Staff: Mike Bonetto, Elizabeth Kurtz

I. Call to Order/Introductions

II. Overview of Group's Charge and Work Plan

Mike introduces the Health Status Work Group charge and work plan. The Health Policy Commission had its beginning was named the Health Policy Council, and has since been revised to include a legislative component to develop goals, objectives and strategies to forward the cause of short and long term goals to sustainable health care policies. Five areas include .

He suggests obesity, Health People 2010, Oregon Benchmarks as possible starting points. The goal is to prepare to present to the 73rd Legislative Session.

Public Input will be sought, and an overview of that process will be presented at the next meeting.

III. Defining Parameters of Health Status

Jim Lussier and Gov. Roberts have identifies the charge of this work group to be social, educational, and governmental. Collaborative support. Incentives. Goals will include prioritizing needs. Identify barriers. Prevention. Prevention is not covered by most insurances, and as a result it is not a major focus, rather when conditions become acute, then insurance covers treatment. When acute becomes chronic, the costs and health status become more expensive to all involved.

Diet affects behaviors and health status.

Campaigns have proven to be an effective tool to encourage awareness. Responsibility falls on the individual – it is not the responsibility of systems. Exposure to outreach, information. Measureable outcomes. Start with kids, and help by treating parents, as well. A 'vet' model. Win-Win scenarios.

What data show? A good place to begin. How can we influence data? Prioritize what you can really do. Recognize where we are now, and go from there.

Clarify the line between health and health care. Make the healthy choice an easy choice. Consider environments. Medical home. Lifestyle choices. Think beyond health-care.

Policy recommendations and suggestions already exist. Useful tools and resources. Let's not reinvent the wheel. 'Marrying' systems to support resources.

IV. Overview of Health Status Forces/Committees/Policies in Other States

Mike distributes handouts illustrating Oregon Benchmarks, Health People 1020, (list of federal things.)

Examples of accomplishments at the State level. Arkansas has the first Child Health Advisory Committee – comprehensive, HB1011, BMI report card. Governor Huckabee is committed on a personal level.

California SB677 –

Florida created a diabetes Advisory Council – Governor Bush's Obesity Taskforce.

Massachusettes - morbidity

Nebraska Teen Tobacco Prevention

"Health Kids Learn Better" grant program currently exists in Oregon. School Health Advisory Council. CDC funded and supported. Public Health, ODE and parental consortium. Healthy Oregon Teen Survey. Provides measureable data. Think tank on fitness, nutrition and safety in schools. Helmet program. Events, activities.

Engagement, collaboration and participation.

Affects on older populations, as well. Synergy among the life-span. Behaviors and principles apply to all.

Schools have limited access to kids – 6 hours a day fro 5 days. Healthy kids are influenced by parents and their home environment, in combination with schools.

One program or policy will not solve problems. However, we have to start somewhere. This brings us to consider short and long-term goals and outcomes.

How realistic are 'feel good' projects? Be careful to make sure they will work, and don't do it for the sake of doing something.

Measuring data often does not capture the long-range view or ancillary impact.

V. Break

VI. Discussion of Health Status Goals, Objectives, Performance Measures Survey Questions

Governor Roberts highlights Oregon Benchmarks handout, by category, and explains their inception, success, and impact. She mentions a separate commission dedicated to mental health issues.

Mike shares the Impact/Difficulty Grid as a tool for prioritizing health status work.

Jim Lussier diagrams a federal gov't list to match to this work group's target audiences.

Prevent or diminish – then determine best practices toward reduction of these. Health indicators. Think of behavior as it leads to disease. Partnerships. Collaborations. Systemic change.

VII. Discussion of Next Meeting Agenda

Members take the groupings and prioritize them from their perspective and get them to Jim, Gov. Roberts and Mike before the next meeting. At the next meeting we will have a matrix from which to begin our work. Remove mental health, suicide and access (these are being done) Include health disparities as a classification. Modify as necessary.

Disparity data pales by comparison to mainstream data sets. BURFAS, OHT data. Funding data collections within limited/restrictive budgets.

Compose, feedback and prioritize

VIII. Adjournment

Next Meeting – Thursday, July 1, video conference with Salem, Portland, Bend, and Ashland