

Linn, Benton, Lincoln Partners for Health (PFH)
Meeting Summary
Held Virtually - Microsoft Teams
December 8, 2020
1:00 p.m. – 3:00 p.m.

Participants: Shelagh Baird, Krystal Boyechko, Carly Castaneda, Jeannie Davis, Ed.D., Samantha Escalante, Deb Fell-Carlson, Sommer McLeish, Jolynn Meza Wynkoop, JoAnn Miller, Jana Kay Slater, Ph.D., Aimee Snyder, Earlean Wilson Huey, and Shelley Hazelton

Welcome:

Dr. Jeannie Davis welcomed everyone to the meeting.

Meeting Minutes:

The November 10, 2020 meeting minutes of the Linn, Benton, Lincoln Partners for Health were presented. **Dr. Jana Kay Slater made a motion and Samantha Escalante seconded the motion to approve the November 10, 2020 meeting minutes as presented. The motion was voted upon and unanimously approved.**

5210 Initiative:

JoAnn Miller reported on the 5210 initiative.

- February 2021 will be a kickoff event for the 5210 initiative. We will be putting together activities and challenges throughout Lebanon and throughout Samaritan Health Services.
- 5210:
 - a. 5 or more servings of fruits or vegetables
 - b. 2 hours or less of recreational screen time
 - c. 1 hour or more of physical activity
 - d. 0 sugary drinks
- The Lebanon Community School District has been involved in this yearly initiative over the last few years.
- Meetings have been occurring with the different managers in Nutrition Services and the clinics to get the initiative going in the different departments/clinics throughout Samaritan Health Services.
- Deb Fell-Carlson noted that there will be a street wide banner placed in Academy Square in Lebanon. Waiting on a proof. The Lebanon Community School District is working on a permit. The Chamber of Commerce has done an article on the initiative. Flyers will be available. Marcy Shanks is getting information out through the LBCC Nursing Program. Deb Fell-Carlson noted she has talked with the Faith Community Health Network and they are trying to get information out to the local churches.
- Carly Castaneda noted they will roll out with the youth with challenges on social media accounts.
- Dr. Jeannie Davis noted the COMP-NW medical students are getting involved along with the Lebanon Downtown Association to get merchants involved. They also have school wellness sessions and may be able to share information there.

- There is a 5210 website – www.be5210.com and anyone is welcome to participate and be involved in the planning. Members were encouraged to contact JoAnn Miller if they were interested.

2021 Summit:

Ideas were discussed regarding the 2021 Summit.

- The 2021 summit will be a solutions summit and will be held virtually. We will provide different resources and solutions.
- *Dr. Jeannie Davis noted she is following up with CASA and ABC House to provide resources.*
- It was agreed to look for a keynote speaker for the event.
- Oregon Public Health/Community Health may have information. *Dr. Jeannie Davis agreed to follow up. Aimee Snyder indicated she may know someone that might be available and will follow up.*
- *Dr. Jeannie Davis indicated she would also reach out to the Oregon Health Authority (OHA).* OHA has two models – Policy/system changes and roadmap with high impact strategies. Would be helpful to showcase policy systems and environment changes. It would also be helpful to bring in more Lincoln County folks. *Aimee Snyder indicated she could follow up with her liaison at OHA and copy Dr. Jeannie Davis, who can also make contact.*
- There are different ways to be creative even through COVID-19 and ways to provide services during these times.
- There was discussion on having presenters present at our monthly Linn, Benton, Lincoln Partners for Health meetings that we may want for speakers or provide information for our summit. *Dr. Jeannie Davis will find a speaker for our January meeting.* The representatives from organizations that present might also be a good option for our breakout sessions as well.
- Dr. Jana Kay Slater suggested Dr. Esther Choo at OHSU as a possible speaker. She is local and a very articulate. She does social justice and serving the underserved and advocates for those needing advocated for. *Dr. Jeannie Davis agreed to follow up.*
- Dr. Jeannie Davis indicated there are individuals on campus at COMP-NW such as population health professors that might be available to for workshops.
- Date: End of August 2021. Discussion followed. *It was agreed that the date for the 2021 summit would be August 20, 2021 from 10:00 a.m. to 2:00 p.m.*

Culinary Health Education & Fitness (C.H.E.F.) Update:

Krystal Boyechko gave a C.H.E.F. update.

- The C.H.E.F. grant will be ending soon. Krystal Boyechko noted she will be taking a new position with the HRSA Rural Opioid Planning Grant.
- The grant involved expanding CATCH (Coordinated Approach to Child Health) to 11 new CATCH sites.
 - a. This goal was met, and CATCH was expanded to Hamilton Creek School, Lacombe School, Seven Oak Middle School, Central Linn Elementary, Monroe School, Alsea School, Taft Middle School, Oceanlake Elementary, Yaquina View Elementary, Waldport Middle School, and Siletz Valley Schools.
 - b. CATCH has reached 2,662 students.

- c. The program should continue in the schools after the grant with the different CATCH Champions that have been established at the different sites.
- Another objective of the grant was Pick of the Month Tasting Tables. The objective was met with Tasting Tables at the 11 sites. Nutrition Services at the different school sites, volunteer parents, and older students all helped with the Tasting Tables. The Pick of the Month flyers are distributed monthly in English and Spanish. The hope is that this program will resume once the barriers of COVID-19 are diminished.
- The third objective of the grant is culinary education - Implement nutrition-focused culinary education courses to empower children and families in Lincoln, rural Benton, and east Linn counties to be self-sufficient in the kitchen and make healthy food choices.
 - a. The objective was to reach 69 culinary education courses with 1,380 participants. We currently have reached 65 courses and approximately 1,000 participations.
 - b. Attendance has been about the same with virtual classes as compared to in person classes.
 - c. There were 100 community volunteers and COMP-NW medical students were trained to lead or assist in cooking classes.
- The Final Report (2017-2020), Executive Summary – Final Evaluation Report (July 1, 2017 through June 30, 2020), Responses to Rural Health Network Development Final Evaluation Questions, and Detailed Findings: Final Evaluation Report were noted.
- Krystal Boyechko and Julie Jacobs will be presenting to the COMP-NW Lifestyle Medicine students.

Dr. Jana Kay Slater reported on the Evaluation Report.

- There were 20 partners across the tri-county region worked together to implement program activities.
- The C.H.E.F. grant consisted of culinary education classes, the CATCH physical activity program, and the monthly Tasting Tables in the CATCH schools.
- Over the 3-years of the grant there were 17,025 contacts with children and adults (duplicated count).
- Culinary education classes:
 - a. There were 100 community volunteers and COMP-NW students trained to teach.
 - b. There were 56 classes before COVID-19 and 9 after for a total of 65 classes and 1,000 participants.
 - c. CATCH and Tasting Tables were implemented in 11 schools. There were 6,426 middle and elementary school children (duplicated count), and there were 8,900 students (duplicated count) exposed to Tasting Tables and Pick of the Month.
- The most successful impact: Collaborative efforts resulting in more than 17,025 contacts.
- Noteworthy impact: Changes in medical students' attitudes and intentions.
- One question asked - How has C.H.E.F. benefited the community and will those benefits continue to be realized after this grant funding?
 - a. The Coast to Cascades Community Wellness Network (CCCWN).
 - b. Linn, Benton, Lincoln Partners for Health.
- Program outcomes that demonstrate how C.H.E.F. has positively impacted the health of the community.

- a. Noteworthy gains in adults' knowledge, confidence and attitudes.
- b. Statistically significant gains in children's exposure to new foods, knowledge, confidence and skills.
- c. Statistically significant gains in volunteers' knowledge and confidence around delivering the curricula and their own personal cooking skills.
- d. Statistically significant gains were measured in medical students' knowledge about food preparation and ability to teach culinary education.
- e. Statistically significant gains in medical students' intentions to talk about nutrition and diet with their future patients and volunteer in their communities in the future.
- Least successful or least impactful aspects of C.H.E.F.
 - a. Difficulties in recruiting volunteers.
- Table 1: Volunteer instructors gained confidence in own cooking and food-purchasing skills. The results from the pre-test compared to the post-test showed significant findings.
 - a. Participants felt more confident cooking using whole ingredients, reading food labels, and shopping for food on a budget.
- Table 2: Volunteer instructors gained confidence in their ability to teach cooking classes.
 - a. Using written resources in a cooking class went from 35.0% pre-test to 69.2% post-test, which was a 34.2% gain.
 - b. Teaching basic cooking skills went from 45% pre-test to 71.8% post-test for a 26.8% gain.
- Table 3: Children gained confidence in their kitchen skills.
 - a. There were changes with kid's confidence in their kitchen skills from pre-test to post-test when asked if they can make a vegetable to eat by myself (increased from 64.2% pre-test to 84.8% post-test, which is a 20.6% gain).
 - b. Make a fruit to eat by myself (increased from 73.9% pre-test to 91.6% post-test, which is a 17.7% gain)
 - c. Follow recipe directions (increased from 85.5% pre-test to 93.0% post-test, which is a 7.5% gain).
- Table 4: Statistically significant increases were observed in the proportion of children who had recently tried a new fruit or vegetable.
 - a. Tried new vegetable in last two weeks – 22.9% pre-test to 47.8% post-test, which is a 24.9% gain.
 - b. Tried a new fruit in the last two weeks – 25.2% pre-test to 43.9% post-test, which is a 18.7% gain.
- Table 5: Statistically significant gains were measured in children's practical knowledge about food preparation and safety.
 - a. Teaching children hand hygiene – Year 1 wash hands for 20 seconds. Instructor switched to Happy Birthday twice to wash hands with 38.5% pre-test that increased to 72.3% post-test, which was a 33.8% gain.
 - b. "Claw" is the name for the way to keep food from moving around when cutting – 87.2% pre-test to 97.0% post-test, which was a 9.8% gain.
- Table 6: Statistically significant gains were measured in children's ability to identify healthy foods.
 - a. These foods included brown rice, tomato, bell pepper, whole wheat bread, grapes, banana, oatmeal, and water.

- Table 7: Adults gained confidence in shopping for and cooking healthy foods.
 - a. Confidence choosing the best-priced form of fruits and vegetables (there were statistically significant gains from pre-test to post-test).
 - b. There were gains with confidence in helping their family eat more healthy foods from pre-test to post-test.
 - c. There were gains with confidence in buying healthy foods on a budget from pre-test to post-test.
 - d. There were gains on confidence with cooking healthy foods on a budget from pre-test to post-test.
 - e. There were gains on confidence using basic cooking skills like cutting and following a recipe from pre-test to post-test.
 - f. There were no gains in confidence using the same health ingredients in more than one meal from pre-test to post-test.
- Table 8: Medical students experienced statistically significant gains in attitudes and intentions about healthy eating.
 - a. There were statistically significant gains with:
 - Asking patients about the foods they eat is as important as asking about their medications.
 - Learning about diet and nutrition before I begin my practice is a high priority to me.
 - I plan to talk with patients about foods they eat.
 - I plan to volunteer in the future in community activities that improve community activities that improve individual and community health.

2021 Meetings:

It was agreed to keep the 2021 meetings for the 2nd Tuesday of each month from 1:00 p.m. – 3:00 p.m.

The Slow Burn: Tobacco Trends & Environments Presentation:

Carly Castaneda, MPH, CPS, Tobacco Prevention Coordinator for Linn County Public Health gave a presentation on tobacco trends and the environments.

- Tobacco remains the leading cause of preventable disease and death in Oregon and the U.S.
- Nationally, tobacco kills more people than alcohol, AIDS, car accidents, illegal drugs, murders, and suicides.
- 2019 tobacco snapshot for Linn County:
 - a. There were 17,100 adults who regularly smoke cigarettes.
 - b. There were 8,700 people with a serious illness caused by tobacco.
 - c. There were 290 tobacco-related deaths.
 - d. There was \$45.1 million spent on tobacco-related medical care.
 - e. There was \$40.1 million in productivity losses due to premature tobacco-related deaths.
- In 2018, Oregon became the 5th state to change the legal sales age for tobacco products to 21 years old.
- Differences in tobacco use by education income, race/ethnicity, and other factors have remained the same or increased.
- Youth tobacco use is rapidly increasing.

- 90% of adult daily smokers started before age 18.
- Teens have a greater risk of addiction. Nicotine disrupts brain development with memory, attention, and learning along with decision-making and impulse control. Teens also have increases in risk for anxiety and other mental health issues.
- Linn County trends in youth tobacco use – In 2019, 37% of 11th graders used E-cigarettes within the last 30 days.
- Different tobacco products were shared.
- Some vaping products are designed to hide use.
- Vaping and marijuana – Some vaping has THC in it.
- Vaping products are not regulated like other tobacco.
- Pulegone is used for mint and menthol flavors and is a known carcinogen if ingested. It is banned as a food additive.
- E-cigarette or vaping associated to lung injury – Lung damage resembling chemical burns – Since February 2020 there have been 2,800 hospitalizations and 68 deaths.
- Vaping injuries are climbing, and it is more difficult to diagnose during COVID-19 pandemic since both illnesses share many symptoms.
- A Stanford study showed teen vapers up to 7 more times likely to get COVID-19 than non-E-cigarette users.
- New tobacco products are cheaper.
- Pictures of tobacco products were shared, and members were asked which tobacco products were taxed.
- Oregon has the lowest regional tax. Taxes and price increase are the most powerful tools.
- Youth are more influenced with tobacco marketing than adults. Youth will go for more of the products that are sweet and cheap.
- Most nicotine overdoses occur with children ages 1-2.
- Among all Linn County 11th graders – 1 in 3 used a flavored tobacco or vaping product in the past 30 days with 2 out of 5 that have ever used a flavored tobacco or vape product.
- Most youth are not aware that JUUL and other vaping products contain nicotine.
- E-cigarettes sold in the US – 99% contain nicotine.
- In 1994, CEOs of major tobacco manufacturers came together and said that tobacco is not addictive.
- E-cigarettes were first sold in the U.S. in the mid-2000s as cessation devices with no regulation. The FDA didn't begin regulating new E-cigarettes until August 2016.
 - a. When they first came to the U.S., they were marketed to help people quit.
 - b. The FDA is coming down on companies that market as cessation.
 - c. Lack of product regulation is a huge issue.
- Tobacco environments – Members were asked the following questions:
 - a. In the U.S. are there more tobacco retailers or McDonalds?
 - In the U.S., there are 27x more tobacco retailers than McDonalds.
 - b. In the U.S. are there more tobacco retailers or Starbucks?
 - In the U.S., there are 28x more tobacco retailers than Starbucks.
 - c. In the U.S., are there more tobacco retailers or ATMs?
 - Tobacco retailers – In Albany, OR there are 3 times as many tobacco retailers as ATMs.

- Tobacco is sold at convenience stores, gas stations, tobacco/vape shops, grocery stores, pharmacies, discount department stores/wholesalers, dollar stores, liquor stores, bars, and other places.
- Every year the tobacco industry invests billions at local retail stores, also called point of sale on where and how to display their products in the stores.
- Tobacco is more visible and less expensive in low income neighborhoods and communities of color.
- High tobacco retailer density is associated with more youth starting tobacco, higher rates of adult use, including pregnant women, more cigarettes per day, and less attempts to quit and more failed attempts.
- Retailer density in Linn County was reviewed. Demographic data was shared of people living in the different areas along with median household income, percent of residents of Hispanic or Latino origin, retailer(s) per 1,000 people in Albany, Lebanon, and Sweet Home.
- The intersect of food insecurity and tobacco use was shown.
- A map of the Great Albany Public Schools (GAPS) area was shown showing the tobacco environment – Average GAPS density: 2.42 retailers per square mile. Carly Castaneda indicated she will be working with GAPS in the new year on a diversion program.
- Linn County Schools – 44% are within 1,000 feet of a tobacco retailer.
- There are different resources available at Smoke Free Oregon, Oregon Quit Line, Freedom from Smoking offered through Samaritan Health Services, etc. There are also different Tobacco Prevention Coordinators available throughout the region.
- Krystal Boyechko noted that CATCH also has their own anti-vape curriculum at CATCHinfo.org.
- Carly Castaneda noted she is reaching out to food banks to work with them on cessation.
- Aimee Snyder noted she has tobacco, alcohol, drug data for Lincoln County School District.

Next Meeting:

The next meeting of the Linn, Benton, Lincoln Partners for Health is scheduled for January 12, 2021.

Adjourn:

The meeting was adjourned at 3:00 p.m.

Respectfully Submitted
 Shelley Hazelton
 Community Health Promotion
 Department Assistant