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| Meeting Date: | **November 28, 2018** |
| Meeting Time: | **10:00 – 11:30 a.m.** |
| Meeting Location: | **Room 137A, HSB Building, 500 Summer St. NE, Salem**  ***Phone: (877) 810-9415***  *Host:* *517094#*  *Participant:* *975182#* |
| Meeting Purpose: | **Status update and next steps** |

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| **Attendees** | | | | | |
| * **Gayla Andresen** (DHS/Shared Services) | ☐ **Heidi Beaubriand (**DHS/ Child Welfare) | ☐ **Larry Bingham**  (OHA/Communications) | * **Theresa Cross**   (PEBB) | | |
| * **Vicki Duesterhoeft** (OHA/Oregon State Hospital) | ☐ **Don Erickson** (DHS/Shared Services) | ☐ **Sarah Hargand**  (SEIU) | * **Adam Rea**   (DHS/Self Sufficiency) | | |
| ☐ **Leann Johnson**  (OHA/Equity and Inclusion)  ☐ **Chris Norman** (OHA/Health Systems) | ☐ **Kris Kautz** (OHA/Chief Financial Officer)  ☐ **Lillian Shirley**  (OHA/Public Health) | ☐ **Brian Kirk** (DHS/Aging and People with Disabilities)  ☐ **Margaret Smith-Isa**  (PEBB) | * **Jason Mak** (DHS/Equity and Multicultural Services)   ☐ **Stan Thomas**  (DHS/Shared Services) | | |
| ☐ **Angela Weaver** (Oregon Office on Disability and Health) | * **Keely West**   (OHA/Central Operations) |  |  | | |
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| **Staff** | | | | | |
| ☐ Kirsten Aird (CAHIP Staff, OHA/Public Health) | * Trisha Brennan   (CAHIP Staff, OHA/Public Health) | * Wendy Polulech   (CAHIP Staff, OHA/Public Health) |  | | |
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| **Agenda Item, background information and objectives** | | | | **Time** |
| 1. **Welcome and quick updates** | | | | 10:00 – 10:05am |
| **Discussion & Action Items:**   * Healthy meetings toolkit | | | | |
| 1. **HSB Nutrition Standards Pilot – Jen Chandler** | | | | 10:05-10:15 |
| **Background:**  At the August meeting Jen Chandler gave us a recap of the results from the HSB nutrition standards pilot from 2017. The committee discussed options for next steps.  **Objectives:** Jen will give a recap of the progress of a DHS|OHA nutrition standards policy   * Jennifer has started work on the policy form to propose a policy around food service guidelines for State properties. * Biggest hurdle is understanding where our leverage points are. * Reviewed state statutes and intergovernmental agreement between OSH and Commission for the Blind (OCB) around vending and food service contracts. * We need to figure out who holds the contracts at the DHS/OHA facilities. * We have an inventory of where vending is located but does not indicate who owns the contract at those locations. It has been challenging to find out who owns the various vending contracts at different locations. * Statute allows state agencies that hold vending facility contracts to develop and implement policies applicable to those contracts. Vending facility managers would then be accountable to the policies of the agency that holds the contract. We don’t yet know if DAS or DHS/OHA holds the contracts for vending operations at DHS and OHA facilities. Whether it’s DHS/OHA or DAS, CAHIP can influence the contract language to assure the agencies have the service they want met by the vendor.   **Action Items:**   * Jennifer will connect with Keely on questions she has about the policy proposal form. * Jennifer will send the completed policy proposal form to Keely and she will move the proposal forward. | | | |  |
| 1. **CAHIP Driver Diagram/Work Plan/Strategic Wellness Plan – Kirsten Aird** | | | | 10:15 – 11:10 am |
| **Background:** At the August meeting the committee discussed the next 2-year workplan and decided that it would be helpful to start with a driver diagram to determine the direction of the work plan. The driver diagram, strategic wellness plan and CAHIP work plan are connected and should be discussed together. The CDC Worksite Health ScoreCards have been completed for DHS and OHA.  **Objectives:** Review and discuss CDC ScoreCard results and the draft driver diagram, work plan and strategic wellness plan. Committee will make recommendations/suggestions. | | | | |
| **Discussion & Action Items:**  **CDC Score Card**   * We don’t have any nutrition standards in place or information about nutrition readily available in facilities, which negatively impacted our score. * Low score on heart disease and diabetes score by design. Requires blood pressure, cholesterol and diabetes screening in the workplace. Have offered in the past, very costly and didn’t catch the population who needed the screening most.   **Strategic Wellness Plan**   * Theresa created a review form for the Worksite Wellness Coordinating Council to use when reviewing the agency wellness plans, scored on inclusion of criteria outlined in the guidance document for creating the plans. * Objectives in wellness plans must be SMART, align with the CDC scorecard, address the risk factors specified in the Executive Order on State Agency Employee Wellness and be evidence based. * Theresa compiled the information from the various review forms and created an executive summary to be shared with each agency. * Feedback from Coordinating Council: Agency contact information for those who drafted the different workplans should l be added to the plans, the plans should be incorporating data as it’s collected, for example the State Agency Employee Wellness Survey (formerly the BSSE) and should include engagement/involvement of leadership in the process. Implementing the wellness plans may be too large of a task for one person especially in large agencies. Ideally the wellness planning should be separate from though connected to Safety functions. DHS/OHA would likely be the leaders for state agency wellness efforts.   **CAHIP Driver Diagram**   * How does a Culture of Health make sense for OHA and DHS and align with the Executive Order – what should the vision for the joint agencies be? * Need to determine what outcomes we want to have on the driver diagram that align with 1) Decrease in obesity and tobacco use, 2) Decrease in tobacco and obesity related chronic conditions, and 3) Decreased healthcare costs to employee and payers. * Outcomes need to align with the Strategic Wellness Plans, need to be SMART. * If we look at our score on the CDC scorecard and pick out things that are measurable that we would like to improve and make those our outcomes. For example, activities around heart disease and diabetes prevention would be a driver for increasing employee health. * Agency level information could be obtained from the State Employee Wellness Survey, but not sure if this level of health information could be obtained from that tool yet. Questions have not been finalized yet, and employee participation rates are unknown. * The group has drafted an overall outcome of: Employees have the opportunity to maximize wellness – both physical and emotional – and to achieve work-life balance. * Keely thinks we need to need to determine what outcomes we want to have on the driver diagram that align with 1) Decrease in obesity and tobacco use, 2) Decrease in tobacco and obesity related chronic conditions, and 3) Decreased healthcare costs to employee and payers. These may not be the only or the best drivers for what we see as a “culture of health” for our agency. Our drivers should come out of our vision. Mine would be something like, “A supported and supportive workforce where employees have the opportunity to maximize wellness – both physical and emotional – by internalizing their wellness goals and achieving work-life balance.”   **Action Items**   * Wendy will update the driver diagram to reflect that this will be a DHS-OHA vision/plan rather than specific to CAHIP. * Wendy will run the outcome statement by Leeann Johnson and Jason Mak to see if they have any suggestions for the language of the outcome statement. * Gayla will take the outcome statement we drafted for the diagram to Stan Thomas to get his input. If he signs off on the statement, then Keely will take to executive leadership. * Keely will take the discussion around the driver diagram to Kris Kautz and Don Erickson to get their input and make sure we are on target. * Once the outcome statement has gone through the Office of Equity and Inclusion and DHS Equity and Multicultural Services, Stan Thomas, and Kris Kautz and Don Erickson and becomes final then work can continue for a driver diagram for the joint agencies. | | | | |
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| 1. **Lactation Room inventory – Don Erickson** | | | | 11:10 – 11:15 am |
| **Background:** Pictures of lactation rooms are being collected from field offices. They will be reviewed to identify offices that have lactation rooms, inventory these dedicated spaces, identify offices that don’t have any dedicated lactation rooms at all, and provide an example of what an acceptable lactation space looks like. This inventory could be shared with staff and the public. Don expects to have the inventory complete by the end of this year.  Not having adequate space for workplace lactation is both an equity and a legal issue, and it is important for us to make sure this policy is implemented in all field offices. It would also be helpful to know not only which offices have lactation spaces, but also if those spaces are ADA accessible  **Objectives:** Share status of inventory and discuss next steps. | | | | |
| **Discussion & Action Items:**  Skipped this agenda item because Don was not present for the meeting. | | | | |
| 1. **Policy Updates - Keely** | | | | 11:15 – 11:25 am |
| **Background:** Policies being updated:  **The Tobacco Free Campus Policy** – to be updated to include exceptions for receptacles during times of extreme drought  **The Employee Wellness Policy** – to clarify the intention of EO 17-01 and compatibility with existing policies on state facility use and employee fundraising activities  Both policies are attached for your reference  **Objectives:** Share status update of all policies and next steps | | | | |
| **Discussion & Action items:**   * Keely will send out the updates to the Tobacco Free Campus policy to review. * The Employee Wellness Policy is complete, Keely is looking for any final feedback. * Keely will accept feedback on policies through the end of the year. | | | | |
| 1. **Wrap up and next steps** | | | | |