

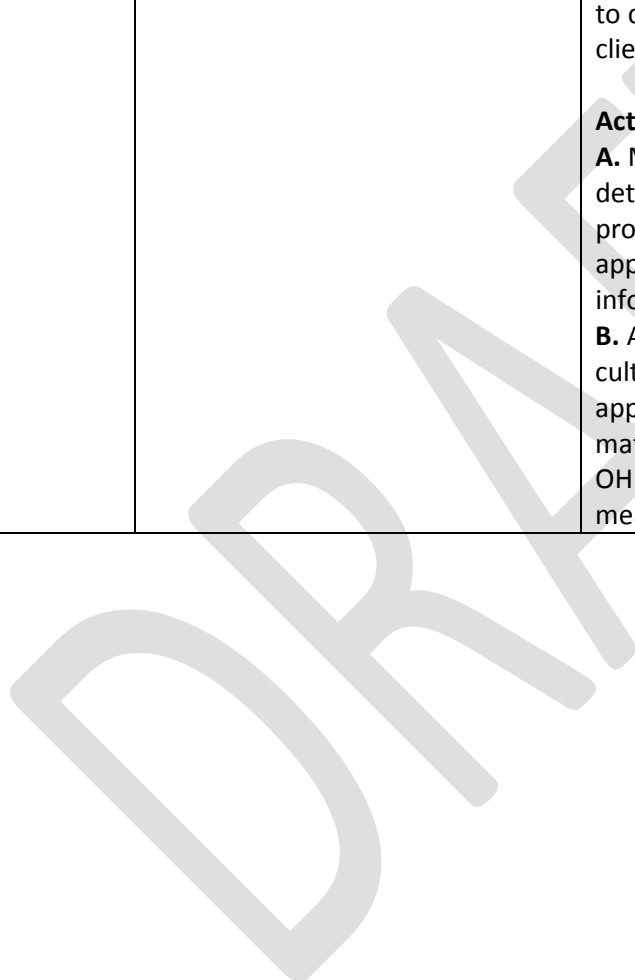
# Cross Agency Health Improvement Project (CAHIP)

## WORKPLAN

Fiscal Year July 1, 2013 to June 30, 2015

ORGANIZATIONAL UNIT	TARGET AREAS	GOALS	OBJECTIVES	Key Performance Measures (KPMs)
<p><b>DHS/Self Sufficiency/SNAP Education Program</b></p> <p>Key partners:                      Belit Burke, DHS/SNAP                      Sally Bowman, OSU Extension                      Anne Hoisington, OSU Extension                      Judy Mohr Peterson, OHA/MAP                      Karen House, OHA/Healthy Kids                      Jewel Kallstrom, OHA/MAP                      OHA Innovator Agents</p> <p>Staff:                      Kirsten Aird, PH                      Beth Sanders, PH</p> <p>Resources:                      County TPEP programs                      Oregon Tobacco Quit Line                      CCOs                      Office of Equity &amp; Inclusion                      SNAP Education Program                      Oregon State University Extension</p>	<p>1. Tobacco</p>	<p>1. To improve access to culturally and linguistically appropriate tobacco cessation services for clients using the SNAP Education Program.</p>	<p><b>1.</b> By July 1, 2015, establish a protocol whereby the SNAP Education Program promotes the Oregon Tobacco Quit Line.</p> <p><b>Action Steps:</b></p> <p><b>A.</b> On a quarterly basis, local Tobacco Prevention and Education Program (TPEP) coordinators may reach out to SNAP ED coordinators to establish contact and promote culturally and linguistically appropriate Quit Line materials.</p> <p><b>B.</b> SNAP ED coordinators may reach out to local TPEP coordinators to establish contact and discuss potential opportunities for sharing Quit Line materials.</p> <p><b>C.</b> Provide culturally and linguistically appropriate Oregon Quit Line materials to SNAP Education Program clients.</p>	<p><u>OHA KPMs</u>                      #6: Prenatal (Population and Medicaid population)                      #9: Access to care – Medicaid population                      #11: Medicaid member health status                      #12: Rate of tobacco use (Populations and Medicaid population)</p> <p><u>State of Equity Report</u>                      PHD: Tobacco use (adults)                      PHD: Tobacco use (children)                      PHD: Tobacco use (pregnant women)</p> <p><u>TPEP</u>                      Consumption and quit behavior by SES and race;                      Quit Line call data, fax referral sources</p> <p><u>DHS/OHA-WIDE</u>                      Customer Service</p>

	<p><b>2. Obesity</b></p>	<p><b>2. To increase consumption of fruits, vegetables and water among (children and parents) OHP patients</b></p>	<p><b>2. By July 1, 2015, include culturally and linguistically appropriate SNAP Education Program information in the resources provided to CCOs to assist them in being successful in addressing their target areas related to decreasing obesity among OHP clients.</b></p> <p><b>Action Steps:</b></p> <p><b>A.</b> Meet with MAP/OHP staff to determine best approach to providing culturally and linguistically appropriate SNAP Education Program information to CCOs.</p> <p><b>B.</b> Assist CCOs in distributing culturally and linguistically appropriate SNAP Education Program materials to health care settings for OHP clients through established mean.</p>	<p><u>OHA KPMs</u>  <b>#13: Rate of obesity (Population and Medicaid population)</b></p> <p><u>DHS KPMs</u>  <b>#4: SNAP Utilization – The ratio of Oregonians served by SNAP to the number of low-income Oregonians</b>  <b>#17: Customer Service – Availability of Information, Helpfulness and Timeliness</b></p> <p><u>Oregon Healthy Teens Survey</u></p>
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ORGANIZATIONAL UNIT	TARGET AREAS	GOALS	OBJECTIVES	Key Performance Measures (KPMs)
<p><b>DHS/Developmental Disabilities/Children Residential Programs</b></p> <p>Key partners: Debi Kraus-Dorn, DD Directors of Children Residential Programs</p> <p>Staff: Kirsten Aird, PH Beth Sanders, PH</p> <p>Resources: County TPEP programs Healthy Communities programs Oregon Tobacco Quit Line Office of Equity &amp; Inclusion</p>	<p>1. Tobacco</p>	<p>1. To improve access to culturally and linguistically appropriate tobacco cessation services for the staff working in ODDS children's group homes</p>	<p>1. By July 1, 2015, place a culturally and linguistically appropriate hyperlink for the Oregon Quit Line on the website of all the ODDS children's group home agencies.</p> <p><b>Action Steps:</b>  <b>A.</b> Connect with ODDS Children Residential Program managers to determine delivery of the Oregon Quit Line Hyperlink to place on their website.  <b>B.</b> Follow up with Children Residential Program Directors to ensure hyperlink has been added to website.  <b>C.</b> Oregon Quit Line hyperlink is placed on ODDS Children Residential Programs' website.</p> <p>2. By July 1, 2015, include a culturally and linguistically appropriate web link to the Oregon Quit Line on staff newsletters.</p> <p><b>Action Steps:</b>  <b>A.</b> Meet with ODDS Children Residential Program managers to determine best approach to deliver the web link for their staff</p>	<p><u>OHA KPMs</u>  #9: Access to care – Medicaid population  #11: Medicaid member health status  #12: Rate of tobacco use (Population and Medicaid population)</p> <p><u>State of Equity Report</u>  PHD: Tobacco use (adults)  PHD: Tobacco use (children)  DHS/OHA-WIDE: Customer Service</p> <p><u>TPEP</u>  Consumption and quit behavior by SES and race;  Quit Line call data, fax referral sources</p>

	<p>2. Obesity</p>	<p>2. To promote physical activity and healthy eating to staff and clients of ODDS children's group homes</p>	<p>newsletter.  <b>B.</b> Follow up with Children Residential Program Directors to ensure Oregon Quit Line web link has been received.  <b>C.</b> Oregon Quit Line web link is posted on staff newsletters.</p> <p><b>3.</b> By July 1, 2015, establish a protocol to include physical activity opportunities and healthy foods for both children and staff at all state licensed ODDS children group homes.</p> <p><b>Action Steps:</b>  <b>A.</b> Connect with the directors of ODDS Children Residential Program to determine what approach they would like to take to include culturally and linguistically appropriate information on healthy eating and physical activity in their house rules.</p>	<p><u>OHA KPMs</u>  #11: Member health status – Medicaid population  #13: Rate of obesity (Population and Medicaid population)</p> <p><u>DHS KPMs</u>  #17: Customer Service – Availability of Information, Helpfulness and Timeliness</p>
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ORGANIZATIONAL UNIT	TARGET AREAS	GOALS	OBJECTIVES	Key Performance Measures (KPMs)
<p><b>OHA/Public Health Division/Centers for Protection, Practice, Prevention and Health Promotion</b></p> <p>Key partners: Jennifer Woodward, Health Statistics Tawana Nichols, Medical Marijuana Cate Wilcox, MCH Veda Latin-Green, HIV, STD &amp; TB <a href="#">Sue Woodbury, WIC</a> Larri Peterson, MCH Fran Goodrich, MCH</p> <p>Staff: Kirsten Aird, PH Beth Sanders, PH</p> <p>Resources: County TPEP programs Oregon Tobacco Quit Line Office of Equity &amp; Inclusion Maternal &amp; Child Health</p>	<p>1. Tobacco</p>	<p>1a. To improve access to culturally and linguistically appropriate cessation services for clients served at Public Health point of service offices, kiosks, and centers. Interventions will be implemented using established protocols and procedures such as websites, hotlines, intake screens, visiting protocols and mailers.</p>	<p>1. By July 1, 2015, promote the Oregon Quit Line and integrate the Quit Line fax referral process into established systems, protocols and procedures at clients point of service areas for the following programs:</p> <ul style="list-style-type: none"> <li>• Vital Records</li> <li>• HIV and TB</li> <li>• Oral Health</li> <li>• Babies First</li> <li>• Maternity Case Management</li> <li>• Medical Marijuana</li> </ul> <p><b>Action Steps:</b></p> <p><b>A.</b> Meet with staff from each of the programs to determine a protocol to ensure culturally and linguistically appropriate Oregon Quit Line information is available at all service areas.</p> <p><b>B.</b> Bring local TPEP coordinators on board to assist local programs in promoting the Oregon Quit Line.</p> <p><b>C.</b> Work with local TPEP coordinators to provide technical assistance related to Oregon Quit Line fax referral system integration in above listed programs.</p>	<p><u>OHA KPMs</u> #6: Prenatal (Population and Medicaid population) #11: Medicaid member health status #12: Rate of tobacco use (Populations and Medicaid population)</p> <p><u>DHS KPMs</u> #17: Customer Service – Availability of Information, Helpfulness, Timeliness</p> <p><u>State of Equity Report</u> PHD: Tobacco use (adults) PHD: Tobacco use (children) PHD: Tobacco use (pregnant women)</p> <p>DHS/OHA-WIDE: Customer Service</p> <p><u>TPEP</u> Consumption and quit behavior by SES and race; Quit Line call data, fax referral sources</p>

		<p><b>1b.</b> To protect people from secondhand smoke and change community norms around tobacco use</p>	<p><b>2.</b> By July 1, 2015, leadership (Director, Section Managers, PSM, etc.) for the Center for Prevention and Health Promotion will consider adoption of a policy that allows vendors and contractors doing business with the Center to received bonus points for having a tobacco-free campus for their employees.</p> <p><b>Action Steps:</b></p> <p><b>A.</b> Meet with the Center for Prevention and Health Promotion leadership to explore adding extra points for having a tobacco-free campus to vendors and contractors who do business with the Center.</p> <p><b>B.</b> Work with the Office of Contracts and Procurement to ensure culturally and linguistically appropriate language for inclusion in vendor contracts is offered to all PHD contract administrators as contracts are developed.</p> <p><b>C.</b> If Center policy is adopted, meet with program managers to discuss drafted language and gain support for implementing this change.</p>	
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	<p>2. Obesity – “Promoting healthy weight”.</p>	<p>2. To create a culture of health for OHA/PHD employees that supports breastfeeding.</p>	<p>2. By July 1, 2015, the PHD’s Healthy Meetings and Events guidelines will be revised to include provisions for ensuring lactation accommodation at PHD-sponsored meetings.</p> <p><b>Action Steps:</b></p> <ul style="list-style-type: none"> <li>A. Integrate lactation accommodation language into the Healthy Meeting guidelines.</li> <li>B. Gain support and approval from the CAHIP Steering Committee for the integration of lactation accommodation into the guidelines.</li> <li>C. Develop a communications roll out for the enhanced Healthy Meetings and Events guidelines, including the new breastfeeding component and promotion of the physical activity and nutrition components the guidelines.</li> <li>D. Implement the roll out plan.</li> <li>E. Assess implementation of the guidelines.</li> </ul>	<p><u>State Employee BRFS</u> 2 questions about lactation accommodation (space &amp; time) 1<sup>st</sup> administered 2014.</p>
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Fiscal Year July 1, 2013 to June 30, 2015

ORGANIZATIONAL UNIT	TARGET AREAS	GOALS	OBJECTIVES	Key Performance Measures (KPMs)
<p><b>OHA/Medical Assistance Programs/Oregon Health Plan</b></p> <p>Key partners:            Judy Mohr Peterson, OHA/DMAP            Karen House, OHA Healthy Kids            Jewel Kallstrom, OHA/DMAP            Carol Cheney, OHA/Office of Equity and Inclusion            Cara Biddlecom, Public Health            OHA Innovator Agents</p> <p>Staff:            Kirsten Aird, PH            Beth Sanders, PH</p> <p>Resources:            Oregon Tobacco Quit Line            County TPEP programs            Healthy Communities programs            Living Well            Walk with Ease            Arthritis Foundation            Tai Chi for Balance            Office of Equity and Inclusion</p>	<p>1. Tobacco</p>	<p>1. To decrease tobacco use among OHP clients</p>	<p><b>1.</b> By July 1, 2015, promote culturally appropriate best practices to reduce tobacco use among the OHP population within CCOs.</p> <p><b>Action Steps:</b></p> <p><b>A.</b> Conduct assessment of CCO tobacco cessation benefits and culturally appropriate practices to reduce tobacco use in their member population and share assessment results with CCOs.</p> <p><b>B.</b> In partnership with OHA and CCOs, determine best media and venue for promoting best practices in comprehensive tobacco cessation benefits and culturally appropriate practices addressing CCOs tobacco target areas and metrics; Health System Transformation Quarterly Progress Reports and state performance measures are used to determine impact of tobacco cessation activities.</p> <p><b>C.</b> In collaboration with OHA, CCOs and DMAP, promote tobacco use reduction culturally appropriate best practices information at established venues such as Quality and Health Outcomes Committee,</p>	<p><u>OHA KPMs</u></p> <p>#6: Prenatal (Population and Medicaid population)            #11: Medicaid member health status            #12: Rate of tobacco use (Populations and Medicaid population)</p> <p><u>DHS KPMs</u></p> <p>#17: Customer Service – Availability of Information, Helpfulness, Timeliness</p> <p><u>State of Equity Report</u></p> <p>PHD: Tobacco use (adults)            PHD: Tobacco use (children)            PHD: Tobacco use (pregnant women)</p> <p>DHS/OHA-WIDE: Customer Service</p> <p><u>TPEP</u></p> <p>Consumption and quit behavior by SES and race;            Quit Line call data, fax referral sources</p>



	<p>2. Obesity</p>	<p>2. To decrease obesity among OHP clients (by improving nutrition and increasing physical activity)</p>	<p>Transformation Center and learning collaboratives.</p> <p><b>D.</b> Through the Transformation Center or other identified venues, assist CCOs in implementing culturally appropriate tobacco use reduction best practices to help them reach their required tobacco related incentive measures.</p> <p>2. By July 1, 2015, promote culturally appropriate best practices to improve nutrition and increase physical activity of OHP clients within CCOs.</p> <p><b>Action Steps:</b></p> <p><b>A.</b> In partnership with OHA and CCOs, assess what CCOs are currently doing in terms of culturally appropriate obesity interventions for their members, addressing CCOs obesity target areas and metrics.</p> <p><b>B.</b> Share information and resources with CCOs related to culturally appropriate best practices CCOs currently use to address obesity prevention with their member population.</p> <p><b>C.</b> In collaboration with OHA, CCOs and DMAP, present obesity prevention culturally appropriate best practices information at established venues such as Quality and Health Outcomes Committee and the Transformation Center.</p> <p><b>D.</b> Assist CCOs to implement culturally appropriate obesity</p>	<p><u>OHA KPMs</u></p> <p>#11: Member health status – Medicaid population</p> <p>#13: Rate of obesity (Population and Medicaid population)</p>
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			prevention best practices to help them reach obesity related measures.	
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ORGANIZATIONAL UNIT	TARGET AREAS	GOALS	OBJECTIVES	Key Performance Measures (KPMs)
<p><b>OHA/AMH</b></p> <p>Key partners: Justin Hopkins, Licensing Mgr Len Ray, Compliance Specialist Jeff Ruscoe, Prevention Unit</p> <p>Staff: Kirsten Aird, PH Beth Sanders, PH</p> <p>Resources: Oregon Tobacco Quit Line County TPEP Coordinators CCOs Office of Equity and Inclusion</p>	<p>1. Tobacco</p>	<p><b>1a.</b> To ensure successful implementation of the Tobacco Freedom (TF) policy at all AMH licensed and funded residential treatment facilities.</p> <p><b>1b.</b> To ensure all AMH licensed and funded residential treatment facilities provide referral to residents who want to quit using tobacco to evidence-based cessation resources.</p>	<p><b>1.</b> By July 1, 2013, all licensed and funded AMH residential treatment facilities will have implemented the Tobacco Freedom policy in their campus.</p> <p><b>Action Steps:</b> <b>A.</b> Continue to provide linkages between facilities experiencing TF policy implementation challenges and county TPEP coordinators <b>B.</b> Continue to provide technical assistance to residential facilities regarding connecting residents who want to quit using tobacco to culturally and linguistically appropriate community resources, including the Oregon Quit Line and their CCO.</p>	<p><u>OHA KPMs</u> #11: Medicaid member health status #12: Rate of tobacco use (Populations and Medicaid population)</p> <p><u>DHS KPMs</u> #17: Customer Service – Availability of Information, Helpfulness, Timeliness</p> <p><u>State of Equity Report</u> DHS/OHA-WIDE: Customer Service PHD: Tobacco use (adults)</p> <p><u>TPEP</u> Consumption and quit behavior by SES and race; Quit Line call data, fax referral sources</p>

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ORGANIZATIONAL UNIT	TARGET AREAS	GOALS	OBJECTIVES	Key Performance Measures (KPMs)
<p><b>OHA/DHS HR &amp; Shared Services</b></p> <p>Key partners:            Jeff Akin, HR/Shared Services            Jeremy Emerson, DHS Operations            Rebecca Pawlak, PH</p> <p>Staff:            Kirsten Aird, PH            Beth Sanders, PH</p> <p>Resources:            Oregon Tobacco Quit Line            Healthy PHD            Wellness @ Work            Healthy Communities programs            Office of Equity and Inclusion</p>	<p><b>1. Tobacco</b>  <b>2. Obesity</b></p>	<p><b>1. To create a culture of health for OHA/DHS employees supported by an employee wellness program policy.</b></p>	<p><b>1. Pilot the CAHIP Employee Wellness Program Policy (EWP) at the old Fish and Wildlife building (Office of Payment Accuracy and Recovery, Background Check Unit, and Licensing &amp; Regulatory Oversight) and one DHS field service center.</b></p> <p><b>Action Steps:</b></p> <p><b>A. Find a Sponsor for this policy.</b>  <b>B. Gain support and approval from the CAHIP Steering Committee for this policy</b>  <b>B. Finalize the Roll Out Plan for the policy.</b>  <b>C. Gain support and approval for the Roll Out Plan from the CAHIP Steering Committee</b>  <b>D. Implement each piece of the approved Roll Out Plan</b>  <b>E. Wellness committees begin forming at each agency</b>  <b>F. Wellness activities are started</b>  <b>G. Assess implementation of the Wellness policy</b></p>	<p><u>OHA KPMs</u>            #12: Rate of tobacco use (Populations and Medicaid population)            #13: Rate of obesity (Population and Medicaid population)</p> <p><u>State of Equity Report</u>            PHD: Tobacco use (adults)</p> <p><u>State Employee BRFS</u></p>

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## WORKPLAN

Fiscal Year July 1, 2013 to June 30, 2015

ORGANIZATIONAL UNIT	TARGET AREAS	GOALS	OBJECTIVES	Key Performance Measures (KPMs)
<p><b>DHS/ Child Welfare</b></p> <p>Key partners:  Maurita Johnson, DHS/Child Welfare  Lois Day, Director Office of Child Welfare  Jerry Waybrant, COO, Self Sufficiency and Child Welfare  Jason Walling, Manager Office of Child Welfare</p> <p>Staff:  Kirsten Aird, PH  Beth Sanders, PH</p> <p>Resources:  Smoke-free housing resources  County TPEP programs  Oregon Tobacco Quit Line</p>	<p><b>1. Tobacco</b></p>	<p><b>1a.</b> To decrease tobacco use among Child Welfare clients</p> <p><b>1b.</b> To protect children and adults from second hand smoke at housing paid for by Child Welfare state funds.</p>	<p><b>1.</b> By July 1, 2015, culturally and linguistically appropriate Oregon Quit Line materials will be readily available at stand-alone Child Welfare offices.</p> <p><b>Action Steps:</b>  <b>A.</b> On a quarterly basis, local Tobacco Prevention and Education Program Coordinators may reach out to Child Welfare offices in their county to establish contact and promote culturally and linguistically appropriate Quit Line materials.</p> <p><b>2.</b> Starting June 30, 2013, investigate including contract language for smoke-free housing in those instances where Child Welfare has housing inclusive contracts.</p> <p><b>Action Steps:</b>  <b>A.</b> Schedule meeting to determine next steps regarding smoke-free housing language for housing inclusive contracts  <b>B.</b> Draft language for housing inclusive contracts  <b>C.</b> Integrate language into contracts</p>	<p><u>OHA KPMs</u>  #7: Primary care sensitive hospital/inpatient stays – Medicaid population  #11: Medicaid member health status  #12: Rate of tobacco use (Populations and Medicaid population)  #14: All cause readmissions – Medicaid population</p> <p><u>DHS KPMs</u>  #17: Customer Service – Availability of Information, Helpfulness, Timeliness</p> <p><u>State of Equity Report</u>  PHD: Tobacco use (adults)  PHD: Tobacco use (children)  PHD: Tobacco use (pregnant women)</p>

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ORGANIZATIONAL UNIT	TARGET AREAS	GOALS	OBJECTIVES	Key Performance Measures (KPMs)
<p><b>DHS/Vocational Rehabilitation Services</b></p> <p>Key partners: Stephanie-Parrish Taylor, DHS Voc Rehab</p> <p>Staff: Kirsten Aird, PH Beth Sanders, PH</p> <p>Resources: County TPEP programs Healthy Communities programs Oregon Tobacco Quit Line Living Well Arthritis Foundation Walk with Ease Tai Chi for Balance Office of Equity and Inclusion</p>	<p>1. Tobacco 2. Obesity</p>			

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<p><b>DHS/Aging &amp; People with Disabilities (APD)</b></p> <p>Key partners:            Nakeshia Knight-Coyle, APD -State Unit on Aging Interim Mgr            Jennifer Mead, APD-SUA            Kim LaCroix, HPCDP/SUA            Becky Mapes, DHS Policy Analyst</p> <p>Staff:            Kirsten Aird, PH            Beth Sanders, PH</p> <p>Resources:            County TPEP programs            Healthy Communities programs            Oregon Tobacco Quit Line            Living Well            Arthritis Foundation            Walk with Ease            Tai Chi for Balance            Office of Equity and Inclusion</p>	<p><b>1.</b> Self-management</p>	<p><b>1.</b> To improve access to evidence-based self-management programs (e.g. Stanford self-management programs, Diabetes Prevention Program, Arthritis Foundation Exercise Program, Walk with Ease program, Oregon Tobacco Quit Line) among older adults and adults with disabilities living in the community.</p>	<p><b>1a.</b> Partner with the SUA to promote use of evidence-based self-management programs by Oregon's 17 Area Agencies on Aging (AAAs), and to list available programs on the ADRC of Oregon website.</p> <p><b>Action Steps:</b></p> <p><b>A.</b> Use CDSME grant funds to support mini-grants to AAAs and Centers for Independent Living (CILs) to increase use of Stanford self-management programs.</p> <p><b>B.</b> Ensure self-management programs are listed on ADRC of Oregon website.</p> <p><b>C.</b> Ensure AAAs and CILs are aware of training and information on evidence-based self-management programs via healthy aging listserv, direct communication, and periodic presentations.</p> <p><b>1b.</b> Ensure ongoing communication between HPCDP and SUA continue to identify ways to increase outreach to older adults and people with disabilities.</p>	<p><u>OHA KPMs</u></p> <p>#7: Primary care sensitive hospital/inpatient stays – Medicaid population</p> <p>#8: Patient Center Primary Care Home (PCPH) enrollment</p> <p>#11: Medicaid member health status</p> <p>#12: Rate of tobacco use (Populations and Medicaid population)</p> <p>#13: Rate of obesity (Population and Medicaid population)</p> <p>#14: All cause readmissions – Medicaid population</p> <p>#16: Flu shots – ages 50-64 – Population &amp; Medicaid population</p> <p><u>DHS KPMs</u></p> <p>#17: Customer Service – Availability of Information, Helpfulness, Timeliness</p> <p><u>State of Equity Report</u></p> <p>PHD: Tobacco use (adults)</p> <p><u>TPEP</u></p> <p>Consumption and quit behavior</p>

			<p><b>Action Steps:</b></p> <p><b>A.</b> Continue monthly meetings, HPCDP involvement in statewide ADRC Advisory Council, SUA staff person co-housed at HPCDP.</p>	<p>by SES and race; Quit Line call data, fax referral sources</p>
	<b>2. Obesity</b>	<p><b>2.</b> To ensure effectiveness and sustainability of nutrition programs serving older adults (e.g. Congregate and Home Delivered Meals), and to improve systems and policies supporting access to healthy food for older adults and people with disabilities.</p>	<p><b>2a.</b> Identify opportunities for systems and policy approaches to improving federal (OAA, Medicaid) and state funded (OPI) older adult nutrition programs in Oregon.</p> <p><b>Action Steps:</b></p> <p><b>A.</b> SUA contracting with HPCDP for 0.2 FTE of an existing HPCDP staff person with nutrition expertise to provide oversight and technical assistance for Older Americans Act nutrition programs, and identify potential opportunities for using public health systems/policy approaches to improve effectiveness of these services.</p> <p><b>2b.</b> Explore options to support program funding and sustainability.</p>	<p>#13: Rate of obesity (Population and Medicaid population)</p>
	<b>3. Tobacco</b>	<p><b>3.</b> To improve access to culturally and linguistically appropriate tobacco cessation resources for older adults and people with disabilities.</p>	<p><b>3.</b> By July 1, 2015, culturally and linguistically appropriate tobacco cessation resources and access such as the Oregon Quit Line will be available to older adults and people with disabilities.</p> <p>Action Steps:</p> <p><b>A.</b> Ensure Quit Line information is available on the ADRC of Oregon website.</p> <p><b>B.</b> Explore options to ensure that ADRC staff are aware of Quit Line</p>	<p><u>OHA KPMS</u></p> <p>#11: Medicaid member health status</p> <p>#12: Rate of tobacco use (Populations and Medicaid population)</p> <p><u>State of Equity Report</u></p> <p>PHD: Tobacco use (adults)</p> <p>PHD: Tobacco use (children)</p> <p><u>TPEP</u></p>



			<p>support, and able to make appropriate referrals to the Quit Line.</p>	<p>Consumption and quit behavior by SES and race; Quit Line call data, fax referral sources</p> <p><u>DHS/OHA-WIDE</u> Customer Service</p>
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<p><b>DHS- Office for Licensing and Regulatory Oversight (OLRO)</b></p> <p>Key partners: Donna Keddy, OLRO manager</p> <p>Staff: Kirsten Aird, PH Beth Sanders, PH</p> <p>Resources: County TPEP programs Oregon Tobacco Quit Line Office of Equity and Inclusion</p>	<p>1. Tobacco</p>	<p>1. To improve access to culturally and linguistically appropriate tobacco cessation resources for staff and residents of licensed care settings (nursing, assisted and residential care homes and adult foster care).</p>	<p><b>Action Steps:</b></p> <p><b>A.</b> Continue to explore the following options to improve knowledge of tobacco cessation resources for staff and residents of licensed facilities:</p> <ul style="list-style-type: none"> <li>• Culturally and linguistically appropriate Quit Line messages are included in Administrative Alerts.</li> <li>• Include a culturally and linguistically appropriate Quit Line hyper link on the CBC website.</li> <li>• Quit Line presentations at quarterly CBC Newshour phone conferences.</li> <li>• Culturally and linguistically appropriate Quit Line materials mailing to CBC facilities.</li> </ul> <p>2. Engage with the Union representing staff at licensed facilities to improve access to tobacco cessation resources.</p>	<p><u>OHA KPMs</u> #11: Medicaid member health status #12: Rate of tobacco use (Populations and Medicaid population)</p> <p><u>State of Equity Report</u> PHD: Tobacco use (adults) PHD: Tobacco use (children)</p> <p><u>TPEP</u> Consumption and quit behavior by SES and race; Quit Line call data, fax referral sources</p> <p><u>DHS/OHA-WIDE</u> Customer Service</p>