



CROSS AGENCY HEALTH IMPROVEMENT PROJECT

Meeting Agenda and Minutes



Meeting Date:	Wednesday, February 14, 2018
Meeting Time:	1:30 – 3:00 pm
Meeting Location:	Conference Rm 137A, HSB Building, 500 Summer St. NE, Salem <i>Phone: (877) 810-9415</i> <i>Host: 517094#</i> <i>Participant: 975182#</i>
Meeting Purpose:	Status update and next steps

Attendees: Keely West (OHA/Operations), Angela Weaver (Oregon Office on Disability and Health), Gayla Andresen (Shared Services), Kris Kautz (OHA/Central Services), Sarah Hargand (Service Employees International Union), Stan Thomas (Shared Services), Theresa Cross (Public Employees Benefit Board), Don Erickson (Shared Services), Erika Miller (DHS/Aging and People with Disabilities), Chris Norman (Health Systems Division).

Staff: Kirsten Aird (CAHIP Staff, OHA/Public Health), Sarah Barnard (CAHIP Staff, OHA/Public Health)

FYI: follow-up to Lactation Policy and Implementation- resource for meeting planning toolkit to assure lactation spaces are ADA-compliant	
Agenda Item, background information and objectives	Time
1) Welcome and introductions	1:30 – 1:35pm
2) DHS/OHA Tobacco Free Campus Policy – Keely West, Stan Thomas	1:35 – 1:50 pm
<p>Background: The Governor’s Executive Order 12-13 on Tobacco Free Properties does not apply to the smoking of noncommercial tobacco products for ceremonial purposes in spaces designated on a permanent or temporary basis for traditional ceremonies, in accordance with the American Indian Religious Freedom Act. Therefore, the DHS OHA Tobacco Free Campus policy which prohibits all tobacco use in all interior and exterior spaces controlled by DHS and OHA, needs to be updated to be compatible with the EO.</p> <p>Objectives: Share a draft of the revised Tobacco Free Campus policy, a plan for review and adoption by the DHS/OHA policy committee, and the process for informing state agencies.</p>	
<p>Discussion & Action Items:</p> <p>Keely West and Robert Salinas are the leads for updating the Tobacco Free Campus Policy. The biggest change to the policy will be around the language that residents at state hospitals and residential facilities can use ceremonial tobacco, in accordance with the American Indian Religious Freedom Act. Other edits will be small language changes only. The final revision of the policy is expected by the next CAHIP mtg.</p> <p>Theresa Cross provided some suggested language that may be used, from the Oregon Indoor Clean Air Act and an example tobacco free campus policy that HPCDP shares with county health departments.</p> <p>The Tobacco Freedom Policy, what has been titled AMH tobacco policy, aims to address disparities in tobacco use among the mental health population. It would require tobacco-free properties (including employees) and tobacco cessation services for those in mental health and addiction residential treatment. The Tobacco Freedom Policy will be brought to CAHIP at a future meeting</p>	
3) Employee Wellness Policy – Don Erickson, Keely West, Stan Thomas	1:50 – 2:20 pm
<p>Background: Interpretation of the DHS Policy 060-042, Employee Wellness Policy has resulted in some wellness activities being conducted in state facilities that conflict with the DAS Facilities Use Policy.</p>	

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Objectives: Share recommendations on revising Employee Wellness Policy, which should include clear language reflecting the intention of the Governor EO 17-01 on State Agency Employee Wellness, and compatibility with existing policies on state facility use and employee fundraising activities. Discuss how revised policy language may impact the exercise room and fundraising activities at HSB.

Discussion & Action Items:

In 2014, DHS/OHA created a broad policy around employee wellness. Because the policy was so broad, it has been interpreted to include activities that are in conflict with DAS Facilities Use Policy, such as fundraising, access to facilities as an entitlement, etc. For example, there is an exercise room with workout equipment in an area of the HSB garage that was not intended for working out, and that does not have air quality testing.

OHA and DHS Leadership wants to update the Employee Wellness Policy to reflect compliance with statute and rule, so we are able to tell the wellness committees how to be in compliance.

There is concern that because the policy’s language is broad, as buildings are leased/built there is an expectation that the state would include employee wellness rooms into the building. There is nothing in statute that says each building gets an exercise room. Parameters can possibly be built into the policy – space provided that does not require the purchasing of equipment.

At the Portland State Office Building, employees started a non-profit to fund exercise equipment for the wellness room. There is a non-profit at the Department of Employment that serves a similar function in supporting wellness.

Sarah Hargand shared that the only thing the union has addressed was to assess the needs of the employees in the building, and to assess the feasibility of childcare. The union contract provides the language that use of state equipment for personal reasons should be “infrequent and incidental.”

There was general agreement among committee members that the OHS-DHS Employee Wellness Policy needs to be very specific about what is/isn’t allowed, and that the language should also specifically address fundraising. Erika shared the DAS policy, Acceptable Use of State Information Assets which makes clear that state-owned resources such as Skype cannot be used to broadcast exercise classes or other wellness events. Stan, Kelly and Don are meeting to craft new policy language and assure that when the updated policy is communicated it’s seen as offering alternatives and not simply removing what employees have become accustomed to.

4) State Agency Employee Wellness – Theresa Cross	2:20 – 2:55 pm
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Background: The State Agency Employee Wellness Executive Order (EO) establishes the infrastructure needed to address organizational support and strategic planning. Implementing the EO will address the costly leading causes of death and disability among state employees. CAHIP’s leadership was critical moving this effort forward and culminating in Governor Brown’s support and signing. A Wellness Manager has been hired and work is underway to implement the EO.

Objectives: Update on actions taken to date to implement the EO and CAHIP’s role with DHS and OHA. Discuss how CAHIP can serve as the wellness committee for both agencies, how the 2018-2020 workplan will be the required, 2-year wellness plan, and who from CAHIP could serve on the Worksite Wellness Coordinating Council.

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Discussion & Action items:

Every state agency was able to fulfill their initial obligation in the EO with a year 1 wellness plan. Next, each agency will create their own specific wellness plans, for 2018-20.

Theresa Cross drafted a template for wellness plans for agencies to use. She wants many CAHIP members to look at the template, then she will present it to many agencies to show them what their plan should look like. Each agency will need to identify data and benchmarks. The CDC has an evidence-based worksite wellness assessment tool, which includes activities and policies.

Theresa has scheduled two CDC trainings for employees tasked with crafting their agency’s wellness plan. After the training, each agency will have a benchmark report with which they can use to plan actions and activities for the 2-year wellness plan. The trainings will be in April 12th and 19th, and on May 10th there will be an action planning training.

This will lead to an agency-specific data source that we have not had before – the data will differentiate between agencies, so that agencies can see if they are doing in comparison to others.

Theresa is gathering applications for participation on the Worksite Wellness Coordinating Council. Seats on the council will include PHD (Lillian Shirley), a total of 5 union seats, DAS, and the Governor’s office and representatives from other agencies. A representative from CAHIP can be the DHS rep and liaise between CAHIP and the Coordinating Council; meetings will begin this spring.

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Kirsten wanted CAHIP members to re-focus attention on consumer wellness.

The data shows that the burden of disparities (tobacco use) is affecting those we serve the most. Would like CAHIP to discuss what we can do to help our consumers around tobacco cessation. Hopefully there will be a future CCO metric about screening and referral to treatment.

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There was a request at November’s CAHIP meeting for a lactation tool kit. Angela has tracked down tools and checklists, and shared with the group. OHA has an ilearn class that teaches how to make meetings and events accessible. We might want to make them more concise, only have the lactation checklist, and put an OHA logo on it. A one-pager would be more user-friendly for planning an event. We might also want to incorporate accessibility tools into the checklist. The Healthy Meetings Policy does reference other policies, such as the Lactation Policy.

CAHIP can ask OEI or OEMS to look at the Healthy Meetings Policy to make sure there is a checklist for meeting planners to plan for lactating participants and those with ADA concerns. Can we look at this checklist through an equity lens? Should the checklist be a “one-stop-shopping” list for meeting planners?

The (TBD) Worksite Wellness temp can work on this.

5) Wrap up and next steps	2:55 – 3:00 pm
Discussion and Action items:	