

CROSS AGENCY HEALTH IMPROVEMENT PROJECT (CAHIP)

Meeting Agenda

Meeting Date:	April 7, 2014
Meeting Time:	1-2pm
Meeting Location:	OHA Director's Conference Rm 460, HSB Building, 500 Summer St. NE, Salem Conference Call: 1-877-336-1831 Participant Code: 559758 Host (Kirsten) 643563
Meeting Purpose:	Status update and next steps
Regular Attendees:	Kesha Baxter, DHS/Aging and People with Disabilities (APD) Maurita Johnson, DHS/Child Welfare Debbi Kraus-Dorn, DHS/Developmental Disabilities (DD) Belit Burke, DHS/Self Sufficiency Stephanie Parrish-Taylor, DHS/Vocational Rehabilitation Jeremy Emerson, DHS/Operations - Shared Services Jeff Akin, OHA/Human Resources - Shared Services Suzanne Hoffman, OHA Chief Operating Officer Justin Hopkins, OHA Addictions and Mental Health (AMH) Tricia Tillman, OHA/Office of Equity and Inclusion (OEI) Jeanene Smith, OHA/Office of Health Policy and Research (OHPR) Joan Kapowich, OHA/Oregon State Hospital (OSH) Judy Mohr Peterson, OHA/Medical Assistance Programs (MAP) Lillian Shirley, OHA/Public Health Division Jae Douglas, OHA/ Public Health Division Kirsten Aird, OHA/ Public Health Division Beth Sanders, OHA/ Public Health Division Dawn Lee, Service Employees International Union Matthew Jaqua, Service Employees International Union

Agenda Item, objective and background information	Time
1) Welcome and Introductions	Kirsten 1:00 – 1:05pm (5')
Discussion & action steps:	
2) CAHIP Charter	Kirsten and Beth 1:05 – 1:20pm (15')
<p>Background: At the last CAHIP meeting (1/23/14), the steering committee discussed the need to update the CAHIP Charter to clarify separate goals, activities and metrics for OHA/DHS employees and OHA/DHS clients and consumers. Additionally, the group identified the need to update steering committee membership.</p> <p>Objective: (1) Present updated draft CAHIP charter that incorporates previous feedback from the steering committee. (2) Solicit additional feedback from steering committee on additional revisions to the charter as well as on the list of potential new members to join the group.</p> <p>Discussion: Kirsten introduced a revised version of the CAHIP charter based on initial feedback from the steering committee and opened up a group discussion to solicit additional ideas.</p> <p>Beth stated that the Public Health Division is exploring the feasibility of analyzing OHA/DHS employee health outcome data collected through the Public Employee Benefits Board (PEBB) to measure progress around improving employee health. The group confirmed that there is interest in separating these metrics</p>	

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individually by DHS and OHA employees, and if possible, by division/program.

Tricia advised that metrics should include data separated by employee job class and results from the PEBB health engagement model survey. Tricia recommended that the charter reference the social determinants of health and support CAHIP activities. For OHA clients and consumers, as they move out of poverty into jobs, they will become healthier. Similarly, OHA/DHS can support employees by providing them information on homeownership, financial literacy and savings. She suggested a review of the Whitehall Study (see attachment). Suzanne reminded the group that the Employee Assistance Program (EAP) program includes these types of offerings. This is an opportunity to more actively promote these services that may not be adequately promoted to staff.

Suzanne stated that there is an opportunity for the CAHIP charter to highlight a model of health that recognizes stress management as part of working towards achieving wellness for people with mental illness. There are challenges with obesity in the OSH workforce, and when coupled with stress from the job, employees can experience poor health outcomes. Stress management should be included as part of the charter's short and intermediate term goals.

Action Steps:

- **Justin will correspond with AMH to provide additional context to the charter on stress management.**
- **CAHIP staff will confirm feasibility in analyzing PEBB data separately for OHA and DHS individual organizational units incorporating PEBB health engagement model survey data.**
- **CAHIP staff will draft a new charter overview and add objectives pertaining to stress management, social determinants of health and the Employee Assistance Program.**

3) CAHIP Workplan

All
1:20 – 1:40pm (20')

Background: Since January, CAHIP staff have coordinated with steering committee members to support the implementation of action steps in the 2013-2015 CAHIP workplan. During this time, both CAHIP staff will give an update on workplan activities and OHA/DHS divisions and programs are invited to share progress. Today's updates will focus on Shared Services, Developmental Disabilities, Addictions and Mental Health, and Medical Assistance Programs.

Objective:

- (1) Review updated workplan.
- (2) Discuss status of workplan activities for each OHA/DHS division or program.

Discussion & action steps:

Kirsten stated that moving forward there will be rotating updates provided by each organizational unit at CAHIP meetings. The following steering committee members shared recent progress around implementing workplan activities:

OHA Medical Assistance Programs is participating on a workgroup within OHA that is assessing tobacco cessation activities/benefits of Coordinated Care Organizations (CCOs). After survey results are compiled, through partnering with the Transformation Center, best practices in comprehensive cessation benefits and culturally appropriate ways of providing services will be encouraged with CCOs.

OHA Addictions and Mental Health, with consultation from the Public Health Division, is developing a survey that will assess the implementation of the Tobacco Freedom Policy (tobacco free campus policy in licensed residential AMH facilities) since it was launched in January 2013. After survey results are compiled, AMH will determine next steps in promoting wellness, physical activity and nutrition with staff and consumers. AMH's activities in the CAHIP workplan incorporate culturally and linguistically appropriate practices, and the survey will ask additional questions to AMH providers to gauge current

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practices in residential facilities.

OHA/DHS Shared Services: There was a recent meeting with managers from the Shared Services “old fish” building in Salem to kick off the Employee Wellness Policy pilot project, which allows staff to spend two hours a month of work time to participate in wellness committees. In this meeting, managers were asked to identify a second local branch office to participate in the project and to formulate criteria to evaluate the pilot. Shared Services is preparing for a meeting in April to engage staff in wellness activities and identify areas of improvement related to worksite wellness. CAHIP staff, along with Dawn and Matt, will support Shared Services in evaluating of the pilot project.

Developmental Disabilities: In March, CAHIP staff presented at a statewide meeting with Developmental Disability residential agencies that serve children. Agency directors are committed to adding the Oregon Tobacco Quit Line hyperlink on their websites and discussed promoting healthy eating and physical activity for staff and children in DD group homes. All agencies are motivated in promoting healthy lifestyles with DD children, and many expressed interest in getting children involved in meal planning and to asking schools to provide assistance in developing nutrition standards for meals. In September, this group will convene to discuss next steps.

3) Communication Venues for Employee Wellness Pilot Project and CAHIP Initiative

Beth
1:40-1:50 (10')

Background: As the OHA/DHS Shared Services Employee Wellness Pilot Project is launched, there is an opportunity to provide resources to employees participating in the pilot and to share general information on the entire CAHIP initiative.

Objective:

- (1) Facilitate an open discussion related to potential venues for sharing information about the Employee Wellness Pilot and the CAHIP initiative.

Discussion:

Kirsten and Beth asked for feedback on how the Shared Services employee wellness pilot and the overall CAHIP initiative can be communicated with OHA/DHS and the public. The group agreed that CAHIP staff should create content for an online website and that the Public Health Division will host the site. The following ideas were shared around how to tell the CAHIP story and draw people to the website:

- Joint message from Tina Edlund and Erinn Kelley-Siel
- Director’s messages
- Cross Agency Health Improvement Project sponsor – monthly updates
- Statewide labor management group
- OHA/DHS cabinet meetings
- Quarterly Technical Review meetings
- Quarterly Business Review meetings
- Newsletters (PHD, AMH, others?)
- All staff meetings in various organizational units
- OHA Addictions and Mental Health – weekly managers meetings, consumer advisory councils
- OHA Medical Assistance Programs member handbook
- OHA Oregon State Hospital advisory group
- Lobby signage in client service offices
- Banner/button on DHS/OHA websites

Action Steps:

- CAHIP staff will develop a website proposal and bring it to the 7/7 CAHIP meeting

4) Wrap Up and Next Steps

Kirsten
1:50-2:00pm (10')

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Objective:

(1) Discuss agenda items for next steering committee meeting.

Future potential topics include:

- CAHIP as a vehicle to vet possible OHA or DHS policies to be considered by JPSC (e.g. Healthy Meeting policy, breastfeeding accommodation law)

Discussion & action steps:

The group identified the following topics as future agenda items:

- Review a draft CAHIP website proposal
- Update on the Shared Services Employee Wellness pilot project
- Workplan updates from steering committee members
- Define how culturally and linguistically appropriate practices are incorporated into CAHIP activities

Next CAHIP Steering Committee Meeting:

Monday, July 7th, 3-4pm

OHA Director's Conference Rm 460, HSB Building, 500 Summer St. NE, Salem