

# CROSS AGENCY HEALTH IMPROVEMENT PROJECT

## Meeting Agenda

<b>Meeting Date:</b>	<b>April 20, 2015</b>
<b>Meeting Time:</b>	<b>10:00-11:30am</b>
<b>Meeting Location:</b>	<b>Conference Rm 473, HSB Building, 500 Summer St. NE, Salem</b> <i>Conference Call: 1-877-336-1831</i> <i>Participant Code: 559758</i> <i>Host (Kirsten) 643563</i>
<b>Meeting Purpose:</b>	<b>Status update and next steps</b>
<b>Regular Attendees:</b>	Belit Burke, DHS Self Sufficiency Debbi Kraus-Dorn, DHS Developmental Disabilities Jason Walling, DHS Child Welfare Jeanene Smith, OHA Office of Health Policy and Research Jeremy Emerson, HR & Shared Services Justin Hopkins, OHA Addictions and Mental Health Karen Wheeler, OHA Addictions and Mental Health Leann Johnson, OHA Office of Equity and Inclusion Lillian Shirley, OHA Public Health Division Linda Hammond, OHA Director of Strategic Initiatives Margaret Smith-Isa, Public Employees Benefits Board Matthew Jaqua, Service Employees International Union Oscar Herrera, DHS Office of Equity and Multicultural Services Priscilla Lewis, OHA Public Health Division Rhonda Busek, OHA/Medical Assistance Programs Robert Salinas, HR & Shared Services Tracy Garcia, HR & Shared Services Vicki Duesterhoeft, OHA Oregon State Hospital
<b>Staff:</b>	Kirsten Aird, OHA Public Health Division Beth Sanders, OHA Public Health Division

<b>Updates</b>	<b>Contact</b>
The CAHIP website is live: <a href="http://healthoregon.org/cahip">healthoregon.org/cahip</a>	Kirsten
AMH and PHD Tobacco Free Program trainings will be held May 4 – 22 <sup>nd</sup> across the state in Bend, Medford and Wilsonville.	
The 2014 Tobacco Cessation Survey Report is now available on the Tobacco Prevention Data and Publications web page: <a href="https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Pages/pubs.aspx">https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Pages/pubs.aspx</a>	
<b>Agenda Item, background information and objectives</b>	<b>Time</b>
<b>1) Welcome and Introductions</b>	Kirsten 10:00 – 10:05am
<b>Discussion &amp; action steps:</b>	
<b>2) Modernization of Public Health</b>	Lillian 10:05-10:25am
<p><b>Background:</b> In 2013, the legislature passed HB 2348 that called for the creation of a task force to make recommendations to the legislature for a design of a public health system for the future. From January through September 2014, the Task Force on the Future of Public Health Services convened to develop a final report to the legislature with recommendations for modernizing Oregon's public health system. These recommendations have been turned into a bill (HB 3100) which is being considered in the 2015 legislature.</p> <p>The Task Force Report on the Future of Public Health Services can be accessed here: <a href="http://public.health.oregon.gov/About/TaskForce/Documents/hb2348-task-force-report.pdf">http://public.health.oregon.gov/About/TaskForce/Documents/hb2348-task-force-report.pdf</a></p>	

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**Objectives:**

- Share key recommendations from the Task Force on the Future of Public Health Services and discuss implications for our work.

**Discussion:**

Public Health partners across the state are reaching a consensus on what we do, what we want to see, how we want to measure it. For example, a partnership between CCOs and Public Health developed to address the burden of asthma in southern Oregon and Portland Metro areas.

**Action Steps:**

- Kirsten will coordinate with the PHD Modernization team and Jeremy to have someone attend the county/state contracts meeting to discuss the Modernization of Public Health framework.

**3) CAHIP Workplan Updates**

Bonnie, Kirsten  
10:25 – 10:40am

**Background:** Each meeting, CAHIP members are invited to provide updates on progress related to workplan activities. IDENTIFY 1-2 steering committee members to give an update.

**OHA Medical Assistance Programs,** Kirsten will provide an update on The 2014 Tobacco Cessation Survey Report. This is the third time that the Public Health Division has the assessed tobacco cessation benefits offered to members of the Oregon Health Plan. The report summarizes the services and benefits offered to Medicaid members as reported by each CCO.

**DHS Children’s Residential Developmental Disabilities Services,**

Bonnie will provide an update on the CAHIP work with DHS Developmental Disabilities on their progress towards the goal of improving access to culturally relevant cessation services and promoting healthy eating/physical activity for staff and children in ODDS group homes. DHS Developmental Disability Directors completed a survey on the progress of their annual workplans in February 2015. Jennifer Young presented on the survey results during the statewide ODD Group Home Directors meeting in March 2015.

**Objective:**

- Discuss status of workplan activities for DHS programs and OHA divisions.

**Discussion:**

Kirsten provided an update on the CCO Cessation Benefits Report. The report documents the benefits offered by the 16 CCOs. The last time benefits for the Medicaid population were surveyed with MCOs. The Medicaid population uses tobacco at a much higher rate. The ACA has provided more specific direction on the types of benefits required. All CCOs are offering at least one element of a comprehensive benefit, and there is an opportunity for each to improve. The prevalence data was collected through the CAHPS survey. Data is not available by race/ethnicity. A discussion guide is being developed for CCOs to use to help guide their work moving forward to improve tobacco cessation benefits and action CCOs can take to improve health outcomes. Leann offered OEI’s assistance in reviewing to ensure the information is culturally relevant. Leann also suggested PHD connect with the Regional Health Equity Coalitions to enlist their help in working with CCOs.

**Action Steps:**

- Kirsten will send Leann the CCO tobacco cessation discussion guide for OEI review and feedback.

Bonnie provided a brief update on DHS Developmental Disabilities work. In February 2015, a survey was disseminated to the Developmental Disabilities group home directors, which asked about the status of Quit Line information on the agency’s website and in staff newsletters and current activities to promote physical activity and healthy eating with staff and children. The surveys were completed by 5 out of 10 group home directors. Jennifer Young presented the survey results at a Statewide Provider meeting in March. Group home directors are proud of the changes that have been made regarding nutrition and increasing access to healthy food by limiting processed food, portion control and more fruits and vegetables served at meals. Group Home Directors are concerned about

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employee wellness, and would like to consider options for affordable physical activity options as a benefit. Directors also voiced concern about the low pay of group home staff. Quit Line information is regularly promoted and included on the Agency's website. Directors said asked for technical assistance from CAHIP staff to provide written information about smoking cessation, nutrition, and physical activity to include in the newsletters.

**Action Steps:**

- CAHIP staff will create information on cessation, nutrition and physical activity for Directors to include in newsletters.

**4) CAHIP 2013-2015 Workplan Reporting**

Bonnie  
10:40-10:50am

**Background:** The 2013-2015 CAHIP workplan will conclude on June 30<sup>th</sup>. PHD staff is in the process of conducting phone interviews with DHS Programs and OHA Divisions to collect information on 2013-2015 CAHIP workplan progress and identify new activities for the 2015-2017 workplan.

**Objectives:**

- Update on the reporting interview process
- Identify next steps to solicit input from clients/consumers and employees on next workplan activities.

**Discussion:**

Reporting interviews on 2013-2015 workplan progress are underway. Each Steering Committee member to be interviewed will receive a copy of the workplan and a template with brief information on completed activities and ideas for the 2015-2017 workplan. Interviews will be conducted by Rebecca Pawlak, Jennifer Young and Scott Montegna.

**5) Nutrition Standards – Follow-up from September CAHIP Meeting**

Heather  
10:50-11:20am

**Background:** Nutrition standards in state agencies have been a goal of a number of state plans, including *Oregon's Action Plan for Health – 2010* and *Oregon's Health Improvement Plan, 2011-2020*. During the 9/8/14 CAHIP meeting, there was a presentation covering the rationale and evidence for this work, relevant data on state employees, and a description of potential settings for policy: food at meetings and events; food provided to institutional populations; and food available for purchase on state-owned or -leased property. Additional details were shared about the Public Health Division's effective Healthy Meetings Guidelines.

**Objectives:**

- Review key points on the rationale for and experiences with nutrition standards work.
- Determine how the steering committee would like to engage in this work given available resources, competing priorities, and alignment with other work, such as launch of wellness committees. Discuss phases, scale, timeline, and fit in the 2015-17 workplan.

**Discussion:**

Heather Gramp led a discussion and an activity for Steering Committee members to understand internally-focused nutrition standards policy options. The options presented: 1) Healthy meetings and events 2) foods for private purchase in cafeterias/cafes and vending machines 3) food provided to custodial populations – including corrections, treatment facilities. The goal is to implement nutrition standards in all three areas. To begin, it is important for CAHIP to identify a starting point for this work, knowing that it will likely be iterative. The state employee wellness survey found that state employees are trying to either maintain or lose weight. The CAHIP Steering Committee is the obvious choice vehicle to move this forward and build a culture of health. There is a lot of success we can build upon. The group identified resources and needs to be successful in this work.

Resources identified:

- Wellness Committees

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- Meetings we are holding and events to scope out the food that is provided in those venues. There are large events where we cater food – CCO summit, etc.
- Food policies in existence that could be revised or built upon.
  - E.g. Oregon State Hospital DASH Diet, Public Health Division Healthy Meetings
- OHA Director writes a weekly message to all staff and includes a wellness message at the end of each message.
- Staffing
- Health and Wellness policy that allows for staffing.
- Partnerships – routes for making policy
- OSU extension services obesity pilot (51 indicators) with wellness policies, messaging and programming.

### Needs identified:

- Engage staff in these changes, through messaging, etc.
- Lay out actual guidelines for OC&P
- OC&P to know expectations
- Understand contracts and requirements
- Has to be supported by DHS & OHA leadership.

Heather led an activity on rating internally-focused nutrition standards policy options. Steering Committee members were to rank which policies they felt had the most reach, equity, acceptability and resource intensiveness. The Steering Committee ranked four policy options, and since scores for vending were nearly identical to scores for other food for private purchase, the scores and policy options were combined into three rather than four:

	<b>Healthy Meetings and Events</b>	<b>Food for Institutional Populations</b>	<b>Private Purchase Cafeterias, Vending, Coffee Carts</b>
Reach	10	<b><u>16</u></b>	15
Strength	12	17	<b><u>19</u></b>
Equity	8	15	<b><u>22</u></b>
Resource Intensity	15	<b><u>17</u></b>	14
Acceptability	<b><u>22</u></b>	16	13
SUM	67	81	<b><u>83</u></b>
AVE	13.4	16.2	<b><u>16.6</u></b>

Contracts with CCOs are approved by CMS. They have specificity about what to include for the Medicaid population. There was some discussion on working with the Commission for the Blind, which controls the contracts of food for private purchase. Vicki shared that the Oregon State Hospital was successful negotiating with Commission for the Blind in the Oregon State Hospital on including healthier options for purchase.

It has been a challenge to understand the facilities that DHS and OHA has access to. There needs to be an

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assessment of what facilities have vending machine. Perhaps the new wellness committees can do this work. Robert mentioned that advisory committees for the facilities (steering committee for DHS and OHA) could do the assessments of vending.

Jeremy said that the next steps for nutrition standards work is to describe the high level results and take these to the joint policy committee to see if they want to weigh in on the answers to our questions. Use the results from this exercise. CAHIP staff will need to do a follow up via email to give all Steering Committee members the survey and then move forward with the next steps.

### Action Steps:

- CAHIP staff disseminate the activity over e-mail to Steering Committee members
- Task either advisory committees for OHA and DHS facilities or new wellness committees with an inventory of vending at each facility.
- Kirsten to connect with Rhonda Busek on navigating nutrition standards work in CCOs
- Document the results from the survey and meet with the Joint Policy Committee to get their input.

### 6) Wrap Up and Next Steps

Kirsten  
11:20-11:30am

**Objective:** Discuss agenda items for next steering committee meeting. Future topics include:

- Workplan updates from CAHIP steering committee members
- CAHIP outcome measures
- Nutrition and other guideline/policy options
- Define how CAHIP ensures culturally and linguistically appropriate practices

**Next CAHIP Steering Committee Meeting: August 14, 2015**  
**Room 473, HSB Building, 500 Summer St. NE, Salem**