

Cross Agency Health Improvement Project

- Decision Making Committee:**
Committee has delegated authority to commit each agency to a decision and requires Joint Operation Steering Committee (JOSC) approval.
- Advisory Committee:**
Committee provides recommendations and advice only and can be chartered with or without JOSC approval.
- Informational Committee:**
Committee shares information and best practices and can be chartered with or without JOSC approval.

Background

The Cross Agency Health Improvement Project (CAHIP) is an innovative partnership involving the highest level of leadership from Oregon Health Authority (OHA) and Department of Human Services (DHS) that aims to improve the health of employees, clients and consumers. Steering committee members work across agencies to implement culturally and linguistically appropriate policies to encourage worksite wellness, stress-management, tobacco-free living, and improved nutrition and physical activity among OHA and DHS employees, clients and consumers. CAHIP uses a ‘collective impact’ approach, which is a commitment by multiple sectors with a common agenda to solve a specific social issue. Under this model, CAHIP members have mutually reinforcing objectives and track progress using shared metrics. The Oregon Public Health Division’s Health Promotion and Chronic Disease Prevention Section serves as the backbone organization for CAHIP.

The CAHIP mission supports the goals of both agencies. For OHA, CAHIP is aligned with the goals of reducing cost and improving population health. For DHS, improved health outcomes reduce the financial burden on clients/consumers and their families, enabling them to be healthier and more independent. By helping people take care of themselves and manage existing health conditions, CAHIP uses an employee, client and consumer-oriented approach that supports the Triple Aim (better health, better care, lower costs).

OHA/DHS Workforce

OHA and DHS employees are generally healthier than most Oregonians, with the exception that they have a four percent higher obesity prevalence than other State agency employees as well as the general population.¹ Yet, PEBB employees without a college degree have a six percent higher tobacco use prevalence and a fifteen percent higher obesity rate compared to those who are college graduates.² To address this inequity, CAHIP is committed to creating supportive environments where State employees are empowered to participate in worksite wellness activities and model good health with the clients and consumers they serve.

OHA/DHS Clients and Consumers

A growing number of Oregonians receive health care, mental health/addictions, food stamps, financial assistance, job training and other services from OHA and DHS. People with fewer resources, communities of color, people with mental illness/substance use conditions and/or people with disabilities are overrepresented in the OHA/DHS client population and experience significantly worse health outcomes than most Oregonians.

- Compared to White non-Latino Oregonians, American Indians and Alaska Natives have a fourteen percent higher tobacco use and obesity prevalence; African Americans have a twelve percent higher tobacco use prevalence and an eight percent increased obesity prevalence; Latinos have an eight percent higher obesity prevalence; and Asian and Pacific Islanders may experience a lower prevalence of tobacco use and obesity.³
- Oregonians with disabilities have a twenty-one percent higher smoking prevalence and a thirteen percent higher obesity rate compared to people without disabilities.⁴

Improving the health of all OHA/DHS employees reflects good stewardship of public dollars by reducing employee health care costs and absenteeism, increasing employee retention, morale and ensuring the delivery of high-quality services. The CAHIP steering committee will vet, champion, support and inform potential OHA/DHS wellness policies to be considered by the Joint Policy Steering Committee and will provide support for the successful implementation of wellness initiatives impacting the health of OHA/DHS employees.

Short Term Objectives

By June 30, 2015 the following OHA/DHS organizational units will implement culturally and linguistically appropriate workplans related to improving employee health:

- OHA/DHS HR & Shared Services: Pilot the draft Employee Wellness Program Policy in two office sites.
- OHA/PHD: Revise Healthy Meetings Guidelines to include provisions for ensuring lactation accommodation at PHD-sponsored meetings.
- DHS Developmental Disabilities: Improve access to culturally and linguistically appropriate tobacco cessation services as well as physical activity and healthy eating with staff in children's DD residential group homes.
- DHS Office for Licensing and Regulatory Oversight: Improve access to culturally and linguistically appropriate tobacco cessation resources for staff in licensed care settings.

Intermediate Term Objectives

By June 30, 2017:

- Propose at least two policies to improve employee health to the Joint Policy Steering Committee.
- Support the increased promotion of the Employee Assistance Program (EAP) and explore standards around ensuring that EAP services are culturally and linguistically appropriate.
- Explore PEBB/OEBB coverage of traditional health workers so that state employees have access to culturally and linguistically appropriate health professionals.

Long Term Objectives

By June 30, 2019:

- Reduce tobacco use prevalence among OHA/DHS employees by five percent.
- Reduce obesity among OHA/DHS employees.
- Increase OHA/DHS employee participation in the Employee Assistance Program and self management programs that include but not limited to the Oregon Tobacco Quit Line; Living Well with Chronic Conditions; Tomando Control de Su Salud; Better Choices, Better Health; Walk with Ease; and the Diabetes Prevention Program.

OHA/DHS Clients and Consumers

In 2013, OHA and DHS served almost 1,400,000 people. These Oregonians bear a disproportionate burden of chronic disease. This health inequity corresponds with many factors prevalent among those served by OHA and DHS including lower incomes, lower educational attainment, communities of color, people with disabilities, and people with mental health or substance use conditions. CAHIP recognizes that by having sufficient food, stable housing, access to quality health care and educational opportunities to find jobs, OHA/DHS clients and consumers will be empowered to successfully manage stress, live tobacco free, make healthy eating choices and be physically active. Due to the number of clients and consumers and the inequity of health outcomes, CAHIP is poised to have a large statewide impact.

Short Term Objectives

By June 30, 2015 the following OHA/DHS organizational units will implement culturally and linguistically appropriate workplans related to improving client and consumer health:

- OHA Addictions and Mental Health: at AMH residential facilities, implement Tobacco Freedom policy and refer all residents who want to quit to evidence-based tobacco cessation resources.
- OHA Medical Assistance Programs: Assess CCO benefits and culturally appropriate practices related to tobacco cessation, improving nutrition and increasing physical activity among CCO members.
- OHA Public Health Division: Improve access to culturally and linguistically appropriate tobacco cessation services at client point of service offices, kiosks, and centers.

CAHIP Steering Committee members will:

- Ensure that the CAHIP workplan is culturally appropriate, addresses health inequities and evidence-based.
- Champion the development and implementation of the workplan.
- Vet and provide input on possible OHA or DHS policies to be considered by the Joint Policy Steering Committee.
- Create workgroups in their organizational units to identify specific targets for policy and procedural change.
- Approve use of staff time and other the resources necessary for workgroup projects within their organizational units.
- Work with other steering committee members to develop an overall CAHIP workplan that is evidence-based and consistent with CAHIP goals.
- Be designated by the director or equivalent and given authority to speak on behalf of their organizational unit.
- Have access to their organizational unit's leadership to accurately represent their agency's point of view and to solve CAHIP workgroup issues within their unit.
- Have the authority within their organizational unit to commit the unit to CAHIP workplan activities.
- Actively collaborate with venues such as the OHA Transformation Center to identify opportunities for partnership and collaboration with CCOs around identifying interventions and maximizing impact.

OHA Public Health Division will:

- Staff the Steering Committee.
- Provide support and assistance to each organizational unit and the Steering Committee about evidence-based interventions to address CAHIP goals.
- Provide updates to the Joint Policy Steering Committee twice each year or as requested.
- Collaborate with steering committee members to draft workplans.

Deliverables

Policy and procedural changes implemented within each OHA/DHS organizational unit to:

- Reduce tobacco use and exposure to secondhand smoke among employees, clients and consumers.
- Improve nutrition and increase physical activity among employees, clients and consumers.

Relationship to Other Governance Groups

CAHIP staff and/or steering committee members provide updates to the Joint Policy Steering Committee twice each year or as requested.

Meeting Schedule and Meeting Support

The CAHIP Steering Committee meets on a quarterly basis. Meeting materials are distributed via email before and between meetings and hard copies are available at each meeting. CAHIP staff provide the meeting support.

Charter Review & Modification

The CAHIP Charter will be reviewed and modified annually.

Signatures

Project Sponsor(s):

DHS/OHA Joint Policy Committee Chairs
OHA Public Health Director, Lillian Shirley, BSN, MPH, MPA

Lillian Shirley
Kirsten Aird

Project Lead:

Chronic Disease Programs Manager, Kirsten Aird, MPH

Approved: --/--/---

Revised: --/--/---