ALL IN FOR HEALTH: JACKSON & JOSEPHINE COUNTIES

Organizational Objective Submission Form – Instructions



This form may be found on the *All in for Health* website: https://jeffersonregionalhealthalliance.org/chip-workgroups/

Guidance on developing organizational objectives, process measures, and action steps can be found in the *All in for Health* Handbook, which is also available on the website. Once complete, please submit this form electronically as an e-mail attachment to Andrea Krause (KrauseAK@jacksoncounty.org).

Enter the name of the organization(s) that are submitting the objective. CHIP Priority Area: Behavioral Health Housing Parenting & Life Skills Check the appropriate box to indicate which CHIP priority the objective falls under Note: Everything in this line of the form should be pulled directly from the CHIP document. Organizational Objective: Enter your objective, determined by your individual organization (or partnership) here. It should align with the goal and strategy you selected above. Objective Process Measure: Enter the process measure for your objective here. It should quantify the achievement of your objective. Process Measure Target: Enter the numerical target for your objective process measure here. If you do not have a target, enter "N/A." Action Steps When Action Step Process Measure Enter action steps for achieving your objective here. Add additional lines as needed by right clicking and selecting "Insert row below". Number any additional lines. Note timeframes for action steps in the "When" column. Note any process measures in the "Action Step Process Measure" column. If an action step does not have a process measure, enter "N/A."	Organization(s):						
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Are data for all measures readily available or easily obtainable? ☐ Yes ☐ No							
Answer the question by checking the appropriate box.							

If the answer is "no", include an explanation in Notes/Comments section below and outline a proposed process for getting to "yes"						
Primary Contact/Person Responsible for Reporting	Alternate Contact					
Enter the contact information for the person responsible for reporting progress on this objective. This person will serve as the primary contact on the objective	Enter information for an alternative contact person here					
Notes/Comments:						
Enter any notes or comments regarding your organizational objective, process measures, and action steps here. Use this space to add any additional information or background that may be needed to understand your submission.						
Has leadership from your organization reviewed and approved this proposal? ☐ Yes ☐ No						
Answer the question by checking the appropriate box.						

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Organizational Objective Submission Form – Example



Organization(s):							
Oregon State University (OSU) Extension Service							
CHIP Priority Area:	CHIP Goal:			CHIP Strategy:			
☐ Behavioral Health	Families have ample healthy		ple healthy	Increase access to healthy foods			
☐ Housing	and affordable food		od	for children and families			
☑ Parenting & Life Skills							
Organizational Objective:							
By June 1, 2021 OSU Family + Com	munit	y Health fac	ulty and staff w	ill work with community partners			
to initiate 5 new community gardens in Jackson and Josephine Counties							
Objective Process Measure:				Process Measure Target:			
Number of new community garder	ns			5			
A .:		3.4.0		A .: 6: B			
Action Steps	·	When		Action Step Process Measure			
1.Identify potential partners and sites for new community gardens		January – August 2020		Number of potential sites for new gardens			
Create concrete plans for garden		August 202	0 – March	Number of sites with concrete			
development		2021		plans for planting by June 2021			
3. Engage community in garden		Ongoing		% new gardens run by community			
development				members			
				% occupancy of new community			
				gardens			
5. Initiate first growing season		March 2021 – May 2021		Number of gardens with occupied plots			
				piots			
Are data for all measures readily available or easily obtainable? ⊠ Yes □ No							
If "no", please explain in Notes/Comments	section	below and out	line a proposed pro	ocess for getting to "yes"			
Primary Contact/Person Responsible for Reporting			Alternate Contact				
Name: Sally Strawberry			Name: Joe Tomato				
Title: Assistant Professor of Practice			Title: Administrative Assistant				
Organization: OSU Extension		Organization: OSU Extension					
E-mail: Sally.Strawberry@osu.ext.e		E-mail: Joe.Tomato@osu.ext.edu					
Phone: 541-555-5555 ext 123			Phone: 541-555-5555 ext 456				
Notes/Comments:							
The definition that we will use for "community member" in the process measure for action step 3 is a							
person who both (1) lives in the target area for the garden and (2) is not employed by any organization							
involved in initiating the garden.							
Has leadership from your organization reviewed and approved this proposal? $\ oxin Yes \ oxin No$							