ALL IN FOR HEALTH:
JACKSON & JOSEPHINE COUNTIES
HANDBOOK

A GUIDE FOR PARTICIPANTS

NOVEMBER 2019 (REV. 2/12/2020)

ALL IN FOR HEALTH
JACKSON & JOSEPHINE COUNTIES

Dear Community Member,

Thank you for your interest in *All in for Health: Jackson and Josephine Counties* and the 2019-2022 Community Health Improvement Plan (CHIP).

All in for Health is a community-wide initiative involving the engagement and expertise of organizations and individuals from multiple sectors across our two-county region. As a community, we recognize the circumstances in which people are born, live, learn, work and age directly shape their health and well-being, and that no single organization or sector can improve the health of the community alone. The 2019-2022 CHIP provides the framework for mobilizing community action through partnerships to improve the health of all people in Jackson and Josephine Counties, particularly our most vulnerable. We encourage you to join in as we implement the plan and begin to take action.

All in for Health focuses on three areas of need identified and prioritized by our community:

- Behavioral Health & Well-Being (mental health and substance use)
- Housing for All (safe, affordable, appropriate housing)
- Families Matter (parenting support and life skills)

To address these needs, we are committed to:

- pursuing the priorities, goals and strategies described in this plan
- sharing our work and learning from each other to inform collective action
- aligning plans and programs of our organizations with these priorities and goals
- facilitating partnerships and leveraging resources to achieve these goals
- continuing to build a health system that supports these priorities and meets the needs of our communities

Implementing this plan will involve partnerships among health care providers, local governments, educators, community-based and non-profit organizations, and community members. This handbook provides guidance and information on how you and/or your organization can join our collaborative efforts to create a healthier community. We welcome contributions and participation from individuals and organizations throughout the region, because "A healthy community is everyone's business."

Yours in health,

All in for Health Steering Committee

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About All in for Health

All in for Health: Jackson & Josephine Counties is a regional cross-sector initiative working collaboratively to develop and implement a Community Health Improvement Plan (CHIP). It began in 2016 when leadership from Jefferson Regional Health Alliance decided to explore a collaborative approach to conducting a regional health needs assessment. A regional Community Health Assessment (CHA) steering committee worked to build partnerships and design a regional collaborative process to look at community-wide issues impacting health. In December 2018, the project's first two-county CHA was completed. The group elected to build on the success of this effort by embarking on a collaborative health improvement plan and adopted the name *All in for Health: Jackson & Josephine Counties*.
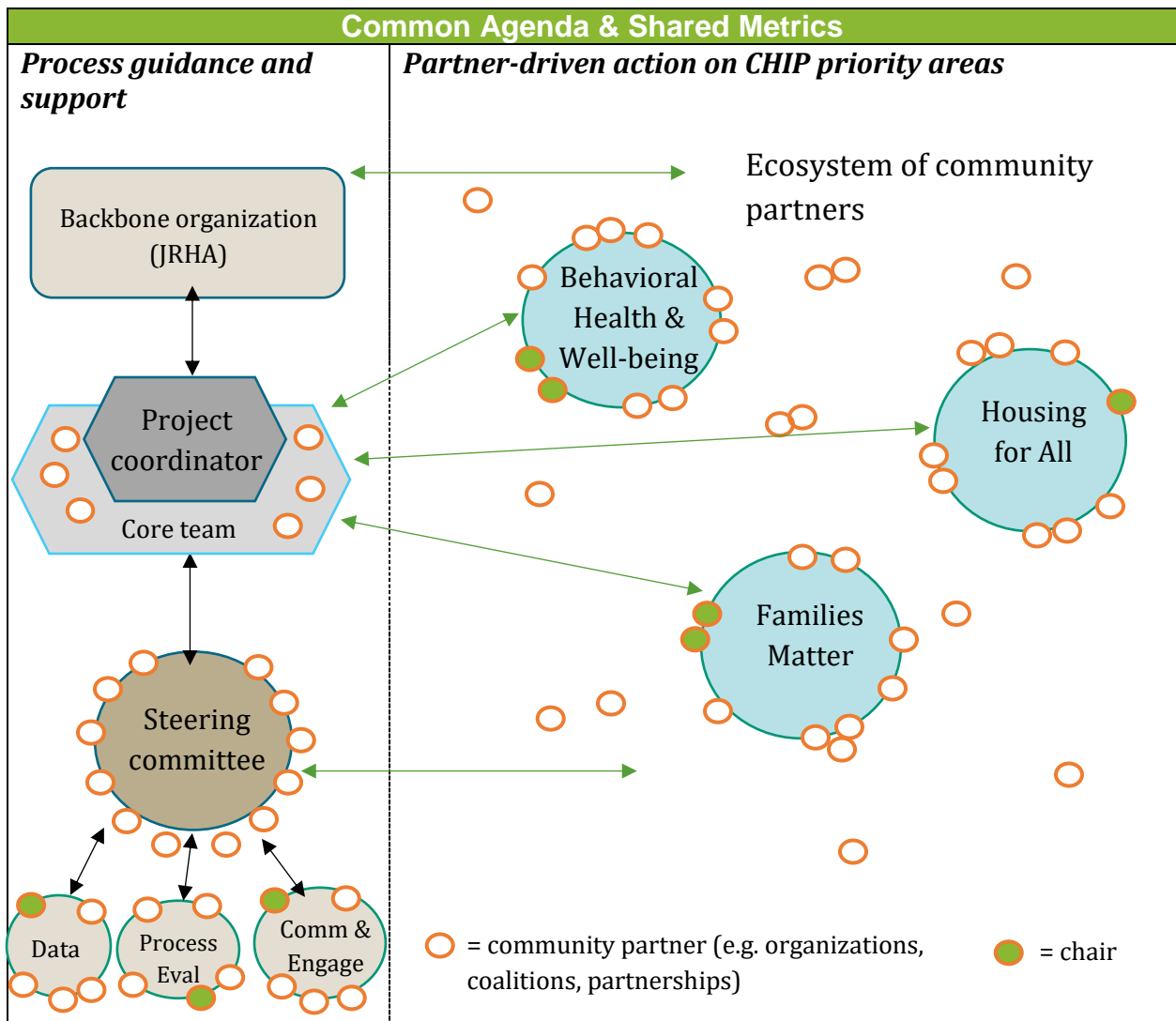
To ensure sustained implementation efforts, *All in for Health: Jackson and Josephine Counties* utilizes the following organizational structure:

- A **Project Coordinator** directly oversees and coordinates all business and activities for the initiative.

- A **Core Team**, including the All in for Health project coordinator, handle the day-to-day planning, coordination, and facilitation for the process, and serve as liaisons providing technical assistance to the various workgroups and partnership teams.

- A **Steering Committee**, comprised of representatives from regional health system partner organizations, provides process guidance and support.

- **Jefferson Regional Health Alliance (JRHA)**, a non-profit, multi-sector leadership collaborative focused on improving the health and health care resources of communities in Jackson and Josephine Counties, provides backbone support and oversight to the initiative.

- **Workgroups**, comprised of stakeholders from a broad number of community organizations, serve as centers of learning, collaborative decision-making, and action focused on collaborative implementation of the CHIP strategies. There are three workgroups, each centered on a different CHIP priority area. These workgroups are large and open to any person or organization interested and invested in work within these areas:
  - Behavioral Health and Well-Being (mental health & substance use)
  - Housing for All (safe, affordable, & appropriate housing)
  - Families Matter (parenting support & life skills)

- **Partnership Teams** also serve as centers of collaborative decision-making but are centered around partnership functions. These groups are smaller and primarily limited to individuals associated with steering committee organizations:
  - Data
  - Process Evaluation
  - Communications and Community Engagement

A more detailed description of roles and responsibilities within the partnership can be found on page 6. Names and contact information for core team members and workgroup chairs are listed on page 20. For a full list of steering committee members, please visit the All in for Health webpage (https://jeffersonregionalhealthalliance.org/chip/).

The following is a graphic depiction of the All in for Health structure:

Adapted from Community Toolbox, Chapter 2, Section 5 Collective Impact. https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/collective-impact/main

Vision and Values

Our vision describes the ultimate aspirational result that we are collectively working toward.

_____

Our communities are healthy, inclusive, engaged, and empowered. Everyone lives in an environment that supports health and has access to the resources they need for well-being.

_____

Our values describe the core principles that guide us along the way.

Equity. Committing to tackling root causes of inequity to ensure health and well-being are within everyone's reach.

Inclusive community voice. Engaging diverse populations and perspectives to keep community voice central throughout our process.

Collaboration. Working together respectfully to seek common ground and build meaningful partnerships for the benefit of the community.

Accountability. Meeting responsibilities to partners and the community by acting with transparency and integrity.

Communication. Communicating openly, honestly, and respectfully with partners and the public.

Roles & Responsibilities

Everyone participating in *All in for Health* has a role in ensuring its success. Specific responsibilities associated with different partnership roles are listed below. If you have any questions about your responsibilities, please reach out to any member of the core team (see contact information on p. 20).

All Participants
- Promote and champion the effort within organizations and the community
- Uphold the *All in for Health* values (see p. 5) throughout the process

Backbone organization (JRHA)
- Hold ultimate responsibility for CHIP process/partnership success
- Hire/assign project coordinator
- Provide oversight for project coordinator and steering committee
- Secure needed financing and resources

Project Coordinator
- Coordinate plan/partnership activities (handle day-to-day work)
- Serve as the primary point of contact for the initiative
- Convene, support, and provide oversight for the core team and steering committee
- Report to the backbone organization on plan/partnership activities and needs
- Ensure follow-up on individual and organizational commitments & responsibilities

Core Team
- Assist project coordinator in planning, facilitating, and guiding initiative activities
- Serve as subject matter experts on CHIP process
- Provide oversight, technical assistance, and support for workgroups and teams

Leadership at partner organizations
- Designate and authorize steering committee representatives and other process participants
- Maintain two-way communication with organization's steering committee representative
- Provide information on organizational activities and outcomes that align with the CHIP goals and strategies
- Offer in-kind support where possible (i.e. meeting space, communications support, graphic design, printing)

Steering Committee members

- Serve as the CHIP representative for a partner organization – voice organizational needs and ensure two-way communication between partner organization and the initiative
- Participate in steering committee meetings and activities
- Monitor CHIP progress and oversee development of CHIP documents and reports
- Provide feedback to project coordinator and core team on CHIP process
- Assist with specific tasks associated with the CHIP as needed by project coordinator and core team

Workgroup and Partnership Team chairs

- Set schedules, create agendas, and lead workgroup/team meetings
- Facilitate and oversee the parts of the CHIP process assigned to workgroups/teams
- Identify and recruit workgroup/team participants
- Report workgroup progress and needs to the core team and steering committee
- Ensure meeting minutes are taken and shared with the project coordinator
- Maintain communication between workgroup/partnership team members

Workgroup members

- Organizations
    - Contribute organizational objectives to priority area action plan
    - Report on organizational activities and objective progress according to established timelines
- Individuals
    - Participate in workgroup meetings and activities
    - Assist with specific tasks as needed by workgroup chair
    - Help identify additional community initiatives or individuals working towards the same goals/strategies and create connections
    - Identify opportunities for collaboration with other individuals/ organizations
    - Actively learn about the evidence-base for workgroup topic of focus
    - Ensure two-way communication between home organization, its leadership, and the initiative

Partnership Team members

- Participate in team meetings and activities
- Assist with specific tasks as needed by team chair
- Ensure two-way communication between home organization, its leadership, and the initiative

What is a Community Health Improvement Plan (CHIP)?

Improving community health is not something that any one agency or organization can accomplish. It involves planning and collective action to generate solutions to community problems.

A Community Health Improvement Plan (CHIP) is a community-based blueprint for improving population health and public health system performance. It lays out a long-term, strategic effort to address health-related issues in the community. It looks beyond individual organizations' priorities and actions, and instead outlines ways *multiple* organizations will contribute to addressing the community's priorities to improve the community's overall health and well-being.

The CHIP is developed after the Community Health Assessment (CHA) and is based on the CHA results. The CHA provides data and information to identify community health issues which are then prioritized by the community. The CHIP is used to describe how community stakeholders will address the health priorities identified through the CHA.

The MAPP process, which our partnership has selected to use (see p. 9), specifies that the CHA and CHIP be developed as community-based documents to be used by all the stakeholders involved in the process. The regional collaborative CHIP does not in any way prevent a participating organization from also working on other community health priorities. It is recommended that each organization involved in the CHIP should develop an organization-specific plan (such as a strategic plan, organization-specific CHIP, or work plan) to address the CHIP actions which the organization elects to engage in as well as other priorities and strategies specific to that organization.

CHA	CHIP	Organizational Plans
Collaborative community document	Collaborative community document	Multiple individual documents

What is Mobilizing for Action through Planning and Partnerships (MAPP)?

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. It provides a framework for convening partners, prioritizing health issues, identifying resources to address them, and taking action to improve community health.

We selected MAPP as our model in completing this collaborative assessment and improvement planning work because:

- It is a national gold-standard process for developing community health assessments and community health improvement plans
- It is a flexible framework that can be tailored by communities to fit their needs
- There are many free and low-cost resources available to support us in the use of this model
- MAPP specifically focuses on the local population health system, providing guidance and structure for shifting from agency-focused plans to a community/system-focused plan
- It provides the structure to help move us beyond simply a shared assessment process to a shared improvement plan
- Multiple agencies within the collaboration have some familiarity with the model as they have implemented modified-MAPP processes in the past

The six MAPP phases are:
1. **Organize for Success/Partnership Development**. Community members and agencies form a partnership.
2. **Visioning**. The partnership creates a common understanding of what it would like to achieve.
3. **The 4 MAPP Assessments**. Qualitative and quantitative data are gathered to provide a comprehensive picture of health in the community.
4. **Identify Strategic Issues**. Data are analyzed to uncover priorities that need to be addressed in order for the community to achieve its vision.
5. **Formulate Goals and Strategies**. The community identifies goals it wants to achieve and strategies it wants to implement related to strategic issues.
6. **Action Cycle.** The community implements and evaluates action plans to meet goals, address strategic issues, and achieve the community's vision.

We have completed phases 1 – 5, producing both a CHA and a CHIP. This document provides information you will need to engage in the process as we undertake phase 6: The Action Cycle.

The MAPP process is depicted below in the form of a roadmap. Although this graphic shows a linear process, MAPP is actually cyclical in nature. We plan to repeat the process on a three-year iterative cycle.
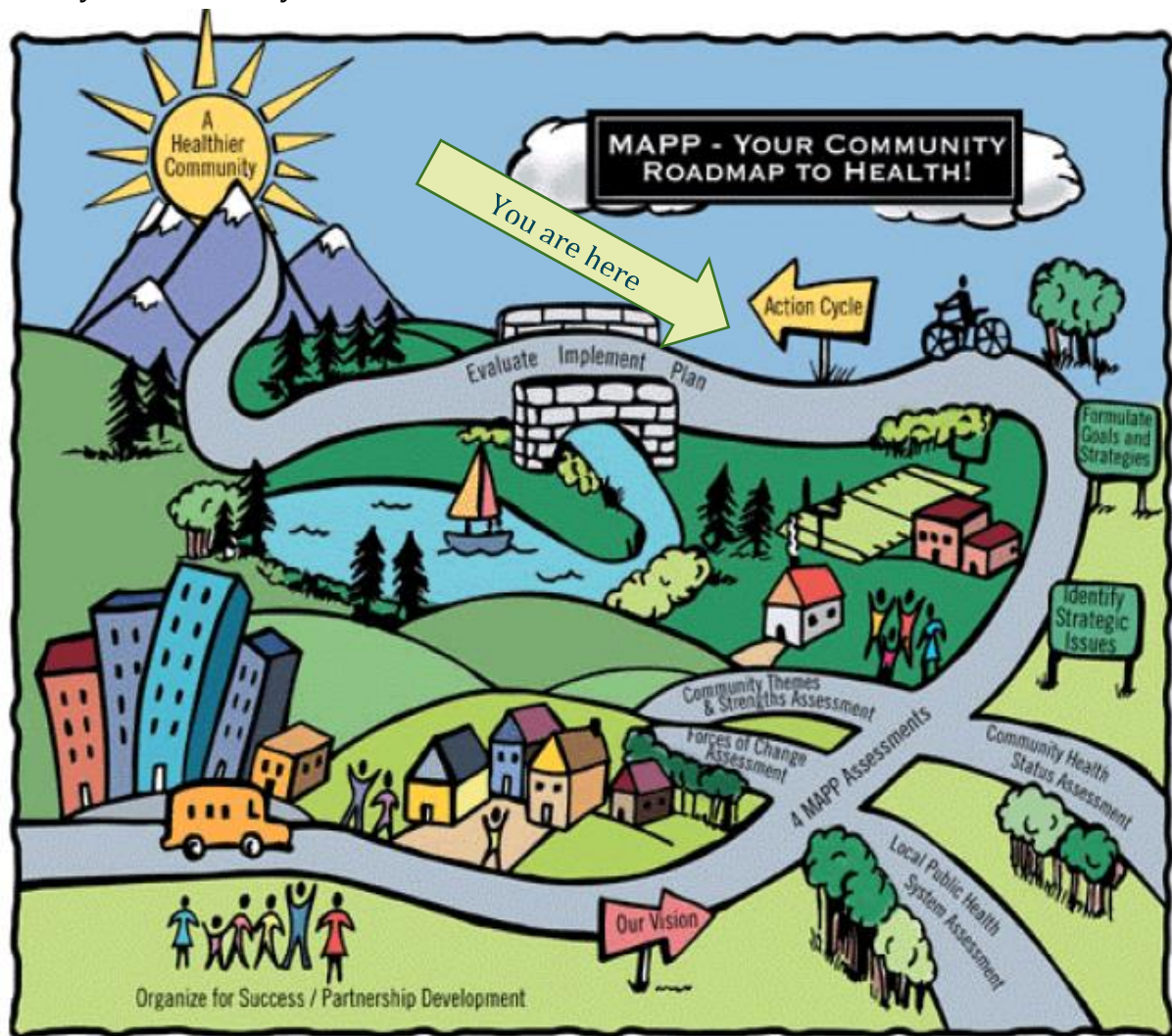
CHIP Terminology

Terms are often used differently in different settings and contexts, especially when it comes to strategic planning and performance management. It is important to the success of our collective work that we all use a common language.

Below are the terms and definitions that we are using in our CHIP process, along with examples of each.

Determined Collaboratively

Priority areas are broad, health-related areas for CHIP work identified through the prioritization process which was informed by CHA data.

Population outcome measures are indicators which help to quantify health improvement progress within each priority area.

Goals are long-range statements of desired community health or wellbeing outcomes. Each priority area should have one or more goals.

Strategies are general approaches that will be utilized to achieve a goal. Each goal should have one or more strategies.

Determined Individually

Organizational objectives are short to intermediate outcome statements of desired organizational or collaborative activities. They should be Specific, Measurable, Achievable, Relevant, and Time-oriented (SMART).
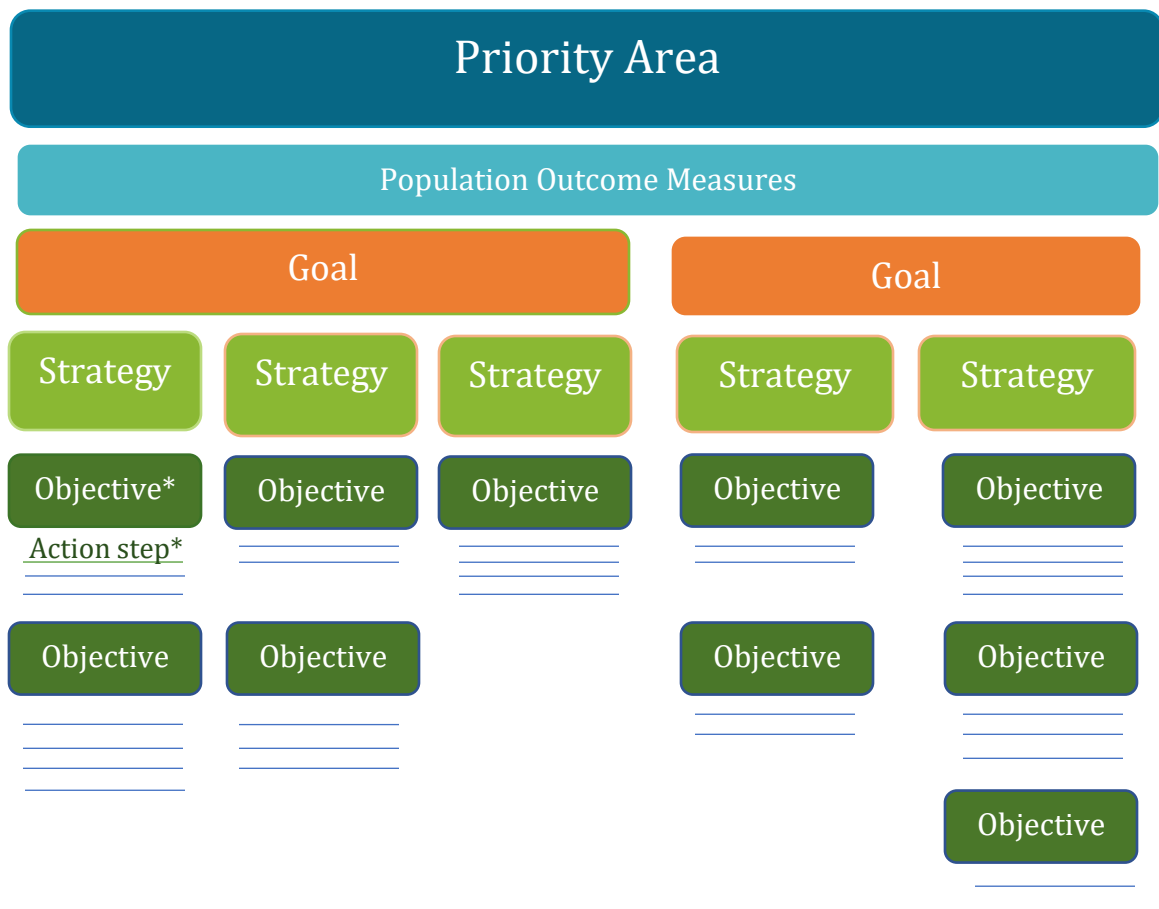
Action steps are activities that need to be completed to accomplish an organizational objective. They have specific timelines and assigned responsibility.

Process measures are indicators that help to quantify the achievement of an action step or organizational objective.

> ***Please Note:*** *The examples below do not reflect goals or strategies from the 2019-2022 CHIP, but are meant to illustrate the CHIP terminology using topics from outside the current plan.*

	Example 1	Example 2
Priority area	Maternal and Child Health	Chronic Disease Risk Factors
Goal	Ensure healthy pregnancies and births	Decrease rates of obesity in the region
Population outcome measure	% preterm births % low birth weight births Infant and maternal mortality rates	Age-adjusted percent adults reported obese Percent 11th grade students reported to be obese
Strategy	Screen women of reproductive age for pregnancy intention and connect to appropriate care at every opportunity	Implement healthy vending policies in regional schools and workplaces
Organizational objective	By December 31, 2020, organization X will implement One Key Question with female clients at all visit types.	By January 31, 2021, collaborative Z will have distributed model vending policies and policy impact statements to 25 organizations in County A.
Action step	Develop an organizational policy and procedure for implementing One Key Question Train staff on implementing One Key Question Pilot implementation of One Key Question during routine appointments	Research model policies Contact worksite HR directors and/or other leadership to set up meetings Make presentations to organizational leaders and distribute model vending policies and policy impact statements
Process measure	(Objective) % female client visits where One Key Question is implemented (Action step) % staff trained on implementing One Key Question	(Objective) Number of organizations receiving model vending policies and policy impact statements (Objective) Number of worksites in adopting a new healthy workplace policy (Action step) Number of presentations to local organizations about the benefits of healthy vending policies

This figure illustrates how the parts of the CHIP fit together

Priority Area				
Population Outcome Measures				
Goal			Goal	
Strategy	Strategy	Strategy	Strategy	Strategy
Objective*	Objective	Objective	Objective	Objective
Action step*				
Objective	Objective		Objective	Objective
				Objective

*Organizational objectives have associated process measures; action steps may have associated process measures.

Submitting Organizational Objectives, Action Steps, and Process Measures

CHIP priority areas, goals, population outcome measures, and strategies are laid out in the *All in for Health* 2019-2022 CHIP document. The next step is to build and implement an action plan. This will involve the development of organizational objectives, action steps, and process measures.

While the *All in for Health* workgroups and core team will be providing support and technical assistance throughout the process, the work of developing organizational objectives, action steps, and process measures belongs to individual participant organizations. The steps for developing and submitting these items are outlined below.

The core team is available to provide technical assistance for your organization as you conduct this process. Please contact the project coordinator if you would like to arrange for assistance (see contact information on p. 20)

Step 1: Identify CHIP Areas of Work

The first step is to identify the CHIP goals and strategies that your organization will work and report on. Start by reading the 2019-2022 CHIP document to gain a full understanding of the collaborative goals and strategies. The CHIP document can be found online at: https://jeffersonregionalhealthalliance.org/allinforhealth/chipreport/

The intent in this first CHIP Action Cycle is to build on existing work. Utilize the *All in for Health* Areas of Work Selection Tool to identify strategies that your organization is already applying. This tool will guide you through each of the CHIP strategies and have you characterize your current use of the strategy and identify specific activities that align with the strategy. An excerpt from this tool is available in Appendix A (p. 22). Depending on your organizational size and your position within your organization, you may want to convene a group, inclusive of organizational leadership, to complete the tool. If multiple people from your organization are participating in *All in for Health*, be sure to communicate and coordinate this work with them.

The Areas of Work Selection Tool is available from the *All in for Health* webpage. It may be completed electronically or printed and completed manually.

Once you have completed your tool, review your answers. Strategies that you identified as taking a lead role in applying are the CHIP strategies for which you will consider developing organizational objectives.

Step 2: Set Organizational Objectives

Now that you have identified which CHIP strategies your organization works on, the next step is to set organizational objectives for those strategies. An objective is a short to intermediate statement of desired outcomes. It describes what activities your organization or collaborative intends to accomplish.

Because the focus at this time is on established or already-planned work, your organization may already have established objectives for this work. They may be formally recorded in a strategic plan or program work plan or they may exist as informal targets held by staff doing the work. Conduct a scan of organizational plans to identify existing objectives. If you cannot identify any existing objectives, conduct internal discussions to identify what your organization would like to accomplish related to each strategy in the next one to three years, then use that information to construct objectives.

Examples of organizational objectives can be found on p. 12.

Strong objectives are SMART:

- **S**pecific – specify what will be accomplished and by who; relate to a single result
- **M**easurable – express an outcome which can be measured
- **A**chievable – set targets that are attainable with current capacity and constraints
- **R**elevant – align with the associated goal and strategy
- **T**ime-Bound – establish a timeframe for achieving the objective

The following resources may be helpful in constructing your objectives or in helping make your existing objectives SMART-er:

- SMART Objectives, Minnesota Department of Health: https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/objectives.html
- Writing SMART Objectives, Centers for Disease Control and Prevention: https://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf

Step 3: Determine Action Steps

Once objectives have been identified, it is time to outline the action steps you will take to achieve the objective. Action steps specify what you will do and when you will do it. They ensure that you have a concrete plan for meeting your objective and clarify specific milestones to document progress along the way.

As with organizational objectives, depending on your organizational practices, action steps may already be specified in existing plans. If not, you will need to develop them.

For the purposes of *All in for Health*, you will only need to identify:

- **Action Steps**: These list exactly WHAT needs to be done, step by step, to accomplish the objective. The action steps should be detailed, specific, and arranged in chronological order. Examples of action steps can be found on p. 12.

- **Timeframe**: Each action step should have a planned timeline of WHEN it should be done. This might be a specific week or month.

For the purposes of your own organizational planning, it may be helpful to also identify the following for each action step:

- **Responsible**: Each action step should be delegated to a specific person or group within the organization or collaborative. Identifying the responsible person(s) in the plan makes it clear WHO is accountable for implementation.

- **Expected Outcome**: This states how you will know that the action step has been completed. It tells what the result (new reality) will be at the end. Thinking about this will help in identifying possible process measures for monitoring and evaluating progress towards meeting the objective.

- **Resources Needed**: This is the place to indicate what is needed to support the action steps. Be specific. Required resources may be *physical* items, *time* needs, *financial* costs, or *informational* needs.

Step 4: Select Process Measures

Process measures are indicators that help quantify the achievement of an action step or organizational objective. These measures help us monitor whether we are on track to accomplish what we intended. They also help us communicate about what we are doing.

Review your objectives and develop at least one measure for each objective. If you have truly made your objectives SMART, then the measure is likely self-evident within the objective. For example, if your objective were "By January 31, 2021, collaborative Z will have distributed model vending policies and policy impact statements to 25 organizations in County A," then your objective-level process measure would be number of organizations within County A which have received a model vending policy and policy impact statement. The target, or numeric "goal," for the measure is 25.

For other objectives, the measure may be less self-evident or the obvious measure may require data that is not readily available. In these cases, identifying a measure may require more thought. It is VERY IMPORTANT that all measures are based on data that you can easily obtain – the point is to focus on the work and not developing elaborate systems for quantifying it. For example, if your objective were "By December 31, 2020, organization X will implement One Key Question with female clients at all visit types," the obvious measure would be the percent of female client visits where One Key Question was implemented with an implicit target of 100%. Depending on organization X's record-keeping systems, this is something they may or may not be able to easily ascertain. Possible alternative measures could include:
- Percent or number of service areas implementing One Key Question
- Percent or number of staff members implementing One Key Question

In some cases, it is desirable to list more than one objective-level process measure. You may want to consider adding an additional measure if it helps to illustrate the impact of the work done to achieve your objective. Taking the model vending policy example on p. 13, an additional possible measure could be the number of organizations adopting a model vending policy. This goes a step beyond the objective, which was wisely limited to outcomes within collaborative Z's control, but reflects the ultimate outcome that is desired from the distribution of model policies.

Once you have established measures for your objectives, review your action steps to determine whether to develop process measures for each step. While each objective must have at least one measure, process measures are not necessary or desirable for all action steps. For some action steps, however, process measures may be extremely useful for monitoring progress and communicating the magnitude of your efforts to the community. Whether or not you develop a process measure for a given action step will depend on several factors including how quantifiable the output from that action is, how readily

accessible data are, and the anticipated duration of the activity relative to initiative reporting timeframes.

Consider the following example action steps (from p. 13):

- *Contact worksite HR directors and/or other leadership to set up meetings* – this action step is clearly quantifiable and a measure in this case is a good way to track the amount of progress toward the objective. Potential measures could be the number of organizations contacted and/or number of meetings scheduled.

- *Research model policies* – this action is probably best left without a measure. It can be reported as simply complete or incomplete.

- *Develop an organizational policy and procedure for implementing One Key Question* – while this action is quantifiable (number of policies and procedures), given that the target would be 1, it may not be necessary to have a measure. This action step could simply be reported as complete or incomplete.

- *Train staff on implementing One Key Question* – this action step would benefit from the development of a process measure. Potential measures could be number and/or percent of staff trained.

Step 5: Submit Objectives, Action Steps, and Measures

Once organizational objectives, action steps, and process measures have all been determined, complete an *All in for Health* Organizational Objective Submission Form for each objective.

The form, along with instructions and an example, is available on the All in for Health webpage.

Instructions and an example of a completed form are also available in Appendix B of this handbook.

Submit your form(s) electronically as an e-mail attachment sent to: Andrea Krause, CHIP Monitoring lead (see contact information on p. 20). Once your submission has been reviewed for completeness, it will be added to the *All in for Health* 2019-2022 CHIP Action Plan.

What's Next

Once an initial action plan is finalized, quarterly monitoring will begin. *All in for Health* core team members, in coordination with workgroup co-chairs, will contact the persons your organization listed as responsible for reporting with specific instructions on how to report on objective and action step progress. Written reports will be compiled on an annual basis to share with the community. Intermediate progress will be shared with workgroups who will evaluate the overall success of CHIP strategies within their priority areas.

Moving forward, CHIP workgroups will be using the action plan and CHIP Areas of Work Tool results to identify gaps in strategy application and areas of effort duplication. They will work to facilitate collaborative action to address existing gaps and strengthen alignment and coordination between organizations doing similar work.

Record Keeping

It is important to keep records of all committee, workgroup, and partnership team activities. At each meeting, someone will be asked to take meeting minutes. Please use the *All in for Health* meeting minute template which can be found on the website or provided by your co-chair. Instructions for the template and meeting minutes example can be found in Appendix C of this handbook. Completed meeting minutes should be submitted to your chair/co-chairs for review. Chairs will pass finalized meeting minutes on to the project coordinator for records storage and posting to the website.

Staying Up to Date

As a participant in *All in for Health*, it is important for you to stay up-to-date with what is happening with the initiative. Please make sure that your chair(s) have your current contact information and keep them up-to-date with any changes in representation for your organization. Meeting minutes and materials will be posted to workgroup-specific webpages which can be linked to off of the main *All in for Health* information page: https://jeffersonregionalhealthalliance.org/chip-workgroups-2/. If you miss a meeting, please review materials available on the website and contact your chair(s) if you have any questions.

Contact Information

Have question or concerns about the process? Contact your work group co-chairs or your *All in for Health* core team!

Core Team

Angela Warren
Project Coordinator, Process Evaluation Team chair
angela@jeffersonregionalhealthalliance.org
541-292-6466

Ryan Bair
Behavioral Health & Well-Being liaison, Families Matter liaison
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541-500-0979

Andrea Krause
CHIP Monitoring lead, Data Team chair
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541-774-3852

Carrie Prechtel
Communications lead
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541-761-7956

Sarah Small
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541-244-4138

Maria Underwood
Equity lead, Families Matter liaison
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541-512-3152

Caryn Wheeler
Housing for All liaison, CHA Planning lead
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541-690-8377

Paige Crenshaw
Resource & Collaboration Assistant, Americorps RARE
paige@gordonelwoodfoundation.org

Workgroup Chairs

Behavioral Health & Well-Being (mental health & substance use)

Danni Swafford, dannis@addictionsrecovery.org   541-326-4899
Audrey Tiberio, atiberio@co.josephine.or.us   541-474-5338

Familes Matter (parenting support & life skills)

Nancy McKinnis, mckinnisn@careoregon.org   503-416-1475
Autumn Chadbourne, chadboAR@jacksoncounty.org   541-774-8020

Housing for All (safe, affordable, accessible, appropriate)

Sam Engel, sam.engel@allcarehealth.com   541-471-4106
Angela Durant, angela.durant@cityofmedford.org   541-774-2390

Appendices

Appendix A: Excerpt from Areas of Work Selection Tool

Appendix B: Organizational Objective Submission Form Instructions and Example

Appendix C: Meeting Minutes Template Instructions and Example

Appendix A: Excerpt of CHIP Areas of Work Selection Tool

All in for Health: Jackson & Josephine Counties

Instructions and Definitions for the CHIP Areas of Work Selection Tool

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The purpose of the CHIP Areas of Work Selection Tool is to help your organization identify which CHIP strategies you are already applying in your existing work. This is the first step in identifying organizational objectives to add to the *All in for Health* CHIP action plan.

Prior to completing the tool, please make sure that you have read the CHIP document and have an understanding of the CHIP strategies. If you have any questions about strategies listed in the CHIP, please contact the workgroup co-chairs for the relevant priority area.

This tool is designed to be completed on behalf of organizations, not individuals. The idea behind this tool is that it will be completed once for any given organization. Therefore, depending on your organization's size and your position within your organization, you may want to convene a group to complete the tool together. If multiple people from your organization are participating in *All in for Health*, be sure to communicate and coordinate the work with them.

In this tool, you will be asked to characterize your organization's role in the application of different CHIP strategies. Please use the following definitions when answering these questions:

- **Lead**: Takes primary responsibility for implementing a particular strategy. This my include solo efforts with a focus on activities within the scope your organization only or multi-organizational efforts where it is your organization devoting staff time and organizational resources to leading, coordinating, and maintaining a multi-organizational or multi-sector effort with a focus on collaborative activities.
- **Partner/Support**: Partners in a multi-organization effort to address the strategy with another organization acting as the leader or coordinator of the effort. Includes participation on a committee or advisory group, provision of staff time for collaborative activities, financial support, and advocacy support. May include either high or low levels of direct participation and resource commitment.
- **Unsure**: Not certain how to characterize the role my organization plays in implementation of this strategy.

For more details on All in for Health, the CHIP, and other steps in action plan development, please see the *All in for Health: Jackson & Josephine Counties Handbook*.

BEHAVIORAI
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GOAL 1: MITIGATE THE EFFECTS OF TRAUMA

Strategy 1a: Provide education and promote community awareness around the effects of childhood trauma, including education for parents

    i.   Is your organization currently utilizing this strategy? ☐Yes ☐No ☐Unsure

   ii.   If no, skip to the next strategy.

        If yes or unsure, what specific organizational activities fall under this strategy?

   iii.   Given the activities listed above, how would you characterize your organization's current role in application of this strategy? *(select all that apply)*

        ☐Lead   ☐Partner/Support   ☐Unsure

   iv.   If you marked "lead", return to your list of activities and mark with a star any activities for which you would characterize your organization's role as "lead"

Appendix B: Organizational Objective Submission Form

Organizational Objective Submission Form – Instructions

This form can be downloaded at:

https://jeffersonregionalhealthalliance.org/chip-workgroups-2/

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).

Organization(s): **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**	**CHIP Goal:** **Indicate which CHIP goal the objective falls under. The goal should be taken directly from the CHIP document.**	**CHIP Strategy:** **Indicate which CHIP strategy the objective falls under. The strategy should be taken directly from the CHIP document.**
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
1.		
2. **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.**		
3. **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."**		
4.		

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 **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**	Alternate Contact **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.

Organizational Objective Submission Form – Example

Organization(s):
Oregon State University (OSU) Extension Service

CHIP Priority Area: ☐ Behavioral Health ☐ Housing ☒ Parenting & Life Skills	CHIP Goal: Families have ample healthy and affordable food	CHIP Strategy: Increase access to healthy foods for children and families

Organizational Objective:
By June 1, 2021 OSU Family + Community Health faculty and staff will work with community partners to initiate 5 new community gardens in Jackson and Josephine Counties

Objective Process Measure: Number of new community gardens	Process Measure Target: 5

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
2. Create concrete plans for garden development	August 2020 – March 2021	Number of sites with concrete plans for planting by June 2021
3. Engage community in garden development	Ongoing	% new gardens run by community members % occupancy of new community gardens
5. Initiate first growing season	March 2021 – May 2021	Number of gardens with occupied plots

Are data for all measures readily available or easily obtainable?   ☒ Yes   ☐ No
If "no", please explain in Notes/Comments section below and outline a proposed process for getting to "yes"

Primary Contact/Person Responsible for Reporting Name: Sally Strawberry Title: Assistant Professor of Practice Organization: OSU Extension E-mail: Sally.Strawberry@osu.ext.edu Phone: 541-555-5555 ext 123	Alternate Contact Name: Joe Tomato Title: Administrative Assistant Organization: OSU Extension E-mail: Joe.Tomato@osu.ext.edu 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?   ☒ Yes   ☐ No

Appendix C: Meeting Minute Template Instructions and Example

Meeting Name – *enter the name of the meeting here*

Date – *enter the meeting date here*
Time – *enter the meeting time here*
Location – *enter the meeting location here*

Attendees – *enter meeting attendees below in the appropriate box/classification. Be sure to list full name and organizational affiliation of each attendee. If no guests are in attendance, enter "none" in that box*	
Facilitator	
Note taker	
Workgroup members	
Guests	

Minutes

Agenda item – *enter the name of the agenda item here*
Discussion summary: *Summarize the discussion associated with the agenda item here. It is not necessary to record word-for-word what was said by whom. The point is to capture the essence of the conversation such that someone who was not at the meeting would be able to have a general idea of the content. Note key points, topics, and questions. Mention of specific individuals is generally not necessary unless that person is making a presentation or leading discussion as part of the agenda item. Note any documents reviewed, etc. by the group during the discussion. If any acronyms are used, please make sure the full name is spelled out at least once.*
Conclusions: *List any decisions, conclusions, or resolutions made by the group below*   ▪
Action items: *List any action items (task, activity, or action to be accomplished) that came out of the agenda item discussion. Be sure to clearly list what the item is, to whom it is assigned, and when it needs to be completed by (assuming that all these pieces of information are included in the discussion at the meeting)*   ▪

If there are more agenda items than there are agenda item boxes on the template, highlight a blank agenda box (which is a Word table), copy it, and paste as many as needed below. If there are fewer agenda items than there are agenda item boxes on the template, please delete any blank boxes before submitting the minutes.

Other Information

<u>Resources or Handouts provided</u>:   *List any PowerPoint presentations, handouts, or other resources distributed or reviewed by the group during the meeting. Be sure to note which agenda items the items were associated with. Submit copies of any presentations, handouts, or resources along with your minutes for complete record-keeping*   ▪
<u>Future Agenda Items</u>:   *List any future agenda items noted at the meeting here*   ▪
<u>Preparation for Next Meeting</u>:   *List any general instructions given to work group members regarding preparation for the next meeting*   ▪
<u>Next meeting date</u>: *List the date and time (if known) of the next meeting*

Copy and paste any pictures of meeting products (such as brainstorming boards, fishbone diagrams, etc.) here. Be sure to include a sentence describing the picture and linking it to an agenda item.

All in for Health: Communicable Disease Work Group Meeting

May 2, 2019
10:00 am – 12:00 pm
Jackson County HHS Room 2002

Attendees	
Facilitator	Salma Nella (Josephine County Public Health)
Note taker	Elijah Coli (Jackson County Public Health)
Work group members	Gona Rhea (FQHC X), Borrelia Lyme (CCO Y), S. Phyllis Jones (community organization Z), Pert Tussis (CCO W)
Guests	none

Minutes

Work Group Norms & Rules of Engagement
Discussion summary:
Salma presented a draft rules of engagement document to the work group. Content of the document was generated from discussion at the April 21, 2019 meeting. The group reviewed the document and provided feedback. Feedback included discussion of the comprehensiveness of the proposed rules and provision of grammatical corrections.
Conclusions: ▪ The work group approved the rules of engagement document as written with minor grammatical corrections.
Action items: ▪ Incorporate edits and finalize rules of engagement document – Salma Nella; target date May 8, 2019 ▪ Distribute finalized document to work group members – Elijah Coli; target date May 10, 2019

CHA Data Presentation
Discussion summary:
Elijah presented on CHA findings relevant to communicable disease. Findings presented included secondary quantitative data and primary qualitative data gathered through key stakeholder interviews and focus groups.
Conclusions: none
Action items: none

Problem Identification Exercise
Discussion summary: Each work group member used sticky notes to write down what they thought were the distinct communicable disease problems identified in the CHA data. The team then used Affinity Mapping to categorize common themes in the problems identified by the team. Following the affinity mapping exercise, Salma provided the work group with a brief overview of how analysis of the region's communicable disease problems will be continued at the next meeting by conducting root cause analysis for each of the identified problems. Work group members were asked to use time before next meeting to continue reflection on the CHA data and brainstorm causes for the identified problems.
Conclusions: 　▪ Communicable disease problems in the region are Sexually Transmitted Infections, Vaccination Rates/Vaccine-Preventable Diseases, Tuberculosis, and HIV.
Action items: 　▪ Reflect on CHA data and brainstorm causes for the identified problems – All, by May 10 　▪ Send out link to "Root Cause Analysis" video – Elijah, by May 4 　▪ Watch "Root Cause Analysis" video – All, by May 10

Other Information

Resources or Handouts provided: 　▪ Communicable Disease Workgroup Rules of Engagement Draft 050119 　▪ Communicable Disease CHA data (PowerPoint presentation)
Future Agenda Items: 　▪ Root cause analysis for identified communicable disease problems
Preparation for Next Meeting: 　▪ Watch the "Root Cause Analysis" video 　▪ Reflect on CHA data and brainstorm causes for identified problems
Next meeting date: May 10, 2019 10am – noon