All in for Health: Jackson & Josephine Counties

**Organizational Objective Submission Form**

*Definitions are listed on the back of this form. Please see form instruction sheet and the All in for Health Handbook for additional guidance in completing this form.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization(s):**  Click here to enter text. | | | | |
| **CHIP Priority Area:**  Behavioral Health  Housing  Parenting & Life Skills | **CHIP Goal:**  Click here to enter text. | | | **CHIP Strategy:**  Click here to enter text. |
| **Organizational Objective:**  Click here to enter text. | | | | |
| **Objective Process Measure:**  Click here to enter text. | | | | **Process Measure Target:**  Click here to enter text. |
|  | | | | |
| **Action Steps** | | **When** | | **Action Step Process Measure** |
| 1. | |  | |  |
| 2. | |  | |  |
| 3. | |  | |  |
| 4. | |  | |  |
|  | | | | |
| 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: Click here to enter text.  Title: Click here to enter text.  Organization: Click here to enter text.  E-mail: Click here to enter text.  Phone: Click here to enter text. | | | **Alternate Contact**  Name: Click here to enter text.  Title: Click here to enter text.  Organization: Click here to enter text.  E-mail: Click here to enter text.  Phone: Click here to enter text. | |
| **Notes/Comments:**  Click here to enter text. | | | | |
| Has leadership from your organization reviewed and approved this proposal?  Yes  No | | | | |

**For *All in for Health* internal use only**

|  |
| --- |
| Received by: Click here to enter text. Date received: Click here to enter a date.  Reviewed for completeness Date reviewed: Click here to enter a date.  Added to action plan Date added: Click here to enter a date.  Comments:  Click here to enter text. |

**Definitions**

**CHIP Priority Area:** Broad, health-related areas for CHIP work identified through the collaborative prioritization process and specified in the CHIP document.

*Example: Parenting Support and Life Skills (CHIP p. 24-28)*

**CHIP Goal:** Long-range statement of desired community health or wellbeing outcomes within a CHIP priority area. Determined collaboratively and specified in the CHIP document.

*Example: Families have ample healthy and affordable food (CHIP p. 27)*

**CHIP Strategy:** General approaches that will be utilized to achieve a goal. Determined collaboratively and specified in the CHIP document.

*Example: Increase access to health foods for children and families (CHIP p. 27)*

**Organizational Objective:** Short to intermediate outcome statements of desired organizational or collaborative activities. Determined by individual organizations. They should be Specific, Measurable, Achievable, Relevant, and Time-oriented (SMART).

*Example: By June 2022 Oregon State University Family + Community Health faculty and staff will work with community partners to expand acceptance and utilization of Double Up food Bucks at 2 growers markets in Jackson and Josephine counties.*

**Objective Process Measure:** Indicator(s) that quantify the achievement of an organizational objective. Determined by individual organizations.

*Example: Number of new growers’ markets accepting Double Up Food Bucks*

**Process Measure Target:** Numerical “goal” for the objective process measure. Determined by individual organizations.

*Example: 2*

**Action Step:** Activity that needs to be completed to accomplish an organizational objective. Determined by individual organizations. Action steps should be detailed, specific, and arranged in chronological order.

*Example: Identify growers’ markets not currently accepting Double Up Bucks*

**Action Step Process Measure:** Indicator(s) that quantify the achievement of an action step. Determined by individual organizations.

*Example: Number of growers’ markets identified*