

**Oregon Health Authority (OHA)
Oregon Compass MEMORANDUM OF UNDERSTANDING (MOU)**

Background:

Oregon Compass is a web-based portal designed to support promotion, registration, data collection, program coordination and quality assurance for evidence-based programs identified on page four of this document (Appendix A). *Oregon Compass* offers organizations the ability to track and use data to effectively implement programs, and enables OHA to assess statewide reach of evidence-based programs that address significant health issues affecting Oregonians.

Agreement:

This Memorandum of Understanding, dated ____ / ____ / _____ and titled Oregon Compass Memorandum of Understanding (also abbreviated as “OR Compass MOU”) is hereby entered into between the Oregon Health Authority (OHA) and _____, an organization providing evidence-based self-management and/or health promotion programs within Oregon, hereafter known as the “Delivery Organization,” that exhibits commitment to quality delivery of approved evidence-based health promotion program(s), as noted in Appendix A, as well as any other programs added after the execution date of this document. This MOU will remain in effect until dissolved by either party with 30 days written notice.

Partnership with OHA for the purposes of this MOU is based on the Delivery Organization’s ability and commitment to 1) provide quality delivery of OHA-promoted evidence-based health promotion and self-management programs (see current list of programs on page four of this MOU), 2) use Oregon Compass to track program and participant data, and 3) sign and submit this Memorandum of Understanding to OHA. The responsibilities of both parties are as follows:

SECTION I. OHA RESPONSIBILITIES

The specific services to be provided by OHA under this MOU are as follows:

1. OHA will license a secure, online database known as *Oregon Compass*. This website enables electronic program registration, data collection/submission, scheduling, and reporting. OHA will provide the approved Delivery Organization representative(s) designated in Appendix B with access to *Oregon Compass* data entry tools and access to view and report Delivery Organization data.
2. OHA will provide the Delivery Organization with guidance regarding performance indicators for OHA-approved programs, and will invite Delivery Organization representatives to join in periodic, optional meetings via phone or webinar for training on the use of *Oregon Compass* for quality assurance purposes.
3. OHA will monitor *Oregon Compass* use and functions. As needed and as possible given funding constraints, OHA will track emerging Delivery Organization needs and request changes or additions to the *Oregon Compass* vendor to enhance effectiveness of the Compass program (e.g., add additional evidence-based programs, or add data elements or functions to meet Delivery Organization and OHA needs).

SECTION II. DELIVERY ORGANIZATION RESPONSIBILITIES

The specific responsibilities of the Delivery Organization under this MOU are as follows:

1. The Delivery Organization shall designate personnel to receive access to *Oregon Compass* in Appendix B, and ensure that all designated personnel have completed OHA's online privacy and information security training and submitted a non-disclosure agreement to OHA. The Delivery Organization shall promptly notify OHA staff of any changes in staff access to *Oregon Compass*.
2. Designated Delivery Organization personnel shall enter program and participant data electronically, using data tools found on *Oregon Compass*. The Delivery Organization understands that de-identified and aggregate data will be used by OHA, the Oregon Department of Human Services, Acumentra Health, and local public health authorities to track program reach for planning purposes and reporting to federal partners.
3. The Delivery Organization is responsible for ensuring the security of health-related data collected through community programs until it has been electronically entered in the *Oregon Compass* database. Once this has occurred, the Delivery Organization will either destroy the original data records by shredding and/or electronic purging or secure the data in a locked place or password-protected computer until it has been destroyed.
4. The Delivery Organization is responsible for all aspects of program coordination and delivery. This includes licensing of programs if a license is required; recruiting, training

and oversight of program instructors/leaders/lifestyle coaches; program promotion and recruitment of participants; and monitoring program fidelity to ensure programs are offered consistently and in compliance with evidence-based models.

5. The Delivery Organization shall use the evidence-based program(s) at its own risk. OHA will have no liability to Delivery Organization or to any third party as a result of its use of the program(s). To the extent allowed under the laws of the State of Oregon, Delivery Organization will be liable for any claims related to its use of the Program(s) and hold OHA harmless from any claims related to Delivery Organization's use of the Program(s). Further, the Delivery Organization acknowledges that OHA recommends the Delivery Organization utilize delivery sites holding appropriate liability insurance for the activity of the program.

SECTION III. SIGNATURES

In acknowledgement of the foregoing description of the services and requirements of this agreement, these authorized signatories of OHA and the Delivery Organization do hereby attest to their acceptance of the terms and conditions of this Memorandum of Understanding.

For OHA

For the Delivery Organization

BY: _____
Authorized Signature

BY: _____
Authorized Signature

Name (Type or Print)

Name (Type or Print)

Title (Type or Print)

Title (Type or Print)

Date of Signing

Date of Signing

APPENDIX A. PROGRAMS SUPPORTED BY DELIVERY ORGANIZATION

This appendix designates which prevention and self-management programs the Delivery Organization will include in the *Oregon Compass* information portal. This list may be updated at any time and resubmitted to the Oregon Health Authority at living.well@state.or.us or faxed to 971-673-0994.

Delivery Organization: _____

Contact person: _____

Contact Phone: _____ Contact email: _____

The Delivery Organization listed above requests access to the *Oregon Compass* technology for the following self-management programs:

- DATE ADDED ___ / ___ / ___ Stanford Self-Management Programs (Living Well/CDSMP, Tomando Control, Positive SM, Diabetes SM, etc.)
- DATE ADDED ___ / ___ / ___ Diabetes Prevention Program
- DATE ADDED ___ / ___ / ___ Walk With Ease
- DATE ADDED ___ / ___ / ___ Tai Chi: Moving for Better Balance
- DATE ADDED ___ / ___ / ___ Tai Chi for Arthritis
- DATE ADDED ___ / ___ / ___ A Matter of Balance
- DATE ADDED ___ / ___ / ___ Active Living Every Day
- DATE ADDED ___ / ___ / ___ Active Choices

APPENDIX B: DESIGNATION OF OREGON COMPASS USER PERMISSIONS

NOTE: Access to the *Oregon Compass* data portal will be guaranteed for one person from each program delivery organization. Please refer to Appendix C, user permissions, to identify the appropriate level(s) of access. In most cases, the primary user will be a program coordinator. As spots are available, additional users may be added.

Date: _____

Program Delivery Organization Name: _____

<p>Primary User Name: _____</p> <p>Position / Job Title: _____</p> <p>Primary User Email: _____</p> <p>Primary User Phone: _____</p> <p>Primary User Type (please refer to Appendix C):</p> <p><input type="checkbox"/> Program Coordinator <input type="checkbox"/> Sub-Coordinator <input type="checkbox"/> Peer Leader <input type="checkbox"/> Master Trainer</p>

Additional User Request: Please fill out the information below if you would like to request an additional user for the *Oregon Compass* data portal.

<p>Additional User Name: _____</p> <p>Position / Job Title: _____</p> <p>Additional User Email: _____</p> <p>Additional User Phone: _____</p> <p>Additional User Type (please refer to Appendix C):</p> <p><input type="checkbox"/> Program Coordinator <input type="checkbox"/> Sub-Coordinator <input type="checkbox"/> Peer Leader <input type="checkbox"/> Master Trainer</p>

APPENDIX C: OREGON COMPASS USER TYPES AND PERMISSIONS LEVELS

User Type	User Type Description	Permission Level
Program Coordinator	Usually an employee of a Partner Organization, responsible for coordinating delivery of programs, workshop delivery personnel (leaders, lifestyle coaches) and program delivery (implementation) sites. This person has reporting responsibilities to <i>Oregon Compass</i> .	Highest level of permission at a Program Delivery Organization. For their organization, this person can: <ul style="list-style-type: none"> • view/generate reports • view/enter/edit workshops • view/enter/edit/export delivery personnel • view/enter/edit/export participants • view/enter/edit/export implementation sites • view host & implementation site staff • print data packets • enter attendance and participant information
Sub-Coordinator	This person works closely with the Program Coordinator, and is also possibly an employee who assists in managing programs. This person may be employed at the facility or location where a program is delivered.	Similar level of permission as Program Coordinator but a little less. <ul style="list-style-type: none"> • view/enter/edit workshops • view delivery personnel • view/enter/edit participants • view/enter/edit/export implementation sites • view implementation site staff • print data packets • enter attendance and participant information
Master Trainer	This person leads trainings for Diabetes Prevention Program (DPP) lifestyle coaches and/or Stanford program leaders. Some are program coordinators but some are also “free-lancers” who do not oversee program leaders or have program data reporting responsibility.	A higher level of permissions compared to the peer leader, which includes: <ul style="list-style-type: none"> • view/enter/edit trainings • enter attendance/satisfaction survey results for Peer Leader Trainings • view/enter/edit workshops • view/enter/edit participants • view delivery personnel • view implementation sites • print data packets (forms) • enter attendance and participant information
Peer Leader (called “Lifestyle Coach” for DPP only)	Program workshop delivery personnel; an employee or volunteer who delivers workshops/programs to the community. Works under and with Program Coordinator.	Similar level of permission as Master Trainers but a little less: <ul style="list-style-type: none"> • view/enter/edit workshops • view/enter/edit participants • view delivery personnel • view implementation sites • print data packets (forms) • enter attendance and participant information