



Operations Council

June 2, 2023
8:30am-10:00am

Virtual Meeting

<https://us02web.zoom.us/j/82062544065?pwd=ZHJvd2JuZUJyQ0wvQTNHaHczaVpYZz09>

1.669.900.6833

Meeting ID: 820 6254 4065

Passcode: 787646

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|--------------|---|
| 8:30 - 8:45 | Welcome & Introductions, Review & Context Setting |
| 8:45 - 9:20 | Initial Operations Development <ul style="list-style-type: none">• Agenda Setting Guidance Structure<ul style="list-style-type: none">○ Options, discussion, decision |
| 9:20 - 9:55 | Regional Needs <ul style="list-style-type: none">• Collaborative identification and brainstorming |
| 9:55 - 10:00 | Wrap-Up and Next Steps |

Operations Council

Guiding Principles

Shared Focus

We come together to improve the health and well-being of individuals living in various and diverse communities throughout Central Oregon region. We develop agreed-upon actions to solve the issues and keep the needs of our communities as the main focus.

Shared Metrics

We measure progress, process, and outcomes through a shared lens. Success is defined by the issue, those most impacted, and those closest to the work.

Partner with Priority Populations

The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our discussions, processes, and decisions.

Collaborate to Solve Complex Issues

Inviting diverse perspectives from throughout the Central Oregon region deepens our shared understanding of complex issues and propels us toward better progress and outcomes. We practice frequent, structured, open communication to build trust, assure shared objectives, and create common motivation. We respect the privacy and sensitivity of information partners share.

Coordinate Collective Efforts

We are made up of diverse partner organizations and individuals with unique strengths, skills, and resources. We coordinate our efforts and use our unique strengths and skills to meet our shared goals.

Learn and Adapt Together

We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second chances, and a celebration of brave attempts. We adjust and apply our learnings to the complex and changing landscape of health and well-being in Central Oregon.



CHARTER: Central Oregon Health Council Operations Council

The Central Oregon Health Council (COHC) was created to improve the well-being of all residents across Central Oregon.

The Operations Council serves as a place to coordinate collective efforts among the Central Oregon Health Council's community partners, committees, workgroups, community members and the Board of Directors.

The Operations Council will address and actively support:

- regional efforts advancing the shared mission and vision of the Central Oregon Health Council
- regional issues escalated from the committees, workgroups, and community partners
- broad, cross-sectoral, regional initiatives

Partners include:

- Organizational leaders who have delegated authority to make operational decisions
- Impacted community members and leaders who have influence to impact change

Partners Roles and Responsibilities:

- Communicate information within their organization, partner organizations and communities
- Provide individual, community and organizational support of agreed upon initiatives and workplans

Definitions:

Partner, Community Partner, Partner Organization. Terms may be interchanged.

Individuals and organizations who purposefully work together within the Central Oregon Health Council (COHC) structure to share information, resources, services and other types of support to understand and address the regional priorities identified by communities throughout the Central Oregon region.

Community can be defined by describing the social and political networks that link individuals, community organizations, and leaders. Some communities fall within geographically mapped physical

locations. Some communities are made of social groups or groups that interact in an organized way either in person or using technology. A community can be made up of people with shared qualities such as age, economics, gender, and beliefs.

There are multiple communities that may be important for any one person and include families, workplace, social, religious and political. People have their own sense of community and may feel belonging to multiple communities based on different parts of their identity. Their sense of membership to communities can change over time and impact their participation.

(Adapted from Principles of Community Engagement, second edition; CDC, 1997)

Sector: A sector is a grouping of organizations that share the same or related activity, program, or service.

Multi-sector: Two or more sectors coming together to leverage expertise, knowledge, skills, resources and reach through the combined input and strengths of participating partners working towards a shared goal (e.g. improving health outcomes) from problem identification, solution creation and decision making, implementation, assessment and adjustment cycle.



COHC Operations Council

Held Virtually via Zoom

May 5, 2023 • 8:30–10 am

Members Present

Gary Allen, Advantage Dental
Jeff Davis, PacificSource
Kathy Drew, Gero Leadership Alliance
Kate Fosburg, COIPA
Laurie Hill, COPA
Mandee Seeley, Community Representative
Mary Ann Wren, Advantage Dental
Missy King, ODS Community Dental
Sarah Mahnke, Thrive Central Oregon
Tricia Wilder, PacificSource

COHC Staff

Carmen Madrid, Executive Director
Gwen Jones, Project Manager
MaCayla Arsenault, Project Manager
Whitney Schumacher, Project Manager
Kelley Adams, Administrative Assistant

Guests

Cynthia Maree, St. Charles Medical

Introductions

Gwen Jones welcomed the group and facilitated introductions.

Announcements

- COHC Conflict of Interest Statements need to be filled out to continue as a voting partner in investment and decision making. Please check your emails for the link.
- Reminder that there are no COHC related meetings in July.
- Support the Regional Health Assessment Survey by promoting in your organizations.

Request for Support Update - Medical Respite

Cynthia Maree is back to share the outcome of this project and what came from talking to the group last month. A lot of movement in the medical respite arena. Working with BestCare and talk about what are the opportunities in Redmond. Possibility of exploring. Likes the vision that Rick has and the model. Encouraging to continue the exploration. Set aside 2 medical respite beds at the Rainbow Hotel with Shepherds House. Reaching out to PS partners to help with the operational parts. Should have an update in a month or so.

You can contact Cynthia via email at clmaree@stcharleshealthcare.org

Initial Operations Development – Finalize of Prioritization Guidelines (Continued)

Gwen Jones reviewed the Process Steps/Order of Operations that was discussed in the last 2-3 meetings.

MaCayla Arsenault facilitated the discussion on how to prioritize the requests and what gets on the agenda. The question asked in the last 2 meeting was “What principles or values will you use to decide what gets priority on the agenda?” A list was generated from the group’s suggestions and now MaCayla would like a definition for each. The final definition list is:

1. DEI-J what is being addressed -How does the ask *measurably* address increasing *health equity*, diversity, justice and inclusion? Centering Equity & serving underserved community members-How does the ask address increasing services to populations and locations that have been less served. Centering Medicaid members. Medicare -dual eligible. Understanding that centering dual eligible allows to also support uninsured. **(6 VOTES)**
2. Alignment with Quadruple Aim of OHA & CCO (better health, better care, lower costs, provider) - how well does the request address these components? **(2 VOTES)**
 - a. Cost Impact - ‘bang for your buck’/Return on Investment. Able to report back on impact. Look at this at initial convo and when sharing/updating later
3. Avoiding duplication of efforts (i.e. support existing work) - **(3 VOTES)**
4. Integration of systems - how much does the request incorporate multiple agencies working together. Daily basis, emerging regional needs or strategy... could include housing, transportation, food security... **(5 VOTES)**

5. Equitable distribution of Operations Council focus across regions- Define equitable = prioritize where there is higher need. Could be guided by a formula related to poverty/Medicare enrollment in a region. Support with readiness. **(2 VOTES)**
6. Want a balance of across meeting agendas: Emerging issues vs. critical issues vs. strategy development **(1 VOTE)**
7. Balance requests Coming from within COHC structures (wg, committee, etc.) vs. coming from broader region- **(1 VOTE)**

Wrap-Up and Next Steps

Gwen Jones thanked everyone for their participation. Next month we will continue to work on operations development.