

# **Operations Council**

August 24, 2023 11:30am-1:00pm

## **Virtual Meeting**

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

1.669.900.6833

Meeting ID: 820 6254 4065

Passcode: 787646

11:30 - 11:45	Welcome & Introductions, Review & Context Setting
11:45 - 12:30	Regional Needs  • The State of Older Adults in Central Oregon – Cassie Regimbal, Central Oregon Council on Aging
12:30 - 12:55	Operations Council Development  • Agenda Setting Guidance Structure - finalization
12:55 - 1:00	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.

<u>Community</u> 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)

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

<u>Multi-sector:</u> 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
June 2, 2023 • 8:30–10 am

#### **Members Present**

Andrea Ketelhut,

Carla Steven, Mosaic Community Health

Colleen Sinsky, FUSE

Emily Salmon, St. Charles

Jeff Davis, PacificSource

Jennifer Eales, SriPonya

Kat Mastrangelo, Volunteers in Medicine

Kathy Sabitier, Community Member

Katie Plumb, Crook County Health Dept.

Kecia Kubota, Camp Fire Central Oregon

Laurie Hill, COPA

Mandee Seeley, Community Representative

Mary Ann Wren, Advantage Dental

Megan Stickney, Thrive Central Oregon

Missy King, ODS Community Dental

Rick Treleaven, BestCare

Tricia Wilder, PacificSource

#### **COHC Staff**

Carmen Madrid, Executive Director

Gwen Jones, Project Manager

MaCayla Arsenault, Project Manager

Kelley Adams, Administrative Assistant

### **Introductions & Context Setting**

MaCayla Arsenault welcomed the group and facilitated introductions. She reminded the group to complete the Conflict of Interest statement, that there will be no meeting in July, and starting in August the new time for the Operations Council monthly meeting will be the 4<sup>th</sup> Thursday of the month from 11:30am-1:00pm.

MaCayla reviewed the previous month's discussion about the structure of the Operations Council going forward.

### **Initial Operations Development**

#### **Agenda Setting Structure**

Gwen Jones started the discussion by asking: Who will decide what and when requests make it to the agenda? Possible considerations presented to the group were: Co-Chairs, Steering Committee, or whole group. The focused conversation included:

- What are the demands or pressures for the people in each of these structures? For the folks on the Operations Council?
  - Consider timeline for structure to trial.
  - Volunteer and personal capacity
  - Consider yearly strategic plan, road map, set of priorities with small group leading and checking in with whole group.
  - Smaller group might be more equitable.
  - Keep the roadmap central. There is a long list of things we want to do.
  - Consider bringing content experts as needed.
  - Consider a list of actions that OC can take 'menu' of requests that requestor can make.
     Within the scope of OC
- What values do you want to hold when deciding which structure/s to use?
  - Consideration of how folks outside this leadership power structure can inform and be heard.
  - Ability to utilize an equity mindset. Structures can contribute to inequities.
- What skills and knowledge do we want to bring to the decisions happening in this structure?
  - Include multi-cultural/experiential voices into prioritization space and into larger
     Operations Council conversation. Stipends and support structure
  - Equity as core, and articulated, to our work here. Hold ourselves and each other accountable.
  - Ability to look 2-3 months out. OC member to help identify content specialists, include them. Slow down the possess to include those specialists/experiences.
- What are some of the ways this structure could look?
  - Someone with clear understanding of the COHC Strategic Plan
  - Open whoever is willing and able. And need to maintain representation. Minimum number of folks. Provide stipends, time, to keep equitable access and power partnership.
  - Consider this as a filtering body.... List is visible to everyone. Full council can agree or support additional considerations.
- Small group. Filtering asks. Taking care to include highly marginalized voices. Consider specialists and 'extra voices'. Staff to bring back initial basics.

## **Regional Needs**

Gwen Jones shifted the discussion to focus on the group's suggestions for the regional needs. Brainstorming ideas included:

- Food Insecurity- numbers are increasing every day and resources are decreasing.
  - o Family kitchen, The Giving Plate, High Desert Food & Farm Alliance, Roundabout Books
- Mental health of children seeing significant impact from COVID and social media, crisis, affecting education outcome and interaction with social emotional and long term health outcomes.
- Program sustainability programs are piloted, but don't have place to permanently house and fund. Need this for programs that address these needs.
- Political attacks on health curriculum and access to care rural care is existing communities because of attacks on care.
- Housing...coordination of multiple solutions across the region
- Environmental issues: water, air quality
- Disabled (lack of independence) population (often elderly but not always) who need long-term care (LTC), adult foster care, memory care, supported by Medicaid (they don't have adequate family support or financial resources) - lack of beds in the community and lack of caregivers in the community.
- Maternal mortality rates on the rise in Oregon and prenatal care is a QIM that is 'at risk' right now.

## **Wrap-Up and Next Steps**

Gwen Jones thanked everyone for their participation. Staff will prepare for August on how this will all move forward.

## **DRAFT**

# The COHC Operations Council

## Agenda Setting Guidance Group

The Operations Council Agenda Setting Guidance Group provides guidance to setting the agenda for the Operations Council meetings.

## Individual and Group Duties

- Be prepared for meetings by reviewing Request(s) for Support, considering priorities and guiding questions.
- Review Requests for Support.
- In partnership with the Operations Council, hold Health Equity as central to discussions and guidance.
- Identify when additional insight is needed, and seek assistance from others that may include and are not limited to:
  - People with lived experience who have been historically and currently marginalized
  - Content specialists
  - Folks who have alternative and traditional perspectives of the relevant topic
- Consider Request for Support using a variety of methods, which may include:
  - Weighted scoring
  - Use of agreed upon decision making principles
  - Focused Conversations
  - Operations Council feedback
- Utilize consensus to guide recommendations
  - Consensus is defined as:
    - Finding and creating areas of shared understanding.
    - A coming together of the common sense of the total group.
    - An agreement that everyone can live with.
- Share their thinking rationale of agenda priorities with the full Operations Council.
- Adjust agenda setting based on feedback from the full Operations Council and others.
- Meet as determined by need, and/or group agreement, and/or COHC staff recommendation
  - May be monthly, quarterly or other
    - Alternative language: Meet as determined by receipt of Requests and COHC staff recommendation.
- Feedback request: I would like to see, or have explained to me, the decision making hierarchy that includes the board, the operations council, and the RHIP work groups.
- Alternative language: The agenda setting group will prioritize which Request for Supports come before the full Operations Council. The agenda setting group needs to be transparent with their rationale, and open to feedback about their prioritization from the full Operations Council.

## Composition

The Operations Council recognizes that one person is not able to, nor should be requested to, represent the complex and nuanced thinking of a community sector, population, organization or clinic. Therefore, the Agenda Setting Guidance Group will practice:

- An open forum where all are welcome and regular participation is encouraged.
- Strive for a minimum of 4-5 folks with at least the following representation:
  - 2 different community sectors (see attached list)
  - 2 or more geographic regions within Central Oregon (see attached list)
  - o Community Member

## Participation Support

Stipends are available for people who would not otherwise be able to participate.

### Attachments

#### **Community Sectors**

- Health (i.e., hospital, primary care, behavioral health, dental, surgeons, pharmacy, public health)
- Media (i.e., TV, radio, newspaper)
- Education (i.e., K-12, early learning, post-secondary, community)
- Infrastructure (i.e., public works, transportation, utilities, housing)
- Justice (i.e., law enforcement, jail, parole, lawyers)
- Government (i.e., elected officials, tribal, county, city, and state offices)
- Spirituality/Religious (i.e., churches, missions)
- Business & Manufacturing (i.e., information technology (IT), web-based, brick and mortar, research & development, agriculture, retail)
- Community Support Services (i.e., food bank, shelters)
- Finance (i.e., banks, funders)
- Civic Volunteer Groups (i.e., Rotary, Kiwanis, neighborhood associations, social justice groups)

### Geographic Regions

- Crook County
- Deschutes County
- Jefferson County
- Northern Klamath County