CENTRAL OREGON
HEALTH
COUNCIL

Operations Council

January 25, 2024
11:30 am to 12:30 pm

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, Announcements
11:45 - 12:15	Regional Health Assessment (RHA) & Regional Health Improvement Plan (RHIP) Update—MaCayla Arsenault & Miguel Angel Herrada
12:15 - 12:30	Information Sharing & Next Steps—All

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
October 26, 2023 • 11:30 am–1:00 pm

Members Present	Adam Dickey, Central Oregon Behavioral Health Council
	Andrea Ketelhut, BestCare Treatment Services
	Anna Higgins, High Desert ESD
	Jeff Davis, PacificSource
	Kate Fosburg, COIPA
	Katie Plumb, Crook County Health Dept.
	Laurie Hill, COPA
	Maggie O'Connor, St Charles Health System
	Mandee Seeley, Community Representative
	Manu Chaudry, Capitol Dental Care
	Marie Manes, La Pine Community Health Center
	Mary Ann Wren, Advantage Dental
	Michael Baker, Jefferson County Public Health
	Missy King, ODS Community Dental
	Sarah Mahnke, Thrive Central Oregon
COHC Staff	Gwen Jones, Project Manager
	Kelley Adams, Administrative Assistant
	Bradley Garner, Administrative Assistant
Guest	Jenni Neahring, St Charles Health System

Welcome & Introductions
Gwen Jones welcomed the group and facilitated introductions.

Regional Needs – The State of Older Adults in Central Oregon
Jenni Neahring presented ideas and research on programs designed to reduce the number and severity of falls on older adults. The focus being on the most vulnerable, older adults who can suffer a fall that can result in not being able to live at home to received required care. Tai Chi for balance as an example for higher functioning group. Otago program out of New Zealand with results showing a 35% reduction in falls as a low-cost option (50 people/$50k) Designed originally for people ages 80 or older, or have experienced a significant fall.

Otago program had success being ran in Portland. Seeking networking for physical therapists and best methods for implementing referrals. Jeff Davis discussed similarities with PACE programs, but limited availability of PACE centers in Oregon. Methods of delivery, including walkthrough by physical therapists one on one, groups, and Zoom to walkthrough exercises.

In discussing methods and potential partners, OHSU Cascades was suggested as a possible venue for teaching the program, potentially as a side opportunity for physical therapy students (PTS). The involvement of school physical therapists (PTs) was emphasized, with Shannon Rackowski, specializing in balance and physical therapy classes, recommended as a resource. Suggestions included utilizing Community Information Exchange and Connect Oregon and engaging the Pain Task Force to help facilitate program and implementation with partners.

Benefit highlights of Otago for older adults:
- Low cost
- Highly effective
- Supports vulnerable part of aging population.
- High variety of delivery methods
- Referrals do not need to be made by a PCP

Please reach out to Jenni with any questions, support, or willing to collaborate:
jcneahring@icloud.com

Information Sharing
The presentation for Medicaid Redetermination was not available for the meeting.

Mandee Seeley shared that there will be an elders and loneliness forum in Sisters this evening and provided the link in the chat.

Katie Plumb pointed out that Crook County has the worst PCP to resident ratio in the state. Challenges include staffing shortages with a difficulty to recruit and housing availability in Crook County. Higher impact showing in Urgent Care and ER. Telehealth options with Mosaic and St Charles discussed. Marketing with Oregon Rural Health Association.

Jeff Davis provided an update on housing in the region. Shepard's House Ministries is opening their Redmond location in a couple weeks. Construction at the Bend location will reduce capacity temporarily to 50 beds. Cynthia Maree previously discussed medical respite trying to get started with NeighborImpact with shelter. Mosaic Mobile running Tuesday-Friday.

Adam Dickey shared that the Behavioral Health Consortium completed its second year of CPT for PTSD.

Wrap-Up and Next Steps

Gwen Jones thanked everyone for their participation. November and December meetings falling into the holiday season, updates to come soon!

RHA and RHIP Process Update
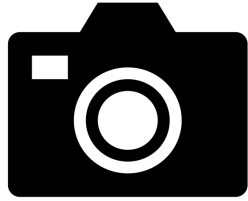
01.25.24
COHC Operations Council

Overview

- Define RHA
- Define RHIP
- Define prioritization
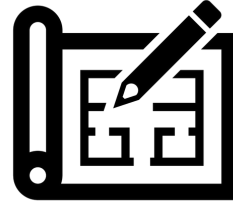- RHA to RHIP processes overview

COHC

Regional Health Assessment

The Regional Health Assessment (RHA) describes health-related strengths and challenges in the region at a point in time.

Regional Health Improvement Plan

The Regional Health Improvement Plan (RHIP) is a long-term systematic effort to address public health problems.

- Legislative responsibility
- Fulfills requirements for many regional entities
- Required every 3 - 5 years
- Collaborative regional approach
- Mobilizing for Action through Planning & Partnerships (MAPP) 2.0 by
- National Association of County & City Health Officials (NACCHO)
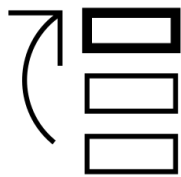
Prioritization

Identifying which of the many areas of health the region will focus.
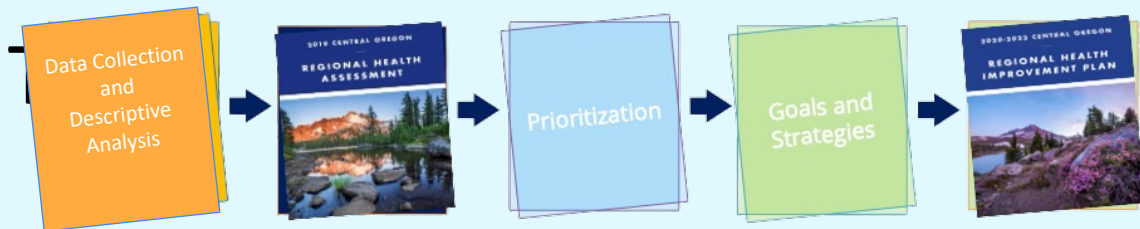
Tools include: the health assessment, state and federal priorities, best-practice prioritization tools, community feedback.
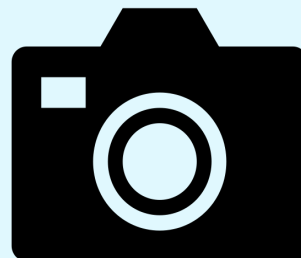
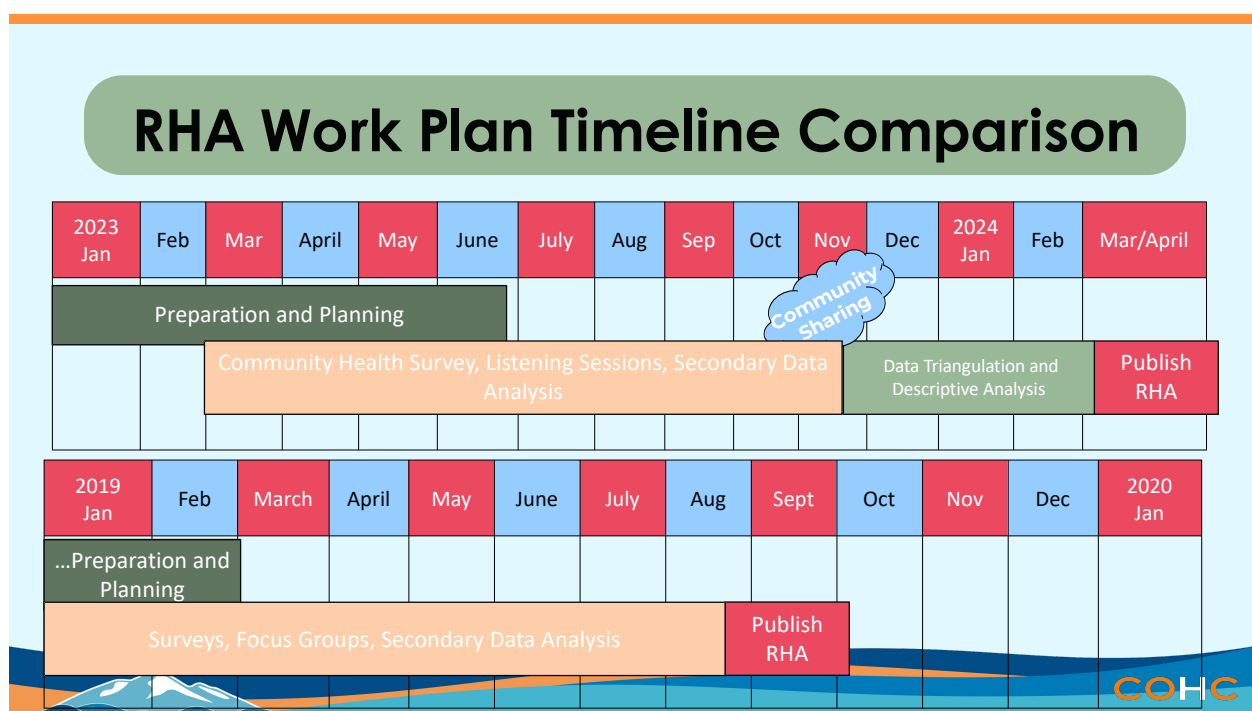The STEPPINGSTONE between the RHA and the RHIP.

RHA to RHIP Process Overview

Data Collection and Descriptive Analysis → 2010 Central Oregon REGIONAL HEALTH ASSESSMENT → Prioritization → Goals and Strategies → 2020-2022 Central Oregon REGIONAL HEALTH IMPROVEMENT PLAN
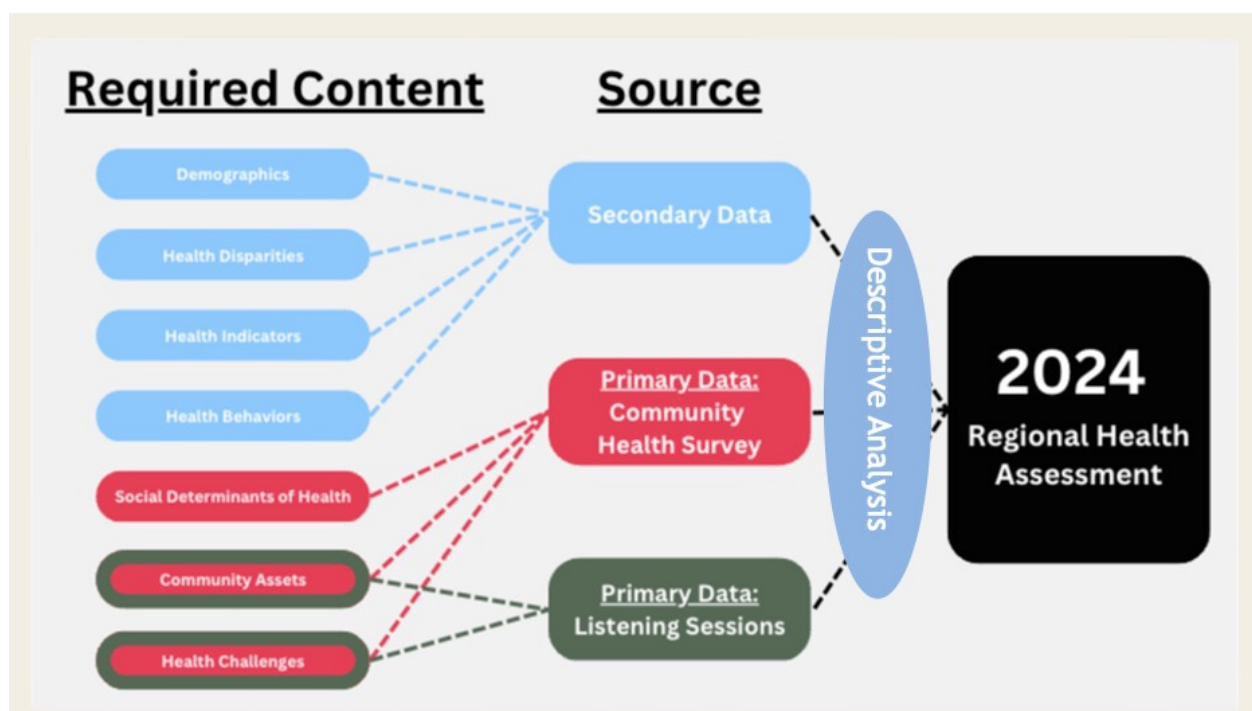
COHC

Regional Health Assessment

- Contents of the RHA
- Work Plan timeline
- Timeline comparison
- Highlights
- Details

COHC

Required Content · Source

Required Content:
- Demographics
- Health Disparities
- Health Indicators
- Health Behaviors
- Social Determinants of Health
- Community Assets
- Health Challenges

Source:
- Secondary Data
- Primary Data: Community Health Survey
- Primary Data: Listening Sessions

Descriptive Analysis → 2024 Regional Health Assessment

RHA Work Plan Timeline Comparison

2023 Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec	2024 Jan	Feb	Mar/April

Preparation and Planning

Community Health Survey, Listening Sessions, Secondary Data Analysis

Community Sharing

Data Triangulation and Descriptive Analysis

Publish RHA

2019 Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 Jan

…Preparation and Planning

Surveys, Focus Groups, Secondary Data Analysis

Publish RHA

COHC

RHA Completion Comparison

2024 RHA

2024 Jan	Feb	March	April	May	June	July	Aug	Sept '24
Data Triangulation and Descriptive Analysis				Publish RHA				

2019 RHA

2019 Jan	Feb	March	April	May	June	July	Aug	Sept '19
	Surveys, Focus Groups, Secondary Data Analysis						Publish RHA	

COHC

RHA Comparison Highlights

2024 RHA

- MAPP 2.0 - new emphasis on health equity, health disparities and involvement of the public
- One Community Health Survey - 3800 respondents across all counties and subpopulations
- Focus groups led by trained community partner organizations
- Data Triangulation and Descriptive Analysis includes secondary data (indicators), focus group findings and community health survey findings

2019 RHA

- MAPP 1.0
- Three surveys = 800 respondents
- Focus groups hosted by COHC staff
- Data Triangulation and Descriptive Analysis included secondary data (indicators)

COHC

RHA in Detail - Values and Preparation of Work

- Built and defined a comprehensive list of values and guiding principles to guide the work
https://drive.google.com/file/d/14raHJfnOELZn2XOjRE5gRCEnMtm3o6vT/view

- Reviewed/updated/defined or built the available and needed, secondary level indicators that represent the entire universe needed for the RHA

- Combined quantitative and qualitative data on the status of the community (demographics, health status and health inequities) to identify inequities beyond health behaviors and outcomes, including their association with SDOH and Social Determinants of Equity (SDOE)

- Defined the appropriate collection methods according to the characteristics of the diverse communities, developing the materials and making sure the community partners are ready to use them, and bring back the results to the RHA

- Considered culture and context for the collection of the information and build a process that is culturally appropriate and inclusive

COHC

RHA in Detail - Values and Preparation of Work Cont'd

Built the structure needed to do the RHA in a collaborative way and to make sure we engaged the community on the assessment

- RHA Core Group
- RHA Steering Committee
- Connected with subject matter experts
- Connected partners (critical community organizations, local public health system, partners who advocate on behalf of community members impacted by public health issues, partners that have access to data or populations experiencing inequities)
- Included community members from BIPOC (Black, Indigenous, and people of color); LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, and other gender-affirming identities); immigrant, migrant communities, tribal organizations and governance for collaboration
- Connected community champions, including people who advocate on behalf of their community

COHC

RHA in Detail - Community Engagement Investment

Community engagement investment to have improved sources of first-degree information and future community collaborations

- Built/elevated the community structure to operate the RHA and prepare the work for the RHIP. Identify the needed community partners, train them, assure they have the resources to operate, and deliver the information for the RHA
    - Engaged community champions to help promote the RHA and create trust among partners
    - Offered incentives to increase participation in the community survey and focus groups
    - Sought approval and follow community/cultural protocols before collecting data

- Engaged the local community in data-collection methods, working with community members as data collectors and engaging community-based partners that work with community members to organize and facilitate data collection

COHC

RHA in Detail - Community Engagement Investment

Met community members where they are to inform data collection through events with the leadership of a trusted organization

- Number of people on the focus groups, discussions and panels:
    - 13 focus groups, 2 panels, and four walk-along interviews (475 pages, 22 hours of audio)
    - 119 people participated in the 13 focus groups
    - 51 participated in the 2 panel discussions
    - 35 participated in the 4 walk-along interview groupings
    - 17 of these data collection efforts were conducted in English, 21 in Spanish, and 1 in a mix of English and Spanish to suit the needs of the participants

COHC

RHA in Detail - Community Engagement Investment cont'd

- Final report from the Focus Groups
  https://drive.google.com/file/d/1phr1_fEJWEb1zPdRLODFtDVx5xEzuWez/view?usp=drive_link

- Results from Community Health Survey
  https://drive.google.com/file/d/1l0N0fwzyWdBldTUMFAGRUAXecfz60xzV/view?usp=sharing

- Considered cultural differences to ensure equitable, inclusive data collection. Engaged stakeholders and community members who represent or are members of underserved populations to help understand cultural differences and best practices to support data collection.

- Partner with local universities and faculty in public health to support data collection.

- Collaborate with Federally Qualified Health Centers, and other health related organizations to collect and share their information. Coordinating our efforts on data-collection to expand the reach and reduce duplication.

COHC
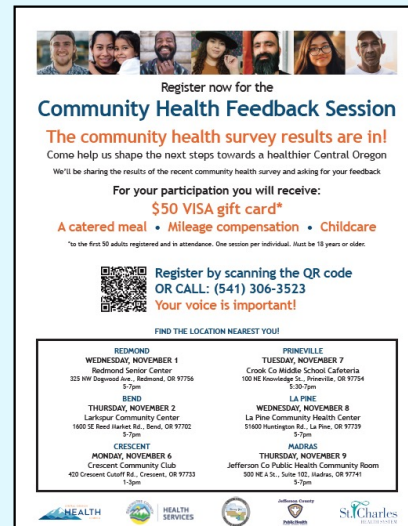
RHA in detail - Preliminary Results

- Included non-numerical information through the survey and the focus groups, interviews and panel discussions to complement the quantitative data and provide a more balanced narrative to the RHA

- Contracted with expert researchers (like the University of Wyoming) to ensure that the collection and analysis of the qualitative data brings out information that is reliable and can be used to formulate health care interventions and strategies

- Brought back the preliminary results of the survey and the focus groups to the communities to verify the pertinence and accuracy of the collected information. A total of 6 Community Health Feedback Sessions were conducted in Redmond, Bend, Crescent, Prineville, La Pine and Madras. Some 350 people attended and were helped by more than 50 volunteers in total.

COHC

News Coverage of Community Participation

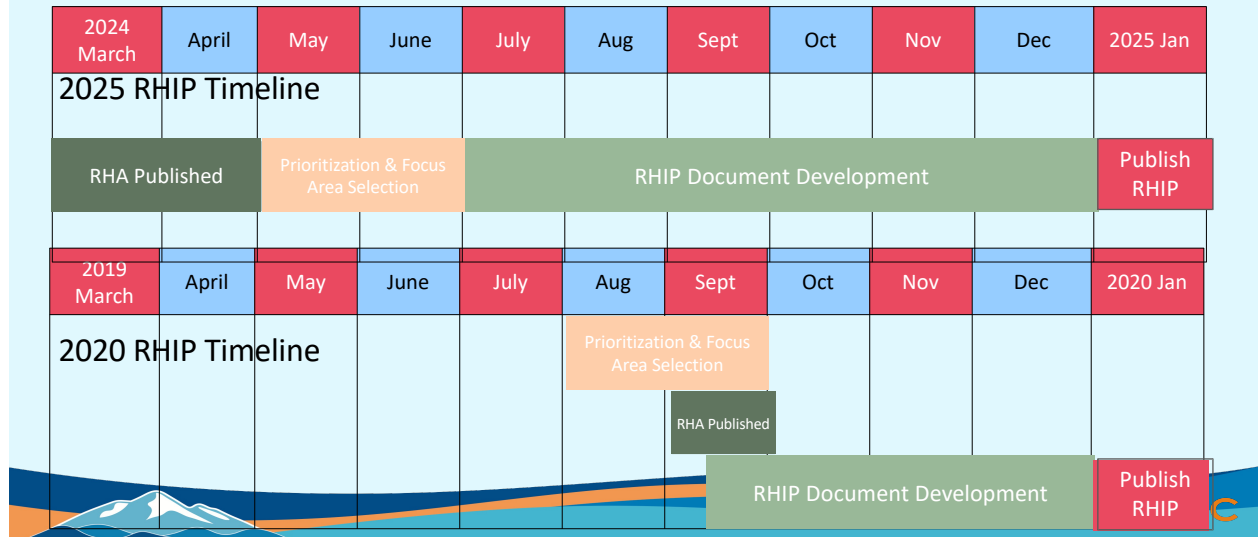- https://centraloregondaily.com/central-oregon-community-health-survey/

Regional Health Improvement Plan

- Timeline
- Comparison timeline
- Process overview
- Comparative highlights

RHIP Timeline Comparison

2024 March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2025 Jan

2025 RHIP Timeline

RHA Published		Prioritization & Focus Area Selection		RHIP Document Development						Publish RHIP

2019 March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	2020 Jan

2020 RHIP Timeline

					Prioritization & Focus Area Selection					
						RHA Published				
							RHIP Document Development			Publish RHIP
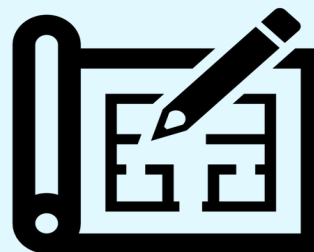
2025 RHIP Process

December 2023 – January 2024
- RHIP Process Planning with COHC staff and expanded to CORE and Steering Committees
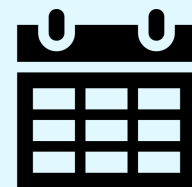
May - June
- RHIP Focus Area prioritization & selection
  - CAC & Board will select 2025 RHIP Priority Areas with community and partner input

July-December
- Development of RHIP
  - Involve COHC workgroups, CAC, and partners in metric and strategy selection

January 2025
- Publish RHIP

COHC

RHIP Comparison Highlights

2025 RHIP

- Six months to write and publish
- Content created by content specialists, existing workgroup partners, CAC, community members
- Includes background, metrics, goals, root causes, evidence-based practices, emerging practices and mutually-agreed upon strategies.
- 2025 RHIP Workgroups will be aligned and ready to start when RHIP is finalized and released

2020 RHIP

- Three months to write and publish
- Content created by small groups of content specialists
- Included background, goals, metrics, evidence-based and best practices
- 2020 RHIP workgroups developed for focus areas
- 9 months to align community partners for action and investment

COHC

Thank You