



Operations Council

February 22, 2024
11:30 am to 1:00 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 – 12:00	Redetermination —Tricia Wilder, Pacific Source
12:00 – 12:50	Service Care Transitions for members of Healthier Oregon (OHP Expansion) — Kat Mastrangelo
12:50 – 1:00	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



COHC Operations Council

Held Virtually via Zoom

January 25, 2024 • 11:30 am–12:30 pm

Members Present

Adam Dickey, Central Oregon Behavioral Health Council
Andrea Ketelhut, BestCare Treatment Services
Anna Higgins, High Desert ESD
Colleen Sinsky, FUSE
Gary Allen, Advantage Dental
Janice Garceau
Jennifer Eales
Kat Mastrangelo, Volunteers In Medicine
Kathy Sabatier, Community Member
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
Mary Ann Wren, Advantage Dental
Misty Boughton, Caldera Family Medicine
Sarah Mahnke, Thrive Central Oregon

COHC Staff

MaCayla Arsenault, Project Manager
Miguel Herrada, Project Manager
Avery Grace, Project Manager
Mary Burns, Project Manager
Kelley Adams, Grant Platform Manager
Donna Mills, Interim Executive Director
Bradley Garner, Administrative Assistant

Welcome, Introductions, Announcements

Miguel Herrada welcomed the group and facilitated introductions.

- Janice Garceau announced standing up a situation status report regarding opioid overdose in the region and announced no loss of life among homeless individuals over the most recent winter storm.
- Kat Mastrangelo announced a project attempting to change requirements for nursing licensures.
- Katie Plumb announced two new positions opening in Crook County Public Health.
- Miguel Herrada announced the resignation of Carmen Madrid from executive director and Donna Mills as interim executive director for COHC.

Regional Health Assessment (RHA) & Regional Health Improvement Plan (RHIP)

Update:

MaCayla Arsenault went over the agenda including the guiding principles for the operations council, previous meeting minutes, and the RHA/RHIP update presentation. (included in packet)

- MaCayla Arsenault provided a high-level overview of the RHA/RHIP process. (Presentation Included in packet)
 - RHA: Regional Health Assessment
 - RHIP Regional Health Improvement Plan
 - Prioritization process
- MaCayla Arsenault discussed required content for the RHA: Regional Health Assessment. Data for required content is sourced from:
 - Secondary data (Demographics, health disparities, indicators and behaviors)
 - Primary data from the community health survey
 - Primary data from listening sessions
 - A descriptive analysis is then compiled by an outside epidemiologist.
- MaCayla Arsenault presented a timeline comparison of the previous RHA process to current. Currently COHC is in the process of data triangulation and descriptive analysis compilation stage. The next stage will be publication of the RHA: Regional Health Assessment, projected for March or April of this year.
- Highlighted success of the previous RHA Regional Health Assessment process to the current include:
 - One Community Health Survey with 3,800 respondents for the current process, compared to 800 respondents from three separate surveys in previous process.
 - Focus groups conducted by trained community partner organizations for the current process, focus groups were hosted by COHC staff in the previous process.
 - Data Triangulation and Descriptive Analysis included includes secondary data, focus group findings and community health survey findings, compared to the previous process containing only secondary data.

- Miguel Herrada presented community health centric values and how they are integrated into the work:
 - Inclusion of BIPOC, LGBTQIA+, immigrant, migrant communities, tribal organizations and governance for collaboration
 - Connect with community champions who advocate on behalf of their community.
 - Engage with subject matter experts.
 - Connected partners, Community organizations, local public health, and partners with access to data or populations experiencing inequity.
- Infrastructure and framework
 - RHA: Regional Health Assessment Core Group
 - RHA: Regional Health Assessment Steering Committee
- Community Engagement Invest
 - Meeting the community members where they are, with events to inform on the data collected.
 - Feedback sessions were conducted in Redmond, Bend, Crescent, Prineville, La Pine, and Madras 350 estimated attendees, assisted by more than 50 volunteers.
 - Local news coverage of community participation
- RHIP Timeline Comparison
 - With focus areas selected, we can develop the RHIP.
 - Have more time to develop the RHIP and input from community and experts.

Information Sharing & Next Steps

Future workgroups will be determined further along the RHA/RHIP process. Discussions about community engagement, increased participation, and incorporating community feedback. How can we make the process involved for workgroups and committees more engaging for community members?