



Operations Council

August 22, 2024
11:30 am to 1:00 pm

Virtual Meeting

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

1.669.900.6833

Meeting ID: 820 6254

4065 Passcode: 787646

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|---------------|--|
| 11:30 - 11:45 | Welcome, Introductions, Announcements |
| 11:45 - 11:55 | Update: Implementing Otago fall prevention program
Dr. Jenni Neahrng |
| 11:55 - 12:00 | Grounding in our shared purpose as the Operations Council |
| 12:00 - 1:00 | Consensus Workshop on topic selected by group survey:
mental health in children |

Land Acknowledgment

We recognize and acknowledge the indigenous land on which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land that we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: "This land is for you to know and live upon and pass on to the children."

COHC Operations Council

Virtual Meeting

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

July 25, 2024 • 11:30 am–1:00 pm

Members Present

Adam Dickey, East Cascade Works
Andrea Ketelhut, BestCare Treatment Center
Carla Stevens, Mosaic Medical
Colleen Sinsky, FUSE
Gary Allen, Advantage Dental
Janice Garceau, Deschutes County Public Health
Jeff Davis, PacificSource
Kat Mastrangelo, Volunteers in Medicine
Kathy Sabatier, Community Representative
Kecia Kubota, Camp Fire Central Oregon
Maggie O'Connor, St Charles Health System
Mandee Wyrick, Community Representative
Manu Chaudhry, Capitol Dental Care
Mary Ann Wren, Advantage Dental
Melissa Valadez, Infinite Healing Solutions
Misty Boughton, Caldera Family Medicine
Penny Pritchard, COIPA

Guests & COHC Staff

Ari Powell, COHC Executive Director
Bradley Garner, COHC Administrative Assistant
Christine Lynch, PacificSource
Gwen Jones, COHC Project Manager
MaCayla Arsenault, COHC Project Manager
Mary Burns, COHC Project Manager
Megan Stickney, Thrive Central Oregon
Tricia Wilder, PacificSource
Theresa Nguyen, Jefferson County Public Health

Welcome, Introductions, Announcements

Gwen Jones welcomed the group and facilitated introductions.

- Ari Powell is the new executive director for COHC.
- The Community Advisory Council-led community health projects grants are accepting grants.
- The Stable Housing and Supports workgroup has two grants accepting applications.
- In June, the Regional Health Improvement Plan's (RHIP) health topics were selected.
- More to come with building the RHIP, with community-building sessions starting in September.

Developing a Work plan

The Operations Council will continue from last month's meeting in developing the plan for their future areas and bodies of work. Operations Council is a unique collaborative involving clinical partners, community members, and CBO partners. Last month the focus was on the Social Determinants of Health (SDoH). The group discussed what was working well and what was not working well. Mary Burns proposed to take some of the individual ideas, add structure, and develop a work plan. The Operations Council can use the work plan as a platform for clinical CBO community members to address issues and build a better system.

Consensus on Focus Areas

Themes from past meetings showed four focus areas to be addressed.

- Service Coordination
- Program Sustainability
- Advocacy
- Public Engagement

Does the Operations Council approve of these four focus areas as a starting point for their work in SDoH over the next two years?

*Action item: Check for consensus on proposed focus areas

Tricia Wilder requested to add some quality to some of the language to create space to elevate to the QIM workgroup which will create a broader conversation before going to the board of directors. The Provider Engagement Panel can also be a place to elevate some quality work. Gwen Jones clarified the concept Operations Council is the middle place that looks to support the work of the other bodies and currently structuring that alignment.

Janice Garceau addressed that the focus areas have a focus more on process rather than outcome. Mary Burns clarified how we developed our list from last month's meeting. The group wanted to strengthen what was working well and improve on what was not working well. The Operations Council noted concerns in the previous meeting about program sustainability and how to continue SDOH programs after the use of initial funding. The intention is to create/ the overall work plan with pieces to be addressed by creating smaller workgroups to come up with targeted approaches to improve based on the four themes.

Group Work in Focus Areas

Mary Burns proposed a recommendation for the Operations Council's two-year plan to focus on housing, transportation, food, and nutrition. Our next task will be creating practical aims. Gwen Jones clarified Operations Council work intends to solve problems interconnected between RHIP workgroups that are more siloed on their topics. These selected topics have already had issues on how to address or define scope due to the larger systemic nature. These topics tie into the upcoming new workgroups, QIMs, and other areas. How can we narrow our aim in these topics to make them actionable? How can each group member's expertise create new or more impactful solutions?

The problems that the Operations Council will work on in these topics will be in support of the RHIP workgroups and not intended to duplicate the work the workgroups are performing. Group discussions centered on connecting Operations Council work directly to supporting the RHIP workgroups as opposed to doing the work of the workgroups and being within the scope of the Operations Council. Group discussions turned to further defining the Operations Council's work on which RHIP health topics and SDoH should be a focus.

Manu Chaudhry proposed two suggestions to the group. Should the Operations Council focus on one-year plan intervals as opposed to a two-year or five-year plan to align with QIMs? OHA has 22 approved SDoH screening tools can we align one tool across our organizations as a starting point? The group supported and furthered discussion into educating the public on their benefits and access. How can we create a "global approach" for our region? Tricia Wilder addressed that the Operations Council and their work can be lifted higher; 15 QIMs help both upstream and downstream. Tricia Wilder also shared the direct work by PacificSource with SDoH.

The group wanted to define specific actions in their work and how they would collaborate with the RHIP workgroups going forward. COHC staff will take proposed recommendations and actions by the group to support the scope that the Operations Council defines. Operations Council further discussed the scope of work, how the work supports specific health topics and prior proposals. Discussion ensued on the intention of the group to work on a higher level of supporting all topics and not selectively choosing which topics to support.

Operations Council discussed if the group works on supporting workgroups, should SDoH be a focus? Janice Garceau proposed that the Operations Council's direction should be with supporting issues experienced in workgroups. The group discussed options for meeting in person.

*Action item: Poll members about meeting in person, and how often?