



**CORE**

Center for Outcomes  
Research and Education

OHA Transformation Center  
Community Health Assessment and  
Community Health Improve Plan Learning  
Collaborative: Community Engagement

November 2, 2022

Facilitated by: Lisa Angus, Kristen Lacijan

# Zoom Logistics

- This session will be recorded
- Private chat or email Tom Cogswell ([thomas.cogswell@dhsoha.state.or.us](mailto:thomas.cogswell@dhsoha.state.or.us)) with any Zoom issues

# Learning Collaborative Goals

- Support CCOs, local public health, hospitals, and their community partners in creating shared community health assessments & health improvement plans
- Provide a space for learning collaborative participants to discuss operational challenges, successes and best practices

# Learning Collaborative Workshop Series: Community Health Assessments & Community Health Improvement Plans

Resourcing  
3/29, 11:30-1  
\*recording available  
on basecamp\*

Governance  
5/17, 11:30-1  
\*recording available  
on basecamp\*

Timelines/Cycles  
9/13, 11-12:30  
\*recording available  
on basecamp\*

Community  
Engagement  
11/2, 10-11:30

Tribal Engagement  
February 2023

Sustainability &  
Dissemination  
April 2023

# Agenda

- Logistics and Introductions
- Community Engagement concepts:
  - Requirements
  - Core Principles and Examples
  - Logistics
  - Tribal Engagement
  - Assessing Success
- Guest speakers:
  - Columbia Gorge Health Council
  - Healthy Columbia Willamette Collaborative (Health Share)
- Breakout session
- Q&A and Resources



# Participant Introductions

In the chat, please share:

- Name
- Pronouns
- Title
- Organization



# Community Engagement Requirements

Hospital	Public Health	CCOs
<ul style="list-style-type: none"><li>• At least <b>one state, local, tribal, or regional governmental public health department</b>, or a State Office of Rural Health.</li><li>• Members of <b>medically underserved, low-income, and minority populations in the community</b> served by the hospital facility, or organizations serving or representing the interests of such populations.</li></ul>	<ul style="list-style-type: none"><li>• Participation of partners outside of the health department that represent <b>Tribal/community populations</b> and health challenges and must <b>include various sectors of the community</b> (e.g. local government, health care providers, community organizations, etc.).</li><li>• Representation of <b>two or more populations that are at higher health risk</b> or have poorer health outcomes must also be included.</li></ul>	<p>Must meaningfully and systematically engage <b>socially and culturally diverse representatives of the critical populations and community stakeholders</b> to create a plan for addressing community health needs that build on community resources and skills and emphasizes innovation.</p>

# Community Engagement Core Principles

(National Academy of Medicine's Organizing Committee for Meaningful Community Engagement, 30+ members )





# Example: Micro-Narrative/Story Database

## Clatsop, Columbia, Tillamook Counties (Colombia Pacific CCO)

- Community Stories outreach: Collected 1,200+ surveys/micro stories
- Everyone invited to a **theming workshop to synthesize results.**
- In addition to overall themes, the result is also an exceptionally rich database that **continues to be extremely useful.**
- Survey information is stored centrally and is accessible for searches for future needs. When working with partners, CCO can search stories on various topics to pull information on experiences that participants previously shared. This has **helped ease community survey fatigue.**

Inclusive

Bi-  
Directional


Ongoing

[Webinar: www.youtube.com/watch?v=yR0PP17xMCU](https://www.youtube.com/watch?v=yR0PP17xMCU)

[CHP: Columbia Pacific CCO RHA RHIP 2019.pdf \(oregon.gov\)](#)

# Example: Mobilizing for Action through Planning and Partnerships (MAPP) Jackson & Josephine Counties – All In For Health

- **Who: External consultant** to support development of backbone structure, organize community engagement. Community engagement was aimed **to reach individuals not typically asked to participate.**
- **What:** Focus groups, community forums, surveys
- **How: MAPP phases**
  - Partnership development
  - Visioning
  - The 4 MAPP assessments
  - Identify strategic issues
  - Formulate goals and strategies
  - Action cycle



Multi-Knowledge



Shared Governance

# Example: Community Informed/Centered/Initiated Framework

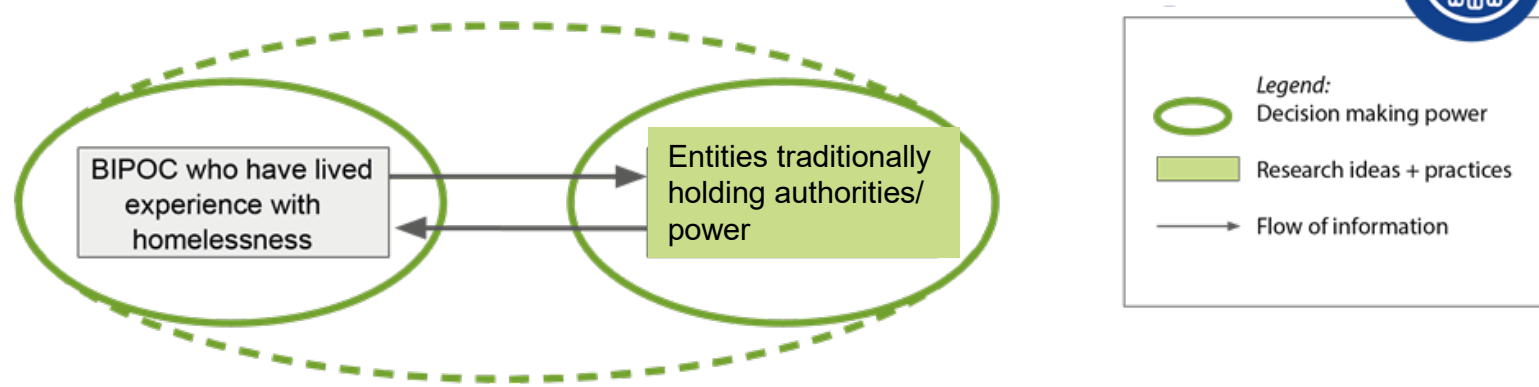
[RSHIF Equitable Evaluation and Governance Report.pdf](#)

[\(pdx.edu\)](#)

## Community Informed



## Community Centered



## Community Initiated / Driven



Co-Equal

Shared  
Governance

CORE

# Logistics: Defining Communities to Engage

- **Historically underserved** communities, populations who are **not typically included**
- **Informed by health disparities data**
- Hospital requirements: **Medically underserved, low-income, and minority populations** in the community
- Public Health requirements: Two or more populations that are at **higher health risk** or have poorer health outcomes
- CCO requirements: **Socially and culturally diverse representatives** of the critical populations and community stakeholders (CCO requirements)
- Select service area definition that **is most inclusive for all organizations**
- Service area may not align with all partner requirements: aligning **CCO/LPHA community service area definitions was most common.**

# Logistics: Time and Capacity Commitment

- **Community engagement is the most time-consuming CHA/CHIP activity.** Also, the most important for community buy in and successful CHIP implementation.
- Timelines ranged from 6 – 18 months.
- Convening/coordinating entity often led work, and staff from all participating organizations were involved in design, implementation, and analysis

- **Some key stakeholders worked with external consultants to support capacity, including community engagement work**
- **Consultants provided increased capacity and focused expertise during community engagement, eased the burden and added value to the work**

# Logistics: Common Methods and Approaches

Focus groups

Interviews/Story  
Collection

MAPP

Surveys

Town Halls

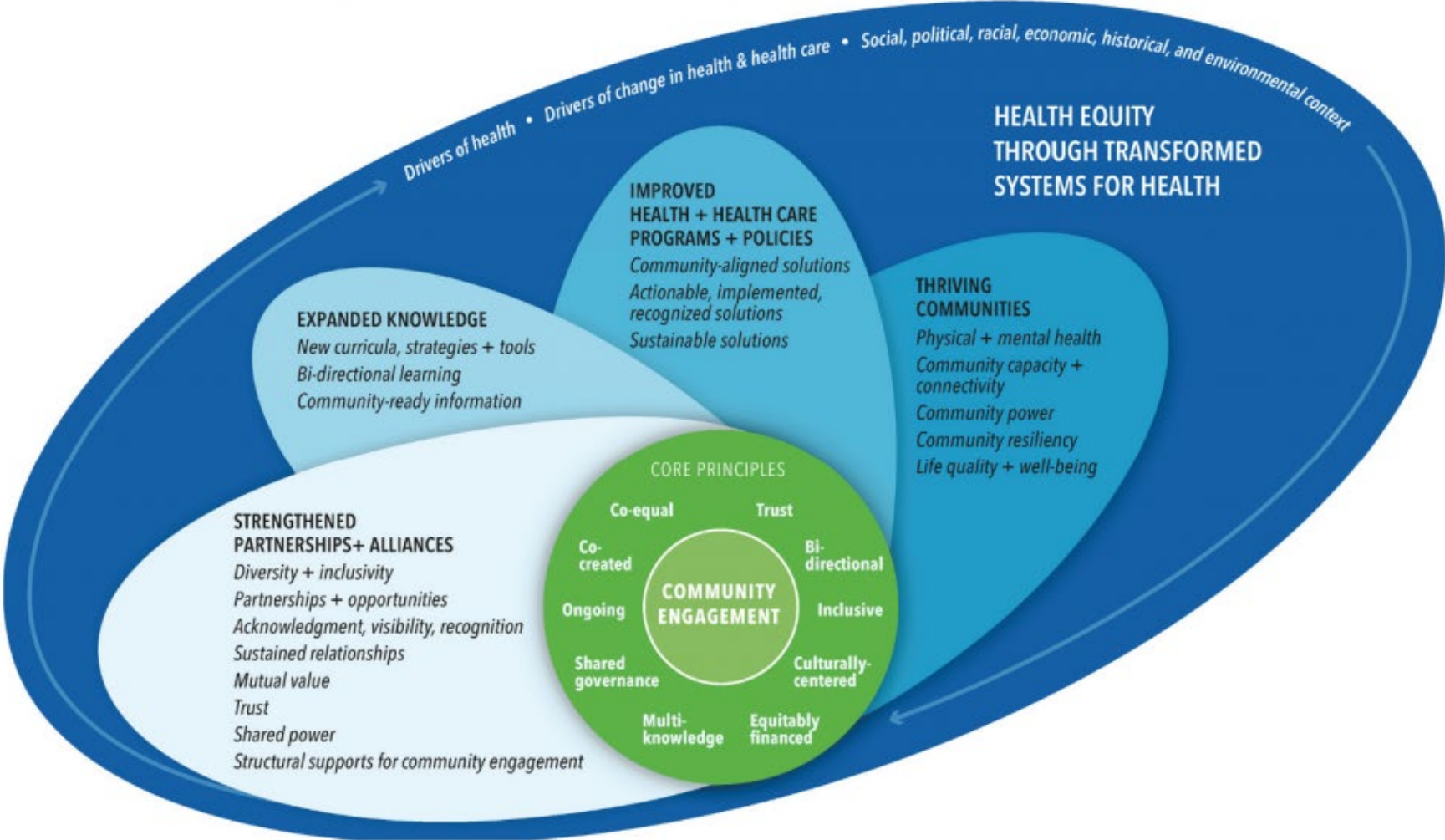
Aspects of  
Community-based  
Participatory  
Research

# Tribal Engagement Considerations

- CCO/LPHA and/or hospital connections to Tribal entities may be newer and less well established.
- In developing these relationships, respect for Tribal sovereignty is central.
- **Respect Tribal goals, desires, and boundaries.**
- Respect the level to which Tribal entities wish to engage.

# Assessing Success:

## National Academy of Medicine's *Assessing Community Engagement (ACE) Conceptual Model*



**FIGURE 1 | A Dynamic Relationship: Achieving Health Equity and Systems Transformation through Meaningful Community Engagement**

[Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health - National Academy of Medicine \(nam.edu\)](https://www.nam.edu/assessing-meaningful-community-engagement)



# Assessing Success: Domains and potential indicators

## National Academy of Medicine's *Assessing Community Engagement (ACE) Conceptual Model*

### **Strengthened partnerships and alliances**

- Levels of partnership, trust, shared power
- *Ex.: [Collaboration Factors Inventory](#) | [Wilder Foundation](#)*

### **Expanded knowledge**

- Implementation of community curricula, bi-directional learning
- *Ex.: # of attendees, post-event surveys to gauge learning*

### **Improved health and health care programs and policies**

- Actionable solutions, sustainable solutions
- *Ex.: # of community members impacted by improved policy*

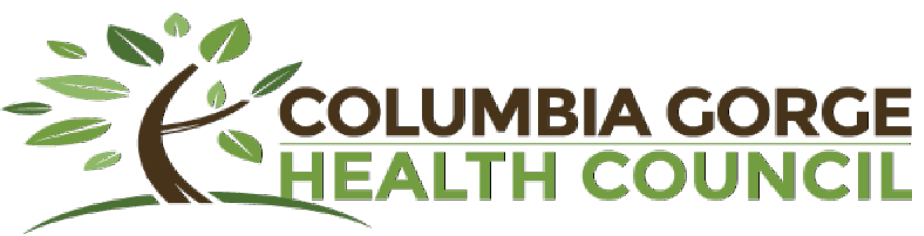
### **Thriving communities**

- Physical + mental health outcomes, community connectivity, wellbeing
- *Ex.: Incentive metric performance, [About the SCI – Sense of Community](#)*



## Guest Presenters

- Columbia Gorge Health Council
- Healthy Columbia Willamette Collaborative



Our Columbia Gorge Health Council addresses barriers to health and well-being in the Columbia Gorge. We do this by working with partners to bring forth solutions that are driven by the community.

We lift patient and provider voices. We bring partners together, invest funds, and support collective efforts to improve:

- Health quality
- Access
- Equity

We have a vision of

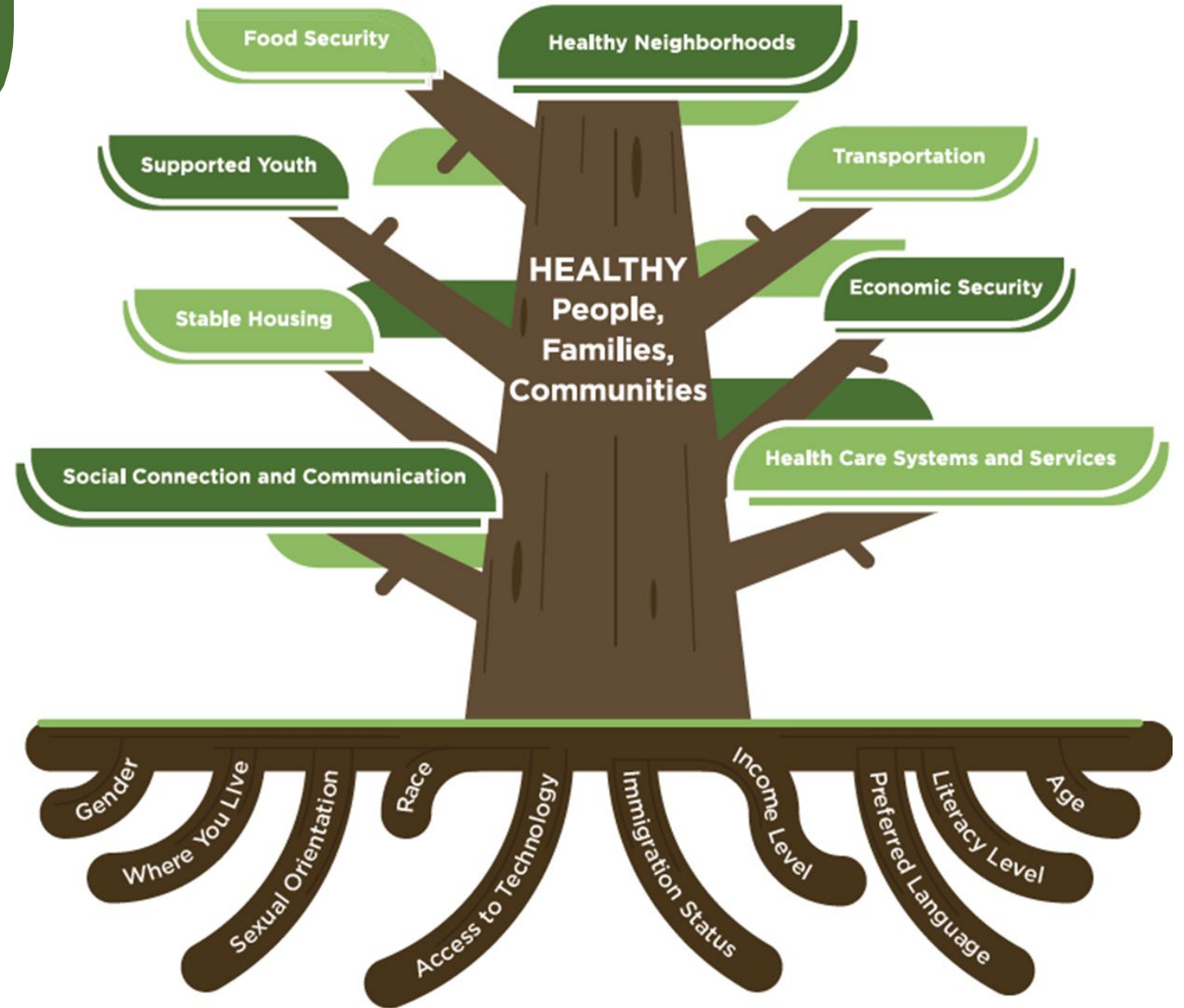
**community health  
and well-being**

for all people in the region

Healthy people, healthy families,  
and healthy communities

# Working Together Leads to Community Health and Well-Being

Social Determinants of Health and Equity



Structural Inequalities, Bias and Discriminations to Identify and Address

## Developing a Community CHA/CHIP Platform

The Columbia Gorge Health Council has committed to investing resources and funds into developing a shared CHA/CHIP platform.

Our vision is that this site will be a place to highlight the community's goals and accomplishments. It will provide data and information to show progress towards improving our CHIP priority areas that's accessible to everyone.

Examples from Central Oregon Health Council & Healthy Klamath:

[Healthy Klamath :: Homepage body](#)

[Centraloregonhealthdata.org](http://Centraloregonhealthdata.org)

## Wrap up and Questions

Design process with the web developers started in October 2022

Design and feedback sessions with community partners planned  
in February or March 2023

Site will be fully live summer of 2023

## Questions?

Jenny Anglin, Executive Director  
Columbia Gorge Health Council  
Jenny@gorgehealthcouncil.org



# Health Share of Oregon

---

**The Healthy Columbia Willamette  
Collaborative and our community  
engagement approach**

# For our conversation

---

- HCWC Overview
- A journey to a community informed process
- Focus on the Community Action Team
- Values into Action





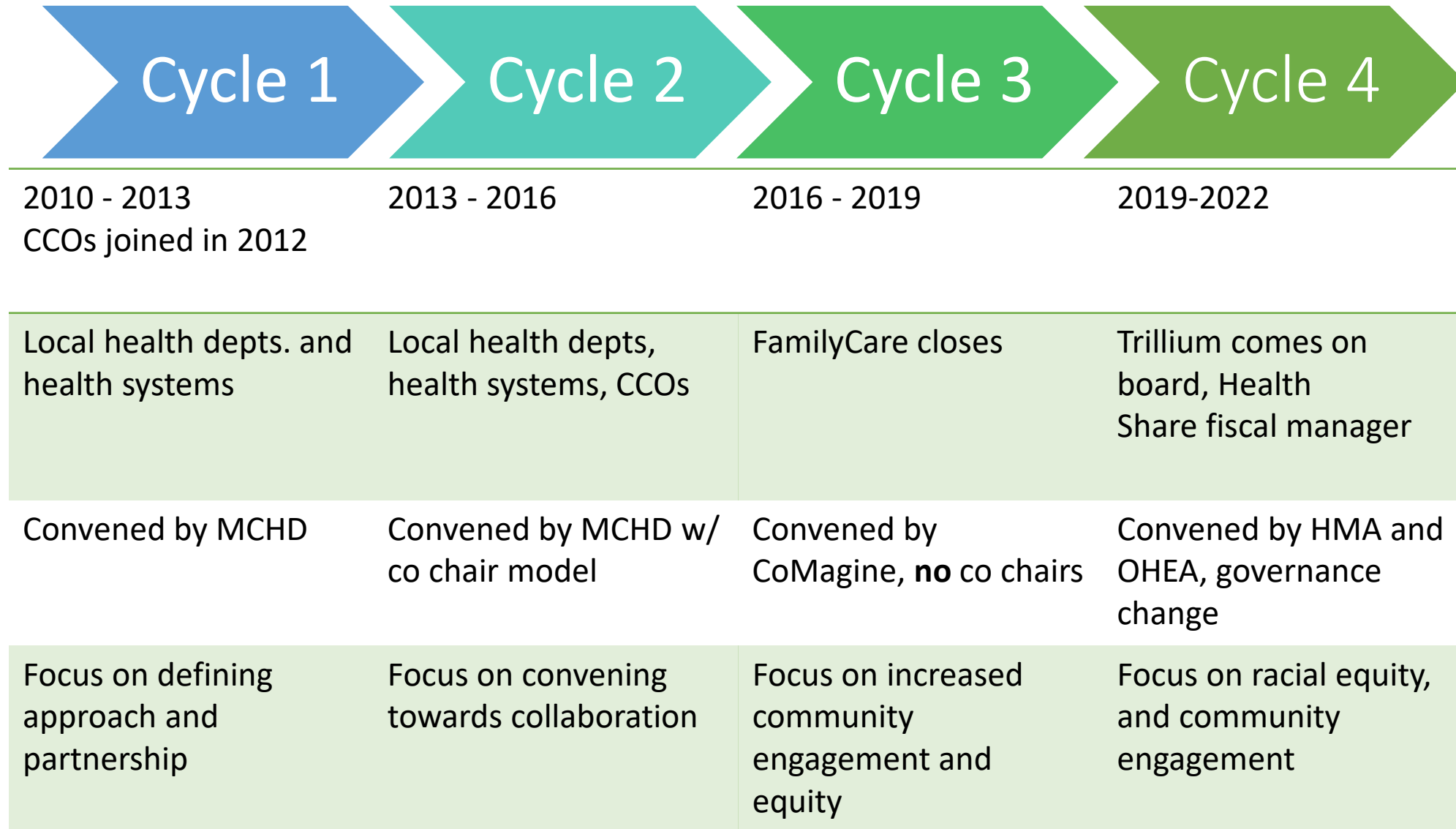
# HCWC Partners

The Healthy Columbia Willamette Collaborative is a large public-private partnership of 15 hospitals, four local public health agencies and two coordinated care organizations in Clackamas, Multnomah and Washington counties of Oregon and Clark County, Washington.

Adventist Health	Oregon Health and Science
CareOregon	University (OHSU)
Clackamas County Health	Providence Health and Services
Clark County Public Health	Trillium Community Health Plan
Health Share of Oregon	Washington County Public
Hillsboro Medical Center	Health
Kaiser Permanente	
Legacy Health	
Multnomah County Health	
Department	



# HCWC History and timeline

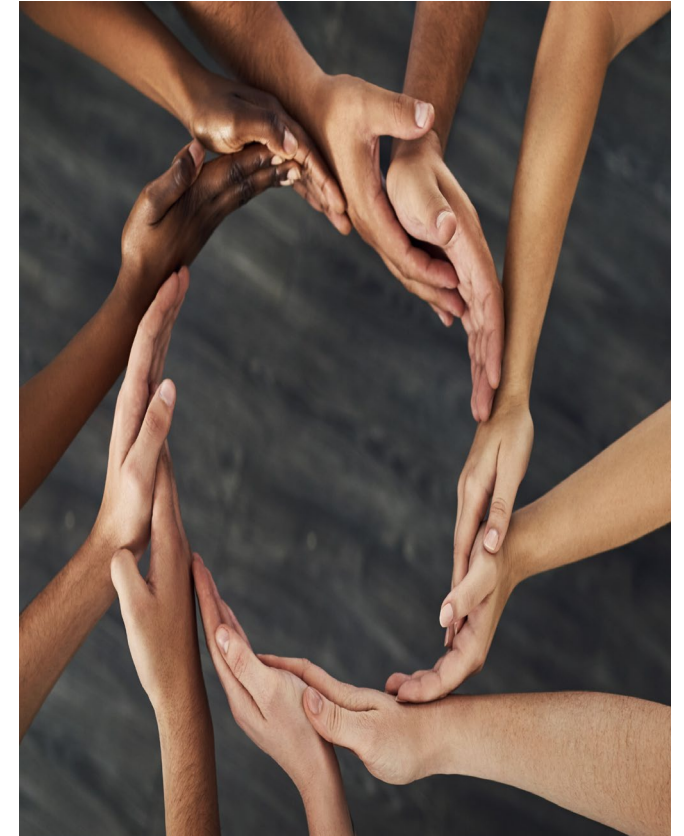


# A Journey to a community informed process

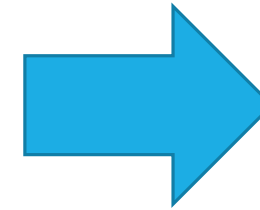
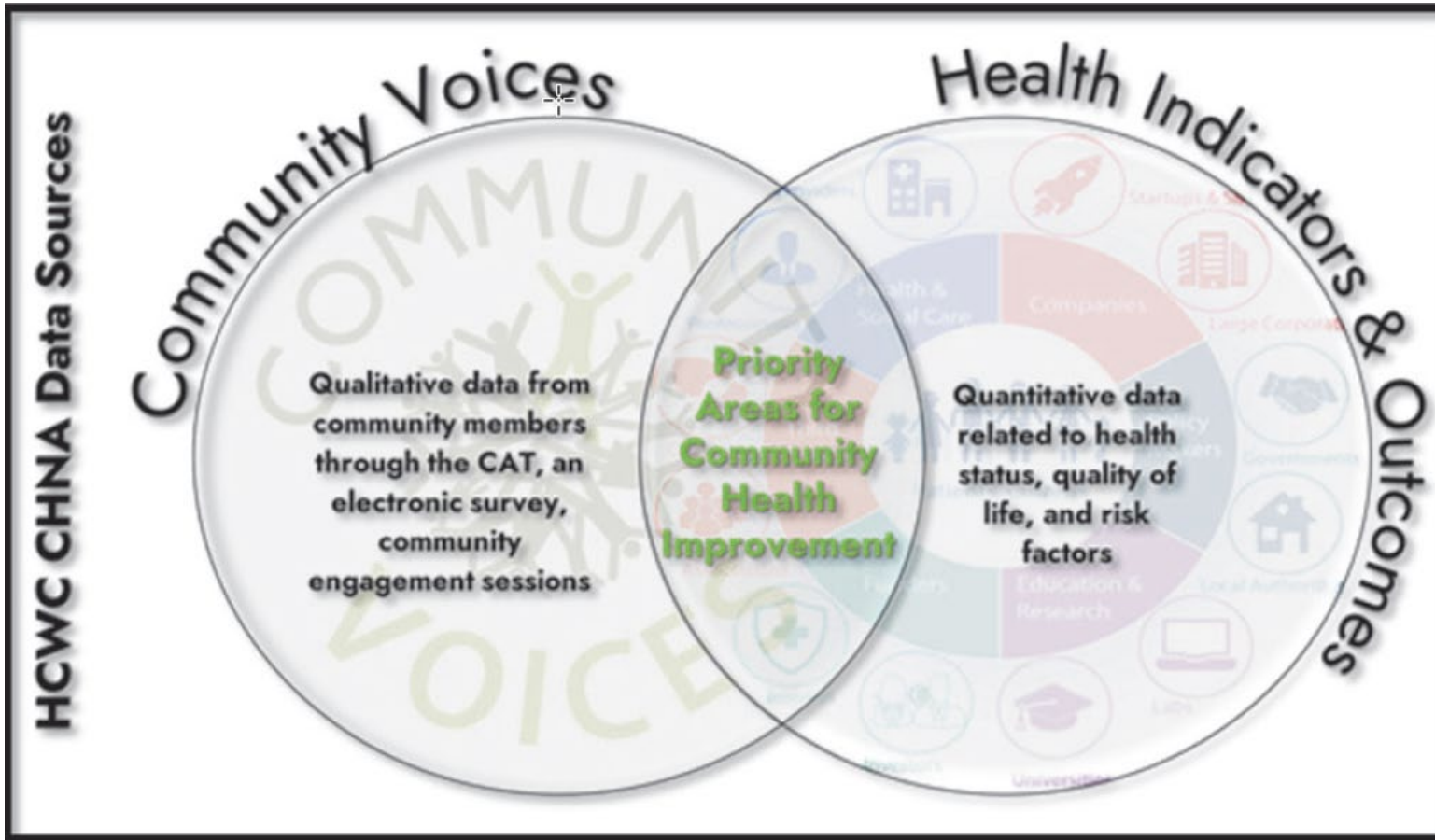
- New contractors Health Management Associates (HMA) and Oregon Health Equity Alliance (OHEA)
- Much larger emphasis on *meaningful* community engagement
- Hoping to advance **equity-related** practices
- New structure and approach for HCWC
  - Single contract holder- **Health Share serves as the liaison for the HCWC partners and contractor**
  - Executive committee
  - **Community Advisory Team (CAT)**

# Community Action Team (CAT)

- Composed of community leaders representing the diverse region (pg. 67-74)
- Guided data collection, analysis and report writing
- Ensured shared values and equity framework more present throughout the process
- Developed the CHNA approach (logic model)
- Conducted outreach and community engagement sessions and aide in survey distribution



# Data Collection Processes



4 Priority Areas  
12 Priority Issues  
4 top linked  
health outcomes

- 37 community engagement sessions w/ 311 community members
- 508 online survey responses

# Values into Action

- Our governance structure
- Completed a Racial Justice chartering process pg. 84

## Storytelling:

*We put an outdoor fire pit and I could tell you that that smoke therapy and our family, just all sitting around it, telling stories, telling traditional stories, coming to sing, you know...just laughing has been so healing for us.*

## DATA ANALYSIS PHASE

Alignment with Racial Justice Charter:

### Data interpretation

- Look to the CAT to help lead the analysis
- Ensure interpretations are vetted with other groups (learn from other groups)

## Governance and Decision-Making

Five partners came together to ensure a community-centered CHA process.

<p><b>THE COMMUNITY ACTION TEAM (CAT)</b></p>	<p><b>THE PEER REVIEW GROUP</b></p>	<p><b>OREGON HEALTH EQUITY ALLIANCE (OHEA)</b></p>	<p><b>HEALTH MANAGEMENT ASSOCIATES (HMA)</b></p>	<p><b>THE HEALTHY COLUMBIA WILLAMETTE COLLABORATIVE (HCWC)</b></p>
<p>Comprised of leaders</p>	<p>A collection of data</p>	<p>A people of color-led collaborative, organized to center and uplift the wisdom of communities of color through racial justice</p>	<p>Supports communities with tackling the problems that impact health outside the walls of hospital, provider, and payer offices, such as inadequate housing and food</p>	<p>A partnership comprised of health systems, public health partners, and Coordinated Care Organizations that jointly funded this CHA across the four-</p>

“*Health is all about understanding the needs of not only yourself but those close to you and your community. And when you understand your needs and your community needs, then that's when things can start to change.* –

BIPOC Youth Community Session Participant

”

# Breakout question ideas

- Community engagement in COVID: What have you learned and what new practices will you keep, moving forward?
- How do you avoid putting too much burden on the community?
- How do you work towards some of the more systemic core principles of community engagement, such as co-created and shared governance?

# Q&A

**CORE**





## Additional Community Engagement Resources:

[Resident Engagement - ReThink Health](#)

[RTH-ResidentTypologyOutcome\\_2152018.pdf \(rethinkhealth.org\)](#)

[Community Power and Health Equity: Closing the Gap between Scholarship and Practice - National Academy of Medicine \(nam.edu\)](#)

[Community-Based Participatory Research | Oxford Research](#)

[Encyclopedia of Anthropology](#)

## Assessing Community Engagement Efforts:

[Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health - National Academy of Medicine \(nam.edu\)](#)

## Shared Governance:

ReThink Tool for Assessing your Distributed Leadership Practice

[RTH-DistLeaderTool\\_142019-1.pdf \(rethinkhealth.org\)](#)

## Co-Creation:

[HIP\\_Set1\\_Ch2\\_Planning for Collaboration.pdf \(humanimpact.org\)](#)

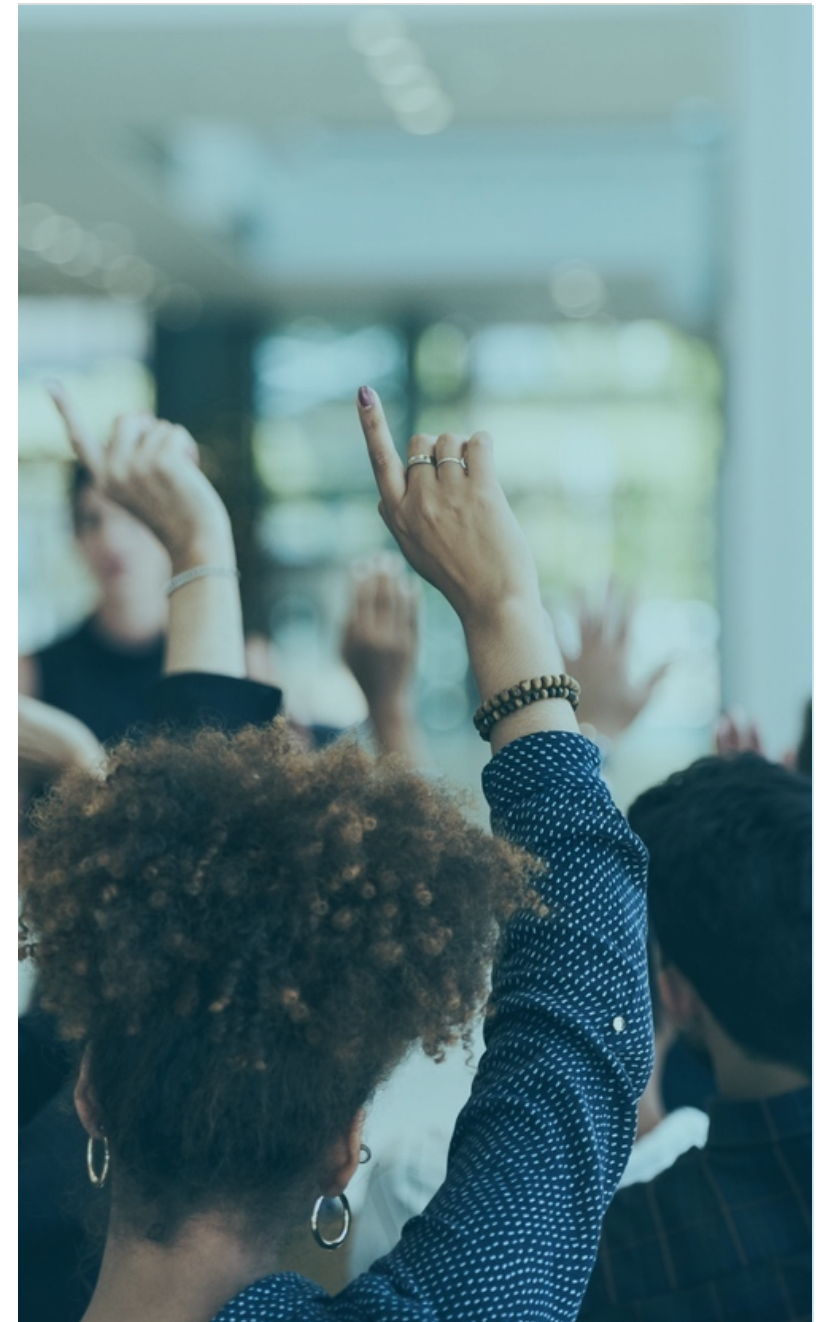
## Equitable Financing:

[Pooled-Funding-Brief\\_FINAL.pdf \(nasdoh.org\)](#)

## Bi-Directional Learning:

[Data party | Better Evaluation](#)

[Community Owned Data Series – Best Starts for Kids Blog \(beststartsblog.com\)](#)



Thank you!

**CORE**

**CORE**

Center for Outcomes  
Research and Education

[www.providenceoregon.org/CORE](http://www.providenceoregon.org/CORE)