Partnership for Community Health

Charter (Approved October 11, 2024)

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Purpose

The Partnership for Community Health (PCH) is a multiagency collaborative of public health agencies, health systems, and key partners committed to improving community health and wellbeing in the region. The PCH is designed to support and enhance health improvement processes using a collective impact framework, a collaborative approach in which various organizations and community members work together to solve complex social and systemic problems by focusing on a shared vision of positive change. The PCH collective impact framework builds upon the strengths of each organization, shares system data, and leverages resources to impact health with a focus on health equity.

Membership

The member organizations listed represent large portions of the public health and health systems in the region.

- Benton County Public Health
- Community Advisory Council for IHN-CCO
- Community Health at Confederated Tribes of Siletz Indians
- Lincoln County Public Health
- Linn Benton Lincoln Health Equity Alliance
- Linn County Public Health
- InterCommunity Health Coordinated Care Organization (IHN-CCO)
- Samaritan Health Services
- United Way of Linn, Benton & Lincoln Counties

The organizations listed above represent large portions of the public health and health systems in the region. However, it is understood that the PCH members cannot be effective without lifting up voices and experiences from across various sectors and populations of the region. To that end, member organizations will include other members from within their organization and partner networks in PCH work, as needed. The PCH will also engage in community forums to gather input.

PCH member organizations must have board- or executive-level support to contribute time and financial resources (as applicable depending on the organization) to the PCH. The focus of the PCH extends into areas within the health services delivery system, as well as governmental public health. Governance is shared and guided by a collective impact framework that depends on a shared vision of change by all members.

Fiscal Sponsorship

The fiscal sponsors of the PCH are the Linn County, Benton County, and Lincoln County Local Public Health Authorities (LPHAs), Samaritan Health Services (SHS), and InterCommunity Health Network Coordinated Care Organization (IHN-CCO). These members reflect a unique role within the region's public health and health services ecosystems and serve as the core stewards of the PCH.

Fiscal sponsors agree to:

- Develop and manage the operating budget for PCH operations and projects, including agreements pertaining to cost-sharing and in-kind project work
- Fund annual operations costs for shared staff and resources to satisfy PCH deliverables

- Collaborate on Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) implementation to improve long-term health outcomes across the region, with a special focus on health inequities and to uplift individuals, families, and communities who have been historically marginalized
- Align health impact strategies across the region to leverage public and private resources that may fund CHIP implementation and other PCH strategic initiatives

While the fiscal sponsors fund the majority of the PCH core operations, other grants or community partner donations may be utilized as cash awards or in-kind contributions.

Steering Committee

Purpose

The PCH is established as a collaborative which has no separate corporate structure for governance. Governance of the PCH is assigned to the Steering Committee which is authorized to make decisions on behalf of the PCH in matters pertaining to the:

- Goals and objectives of the PCH
- Establishment of deliverables, standards, and responsibilities for PCH projects
- Project budget and fiscal matters
- Contracts, memoranda of understanding (MOUs), and other formal agreements
- Risk management
- Resolution of conflict within the PCH and among partners

Membership

The Steering Committee is composed of one representative of each of the PCH member organizations listed in the PCH Membership section. Steering Committee members should be management- or director-level employees, contractors, volunteers, or board members supported by their organizations to contribute their time and resources to the PCH and have the authorization to make decisions on behalf of their functional unit. There is no set term for Steering Committee members, but members are expected to make a long-term commitment to ensure continuity and consistency to achieve PCH goals.

Each member organization may invite an additional representative to become a member of the Steering Committee. The purpose of this representative is to provide lived experience, knowledge, or skills that enhance the collective impact of the PCH on community health. Examples of community representatives include, but are not limited to, community members or volunteers engaged in the work of an organization, and staff who support Steering Committee members.

The PCH will select co-chairs (up to three individuals total). The co-chairs will rotate meeting facilitation (or appoint an outside facilitator) and will draft agendas between meetings to advance the work, track action items as needed, and assign project management staff to this activity (see Staff Support section).

Guiding Principles

The PCH and Steering Committee agree to operate under the following principles:

Accountability	Accepting responsibility for one's actions, as well as the impact—both intended and unintended—of health policy and decisions that are made at the organizational level
Authentic	Being honest with oneself and with others, and not speaking for others unless it is a reflective experience
Collective impact	Working together as community members, organizations, and institutions to advance equity by adopting a common vision and aligning actions to achieve population- and systems-level change
Community-centered vision	Hearing and honoring what the people who live, work, and play say about what they want their community to be like in the future
Courage	Possessing a quality of mind or spirit that enables a person to face difficulty
Data equity and justice	Using data equity principles to guide decision-making, strategic planning, and program implementation and employing data justice to challenge systems that contribute to health inequity
Direct communication	Expressing thoughts and feelings in clear, straightforward statements while actively listening to others to engage in a free-flowing sharing of ideas
Diversity	Including people from a range of different social and ethnic backgrounds, different genders, sexual orientations, etc., in all policy considerations
Equity	Recognizing that we do not all start from the same place and acknowledging historical inequities to improve the health of under-resourced populations
Inclusion	Providing equal access to opportunities and resources for people who might otherwise be excluded or marginalized
Strategic	Advancing the organization's mission and goals using data and best practices to improve long-term health outcomes
Transparency	Being open and honest with intentions and values

Collaboration

The PCH understands that working in collaboration requires attending to each other with care and professional conduct. Members of the PCH will adhere to the following meeting guidelines to cultivate safety, trust, and cultural humility:

- Assume positive intent
- Allow space for all people to contribute

- Find common ground
- Keep an open mind
- Ask questions to clarify
- Tackle problems not people
- Lean into discomfort
- Learn from each other
- Communicate transparently with each other as individuals and across the various organizations

The goals of the PCH include:

- Leverage existing resources and avoid duplicate efforts among partners who are involved in health assessment, improvement planning, and outcomes tracking
- Enhance transparent communication and inclusive engagement with community partners and community members on health needs for the region
- Align strategic initiatives and investment of resources to maximize efficiencies, reduce duplication of efforts, and maximize the benefits to Linn-Benton-Lincoln communities
- Support and enhance planning around policy issues to reduce health disparities, enhance social determinants of health, and raise community awareness of regional health concerns
- Build community capacity to participate in and facilitate health improvement planning processes using the collective impact framework

The strategies used by the PCH to achieve improvement include the following:

- Assign and support staff to carry out PCH activities
- Develop and maintain a regional health assessment and improvement plan that focuses on the strengths, needs, and opportunities for the health and well-being of people who live, learn, work, and play in the Linn-Benton-Lincoln region
- Implement shared and aligned strategies to address priority health issues identified in the community health assessment and improvement plan
- Develop community infrastructure to enhance the sustainability of community support services for addressing social determinants of health and health equity

The PCH recognizes the critical role of data analysis to drive health outcomes and policy and plans to do the following:

- Increase the region's ability to describe the determinants of the most prevalent and costly health issues or conditions based on empirical research findings
- Assess common strengths and challenges in population health across the region
- Provide a standardized method for data collection, analysis, modeling, mapping, and sharing data to strengthen and support the health of our region
- Support primary data analysis (original data collected using first-hand surveys, focus groups, etc.) while sharing secondary data (data obtained from another party) to engage communities in their health to drive local solutions
- Share baseline data and track data trends to evaluate policy and program health outcomes at the community level
- Provide technical assistance and training to equip partners with the data and tools to set priorities, make decisions, and achieve program design that leads to improved health outcomes

Deliverables

The primary deliverable of the PCH is leading the process of creating and implementing a community health assessment (CHA) and a community health improvement plan (CHIP) that support member organizations in meeting their organizational, statutory, and accreditation requirements. This process requires significant community outreach and engagement. Other deliverables may be established by the PCH as needed. The timeline, processes, and expectations for deliverables will be set by the PCH (with collaboration from other partners as applicable).

Meetings

Meetings of the Steering Committee will occur as requested by the co-chairs; the suggested frequency is monthly. Subcommittees and workgroups may convene outside of the regularly scheduled time as needed, but they will be time-limited and well-defined in terms of scope before commencement.

Meeting Modality

Steering Committee meetings will primarily be conducted virtually using an online meeting platform (e.g., Zoom). In-person or hybrid meetings may be scheduled as requested by the Steering Committee, with a format mutually agreed upon by invited participants. For all meetings, the PCH will strive to create an accessible and inclusive environment for all to fully attend and participate. Accommodations for accessibility may be requested and the PCH will make every attempt possible to provide reasonable accommodations.

Decision-Making

The PCH will strive for consensus-based decision-making. This will apply to Steering Committee meetings, PCH subcommittees, and workgroups.

If a consensus cannot be reached, majority voting should be conducted where each organization receives one vote. If member organizations have multiple staff or guests attending a PCH meeting, each organization shall select one member who will cast the organization's vote. Member organizations are defined in the PCH Membership section. A quorum of seven member organizations is required for a majority vote.

Before resorting to a majority vote, members are urged to consider the power dynamics impacting the issue and decision-making process, as well as equitable representation of the people and populations impacted by these decisions.

Additionally, operational considerations, budget recommendations, CHA/CHIP and community health needs assessment (CHNA) timelines, process, etc., will be addressed by the PCH with clear recommendations for executive-level leadership in each of the foundational member organizations. Any workgroups, such as the CHIP focus areas, will make their summary recommendations to the full PCH from time to time for consideration and approval as well.

Staff Support

Staff support for PCH operations and activities may be provided by:

- Member organization staff with full-time equivalent (FTE) duties in their position description specific to the PCH

- Contractors engaged for PCH work through member organizations
- Interns at member organizations with positions related to the PCH or the CHA/CHIP process

These staff roles may be long-term or time-limited, depending on need and capacity. Compensation and working arrangements will be agreed upon by the PCH and the organization(s) with the fiscal and administrative management of staff role employment.

PCH Staff Positions

As of August 2024, two staff positions carry out PCH work:

- An epidemiologist (half-time)
- A project manager

The position descriptions for PCH staff positions are appended to this charter. The supervision structure, performance evaluation, and work plan for these staff members are determined on an individual basis, with input from the PCH and the organization managing their employment.

Charter Revision

At a minimum, the PCH Charter will be reviewed annually. It may also be updated by the PCH as needed. Charter revisions should be ratified by the decision-making process outlined in the Meetings section.