

White River Health District

Deschutes Rim Health Clinic



DESCHUTESRIM
HEALTH CLINIC

2025 Strategic Planning & Goal-Setting Report

*Results and Prioritized Objectives
from the November 8, 2025, Mini-Retreat*

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Executive Summary

White River Health District – 2025 Strategic Goal-Setting Summary

On **November 8, 2025**, the **White River Health District (WRHD)** Board, staff, and key community stakeholders convened in **Maupin, Oregon** for a four-hour strategic mini-retreat conducted in partnership with the Special Districts Association of Oregon (SDAO), to build shared understanding, alignment, and actionable priorities for the next one to five years.

The retreat provided a collaborative environment to establish a shared understanding of WRHD's current operations, challenges, and opportunities. The session followed a structured framework designed to move from insight to action:

1. **Mission & Vision Pulse Check** – Participants reaffirmed WRHD's mission and vision, exploring how well they align with current community health needs and long-term aspirations.
2. **Lightning Data Walk** – A rapid, data-driven overview of key demographic, economic, and health indicators provided shared context for informed discussion.
3. **SWOT Analysis** – Two breakout teams identified WRHD's internal **Strengths** and **Weaknesses** and external **Opportunities** and **Threats**, helping clarify strategic focus areas.
4. **Goal-Setting Sessions** – Participants worked in **small groups across five focus areas**—Clinical Services, Community Engagement, Workplace Culture, Facility Maintenance & Improvements, and Administration/Management. Each group developed short- and long-term goals using the **SMART framework** (Specific, Measurable, Achievable, Relevant, and Time-bound).
5. **Dot Voting Prioritization** – Each participant allocated color-coded dots to indicate perceived **importance and urgency**, allowing collective prioritization of high-impact goals.

Executive Summary Reference – Goal Matrix (next page):

The following page presents a **one-page Goal Matrix** that consolidates WRHD's prioritized objectives from the retreat. It highlights short-term, long-term, and dual-horizon goals across all five focus areas and visually connects the group's dot-voting results to actionable next steps—providing an executive-level view that the Board can use for oversight and progress tracking.

Retreat outputs were synthesized to merge like ideas across groups and produce a concise, actionable set of **SMART goals**. Each goal identifies a clear target timeline (“**By [Date]**” protocol) and expected outcome, enabling transparent monitoring of progress. The **Cross-Focus High-Scorers** summarize the goals with the greatest combined vote totals, reflecting consensus on WRHD's most critical near-term and strategic priorities. **Appendix A (Parking Lot)** captures additional ideas for future consideration, and **Appendix B (SWOT Analysis Summary)** provides the detailed internal/external context that informed goal selection.

Next Steps:

Together, this Executive Summary and Goal Matrix provide a clear foundation for implementation and Board oversight. In early 2026, WRHD leadership should assign responsible parties, establish quarterly progress reviews, and prepare a mid-year public update showing early progress on high-priority goals.

The matrix below provides a one-page overview of WRHD's prioritized goals as developed during the November 8, 2025 mini-retreat. Goals are organized by focus area and time horizon—short-term (0–12 months), long-term (1–5 years), or dual-horizon (spanning both). This summary visually links the Board and staff's collective prioritization work to the actionable outcomes that will guide WRHD's strategic implementation over the next five years.

Cross-Focus High-Scorers (for Board Prioritization at a Glance)

Focus Area	Combined SMART Goal	Time Horizon	Dots (G/Y/R)	Total Points	Notes / Highlights
Clinical Services	Recruit & Onboard a Dentist (hire by Summer 2026)	Dual: Short-term recruitment + Long-term capacity building	G 7 / Y 0 / R 7	21	Immediate posting and onboarding effort supporting long-term service expansion
Administration / Management	RHC Decision → Application → Certification (0–24 mo)	Dual: Short-term decision/app + Long-term certification	G 6 / Y 7 / R 1	15	Blends operational setup with future regulatory status and reporting alignment
Community Engagement	Adopt & Launch WRHD Communications / Marketing Plan (by 12-31-25)	Short-Term	G 13 / Y 0 / R 1	15	Foundation for transparency, branding, and patient trust
Facilities Maintenance & Improvements	Building B – Assess → Plan → Occupy (3 mo → 18 mo → full)	Dual: Short-term assessment + Long-term occupancy	G 4 / Y 9 / R 0	13	Key facility optimization project spanning multiple phases
Clinical Services	X-ray & Phlebotomy Capacity (90 days)	Short-Term	G 6 / Y 1 / R 2	11	Rapid operational improvement to expand patient diagnostics
Community Engagement	Grow the WRHD Foundation (3 now → 10 in 3 yrs)	Dual: Immediate structure + Sustained growth	G 1 / Y 10 / R 0	11	Short-term launch with long-term financial development
Workplace Culture	Finalize and Roll Out Mission • Vision • Values (≤ 6 mo)	Short-Term	G 11 / Y 0 / R 0	11	Core alignment task supporting strategic clarity across all goals

Interpretation Guide

- **Short-Term** → High-impact initiatives achievable in ≤ 12 months.
- **Long-Term** → Strategic or developmental goals extending 1–5 years.
- **Dual-Horizon** → Multi-phase efforts combining near-term action steps with longer-term outcomes (often cross-functional).

White River Health District 2025 Strategic Goal-Setting Summary

Short- and Long-Term Goals Synthesized from Board and Staff Breakout Sessions

Clinical Services (combined across Groups 1 & 2)

1) Recruit & Onboard a Dentist (hire by June '26)

- **Combined from:**
 - G1 ST: “Find a dentist → BOTOX” + “Hire a dentist within 12 months”
 - G2 ST: “Get a Dentist — June 26 (hire)”
- **SMART goal:** **By July 1, 2026, recruit, hire, and fully onboard a qualified part-time dentist to enhance the clinic’s capacity to meet patient care needs.**
- **Dots:** Green 7, Yellow 0, Red 7 → **Total Points = 7 + 0 + (2×7) = 21**

2) Stand-Up X-ray & Phlebotomy Capacity (90 days)

- **Combined from:**
 - G1 ST: “Build technical skills (ie blood draws, x-ray)” + “Provide technical services – Train x-ray/blood draw within 3 months”
- **SMART goal:** **By March 1, 2026, qualified clinical staff will complete training on x-ray equipment operation and blood draw procedures to increase the clinic’s capacity to expand patient services.**
- **Dots:** Green 6, Yellow 1, Red 2 → **Total Points = 11**

3) Expand Behavioral/Ancillary Access (24 months)

- **Combined from:**
 - G1 ST: “Behavioral Services”
 - G2 LT: “Increase access to Ancillary Services via contractors... (MH/BH, OT, PT, pain mgmt) – 2–3 contractors in 2y”
- **SMART goal:** **By November 2027, execute 2–3 contracts or MOUs for BH and at least one of OT/PT services; publish access hours and referral workflows.**
- **Dots:** Green 2, Yellow 7, Red 0 → **Total Points = 9**

4) Patient Voice: Satisfaction Survey (by June 2026)

- **Combined from:**
 - G2 ST: “Take first patient satisfaction survey — By June 26 — Tied to values”
- **SMART goal:** **By June 2026, launch the first patient-satisfaction survey, target ≥ 30% response, and publish a summary with three action items by July 31 2026.**
- **Dots:** Green 3, Yellow 4, Red 0 → **Total Points = 7**

5) School Dental Prevention (≤5 years)

- **Combined from:**
 - G1 LT: “Involve dental prevention and care in schools within 5 years”
- **SMART goal:** **By November 2030, implement a school-based varnish/fluoride screening program reaching ≥ 80 percent of enrolled students.**
- **Dots:** Green 2, Yellow 5, Red 0 → **Total Points = 7**

6) Stock Core Generic Antibiotics (60 days)

- **Combined from:**
 - G2 ST: “Stock common generic antibiotic (60D)”
- **SMART goal:** By January 2026, approve a core list of generic antibiotics, stock them, maintain > 95% in-stock rate, and review quarterly.
- **Dots:** Green 3, Yellow 0, Red 0 → Total Points = 3

7) Telehealth Delivery Platform (3–4 years)

- **Combined from:**
 - G2 LT: “Get telehealth Delivery Platform 3–4y”
- **SMART goal:** By FY 2029, implement a telehealth delivery platform achieving ≥ 15% of total visits via telehealth in its first year.
- **Dots:** Green 0, Yellow 2, Red 0 → Total Points = 2

(Other distinct items retained with low/no votes: “Double clinic service hours / Double same-day appts,” “Botox/chiropractic,” “More access.”)

Community Engagement (combined across Groups 1 & 2)

1) Adopt & Launch WRHD Communications/Marketing Plan (by 12/31/2025)

- **Combined from:**
 - G1 ST: “Build Strategic Marketing Plan by end of 2025 (what we have / how to communicate / roll out Jennifer / Survey–Patient Satisfaction)”
 - G2 ST: “Develop Communication Plan / Template from Kate 60D (1yr)”
- **SMART goal:** By December 31, 2025, adopt and launch a communication and marketing plan to actively engage residents and patients by providing timely updates on services, staff, volunteer opportunities, and district achievements.
- **Dots:** Green 13, Yellow 0, Red 1 → Total Points = 15

Note: A **Communications Plan** defines how WRHD shares information—internally and externally—to build understanding, trust, and engagement. A **Marketing Plan** focuses on how WRHD promotes its services and brand to attract, retain, and inform patients and partners. Together, they ensure consistent messaging and community connection.

2) Grow the WRHD Foundation (30 days → 3 years)

- **Combined from:**
 - G2 ST: “Expand foundation – need min 3 members 30D”
 - G2 LT: “Expand foundation – Long term 10+ (3y); Need grant writers/partnerships”
- **SMART goal:** By December 31, 2028, establish a fully operational WRHD Foundation to support district services, appoint at least 3 board members by December 2025, expand to 10 by November 2028, and secure measurable funding or in-kind contributions for key programs.
- **Dots:** Green 1, Yellow 10, Red 0 → Total Points = 11

3) Visit Growth to 80% Scheduling Capacity (12 months)

- **Combined from:**
 - G1 LT: “Increase patient load to 80% of schedule capacity in one year”
- **SMART goal:** By November 2026, achieve \geq 80 percent of clinic scheduling capacity: track by clinic/provider and report progress monthly.
- **Dots:** Green 0, Yellow 1, Red 0 → Total Points = 1

(Other items with no votes logged remain as notes: meet-and-greet, “communicate our needs,” org chart visibility, NCPHD call-out.)

Workplace Culture (combined across Groups 1 & 2)

1) Finalize & Roll Out Mission • Vision • Values (\leq 6 months)

- **Combined from:**
 - G2 ST: “Update Mission/Vision/Values – Done 6 mo”
 - G2 ST: “Refine Values → Present to Staff 6 mo”
- **SMART goal:** By May 1, 2026, the WRHD Board of Directors will review, update, and adopt revised mission, vision, and values statements to guide district operations and communicate service expectations to staff, board members, and the public.
- **Dots:** Green 11, Yellow 0, Red 0 → Total Points = 11

2) Structured Staff Development Program (2–3 years; start now)

- **Combined from:**
 - G1 ST: “Prioritize professional development”
 - G2 LT: “Establish Staff Development skills refresher 2–3y”
- **SMART goal:** By November 2027, ensure 100% staff complete core training; begin semiannual refreshers and sustain a 2–3 year development cycle.
- **Dots:** Green 0, Yellow 9, Red 0 → Total Points = 9

3) Embed Values Review (annual)

- **Combined from:**
 - G2 LT: “Ongoing reassessment of Values achievement each year”
- **SMART goal:** By Q1 each year, conduct an annual Mission/Vision/Values pulse, report results to the Board, and identify new action items.
- **Dots:** Green 0, Yellow 2, Red 0 → Total Points = 2

4) Employee Handbook & SOP Alignment (6 months)

- **Combined from:**
 - G2 ST: “Update employee handbook – integrate SOP manuals”
- **SMART goal:** By May 2026, publish an updated Employee Handbook integrated with Standard Operating Procedures (SOPs) for training use.
- **Dots:** Green 2, Yellow 0, Red 0 → Total Points = 2

Facility Maintenance & Improvements (combined across Groups 1 & 2)

1) Building B: Assess → Plan → Occupy (3 mo → 18 mo → full)

- **Combined from:**
 - G1 ST: “Evaluate status of Building B in 3 months (structural & capacity; exercise room)”
 - G2 ST: “Evaluate status of Building B – usage – 3 mo”
 - G2 LT: “Implement Building B usage plan – 18 mo (both teams)”
 - G1 LT: “Achieve full occupancy of Building B”
- **SMART goal:** **By March 1, 2026, complete a full usage and structural capacity analysis of Building B; develop and adopt a preferred-use plan by May 1, 2027; and achieve full occupancy by December 2028 to maximize space utilization and support expanded services.**
- **Dots:** Green 4, Yellow 9, Red 0 → **Total Points = 13**

2) Replace/Upgrade Clinic Computers (≤6 months)

- **Combined from:**
 - G2 ST: “New Hardware/Software computers – 6 mo”
- **SMART goal:** **By May 2026, replace and standardize all priority clinic computers and software, achieving > 99 percent uptime.**
- **Dots:** Green 6, Yellow 0, Red 0 → **Total Points = 6**

3) Facilities SOPs (3–6 months)

- **Combined from:**
 - G2 ST: “SOP for facilities care/maintenance/equip – 3–6 mo”
- **SMART goal:** **By May 2026, publish preventive-maintenance SOPs and a master schedule.**
- **Dots:** Green 2, Yellow 0, Red 0 → **Total Points = 2**

4) Autoclave Back in Service (≤90 days)

- **Combined from:**
 - G2 ST: “Get Autoclave operational in 3–6 months”
- **SMART goal:** **By February 2026, repair, validate, and log autoclave operation, with monthly quality-control checks.**
- **Dots:** Green 0, Yellow 0, Red 1 → **Total Points = 2**

5) Telehealth Infrastructure (3–4 years)

- **Combined from:**
 - G2 LT: “Get telehealth Delivery Platform – 3–4 years”
- **SMART goal:** **By FY 2029, complete telehealth-infrastructure deployment (network, peripherals, platform) and reach ≥ 15 percent visit share in year one.**
- **Dots:** Green 0, Yellow 3, Red 0 → **Total Points = 3**

Administration / Management (combined across Groups 1 & 2)

1) RHC Decision → Application → Certification (0–6 mo → 6–12 mo → ≤24 mo)

- **Combined from:**
 - G1 ST: “Determine requirements to obtain RHC status and Quality Measures in 12 months”
 - G2 ST: “RHC certification start – 1y? Does it pencil!”
 - G2 LT: “RHC Finish – 2y”
 - G1 LT: “Obtain RHC status (both teams)”
- **SMART goal:** **By June 1, 2026, evaluate the requirements and feasibility of Rural Health Clinic (RHC) certification. If certification is determined to be viable, submit the application by November 30, 2026, and achieve full RHC certification by November 2027 to expand access and reimbursement opportunities.**
- **Dots:** Green 6, Yellow 7, Red 1 → **Total Points = 15**

2) Clinic SOP Notebook (training-ready in ≤6 months)

- **Combined from:**
 - G2 ST: “SOP Notebook for Clinic – Comprehensive (Good enough for training)”
- **SMART goal:** **By May 2026, publish a training-ready clinic SOP notebook and audit annually.**
- **Dots:** Green 4, Yellow 0, Red 0 → **Total Points = 4**

3) Org Structure Clarity (60 days)

- **Combined from:**
 - G2 ST: “Complete an org chart – 60D”
- **SMART goal:** **By January 2026, publish an organizational chart, review quarterly, and tie to onboarding materials.**
- **Dots:** Green 1, Yellow 0, Red 0 → **Total Points = 1**

4) Strategic Alliances (5 years)

- **Combined from:**
 - G2 LT: “Build and establish Alliances – 5y (Council of Govts / SWA? etc.)”
- **SMART goal:** **By November 2030, execute ≥ two strategic alliance MOUs (e.g., Council of Governments, SWA, hospital partners) and review annually.**
- **Dots:** Green 0, Yellow 3, Red 0 → **Total Points = 3**

**Note: The SMART goals presented in this document were developed by SDAO consultants based on input gathered during the November 8, 2025 WRHD Mini-Retreat and aligned with organizational best practices. These goals are intended as a starting point for Board discussion and refinement as the District advances its strategic priorities. Cross-Focus High-Scorers are highlighted in yellow at the top of each of their respective focus areas.*

Cross-Focus High-Scorers (for Board prioritization at a glance)

- **Recruit & Onboard a Dentist – 21 pts (Clinical)**
- **RHC Decision → Application → Certification – 15 pts (Admin)**
- **Communications/Marketing Plan by December 31, 2025 – 15 pts (Community)**
- **Building B: Assess → Plan → Occupy – 13 pts (Facility)**
- **X-ray/Phlebotomy Capacity in 90 days – 11 pts (Clinical)**
- **Grow WRHD Foundation (3 now → 10 in 3y) – 11 pts (Community)**
- **Finalize MVV in \leq 6 months – 11 pts (Workplace)**

NOTE 1: Cross-Focus High-Scorers (above) are linked to the SMART goal they represent.
Point-and-click to jump to the goal in the appropriate focus area.

NOTE 2: See Cross-Focus High-Scorers Matrix on the following page.

Here's a refined version of the **Cross-Focus High-Scorers** section, rewritten so Board members can immediately see which items contain **short-term**, **long-term**, or **dual-horizon** elements.

Cross-Focus High-Scorers (for Board Prioritization at a Glance)

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Appendix A – Parking Lot: Low / No-Vote Items

Items captured during breakout sessions that received few or no dot votes but may warrant future consideration. Retaining these provides continuity for long-range planning and ensures good ideas remain visible.

Clinical Services

- “More access” (unspecified expansion concept)
- “Botox / Chiropractic → Building B” (specialty service idea)
- “Double clinic service hours / same-day appointments” (operational capacity goal)
- **“Provide pharmacological services”** – potential on-site or partnered pharmacy service for prescription fulfillment

Community Engagement

- “Communicate our needs” – transportation & maintenance
- “Build partnerships” – schools, sports, Rafters, senior residence
- “Call out NCPHD” (public-health collaboration concept)
- “Meet & Greet new provider before Feb ’26”
- “More customers” – general outreach phrase
- “Mark org chart available 90 days” – internal visibility item

Workplace Culture

- “Solidify Mission / Values and Share” (early draft of MVV work, superseded by finalized goal)
- “Articulate Mission, Vision, Values and reflection on application quarterly” (folded into annual review cycle)
- “Staff retreat / meeting to consolidate values” (to be revisited with future staff-development planning)

Facility Maintenance & Improvements

- “Volunteer for maintenance” – community or staff volunteer maintenance concept
- “Complete Clinic Handbook” – administrative housekeeping item (may fold into SOP notebook project)

Administration / Management

- “Build and utilize Foundation grants” – now addressed through Foundation-growth goal
- “QIM (Quality Improvement Measures)” – included within RHC quality-reporting framework
- “Council of Govs / Meta long term SWA alliances” – captured in strategic-alliances goal but kept here for future expansion

Purpose of the Parking Lot

- Preserve institutional memory of early ideas that were not prioritized.
- Provide a ready list for mid-year Board or staff brainstorming sessions.
- Serve as a baseline for the next strategic-planning cycle (2026–2027).

Appendix B - SWOT Analysis Summary

(Compiled by Greg James, Senior Consultant | SDAO)

This document summarizes the results of the SWOT analysis conducted during the WRHD Mini-Retreat held in Maupin on November 8, 2025. The input reflects candid discussion among board members, staff, and community participants. It provides a current snapshot of internal and external factors shaping the District's success.

STRENGTHS

Identified by Participants

- Skilled and committed providers and staff (IM & FM—whole family care, full-time).
- Passionate Board and community committed to WRHD's success.
- 5-year levy opportunity aligned with the new facility and expanded capabilities.
- New and well-maintained clinic facilities with growth capacity.
- Building B space available for future use or visiting specialists.
- Improved internal communication compared to past years.

Additional Considerations

- **Regional Recognition:** Emphasize WRHD's identity as a model rural health provider within the Columbia Gorge region—can strengthen advocacy and grant eligibility.
- **Continuity of Care:** Leverage full-time family medicine coverage to improve preventive care metrics and chronic-disease tracking.
- **Facility Utilization Planning:** Formalize a “Building B Utilization Plan” for behavioral-health, dental, and rotating-specialty services.
- **Workforce Culture:** Highlight professional development and cross-training as retention tools; align with Oregon Rural Health Workforce Center incentives.

WEAKNESSES

Identified by Participants

- No on-site x-ray technician or imaging services.
- Need for enhanced staff training and technical skills.
- Professionalism and workplace culture inconsistencies.
- No pharmacy on-site.
- Limited access to behavioral-health, dental, PT/RT, and other ancillary services.
- Communication gaps (both internal and external).
- Funding challenges and fee-for-service reimbursement limits.
- Trust issues between staff, board, and community.
- Lack of housing and benefits to attract dental and other providers.

Additional Considerations

- **Technology Gaps:** Evaluate tele-radiology or mobile x-ray partnerships to bridge imaging needs.
- **Talent Pipeline:** Explore regional workforce partnerships (e.g., OHSU Campus for Rural Health, Oregon AHEC) to bring students or residents.
- **Culture & Training:** Develop a structured onboarding and coaching program emphasizing WRHD values and professionalism.
- **Community Perception:** Consider a communications plan (newsletter or quarterly town-hall updates) to rebuild transparency and trust.
- **Housing Advocacy:** Collaborate with South Wasco Alliance or Wasco County Housing Authority on shared-housing or stipend solutions for clinical staff.

OPPORTUNITIES

Identified by Participants

- Leverage Maupin's **quality of life** and location advantages for staffing recruitment and retention.
- **Rural Health Transformation Project** participation.
- **Enhanced Medicare Billing** under federal rural-health provisions.
- **HHS Jobs Creation / Workforce Grants** (funding opportunities).
- Expanded programs in:
 - Mental & Behavioral Health
 - Child Care
 - Transportation
 - Youth Support
 - Community Health Worker (Hired)
- County-level revenue opportunities (solar projects, data-center development).

Additional Considerations

- **Grant Readiness:** Position WRHD to align with Oregon Health Authority Rural Innovation Grants and HRSA Community Health Improvement funding.
- **Behavioral-Health Integration:** Use Building B as a behavioral-health hub; integrate primary care + behavioral health via collaborative-care billing.
- **Economic Development Linkages:** Partner with City of Maupin and South Wasco Alliance to align health access improvements with local economic-development initiatives.
- **Data & Digital Equity:** Participate in regional broadband initiatives (Mid-Columbia Economic Development District) to support telehealth.
- **Public Health Collaboration:** Coordinate with North Central Public Health District to enhance population-health tracking and emergency-preparedness planning.

THREATS

Identified by Participants

- Medicaid cuts and other funding/resource reductions.
- Competition for limited grant and state funding.
- Declining state support (particularly for behavioral health).
- Rising interest rates and overall cost-of-operations pressure.
- Aging population and shrinking volunteer base.
- Primary-care provider shortages.
- River-quality degradation (fish decline) impacting recreation-based economy.

Additional Considerations

- **Workforce Volatility:** Monitor statewide trends in provider relocation and travel-nurse dependence—could increase WRHD’s recruitment costs.
- **Reimbursement Risk:** Federal and state payment reforms (e.g., value-based purchasing) may affect rural FQHC-look-alike funding; maintain financial-modeling readiness.
- **Climate & Disaster Risk:** Wildfire smoke and water-supply issues may affect operations and patient respiratory health—integrate these into continuity-of-operations planning.
- **Aging Infrastructure:** Track facility maintenance and replacement schedules to avoid deferred-maintenance liabilities.
- **Regulatory Complexity:** Maintain strong compliance monitoring to keep pace with Oregon Health Authority and CMS reporting requirements.

Summary Observations

The SWOT results show a community-based organization positioned for growth but facing structural and resource limitations typical of rural Oregon health districts.

- **Internal Strengths**—facilities, commitment, and improving communication—create a strong foundation.
- **Weaknesses**—staffing, funding, and professional-culture gaps—require sustained management focus.
- **Opportunities** lie in strategic partnerships, telehealth expansion, and proactive grant development.
- **Threats** remain largely external—funding volatility, workforce shortages, and demographic change.

Together, these insights will inform WRHD’s **goal-setting and strategic-plan development** in 2026.

NOTE: See the SWOT Analysis Matrix on the following page for a single page snapshot of all the analysis data.

SWOT Analysis Matrix

Strengths	Weaknesses
<ul style="list-style-type: none"> • Skilled and committed providers and staff (IM & FM – whole-family care, full-time) • Passionate Board and community committed to WRHD's success • 5-year levy opportunity aligned with new facility and expanded capabilities • New, well-maintained clinic facilities with growth capacity • Building B space available for future use or visiting specialists • Improved internal communication compared to past years • Regional Recognition – position WRHD as a model rural provider • Continuity of Care – leverage full-time family medicine for preventive tracking • Facility Utilization Planning – develop Building B utilization plan • Workforce Culture – emphasize professional development and cross-training 	<ul style="list-style-type: none"> • No on-site x-ray technician or imaging services • Need for enhanced staff training and technical skills • Professionalism and workplace-culture inconsistencies • No on-site pharmacy • Limited access to behavioral-health, dental, PT/RT, and ancillary services • Internal and external communication gaps • Funding challenges and fee-for-service reimbursement limits • Trust issues between staff, board, and community • Lack of housing and benefits to attract providers • Technology Gaps – explore tele-radiology/mobile-x-ray partnerships • Talent Pipeline – build regional workforce partnerships (OHSU Rural Health, AHEC) • Culture & Training – implement onboarding and coaching program • Community Perception – increase transparency via newsletters/town-halls • Housing Advocacy – collaborate on shared-housing/stipend solutions
Opportunities	Threats
<ul style="list-style-type: none"> • Leverage Maupin's quality of life and location for recruitment and retention • Rural Health Transformation Project participation • Enhanced Medicare billing under rural-health provisions • HHS workforce-grant opportunities • Expansion in mental & behavioral health, childcare, transportation, youth support, and community-health-worker programs • County-level revenue prospects (solar projects, data-center development) • Grant Readiness – align with OHA Rural Innovation & HRSA funding • Behavioral-Health Integration – use Building B as a hub • Economic Development Linkages – tie health access to regional growth • Data & Digital Equity – participate in broadband/telehealth initiative • Public Health Collaboration – coordinate with NCPHD on population health and preparedness 	<ul style="list-style-type: none"> • Medicaid cuts and funding/resource reductions • Competition for limited grants and state funds • Declining state support for behavioral health • Rising interest rates and operational-cost pressures • Aging population and shrinking volunteer base • Primary-care provider shortages • River-quality degradation impacting recreation economy • Workforce Volatility – relocation/travel-nurse dependence • Reimbursement Risk – payment-reform exposure • Climate & Disaster Risk – wildfire, smoke, water-supply issues • Aging Infrastructure – prevent deferred-maintenance liabilities • Regulatory Complexity – maintain compliance with OHA and CMS requirements

This matrix provides a concise overview of WRHD's internal strengths and weaknesses and the external opportunities and threats shaping its 2025 strategic priorities.

Appendix C – Supporting Notes and Side Comments

This appendix captures secondary ideas, side comments, and emerging themes gathered during retreat discussions that, while not developed into formal goals, provide valuable insight into future strategic considerations and implementation steps. These notes reflect areas of opportunity for refinement, communication, and alignment as WRHD continues to develop its mission, vision, and operational strategies.

1. Mission, Vision, and Values Discussion

Emerging Themes:

- The current **mission statement** was generally viewed as acceptable but may warrant revision to reflect a **new direction emphasizing community wellness**.
- Participants expressed a desire for the **vision statement** to more clearly articulate “*to be a leader in community health and wellness.*”
- **Values** may require additional specificity to guide decision-making and reinforce accountability.
- Reaffirmation of the commitment to being **responsive to known community needs** was seen as integral to both mission and values.

Additional Observations:

- Demographics to consider in planning: **age, tribal membership, visitors/tourism, and percentages without a primary care provider.**
- Socioeconomic and access-related issues identified: **low income, Medicaid population percentage, insurance provider diversity, and fee structure for weekly visits.**

2. Operational / Logistical Considerations

Topics Identified:

- **Housing:** Explore partnerships or incentives for landlords (e.g., tax benefits) to address staff and provider housing shortages.
- **Recruitment:** Develop a **quick-response approach to new hires**, ensuring efficiency in onboarding and integration.

3. Communication and Next Steps

Participants emphasized that clear, proactive communication with the public and partners will be critical for maintaining momentum following the retreat.

Recommendations for Ongoing Communication:

1. **Report Back to the Public and Taxpayers**
 - Share progress on the strategic plan through multiple channels:
 - Public updates summarizing *“What We Are Doing”*
 - Outreach via **Facebook, local newspapers**, and a **single-page handout**
 - Highlight **“Quick Wins”** – demonstrating follow-through on commitments (“We say it, we do it”)
2. **Launch New Outreach Initiatives**
 - Strengthen partnerships and visibility through:
 - Collaboration with **chambers of commerce** and community **partners**
 - Inclusion in **mayors’ newsletters**
 - Handouts distributed via the **Bookmobile**
 - Participation in **regional meetings and community events**

4. Recommended Use

These supporting notes should be referenced when:

- Updating WRHD’s **mission, vision, and values statements**
- Developing future **community engagement strategies**
- Exploring **housing, recruitment, and communication initiatives** that complement formal goals

Together, these inputs capture the broader context and creative thinking that occurred during the retreat and should inform implementation planning as WRHD moves from strategy to action.

Appendix D - Pre-Work Survey Report

(Compiled Nov 5, 2025 — responses lightly edited for readability; comprehensive response information available upon request)

Executive Summary (Comprehensive)

This report consolidates the results of the **WRHD Mini-Retreat Pre-Work Survey**.

Responses were received from nine participants, with an average Mission/Vision alignment score of **2.6 / 5**. Data from **Challenge #1 (n = 9)** and **Challenge #2 (n = 8)** were combined to provide a comprehensive view of near-term organizational pressures.

Key metrics

- **Mission & Vision Relevance:** 2.6 / 5 (n = 7)
- **Top Challenges:** 17 total entries (Challenge #1 = 9 + Challenge #2 = 8)
- **Opportunities for Growth:** 8 respondents
- **Board Effectiveness:** 9 respondents
- **Retreat Outcomes:** 9 respondents

What the responses say (synthesis)

- **Alignment:** Participants value WRHD's caring and community-centered tone but seek stronger emphasis on **access, behavioral health, prevention, partnerships, and measurable outcomes**.
- **Challenges:** Workforce stability, reimbursement predictability, behavioral/dental capacity, transportation limitations, and community trust.
- **Opportunities:** Partnership expansion (e.g., One Community Health, schools, EMS, public health), telehealth and digital inclusion efforts, and strategic facility use (e.g., Building B).
- **Governance:** Calls for clearer board-management boundaries, two-way communication, and consistent follow-through.
- **Success Criteria for the Retreat:** Consensus on 3–5 priority goals (both short- and long-term), SMART goal language with ownership and timelines, and visible momentum within 60 days.

1) Mission & Vision Relevance

Average Score: 2.6 / 5 (n = 7)

Mini-Summary: Participants see the Mission & Vision as caring but not fully reflective of WRHD's current reality—calling for clearer links to access, behavioral health, and measurable impact.

Comments (anonymous; lightly edited):

- Mission feels dated—needs stronger focus on local access and partnerships.
- Vision captures compassion but lacks practical direction.
- Statements are too generic; should highlight behavioral health and access barriers.
- Good foundation but limited emphasis on prevention and outreach.
- Community-engagement aspect is missing.
- Should tie goals to measurable outcomes the public can see.
- Clarify WRHD's unique role vs. regional providers.

Summary Insight: Refresh Mission/Vision to emphasize access, behavioral-health integration, prevention, partnerships, and measurable impact.

2) Top Challenges (Next 1–3 Years)

Respondents: 17 (total entries from Challenge #1 [n = 9] + Challenge #2 [n = 8])

Mini-Summary: Themes center on **workforce**, **financial sustainability**, and **infrastructure modernization**, with additional concern for geographic and community barriers to care.

Combined Responses (anonymous; lightly edited):

- Recruiting and retaining providers and staff.
- Limited dental and behavioral-health capacity.
- Funding and reimbursement uncertainty.
- Aging facilities and equipment; maintenance standards.
- Transportation barriers and geographic distance to specialty care.
- Community awareness and trust rebuilding.
- Staff burnout and succession planning needs.
- Limited data systems for tracking outcomes.
- Need for strategic leadership development.

Summary Insight: A strong focus on workforce pipeline, capital planning, and communication strategy will address most high-impact pain points identified.

3) Opportunities for Growth

Respondents: 8

Mini-Summary: Participants see promise in **partnership expansion, telehealth, and creative use of facilities** to improve access and visibility.

Responses (anonymous; lightly edited):

- Partner with One Community Health and regional hospitals/specialists.
- Develop school-based wellness and preventive screening programs.
- Expand telehealth and digital inclusion efforts.
- Repurpose Building B for visiting specialists (dental/BH/PT).
- Pursue grants for behavioral-health integration and senior/veteran outreach.
- Strengthen collaboration with public health and EMS partners.
- Explore regional transportation or mobile clinic options.

Summary Insight: Strategic partnerships and facility innovation represent the fastest path to visible community impact and organizational growth.

4) Board Effectiveness

Respondents: 9

Mini-Summary: Respondents appreciate the Board's commitment but seek stronger clarity on roles, consistent communication, and visible follow-through.

Responses (anonymous; lightly edited):

- Improve two-way communication with staff and providers.
- Clarify policy vs. operations roles.
- Provide consistent strategic direction and follow-through.
- Increase Board visibility in the community.
- Balance decisions across clinical and public perspectives.
- Foster shared accountability for goal achievement.

Summary Insight: A well-defined governance model and structured communication cadence can improve decision quality and organizational trust.

5) Retreat Outcomes (What Success Looks Like)

Respondents: 9

Mini-Summary: Respondents want a retreat that produces **clarity, commitment, and momentum** toward specific, measurable goals.

Responses (anonymous; lightly edited):

- Agreement on 3–5 short- and long-term priorities.
- Clear SMART goals with owners and timelines.
- Realistic next steps and early milestones (30–60 days).
- Strengthened teamwork and shared understanding of roles.
- Renewed energy and optimism about WRHD’s direction.

Summary Insight: The team expects an action-oriented session that sets accountable priorities and demonstrates early wins to the community.

Overall Conclusions

1. **Mission/Vision Refinement:** Adjust language to highlight access, behavioral health integration, partnerships, and measurable outcomes.
2. **Near-Term Focus:** Workforce stability, access expansion (including telehealth and BH), and visible operational improvements.
3. **Long-Term Focus:** Partnerships, technology investment, and sustainable facility planning (e.g., Building B).
4. **Governance:** Clarify roles, enhance communication, and formalize goal monitoring to sustain momentum.

Responses are lightly edited for readability; comprehensive response information is available upon request.

Appendix E – Plus/Delta Summary

Overview

At the conclusion of the WRHD Mini-Retreat, participants completed a *Plus/Delta* evaluation to reflect on the strengths of the session (Pluses) and identify opportunities for improvement (Deltas). Responses were collected anonymously and compiled verbatim. The following summary synthesizes participant feedback to inform future planning efforts and strengthen continued engagement around strategic goal-setting and implementation.

Pluses – What Worked Well

Participants consistently highlighted strong facilitation, organization, and clarity of process. Common themes included:

- **Preparation and Structure:** Attendees appreciated receiving clear guidance materials in advance, structured agendas, and regular summaries of progress throughout the retreat.
- **Facilitation and Engagement:** The retreat was described as well-moderated, focused, and inclusive—allowing everyone to contribute and promoting diverse perspectives.
- **Collaboration and Team Building:** Many noted that the process strengthened relationships among staff, board members, and community participants, creating a sense of teamwork and shared direction.
- **Focus and Progress:** Participants valued how the session clarified next steps and produced actionable, SMART goals aligned with WRHD’s mission and priorities.
- **Professionalism and Leadership:** The retreat’s structure, pacing, and leadership—supported by SDAO—were described as professional, efficient, and highly productive.

Overall, the “Plus” feedback reflected satisfaction with both the facilitation process and the tangible outcomes produced, reinforcing the sense of collective accomplishment and momentum.

Deltas – Opportunities for Improvement

While participants were overwhelmingly positive, several constructive suggestions emerged to improve future sessions:

- **Broader Participation:** Multiple respondents emphasized involving more stakeholders—such as school boards, mayors, and additional community members—to ensure representation from across South Wasco County.
- **Session Design and Timing:** Feedback suggested extending the duration or dividing the retreat into two sessions (AM/PM or multi-day) to allow more time for discussion and goal refinement.
- **Goal-Setting Process:** Some participants found the dual-group structure and handwritten goal sheets confusing; they recommended standardized forms and potentially merging groups for shared brainstorming.

- **Clarifying Accountability:** Participants noted the importance of clearly identifying responsible parties, timelines, and follow-up actions for each goal.
- **Scope and Perspective:** Several comments reminded the group to think beyond Maupin to encompass the full WRHD service area and community health as a whole.
- **Workload Awareness:** A few participants acknowledged the significant amount of work ahead and the reliance on key provider recruitment and retention to sustain progress.

Summary Statement

The Plus/Delta feedback underscores a successful and collaborative retreat that established clear direction, strengthened relationships, and produced measurable outcomes. The constructive suggestions will guide refinements for future strategic sessions—ensuring even broader participation, deeper accountability, and continued alignment with WRHD's long-term vision for community health.

WRHD Mini-Retreat – PLUS Responses (Verbatim)

1. Providing guidance materials ahead of time.
2. Clear agenda, regular summarization of what we've done & where we are going.
3. Established clear path forward that is goal-oriented and specific.
4. Informative feedback from diverse participants – “eye-opening.”
5. Well moderated – kept us on track.
6. Invited community members (needed more).
7. Allowed open responses.
8. Provided opportunity for key stakeholders to relationship-build & share ideas.
9. Setting/organization provided good guardrails for conversational structure.
10. Good start in providing direction for next steps.
11. Nice to have SDAO leadership rather than local.
12. Good job on pre-work and presentation materials.
13. Nice mix of participants (thoughtful, but still not entirely representative).
14. Landed on priorities/SMART – fantastic focus!
15. Connected all participants – strengthened support.
16. Pushing out our thoughts.
17. Getting outside (of the clinic) points of view.
18. Clarifying where to go next.
19. Allowing everyone to speak their thoughts.
20. Feeling like we're building a team & doing this together.
21. Very well put together – very professional and well facilitated.
22. Established clear path forward – goal-oriented and specific.
23. Inclusive, broad perspectives on priorities.
24. Specific steps as hoped for.
25. High level of efficient facilitation & direction leading to collaborative outcome.
26. Immediate progress toward goal achievement – glad to have been a part of it.

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WRHD Mini-Retreat – Δ (Delta) Responses — Verbatim

1. Initial documents were overwhelming but clearly made sense once we got into it.
2. Preparing the goal sheets with pre-numbered lines and separations for short-term and long-term goals so both teams have matching format. Possibly merging the goal-setting groups? The duplication got confusing.
3. Invite more individuals —
 - Other mayors
 - School boards
 - Other town and community membersAllow more time — a 2-part (AM/PM) session would allow more opportunity for completion.
4. Not really enough time to cover all the topics thoroughly. For shorter time periods, perhaps put a cap on the number of participants.
5. Combine breakout sessions to a brainstorming as a group. More organizational involvement — other mayors, school representatives. Talking stick maybe — limit time available for each participant to contribute.

6. Needed to capture who's responsible for next steps (more time?). Follow-up meeting?
Worried about lack of follow-through.
7. It's about South Wasco, not just Maupin. (Check underlying mental models/assumptions.)
 - Community Health Worker — would have been great to include her.
 - Community Health ≠ clinical (+ ancillary).
8. Need to realize there is more than Maupin involved.
9. I use Granola to make a transcript of meetings. Granola then gives me an outline of the transcript. And I can chat with the transcript to search for answers to detailed questions. So take a look at the Granola app.
10. Overwhelming amount of work to be done. Lots of things hinge on the new provider working out.
11. Goals are still somewhat vague. Defining who is going to do what. Would have liked more community members to participate.



DESCHUTES RIM
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Appendix F - WRHD Mini-Retreat Participant List

#	First Name	Last Name	Job Title	Category	Attendance
1	Maile	Anslinger	MD – Physician	Staff	In Person Participant
2	Laurie	Barnes	Member	Board	In Person Participant
3	Allison	Bechtol	Secretary	Board	In Person Participant
4	Randy	Bechtol	City Councilor	Public	In Person Participant
5	Jordan	Belozer	Director	Public	In Person Participant
6	Phil	Brady	County Commissioner	Public	In Person Participant
7	Keelia	Carver	Resident	Public	In Person Participant
8	Collette	Cox	Resident	Public	In Person Participant
9	Shelby	Dumire		Public	In Person Participant
10	David	Farris	MD – Chair	Board	In Person Participant
11	Jennifer	Lombardi	FNP – Family Nurse Practitioner	Staff	Zoom Participant
12	Melissa	Napoli	Member	Board	In Person Participant
13	Lindsay	Roper	Administrator	Staff	In Person Participant
14	Ron	Selis	DMD – Dentist	Staff	In Person Participant
15	Kyrsten	Sprouse		Dental hygienist	Zoom Participant
16	Kate	Willis	Chair	Public	In Person Participant
17	Ashley	Woodside	Resident	Public	In Person Participant
n/a	Lee	Ballentine	Dentist (former)	Public (Non-Clinic)	Not Available
n/a	Ashley	Biesenthal	Member	Board	Not Available
n/a	Alex	Carr	Chief of EMS	Public	Not Available
n/a	Karletta	Caruthers	Resident	Public	Not Available
n/a	Amy	O'Neal	Resident	Public	Not Available
n/a	Michael	Pendleton	MD – Physician	Staff	Not Available