



Work Session Minutes Public Meeting November 20th, 2024

In Attendance:

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|--|--|--|
| <input checked="" type="checkbox"/> Hammad Qadir, MD | <input type="checkbox"/> Dacey Brooke, MD | <input checked="" type="checkbox"/> Wallace Webster, MD |
| <input type="checkbox"/> Paavani Atluri, MD | <input checked="" type="checkbox"/> Charles Toledo, MD | <input checked="" type="checkbox"/> Jeffrey Lang |
| <input checked="" type="checkbox"/> Mike Rowley | <input checked="" type="checkbox"/> Molly Johnson | <input checked="" type="checkbox"/> Gregory Brigham, PhD |
| <input checked="" type="checkbox"/> Brian Moore | <input checked="" type="checkbox"/> Linet Samson | <input checked="" type="checkbox"/> David Rupkalvis |
| <input type="checkbox"/> Jason Bell, MD | <input checked="" type="checkbox"/> Matt Vorderstrasse | |
| <input checked="" type="checkbox"/> Andrea Zamora | <input type="checkbox"/> | |

Guest: Bevin Ankrom(OHA); Katie Gonzalez, (public guest)

Staff Attendees:

Ben Messner, CEO; Chris Hogan, CFO; Anna Warner, Executive Program Director; Samyukta Vendrathi, COO; Ben Sachdeva, Senior Financial Analyst; Erica Tesdahl-Hubbard, CITO/IT; Amanda McCarthy, Director of Social Determinants of Health; Sam Baugh, Community Engagement Manager; Naomi Brazille, Quality Risk Manager Evelyn Bryant, Executive Administrative Coordinator

Work Session called to order at 7:03 A.M. by Dr. Wallace Webster for the purpose of discussion, but no action upon the Committee updates, including discussion of confidential and proprietary information constituting trade secrets under ORS 192.345.

Quorum established 7:03 am.

Meeting Minutes:

- Dr. Wallace Webster presented the meeting minutes from September 18th, 2024, Work Session.
 - Meeting Minutes review with no change noted.
- ❖ **MOTION:** Motion made by Dr. Brigham, to approve September 18th, 2024, meeting minutes and seconded by Dr. Toledo.
- ❖ **VOTE:** Unanimous approval. (End 7:03 A.M.)

Financials:

- Ben S. begins by presenting the Advanced Health Financial summary for October 2024 Vs. October 2023.

**Western Oregon Advanced Health, LLC.
STATEMENTS OF OPERATIONS
For the Months Ended October 31, 2024**

	2024 Actual	2023 Actual	Variance Actual	2024 Budget	Variance Budget
	October '24	October '23		October '24	
REVENUES:					
Medical	135,245,033	134,863,318	381,715	130,882,305	4,362,728
Dental Health	7,442,255	7,851,219	(408,964)	6,998,157	444,098
NEMT	3,971,678	4,077,765	(106,086)	3,778,602	193,076
Investment Income	334,343	(73,127)	407,470	-	334,343
Total	146,997,292	146,719,174	278,118	141,659,064	5,338,228
COGS:					
Medical	131,030,027	131,682,373	(652,347)	126,622,208	4,407,819
Dental Health	7,210,056	7,674,312	(464,256)	6,747,082	462,975
NEMT	3,123,188	3,016,785	106,403	2,854,010	269,178
Health Related Spending	595,084	610,159	(15,075)	1,051,667	(456,582)
Other	0	(1,263,774)	1,263,775	-	0
Total	141,958,356	141,719,855	238,500	137,274,966	4,683,390
Total revenues	5,038,936	4,999,319	39,617	4,384,098	654,838
ADMINISTRATIVE EXPENSES:					
Salary and related expenses	1,469,122	1,480,355	(11,233)	1,563,404	94,282
Legal, accounting and professional	300,827	316,953	(16,127)	272,033	(28,793)
Employee benefits	321,338	262,292	59,046	275,135	(46,204)
Dues, membership, contributions	453,369	287,879	165,490	323,146	(130,224)
Office Supplies and Postage	41	101	(60)	200	159
Meals, travel and seminars	44,636	53,474	(8,838)	56,324	11,687
Other expenses	522,265	32,641	489,624	500,883	(21,382)
Total administrative expenses	3,111,599	2,433,696	677,903	2,991,124	(120,475)
Net Expenses	\$ 1,927,337	2,565,623	(638,286)	1,392,973	534,364

**Western Oregon Advanced Health, LLC.
October 30, 2024 and October 31, 2023**

	October '24	October '23
ASSETS		
Cash and cash equivalents	\$ 8,923,646	\$ 6,187,061
Restricted Reserve	7,503,228	7,425,398
Cash Suspense	(14,837)	(15,236)
Investments	4,376,309	3,531,994
Physical Health Receivable	1,724,399	2,148,186
Quality Pool Receivable	-	-
Accrued Interest Receivable	129,000	92,121
Accounts Receivable, net (Related party)	21,630	3,469
Other assets	55,690	96,140
Total Assets	\$ 23,135,796	\$ 19,469,134

LIABILITIES AND EQUITY		
Liabilities		
Accounts Payable	145,629	1,256,468
DOCS Management Admin Payable	7,835	(6,698)
Dental Health Payable	5,078	(447)
HRA Payable	-	-
MCO Payable	343,049	327,105
Mental Health Payable	9,763	(451)
Other Accrued Expenses	2,362,138	1,560,587
Payroll and Related Liabilities	\$ 240,023	\$ 264,051
Physical Health Payable	339,726	151,160
QDP Payable	2,468,039	1,120,052
Quality Pool	684,528	508,592
Capital Share Obligation	470,000	587,000
VBP Payable	223,268	235,432
Dividends Payable	-	-
	<hr/>	<hr/>
Total Liabilities	7,299,075	6,002,852
Equity		
Southwest Oregon IPA	9,072,926	6,422,940
North Bend Medical Center	-	1,070,490
Coos County	1,296,132	1,070,490
Advantage Dental	777,679	642,294
Bay Area Hospital	648,066	535,245
Coquille Valley Hospital	518,453	428,196
Bay Clinic	259,226	214,098
ADAPT	194,420	160,573
South Coast Orthopedic Associates	194,420	160,573
Dividends Declared	-	-
Prior Period Adjustment	-	-
Retained earnings	1,924,701	2,554,546
Capital Gain (loss)	950,697	206,838
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Total stockholders' equity	15,836,721	13,466,283
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TOTAL LIABILITIES AND EQUITY	\$ 23,135,796	\$ 19,469,134

- ❖ **MOTION:** Motion made by Jeff Lang to approve Financials for October 2024 Vs. October 2023 and seconded by Dr.Toledo
- ❖ **VOTE:** Unanimous approval. (End 7:13 A.M.)

Quality Pool Distribution

- Amanda McCarthy, Director of Social Determinants of Health takes the floor to provide information about the other partner attribution of 2023 quality dollars. She states that this is their way of providing some of the quality pool dollars to those organizations who contribute to the work but can't bill for their services directly. These are organizations that really continue

to support the main aim of some of the measures that are harder to attribute based on numerator services. She goes over the document below:

BOARD ACTION ITEM:

2023 Quality Pool Distribution: Other Partners

Background: The Advanced Health Board of Directors approved 9.3%, or \$661,390, for attribution to those organizations or providers who contributed to the work of the 2023 quality measures through non-clinical or non-billable services that would not be rewarded through other attribution processes.

Action Needed: Recommend adopting the list of non-clinical partners/organizations and payment framework as recommended by the Clinical Advisory Panel.

Summary: Advanced Health’s quality team composed a list of partner organizations whose work contributed to incentive measures through non-clinical or non-billable services and drafted a payment framework based on:

1. Judged impact on quality measure performance (through direct or indirect support)
2. Number of quality measures impacted

Provider inclusion criteria: Organizations or groups that provide services that are related to and support the aim of the metric and are outside of the billable numerator service. Must be entities or organizations.

Quality Pool Payment Summary

The Clinical Advisory Panel (CAP) reviewed the list of non-clinical partners/organizations and payment framework at their October 11, 2024, meeting. Their recommendation for distribution of the 2023 quality pool reserved for other partners is as follows:

2023 Incentive Measure Attribution: Other Partners																	
5661,390 Total to be distributed																	
	Weight	Impact	Value														
	1.00	Low	\$7,268.02														
	2.00	Med	\$14,536.04														
	3.00	High	\$21,804.07														
Organization	Address	Quality Pool Amount	DHS	Child Immun Status	Cigarette Smoking	Depression Screening	Diabetes A1c	Immun for adolescents	IET	SBRT	PP Care	Well Care	Language Access	Kindergarten Readiness	Preventive Dental	Oral Eval for DM	SBH Screening and Referral
Wally's House	PO Box 2845 Gold Beach OR 97444	\$72,680	HIGH	MED				MED									LOW
Coos Health & Wellness Prevention	281 LaClair Street Coos Bay OR 97420	\$72,680	HIGH	MED	MED			MED									LOW
Coos Health & Wellness WIC	281 LaClair Street Coos Bay OR 97420	\$72,680		MED							HIGH	LOW		HIGH			LOW
Bay Area Hospital Mom's Program	1775 Thompson Rd Coos Bay OR 97420	\$36,340									HIGH	LOW		LOW			
Waterfall Community Health Center Psychiatric Hub	1890 Wastie Street Ste 1, North Bend OR 97459	\$7,268				LOW											
Coastal Families Relief Nursery	400 Highland Ave, Coos Bay OR 97420	\$72,680		MED							MED	LOW		HIGH			MED
South Coast Regional Early Learning Hub	PO Box 237 Coos Bay, OR 97420	\$65,412		MED								LOW		HIGH			HIGH
Reach out and Read	89 South Street, Suite 201, Boston MA 02111	\$14,536		LOW								LOW					
South Coast Head Start: Early Head Start	1855 Thomas Ave Coos Bay OR 97420	\$65,412		MED								MED		HIGH			MED
South Coast Head Start: Head start age 3-5	1855 Thomas Ave Coos Bay OR 97420	\$65,412		MED								MED		HIGH			MED
ADAPT: Sobering Center	Po box 1121 Roseburg OR 97470	\$21,804								HIGH							
Advanced Health's Interpreter Services Scholarship Fund		\$21,804											HIGH				
CHSA (Coos and Curry)	1855 Thomas Ave Coos Bay OR 97420	\$21,804	LOW											LOW			LOW
Evening Child (Coos and Curry)	PO Box 1288 Coos Bay OR 97420	\$21,804	LOW											LOW			LOW
Bay Area First Step		\$21,804								HIGH							
Kid's Hope Center		\$7,268	LOW														
add name		\$0															
add name		\$0															
add name		\$0															
add name		\$0															
			\$661,390														



Proposed Motion: I move to accept the Clinical Advisory Panel recommendation for distribution of 2023 Quality Pool funds reserved for other partners, as presented.

- o Amanda concludes stating that the goal this morning is to have the Board accept this proposed motion so that they can further support these organizations in the work day to drive quality measures.

- Greg Brigham and Brian Moore state that during the vote, they will abstain due to conflict of interest.
 - Dr. Webster asks if in helping with the measures, do they take data and provide data or is it just general help?
 - Amanda answers, that it is just general help. They aren't organizations that are necessarily set up to bill for their services, so capturing the data is a little bit challenging. It's mostly just the general impact on the services that they offer to members.
 - With no further comments or questions they move to vote:
- ❖ **MOTION:** Motion made by Jeff Lang to accept the Clinical Advisory Panel recommendation for distribution of the 2023 Quality Pool funds reserved for other partners as presented and seconded by David Rupkalvis.
- ❖ **VOTE:** Unanimous approval. (End 7:19 A.M.)

SHARE Spending Plan

- Anna gives some background information on the SHARE Spending Plan, she notes that there wasn't a board document for today due to having some outstanding questions that she'd like to resolve before they recommended a spending plan for SHARE for this year. She will still providing a summary for the Board today.
- Anna provides some background that the SHARE initiative is a spending program established by OHA and the legislature several years ago that require CCO's to spend a portion of their prior year's profits essentially on social determinants of health investments in the community. So, what that looks like is at the end of the year, after the books are closed, their finance department runs the calculation that they need to use and determines how much money they need to set aside from their profit to be used for the SHARE program.
- Anna states that earlier this year that money was set aside and they have been monitoring the programs that they've funded for the last several years and those are generally doing well.
- The SHARE program also requires that they have spending priorities that are aligned with their Community Health Improvement Plan. Since they've had the same community health improvement plan for the last five years, they've had the same priorities. These priorities were discussed originally through the Community Advisory Councils(CAC) and voted on through the CAC and then brought to the Board of Directors for approval as well.
- The current priorities that they are funding through SHARE are housing, which is a statewide priority, the goal being permanent supported housing, however they have

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- funded some other housing programs as well such as transitional and temporary housing. The second priority is around food and nutrition and the third priority is around trauma informed childcare.
 - The current projects that they have been funding this year is the program with the Devereaux Center, they help fund the Coal bank village, which is the transitional housing. They also have for the last couple of years awarded the Devereaux Center funding for permanent supported housing. Both of those projects have been successful. The permanent supported housing has produced several new units of housing for supported housing in Coos County and the Coal bank Village Pallet Shelter community has been very successful as well they have about 20 shelters now.
 - Other housing programs that they were trying to fund this last year in Curry County was through the Curry Homeless coalition. Unfortunately, the Curry Homeless coalition is no longer operating. That project that they were funding through them did not come to fruition. So those funds were not spent, they held on to those, so they still have that fund. Those funds are still available for a Curry County project for next year, which is something that they've been looking at.
 - For food and nutrition priority, they've been funding the Coos Head Food Co-op and the sort of food consortium that they have been putting together, the "Beat Food Systems", they have been helping to operate the community refrigerators; Some double up food bucks at different locations for people using SNAP benefits.
 - Some other nutrition and other education opportunities with the schools and with local farmers and local food production.
 - The third priority area is the trauma informed childcare and they have been funding the relief nursery, the Coastal Families Relief nursery that just restarted. They are working on their sustainability model, to try to sustain that program into the future.
 - Anna moves on to talk about this year's award. Some of their questions here are around the housing projects. Many here likely know about the struggles that the Devereux Center has been having lately, so they still have a few conversations that they would like to have with the Devereux Center and potentially their Board of Directors to get a better understanding of where they are in their sustainability into the next year before they'd want to commit to additional funding for some of their programs. Hopefully by this week they can get some answers from them.
 - Next, for the Curry housing project, Anna has been having conversations with Diana Carter with Brookings Core Response, which is an organization that's been operating in Curry for several years. They have taken on some of the programs that Curry homeless coalition used to operate and that the Oasis shelter was operating as well, before they closed. So, Anna states she believes there is a lot of potential there. They
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also opened a new low-income veterans housing project as well, and so they are talking to them.

- Anna concludes by saying that their proposal to the Board for funding for that, will be having a planning year with them to figure out what kind of additional housing projects they may have on the horizon and how their funding can support that. With all that being said, she doesn't have a final proposal for the Board to review at this time, however if the Board has any questions or comments that they would like them to consider to please share those.
- With no additional feedback from the Board, Anna ends stating that the Board can expect to see a proposal coming via email and through an electronic vote, since they will still need to get approval from the Board for that spending plan.

2025 Quality Measure Performance:

- Amanda, steps in for Naomi's presentation to discuss the document below. She notes that Naomi has been the one working hard on this but that she will do her best to provide an overview of the document.



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BOARD ACTION ITEM:


Quality Measure Performance Improvement- Member Incentive Pool

Background:

- 2023 Quality Pool Performance: Advanced Health earned 80% of the eligible quality pool dollars, totaling \$5,935,544. Meeting all 15 quality measures would have increased earnings to \$7,419,430, with an unmet potential of \$1,483,886 across five metrics.

Proposed Project:

- Primary care providers will sign a Memorandum of Understanding (MOU) to distribute gift card incentives to patients with specific care gaps that have historically underperformed.



Metrics to be Incentivized:

The following metrics are prioritized for incentives due to current and historical gaps in meeting target benchmarks:

1. Initiation and Engagement of Substance Use Disorder Treatment 18+
2. Oral Evaluation for Adults with Diabetes
3. Immunization Status for Adolescents (Combo 2)
4. Childhood Immunization Status (Combo 3)
5. Well-care visits ages 3-6
6. Drug and Alcohol Misuses Screening, Brief Intervention and Referral for Treatment (SBIRT) combined with Depression Screening

Program Outline:

Provider Participation via MOU: Providers sign an MOU with Advanced Health, agreeing to distribute gift cards to members who close identified care gaps through necessary healthcare visits.

Gift Card Distribution: Providers' staff distribute gift cards during or after appointments that address care gaps, incentivizing members to pursue treatment and preventive care.

Performance-Based Reimbursement: Providers initially fund gift cards. Advanced Health reimburses only upon verification that care gaps are closed, aligning funding with achieved outcomes.

Care Gap Validation: Advanced Health's Quality Department verifies closed care gaps, and providers submit invoices on a specific template to ensure incentives are tied to measurable outcomes.

Funding: The program's costs can be covered by the 2025 CCO Quality Metrics pool funds, to be distributed in August 2026.

Population: All Advanced Health members on CCOA and CCOB plans.

Proposed Implementation Dates and ROI Analysis:

- Mid-Year Implementation
 - Members with Unmet Metrics: 6,375
 - Estimated Incentive Cost: \$318,750 (6,375 members × \$50)
 - Potential Gain from 100% Quality Pool Achievement: \$1,483,886
 - ROI Calculation: $(\text{Potential Gain} - \text{Cost}) / \text{Cost} \times 100\%$





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- Mid-Year ROI: $\approx 365.4\%$
 - Justification: The projected ROI of approximately 365.4% for a mid-year start indicates a high return potential with a relatively lower initial cost.
- Full-Year Implementation
 - Members with Unmet Metrics: 14,169
 - Estimated Incentive Cost: \$708,450 (14,169 members \times \$50)
 - Potential Gain from 100% Quality Pool Achievement: \$1,483,886
 - ROI Calculation: $(\text{Potential Gain} - \text{Cost}) / \text{Cost} \times 100\%$
 - Full-Year ROI: $\approx 109.4\%$
 - Justification: The full-year approach yields a positive ROI of about 109.4% and supports sustained improvement, despite higher costs.

Summary: This proposal aims to improve performance in key quality measures through a targeted incentive program for members.



Action Needed: Review and vote on approval and determine the start date of this program.

Recommended Action by Staff: Approve the program for either mid-year or full-year implementation based on ROI projections and budget availability.

- Ben inputs that this is a proven way that may CCO's in the State have done this over the years and it's shown to be quite successful.

Discussion:

- Dr. Toledo inquires asking Amanda to walk them through a situation or example of how this would apply.
- Amanda responds stating that currently they have the gapless process which allows outreach to Members who have yet to be seen for a service that could count for an incentive measure. So, let's say a quality team at the clinic reaches out to a parent of a child who is fitting into the well visit age and thus one of the immunization measures and maybe perhaps that parent is hesitant about coming in or they do and they schedule, they come in and get the services. On or right after that Member attends their appointment, that patient will get that gift card from the provider's office and then when that claim is billed to us and the immunization is logged and alert, then Advanced Health staff will validate and then the monies will be reimbursed to the provider who initially funded that gift card. So, then the Member gets this little added bonus for showing up and it could be used for those who are more hesitant to present to their primary care or have yet to establish, she believes it really stands in that space as well.
- Dr. Toledo asks if this is an OK, legal way of getting patients in and to get what has to be done.
- Amanda replies yes, and with the amount on the gift card, there should be no red flags either.
- With Namoi being present now, Amanda gives Namoi the floor to provide more insight.
- Naomi, Quality Risk Manager states that OIG has publicly approved the provision of gift cards for patients. They can provide that information if anyone is interested.

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- Dr. Brigham asks if OIG has limits on total amount that they can receive?
 - Naomi answers that OIG does not have a limit but OHA does. So OHA has a yearly limit of how much one can incentivize. The last time she checked it was \$140 per year, and so they wouldn't be going over that amount. They will double check that as well.
 - Dr. Toledo asks with the potential gains from improvement with the quality metrics, what reimbursement was that based on?
 - Naomi answers that she used to work at another CCO that gave out \$25, although quite some time ago it was successful, so she did an analysis of how much it would cost and also based it on feedback at another CCO who would get patients in. She states that times have changed since \$25, and in her opinion it wouldn't amount to get someone to go see the doctor. It wouldn't cover the cost of gas etc. She concludes stating that they would still see a significant return on investment at \$50. So that is the reason she suggested that amount.
 - Dr. Toledo inputs that as Amanda mentioned they have real difficulty getting some folks to attend appointments, they could really have an impact on this population here. He states that \$50 seems good to him. He opens it to the rest of the Board for feedback or thoughts?
 - Molly Johnson states that (representing dental) they contract with 14 CCO's across the state, and she would say from their experience they have seen that a \$50 amount employed for several different metrics and have seen success and uptick in various different metrics, so she believes that it is definitely something to consider to support Members to come in for these types of visits.
 - Ben comments that this is a great start, if it is successful, they can roll it out either expand or continue this program in the future. They don't have the experience to see success rate and make adjustments, so this is definitely a first try.
 - Dr. Toledo states that providing that those managing this give the physician a method to make it happen and develop a plan for it, this is a great idea and he'd like to push it forward.
 - Dr. Webster agrees that it does seem like a good idea and it seems like a reasonable incentive.
 - Dr. Brigham makes a final comment stating that he would want staff to bring back the guidelines from OIG or other regulatory bodies that outline what we need to do to be in compliance and how they are meeting that as the program's developed. With that in mind, they proceed to vote:
- ❖ **MOTION:** Motion made by Gregory Brigham to approve the program of primary care providers to sign a MOU to distribute a \$50 gift card incentive to patients with specific care gaps that have historically underperformed, for either mid-year or full year implementation based on ROI projections and budget availability and seconded by Charles Toledo
 - ❖ **VOTE:** Unanimous approval. (End 7:46 A.M.)
- Dr. Webster comments that if after they talk to providers if they get any input that maybe the Board would find beneficial to let them know he would appreciate that.
 - Ben M. answers that they can definitely do that.
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- With that they move on to the final agenda item.

2025 Coos and Curry Community Health Improvement Plan

- Sam Baugh, Community Engagement Manager takes the floor to go over the documents below, starting with Coos County:

Coos County Community Health improvement plan 2025-2030

Executive Summary

The Coos County Community Health Improvement Plan (CHIP) is a strategic roadmap developed to address homelessness and its underlying causes, with a particular focus on behavioral health, healthcare access, housing, employment, and early intervention. Driven by a collaborative effort between community organizations, healthcare providers, local government, and residents, this plan is rooted in the belief that homelessness is a community-wide issue that requires comprehensive, coordinated action to create lasting change.

Vision and Objectives:

Our vision is a community where every individual and family has access to stable housing, essential healthcare services, and economic opportunities. This CHIP outlines a set of goals and strategies designed to achieve the following key objectives:

- Addressing Behavioral Health
 - Addressing the basic needs of individuals.
 - Expand access to housing and sheltering
 - Addressing Workforce issues
 - Early intervention and prevention
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1. Addressing Behavioral Health in the homeless population – Improve mental health and addiction support services to meet the unique needs of homeless individuals and those at risk of homelessness, addressing stigma and barriers to treatment.
 2. Addressing Basic Needs of individuals – ensure Individuals can get the basic need they need through network partners, increasing access to resources, and health navigators to match needs with partners.
 3. Expand access to housing and Supportive Housing Options – Develop pathways to permanent housing, focusing on increasing affordable housing units and expanding supportive services that enable residents to maintain long-term stability.
 4. Addressing Workforce issues – Promote job training and employment programs that create opportunities for individuals experiencing or at risk of homelessness to achieve financial independence.
 5. Strengthen Early Intervention and Prevention Programs – Identify at-risk individuals and families early on and connect them with resources, reducing the likelihood of homelessness through timely support and financial assistance.

Strategies and Action Steps:

To achieve these objectives, the CHIP recommends expanding intervention services, coordinating housing and healthcare support, providing tele-health services, and establishing one-stop centers where individuals can access food, clothing, employment assistance, and other essential services. Building protective factors in youth and families, promoting community-based

education on homelessness, and identifying key partners committed to long-term collaboration are additional focal points of the plan.

Expected Outcomes and Impact:

The CHIP envisions measurable improvements in the health, housing stability, and overall well-being of individuals affected by homelessness. Success will be measured by reductions in homelessness rates, increased access to behavioral health services, improved housing stability, and stronger community support for at-risk individuals and families. By addressing social determinants and building pathways to stability, Coos County aims to reduce homelessness and create a supportive, inclusive community.

Conclusion:

The Coos County Community Health Improvement Plan provides a structured, collaborative approach to addressing homelessness by focusing on prevention, intervention, and support. With the commitment of community members, local organizations, and stakeholders, we can create a healthier, more resilient Coos County where everyone has the opportunity to thrive in a safe and supportive environment.

- Sam Baugh, asks if anyone has any questions or discussion points before moving on to Curry County.
 - Anna adds that this Community Health Improvement Plan is a five year priority setting process. So these will be the priorities then that Coos Community Advisory Council and the various CHIP teams, Community health improvement teams will be working on, finding local initiatives and ways to support these different priorities going forward. These priorities are also used at the CCO.
 - With no further comments or questions from the Board, Sam asks for a Board approval to move forward with this (Coos) Community Health improvement plan.
- ❖ **MOTION:** Motion made by Greg Brigham to approve the move forward with this (Coos) Community Health improvement plan as presented and seconded by Dr. Quadir.
- ❖ **VOTE:** Unanimous approval. (End 8:01 A.M.)

2025 Coos and Curry Community Health Improvement Plan (continued)

- Sam moves on to discuss Community Health Improvement Plan for Curry County. He goes over the document below:

Executive Summary

The staff, Community partners and CHP planning committee volunteers that worked on this project live and work in Curry County. This Community Health Improvement plan reflects not only a deep commitment to the work itself, but to making a difference in our community so that Curry County can thrive and work on becoming a self-healing inclusive community.

The Curry County Health Improvement Plan (CHP) outlines a comprehensive strategy to address the most pressing health and wellness challenges facing our community. Guided by data, community input, and a commitment to equity, the CHP focuses on four key priorities to enhance the quality of life for all residents:

1. **Housing and Homelessness:**

Stable housing is foundational to health and well-being. Curry County is working to expand affordable housing options, prevent homelessness, and provide supportive services for individuals and families experiencing housing insecurity. Collaborative efforts will address systemic barriers and promote long-term housing stability.

2. **Access to Healthcare:**

Equitable access to healthcare remains a critical need. This plan prioritizes improving availability and affordability of medical, mental health, and dental care services. By strengthening local healthcare infrastructure and reducing barriers such as transportation and insurance gaps, we aim to ensure all residents can achieve optimal health.

3. **Childcare:**

Access to affordable and reliable childcare is essential for working families and the development of our youngest community members. Our initiatives focus on increasing the availability of licensed childcare providers, supporting workforce development in early childhood education, and promoting programs that meet the diverse needs of families in Curry County.

4. **Food and Nutrition:**

Addressing food insecurity and promoting nutrition are vital for a healthier community. This priority centers on expanding access to healthy, affordable food through food banks, local agriculture, and educational programs. Partnerships with schools, businesses, and nonprofits will strengthen the food system and encourage sustainable, nutritious choices.


Through collaboration, innovation, and resource alignment, the Curry County CHIP aims to foster a healthier, more resilient community. Together, we will build a future where all residents can thrive, regardless of their circumstances.

With no comments from the Board, they move to vote:

- ❖ **MOTION:** Motion made by Dr. Brigham to approve the move forward with this (Curry) Community Health improvement plan as presented and seconded by Dr. Webster.
- ❖ **VOTE:** Unanimous approval. (End 8:05 A.M.)

Final Comments

- Ben makes a final comment in regard to the voting of the open spot of designated director from the previous meeting. He informs the Board of the results and states that Dr. Brigham is the new designated director and will fill that open spot. He thanks Dr. Brigham for filling that role. His last comment is informing the Board that Waterfall is now an equity member of Advanced Health.

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- With that he thanks everyone for joining the meeting.

The work session was adjourned by common consensus at 8:05 A.M with no further business to be discussed.

Respectfully submitted by,

Jason Bell MD
Secretary/Treasurer

JB/eb 11202024

