



CURRY COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

Community Health Improvement Plan

2025 - 2029

Executive Summary

The staff, Community partners and CHP planning committee volunteers that worked on this project reside 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 become 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 expanding affordable housing options to 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, substance use disorder 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 CHP aims to foster a healthier, more resilient community. Together, we will build a future where all residents can thrive, regardless of their circumstances.

Acknowledgements

We want to extend our deepest gratitude to all those who have supported and contributed to this Community Health Improvement Plan (CHP) for Curry County. Your input, collaboration, and dedication have been vital in developing this CHP. Due to your ongoing dedication, support and efforts we can clearly see the need for improvement in our community and the endless efforts that continue to make Curry County a better place to live.

Curry CHP Planning Committee

Community Partners

- Ashley McGehee, Advanced Health Community Advisory Chair, Community Liaison, South Coast Together, OHP Consumer member
- Father Bernie, Lindley, Vicar, St Timothy's Episcopal Church
- Isabel Valdez, Community Wellness Liaison, Coast Community Health
- Cheri Forster, Director, Ruth's Eye of The Storm
- Connie Hunter, Associates of Vietnam, Veterans of America
- Carolina Rios, Advocate and Community Liaison, for South Coast Equity Coalition
- Olivia Davis, Executive Director, Brookings Harbor Community Helpers
- Alisa Green, Program Director, Curry Health Foundation
- Beth Barker-Hidalgo, Director, Curry Homeless Coalition
- Sarah Kaplansky, AllCare Community Advisory Chair, OHP Consumer Member
- Becky Yeager, Community Liaison, 211 Info
- Jerry O'Sullivan, Chief of Regional Business Operations, Adapt Integrated Health Care
- Pheobe Skinner, Gold Beach City Council Member
- Stephanie Polizzi, OSU Extension Family & Community Health
- Starla Paris, Community Partnership Coordinator, Oregon Department of Human Services
- Amanda McCarthy, Director of Social Determinants of Health, Advanced Health
- Mellissah Hendrickson, Community and Tribal Liaison, Advanced Health
- Doris Kiragu, Equity Policy Analyst, Advanced Health
- Sam Baugh, Community Engagement Manager, Advanced Health
- Skylar Fate, Community Engagement Manager, AllCare Health
- Laura McKeane, Senior Director Oral Health Services, Curry Community Engagement, AllCare Health
- Regina Castellon, Equity and Inclusion Director, AllCare Health
- Bevin Ankrom, Innovator Agent, Oregon Health Authority

Introduction & Process

The 2024 Curry County Community Health Improvement Plan (CHP) is a community level plan that aims to improve the health of individuals, families, and the community at large. The plan is community informed and focused on making meaningful changes through collective impact across many sectors and organizations. It is intended to address significant issues that influence overall health in Curry County. The 2024 CHP is based on data reviewed, collected, and analyzed from the 2023 Community Health Assessment (CHA) and meets the mandates of several participating organizations. The 2023 CHA was led by a large collaboration of many organizations from multiple sectors, several community members, and Oregon Health Plan consumers.

The primary use of the CHP is to be a preventative tool that works towards a shared vision of health improvement through the creation of awareness and engagement for organizations and agencies to react to the current state of health. The CHP should direct preventative activities, provide education, and offer services that influence healthier behaviors while connecting community members to various or available resources.

In addition, the CHP is how the community identifies and prioritizes how communities improve and develop those resources that may no longer be available or have not been available previously.

What Is the CHP?

A Community Health Improvement Plan (CHP) is a long-term strategy to address public health issues in a community. The CHP is based on the results of a Community Health Assessment (CHA), which uses data collection and analysis to identify key health issues. CHPs are typically updated every three to five years.

The CHP process involves:

- **Identifying health issues**

The process involves identifying health problems, including those that may be indirectly related to health, such as environmental, economic, and housing issues.

- **Setting measurable goals**

The process involves developing measurable health objectives and indicators.

- **Allocating resources**

The process involves justifying how and where resources should be allocated.

- **Building community ownership**

The process involves cultivating community ownership of the process

How to Use the Community Health Improvement Plan

The CHP (Community Health Improvement Plan) is a valuable tool that community members, consumers, and service providers can use to plan their collaborative vision and action plan for a healthier community. Rather than being reactive in addressing their local health issues, communities informed by the CHP can take an intentional and preventive approach.

The benefits of a regional CHP include:

- Collaboration and Clarity on the most critical health issues, so that resources can be directed to them
- Stronger community engagement and investment across local community members, service providers and consumers resulting in participation, ownership, and a planned-out commitment to resolve the health disparities.
- Broader awareness and visibility of efforts across partners and community members
- Sharing of best practices, successes, strategies, efforts and lessons practiced throughout the region.
- Ability to attract additional resources and increase community education about the resources, efforts and services available and becoming available within our community.
- Collective effort and progress to achieve community empowerment involving community members in decision making processes providing them with the resources and skills they need to act.

COMMUNITY HEALTH IMPROVEMENT PROCESS

The CHA (Community Health Assessment) and CHP (Community Health Improvement Plan) are interrelated documents that follow a data-informed improvement cycle and are typically completed once every five years. The CHA/CHP cycle begins with the identification, analysis, and reporting of qualitative and quantitative data in a CHA, a data-driven and collaborative document for the community that describes the health outcomes and the status of factors that influence health in the community. Based on data from the CHA and additional information from the community, key stakeholders, community partners, and other public health topics. Developed using CHA data and an extensive community engagement process, the CHP is a blueprint for improving community health. Focus areas are selected for the informed planning and implementation of the CHP and in relation to this document are health topics that most greatly impact the community where gaps and barriers in service may be present. The CHP is a 'living document', meaning that the goals,

strategies, and progress of the work are reviewed and updated on an annual basis, or as needed, until the cycle repeats. For the current CHA/CHP cycle, four priorities were chosen. Further details of how these priorities were selected can be found in the 'CHP process' section below. These four priorities will be the backbone of our community health work, and this work will be continually tracked and reviewed over several years until the next CHA/CHP cycle. The CHA and CHP are interrelated documents and data from the 2023 CHA will be listed throughout this document. The diagram below shows the CHP process.

Community Health Improvement Plan Process



Summary of Curry County Community Health Assessment and Our Community.

Demographics

- Population growth is lower than the state average.
- Hispanic / Latino population lower than the state average
- American Indian and Alaskan Native Higher than the state average
- Aged 55 and older Higher than the state average.
- Age 18 and younger Lower than the state average
- Veterans Higher than the state average
- The prevalence of disability is Higher than the state average.
- US Born citizens are higher than the state average.
- Population speaking only English is higher than the state average.

Economic stability

Questionnaire respondents identified living wage jobs as the most important economic stability factor for good health and ranked affordable childcare as the intervention that would improve quality of life the most. Focus group participants shared that attracting and retaining professional workers is challenging. Additionally, they expressed concerns that local businesses have closed, and essential healthcare services are no longer available. Some focus group participants attributed these changes to the county's aging population.

- Median and Average income is lower than state's average
- People living in Poverty (14.5%) is higher than the state average (11%)
- Children living at or below 200% federal poverty level (21.2%) is higher than the state average (12.3%)
- Women in poverty is higher than the state average.
- Students qualifying for free or reduced lunch is higher than the state average.
- Unemployment is higher than the State average.

Housing

Questionnaire respondents felt that affordable housing was the most important factor for good health and that it would improve quality of life the most in Curry County. Focus group participants shared that housing costs are a barrier to health in Curry County and the unhoused population faces significant barriers including discrimination from police and businesses.

- The average value of a house is higher than the state's average.
- Older housing stock (47.5%) is lower than the state average (52%)
- Vacant housing stock (17.1%) is higher than the state average (8.2%)
- The number of homeless students is higher than the state average.

Education access and quality

Educational access and quality can be strong predictors of future earnings and health. Curry County has five Head Start programs; specific data on enrollment in those programs were unavailable. Curry County has a higher rate of 3- and 4-year-old children who are not enrolled in school compared to Oregon. Additionally, both Oregon and Curry County have seen notable decreases in the number of employment related daycare participants in recent years.

Overall, Curry County had higher rates of chronic absenteeism for kindergarteners compared to other counties. About 40 percent of students are meeting state benchmarks for math and language arts. While graduation rates have improved for Curry County students since the 2020-2021 academic year, disparities in graduation rates can be seen among students with disabilities and

students experiencing homelessness. Meanwhile, educational attainment in Curry County is lower than the state, with two thirds of residents in Curry County having an associate degree or less.

Questionnaire respondents indicated that quality education was important for good health and identified early childhood education as the best way to improve quality of life in Curry County.

- Early education enrollment is lower than the state average.
- High school graduation rates (80) are lower than the state average (81)
- Bachelor's or advanced degrees are lower than the state average.

Food Environment

Access to affordable, healthy food is an important factor for health and well-being. According to County Health Rankings (2023), living in a food desert can lead to more disease and premature death. This section will provide an overview of the food environment in Curry County

- Adults and children living with food insecurities (18.9%) are higher than the state average of (13.2%)
- SNAP recipients (14.8%) are lower than the state average (15%)
- People served by WIC (28%) are the same as the state average (28%)

Health Behaviors

Questionnaire respondents identified reducing illegal substance use and preventing sexual violence as the most important factors for good health. They also shared that better access to substance use treatment for legal and illegal substances would improve quality of life most in Curry County.

Focus group participants shared that substance use and mental illness are a challenge in Curry County, highlighting the two as closely related. Additionally, they shared that recreation opportunities help to promote exercise, though they felt that youth need additional recreation opportunities to promote health and avoid substance use.

- Tobacco use is higher than the state average.
- Adult binge drinking is lower than the state average.
- Heavy drinking is higher than the state average.
- Adult marijuana use (currently) is the same as the state average.
- Adult marijuana use (ever) is higher than the state average.
- Youth using Marijuana is lower than the state average.
- Adolescent immunization rates (86%) are lower than the state Average (91%)
- 2-year-old immunization rates are lower than the state average
- Youth eating fresh foods is higher than the state average.

- Adults drinking 7 or more sodas a week are lower than the state average.
- Physical activity (6th grade) is higher than the state average.
- Physical activity (8th grade) is lower than the state average.
- Adults exercising outside of work are lower than the state average.
- Adults with recent cholesterol checks are higher than the state average.

Health outcomes

Curry County has the highest death rate in Oregon and when comparing the leading causes of death in Curry County to Oregon, the County had a higher rate for the top five causes of death. Suicide is the 10th leading cause of death for both Curry County and Oregon, though Curry County's death rate by suicide was twice the rate of Oregon in 2021.

Questionnaire respondents identified local high-quality healthcare and affordable health services as extremely important for good health.

Additionally, respondents felt that more mental health services and affordable health care would significantly improve quality of life.

- Crude Death rate 1965.1 for every 100,000 is higher than the State average 1042.9
- Leading causes of death all of which are higher than the state average are as follows Cancer, heart disease, and COPD Disease-related mortality and Tobacco related.
- Adult suicide (26.7) is higher than the state average (19.5)
- Attempted suicide in youth is higher than the state average.
- Mentally unhealthy days per month per adult (4.6) is higher than the state average (4.5)
- Adult depression is the same as the state average.
- Youth depression is higher than the state average.
- Adequacy of prenatal care (91.6%) is lower than the state average (94.2%)
- The birth rate is lower than the state average (6.8) is lower than the state average (9.6)
- Teen birth rate is higher than the state average.
- Infant mortality (4.3) is higher than the state average (4.2)
- Adults with obesity (29.8%) is higher than the state average (28.8%)
- The average number of physically unhealthy days (4.15) is higher than the state average (3.91)

Health Care access and quality

Healthcare Access and Quality data help to show the types of care that are available in a community. Curry County residents have access to several hospitals, primary care clinics, and one surgical center. Alcohol/drug abuse

inpatient care or community mental health centers. Most healthcare facilities are around 15 miles away for most Curry County residents. However, the nearest pediatric ICU and alcohol/drug abuse inpatient care are more than 80 miles away. Curry County also does not have a public health department. The Oregon Health Authority manages only the mandated public health requirements on behalf of the county.

The rate of primary care providers and dentists reached six-year lows in 2022. Meanwhile, the rate of mental health providers per 100,000 population more than doubled from 2016 to 2022. Relating to access to care, the percentage of adults in Curry County who do not have health insurance has been steadily declining.

Focus group participants shared that they often must travel long distances for care and that there are long wait times for dentists, particularly for providers that accept the Oregon Health Plan. Finally, participants shared that the lack of a public health department is a disadvantage to all residents.

- Public insurance (Medicaid, Medicare, VA) is higher than the state average.
- The population without insurance is the same as the state's average (6.5%)
- Access to primary care physicians (65.43) is lower than the state average (94.17)
- Access to mental health providers (454.84) is lower than the state average (605.14)
- Access to dental services (55.78) is lower than the state average (82.52)

Physical environment

In Curry County, air quality was healthy, though PM 2.5 levels increased in recent years. Curry County reported at least one water quality violation in 2020 as well. Overall, the number of storm events decreased in Curry County. However, the number of drought weeks experienced reached a five-year high in 2020.

The vast majority of Curry County and Oregon residents are driving to work (as opposed to taking public transit or walking), and the number of people driving alone to work increased significantly in 2020. Commuting times of less than 15 minutes are much more common in Curry County than Oregon.

The percentage of people in Curry County with access to exercise opportunities is higher than Oregon, with roughly nine out of 10 Curry County residents having access.

The social association rate (memberships to civic, political, and other groups) in Curry County decreased in 2020. Finally, the rate of violent crimes is much lower than Oregon.

Questionnaire respondents shared that a clean environment was the most important factor for good health. They also felt that more healthcare options would most improve quality of life. Focus group respondents shared that limited public transportation is a challenge. Additionally, they shared that they feel that Curry County is a safe place to live, which is supported by secondary data.

- Air quality is higher than the state average.
- The number of wildfires is lower than the state average.
- Available recreational opportunities (89.7%) are higher than the state average (83.8%)
- Use of public transportation is lower than the state average. Commute time of less than 15 minutes is less than the state average
- Workers who drive alone to work (73.6%) is higher than the state average (70.5%)
- Workers who walk or bike to work are lower than the state average
- Social associations/memberships (8.29) are lower than the state average (10.06)
- Violent crimes (30) are lower than the state average (12,726)
- Children in foster care (6.7) is higher than the state average (6.4)

The data table below shows the Perception of Importance from the Community Questionnaire

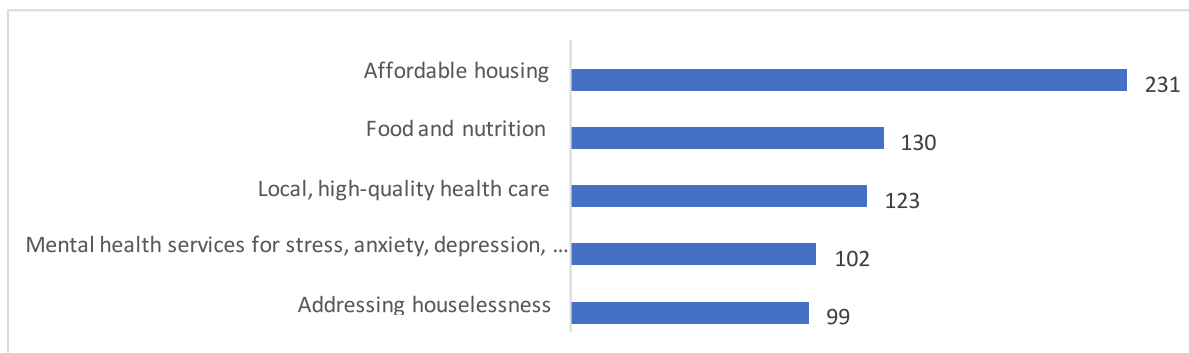
Economic Stability				2.65
Housing				2.64
Food and nutrition				2.63
Education - Prevention				2.63
Health Status & Outcomes				2.61
Education Access and Quality				2.58
Health Behaviors				2.52
Neighborhood & Physical Environment				2.47
1 - Not at all important 3 - Extremely important				

Health Equity

MAPP's primary goal is to advance *health equity* in local communities. This CHP process was guided by the Oregon Health Authority (OHA)'s definition of health equity:

When all people can reach their full health potential and well-being and are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class, intersections among these communities or identities, or other socially determined circumstances.

Achieving health equity requires the ongoing collaboration of all regions and sectors of the state, including tribal governments to address: The equitable distribution or redistribution of resources and power; and recognizing, reconciling, and rectifying historical and contemporary injustices.¹

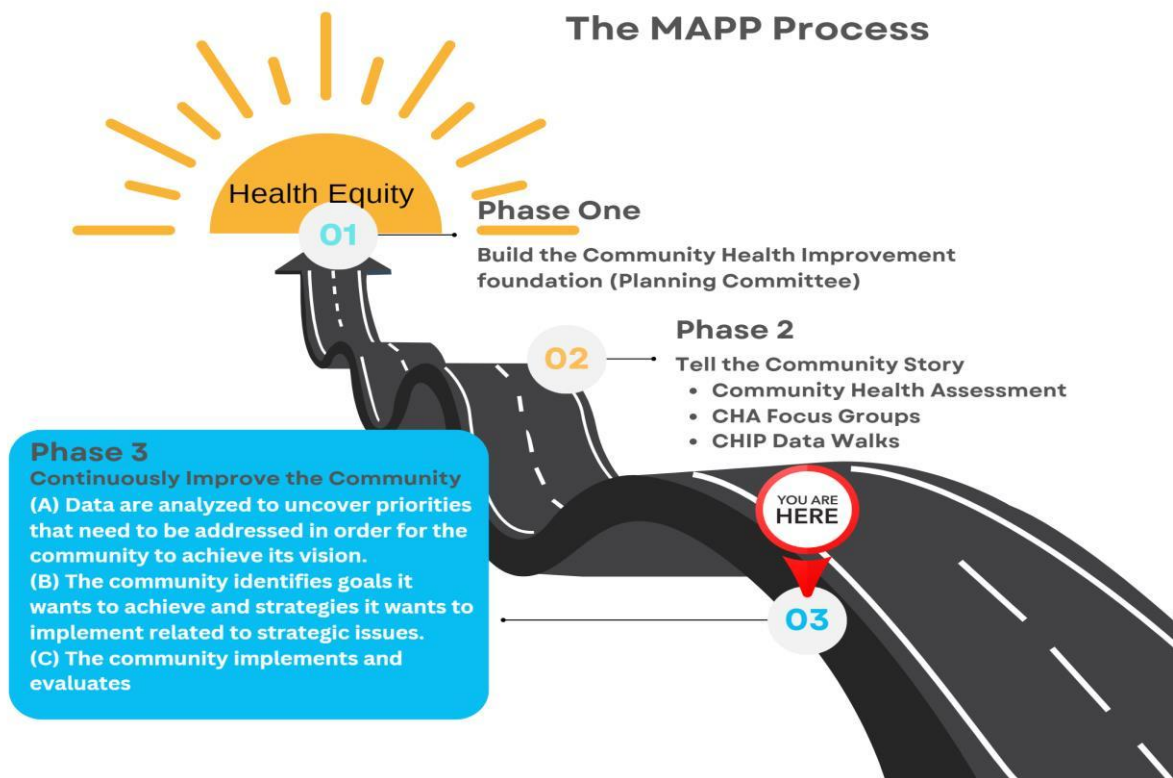


MAPP provides a structure for communities to assess their most pressing population health issues and align resources across sectors for strategic action. It emphasizes the vital role of broad stakeholders and community engagement, the need for policy, systems, and environmental change, and alignment of community resources toward shared goals. The process results in a community health [needs] assessment (CH[N]A) and a community health improvement plan (CHP).

MAPP is an opportunity to strategically work toward a community-owned vision through collective action. Your community is probably already engaged in activities that highlight community assets and needs and efforts to improve community health.

¹ Source: [Oregon Health Authority, Health Equity in Oregon](#).

The MAPP framework organizes and aligns these activities under one umbrella.



Data Walks

One of the strategies used during our data gathering and collection process was implementing Community Data Walks. Throughout the months of March, April and May 2024 we completed several data walks which were all open to the general public. These data walks were held in person in Brookings, Gold Beach, Port Orford, at the AllCare Community Advisory Council, at the Advanced Health Community Advisory Council and two virtual sessions were also held to allow those unable to travel or attend in person to participate.

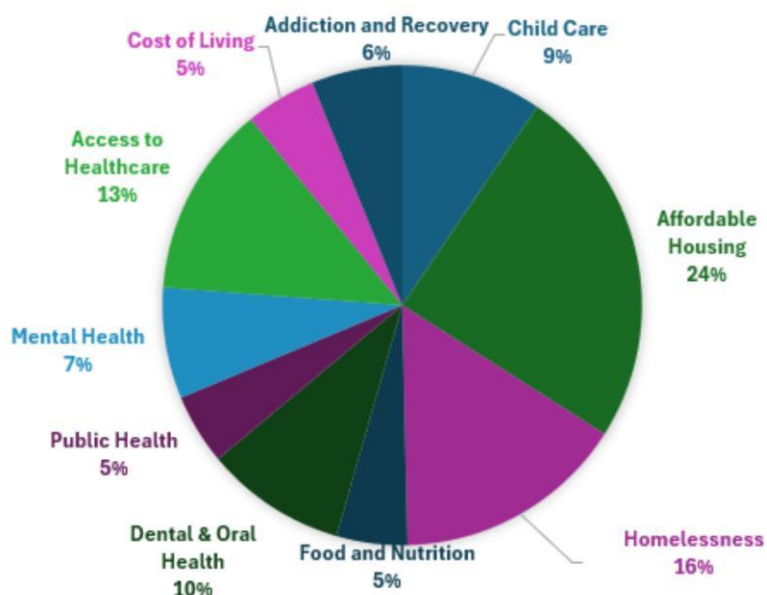
This progressive and comprehensive approach invited community members who reside and work in Curry to interact with the data and each other through interactive workshops. Large boards summarized 10 key issues from the CHA assisting in narrowing down the top concerns and needs within the community. The workshop begins with an educational introduction about the 2023 (CHA) Community Health Assessment, the work that has been completed up to that point for the (CHP) Community Health Improvement Plan followed by an open discussion in each room revisiting the top 10 concerns and understanding on how to vote on each board. The results below were shared with each CHP planning committee member by email and at the CHP meeting:



Curry Data Walk Results

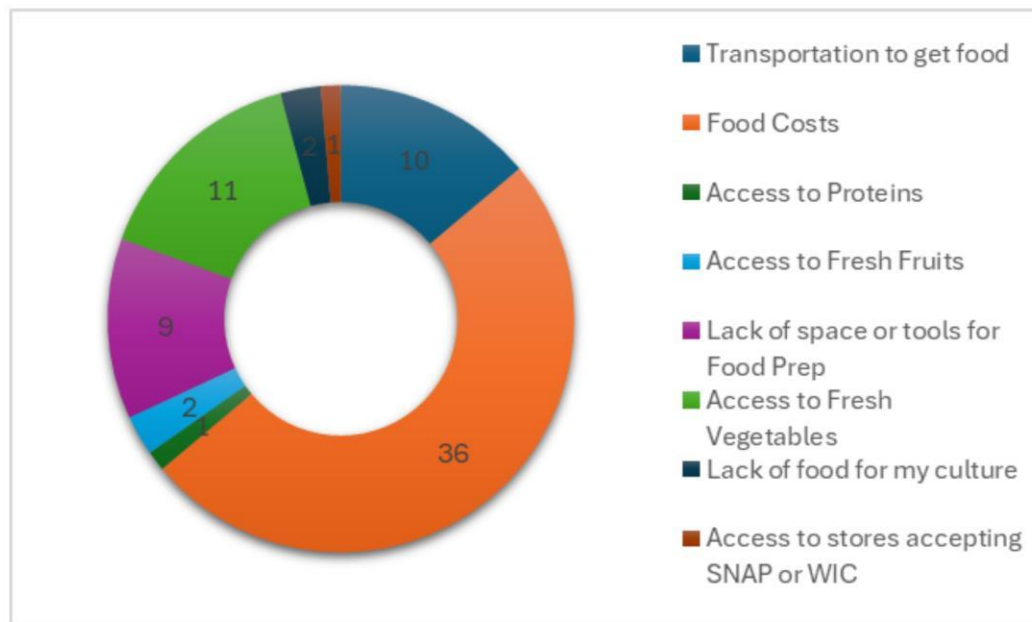


Top 10 Concerns in Curry County



The above chart shows the outcomes that were found during our Data Walks. The highest concern continues to be affordable housing, followed by homelessness, access to healthcare, dental and oral healthcare and childcare.

Barriers to Food and Nutrition



During our data walks and open discussions, we continued to hear about the barriers to food and nutrition. We wanted to do a little bit more research so we could be able to understand exactly what barriers are being experienced within our community.

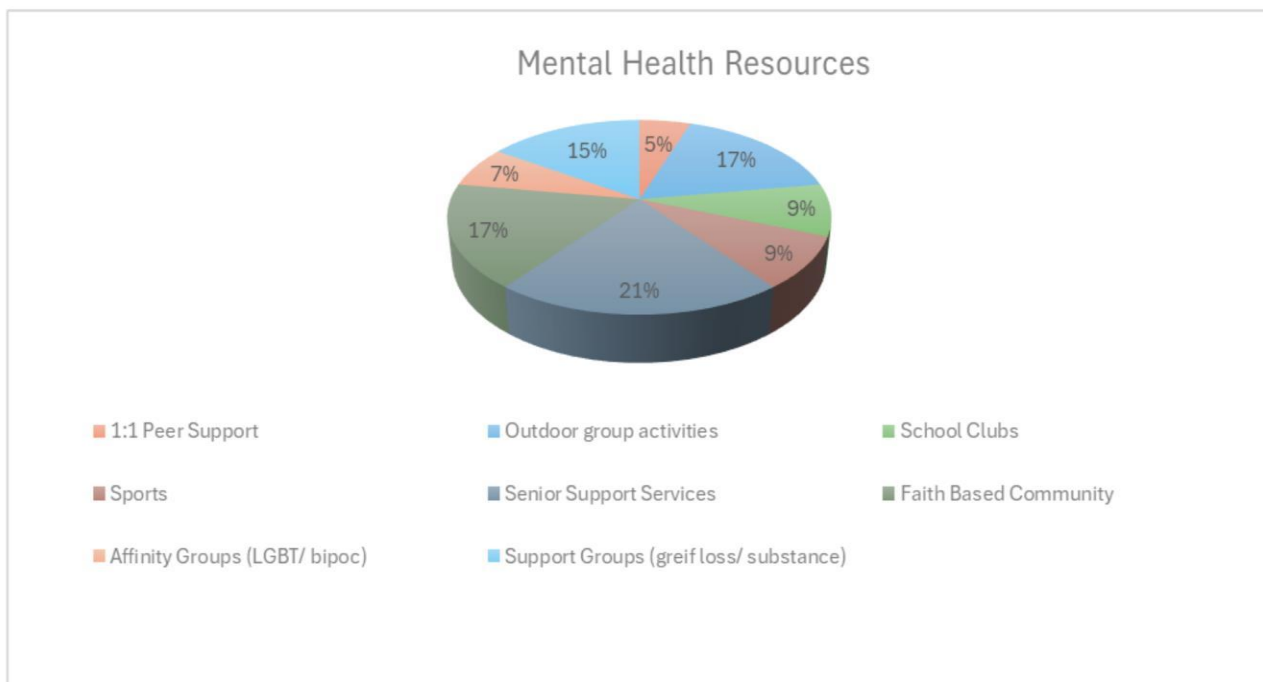
The biggest concern is food costs, followed by access to fresh vegetables and closely following that transportation to get food.

Curry County faces significant challenges with behavioral health issues, which have a ripple effect on other key social and physical health determinants, such as maintaining stable employment, securing housing, accessing proper nutrition, and adopting healthy lifestyle behaviors. Curry county has handed over the local mental health authority to OHA to manage and it is no longer under county authority. Although Adapt, the agency that is under contract to provide both the LMHA and county mental health plan (CMHP) services within the county, they are still unable to provide sufficient recovery services within Curry

County. Getting people into treatment and referrals to all mental health services continues to be a very large barrier.



Data Walk Results

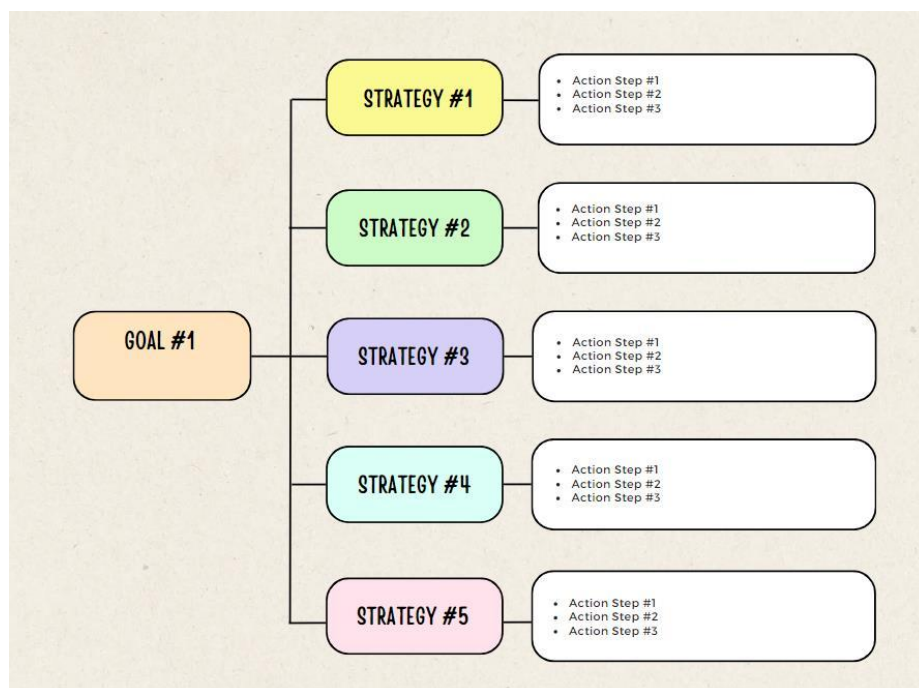


Data walks and open discussions continue to prove the concern of limited access within Curry County. Additionally, Curry continues to see barriers to access to care including gaps in early intervention services and for behaviors that support prevention. This often discourages or prevents people from seeking and/or receiving care until they are in an immediate crisis. If we are successfully able to get someone into treatment once they complete treatment, there is no transitional housing or plan for them once they return to Curry.

How Partners are Held Accountable

Individuals and organizations are held accountable for implementing strategies outlined in the CHP using the “who,” “what,” and “when” action plan. The “who” component refers to the key partners, responsible party, and designated individual or organization that coordinates group members activities and reports updates to the database. The “what” refers to a strategic issue area of responsibility. The “when” refers to the target date when updates are required. The CHP group members meet monthly to monitor the progress of the CHP Action Plan.

Plans For Measuring Progress



The goal and strategy templates provided for each focus area CHP workshop is shown above. Only the first three action steps are listed as it is known that they may change as our progress grows. Workplans will be shared with and updated monthly or as needed for each action team and priority. The outcomes of each action step and strategy will be recorded and shared with our Community Advisory Councils quarterly.

While there are some strategies listed for each focus area, this is not a complete list of all the work happening to improve health in our community.

Setting Health Priority Areas

The public health system must first help communities identify its most relevant, critical, and emerging needs, and then prioritize actions for implementation to maintain effectiveness. Prioritization uses a SMARTIE (Specific, Measurable, Achievable, Relevant, Timely, Inclusive, Equitable) objective; a rational approach to identify those problems that are solvable, the magnitude and severity of the problem in the community, and alignment with an organization's existing priorities.

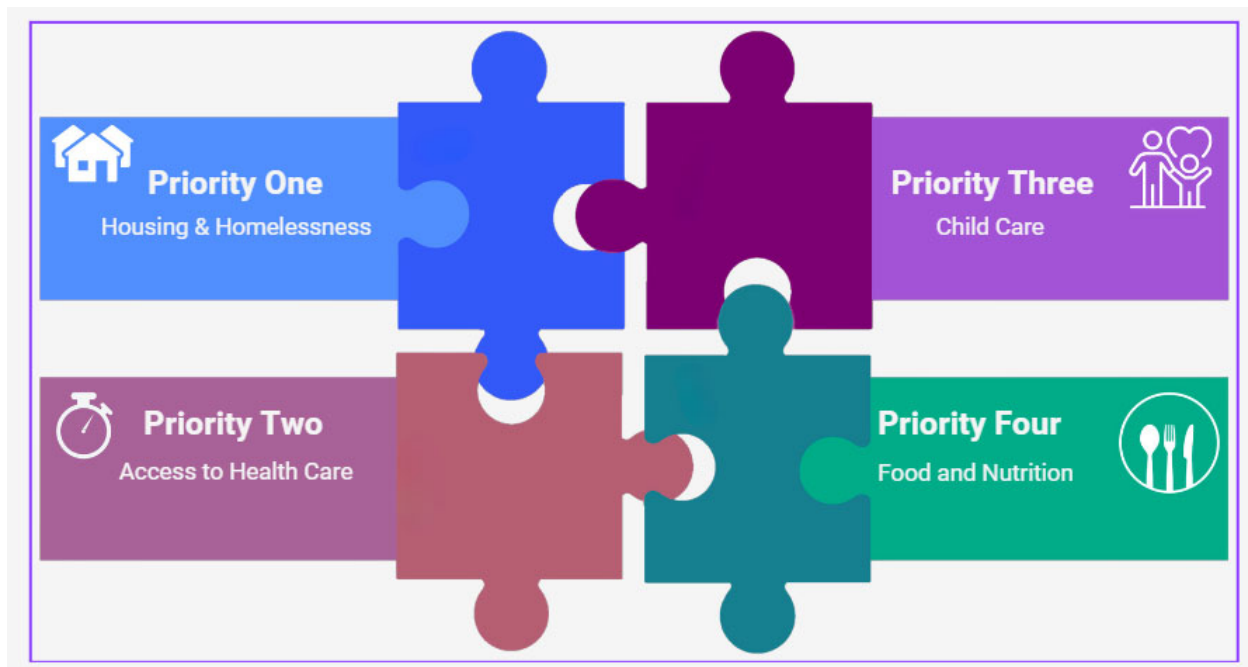
During the meeting, participants were asked to identify what sector they represented, and what public health issue/priority area (county) should focus its attention on over the next several years. The purpose of the activity was to recognize the different sectors and topic expertise in the room and begin to identify health priorities and concerns of the community.

Additional factors considered before developing the health priority areas include the availability of community capacity and resources, existing interventions focused on the issues, and evidence that an intervention can change the problem to produce a measurable impact on the health priority area. Based on the assessment results, the development of SMARTIE objectives supports the selected health priority areas for pragmatic outcome evaluation.

After further discussion of these common priority areas, four health priority areas emerged as being critical to achieving health and a healthy community:

The group concluded and agreed on four focus areas for our next CHP; Housing and Homelessness, Access to Healthcare, Child Care and Food and Nutrition as the primary health priorities and that a health improvement plan should consider socioeconomic factors and leverage partnerships to achieve results. Based on these recommendations, the CHP moved forward with four health priority areas:

Overview of Focus Areas



Focus Area 1 – Housing and Homelessness Overview

Housing can include many definitions from houselessness to unstable housing (couch surfing) to precarious housing (at risk of losing housing).

Barriers to quality affordable and stable housing have a direct impact on the quality of life and a direct impact on the ability to be self-reliant. Housing is a key Social Determinant of Health (SDOH) because it affects a person's quality of life and stability which in turn impacts their health. Stable housing is associated with fewer emergency room visits, lower inpatient hospitalization and lower rates of depression and incarceration.

Source: Oregon Public Health Division, Social Determinants of Health Website

Feedback from the community emphasized that the high cost of housing and limited number of housing units available is a large barrier for many families. The cost of housing is increasing while the number of units available decreases.

Year	2016	2017	2018	2019	2020	2021	2022	Trend
Housing								
Percentage of Housing Units Built Before 1979								
Oregon	54.8%	54.2%	53.6%	52.9%	52.0%			↘
Curry County	49.2%	46.8%	44.2%	44.1%	47.5%			↘
Average Household Size								
Oregon	n/a	n/a	n/a	n/a	n/a			
Curry County	2.12	2.13	2.13	2.12	2.1			↘
Vacant Housing Units (%)								
Oregon	9.4%	9.3%	9.1%	8.9%	8.2%			↘
Curry County	17.6%	19.2%	19.1%	18.6%	17.1%			↘
Single Occupancy Households (%)								
Oregon	27.8%	27.7%	27.6%	27.5%	27.4%			↘
Curry County	35.2%	36.3%	34.1%	33.0%	33.0%			↘
Single Parent Families (%)								
Oregon	n/a	n/a	n/a	n/a	n/a			
Curry County	32.7%	36.9%	34.0%	22.1%	23.4%			↘

Source: housing trend indicator table from 2023 CHA (Community Health Assessment)

Focus group findings from the Community Health Assessment in 2023 showed that the retention of qualified workers and medical professionals is difficult in Curry County. Respondents shared that turnover among medical providers, teachers and other professional workers is a chronic issue in Curry County. Participants largely attributed this to the lack of housing available within the county.

Housing and Homelessness:

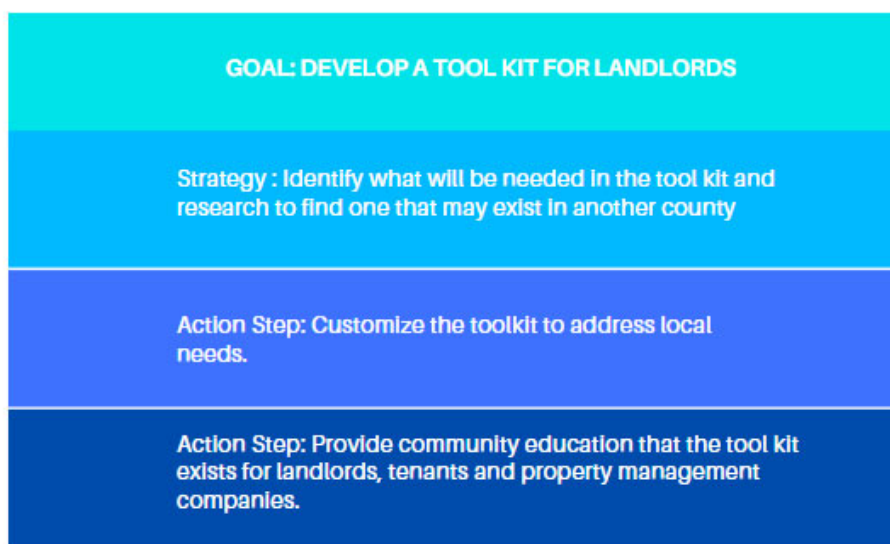
Stable housing is foundational to health and well-being. Curry County is expanding affordable housing options to prevent homelessness and provide supportive services for individuals and families experiencing housing insecurity. Collaborative efforts will address systemic barriers and promote long-term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

The following goals and strategies were developed by the Housing and Homelessness Action Team in a collaborative workshop and open discussion led by the Action Team Champion.

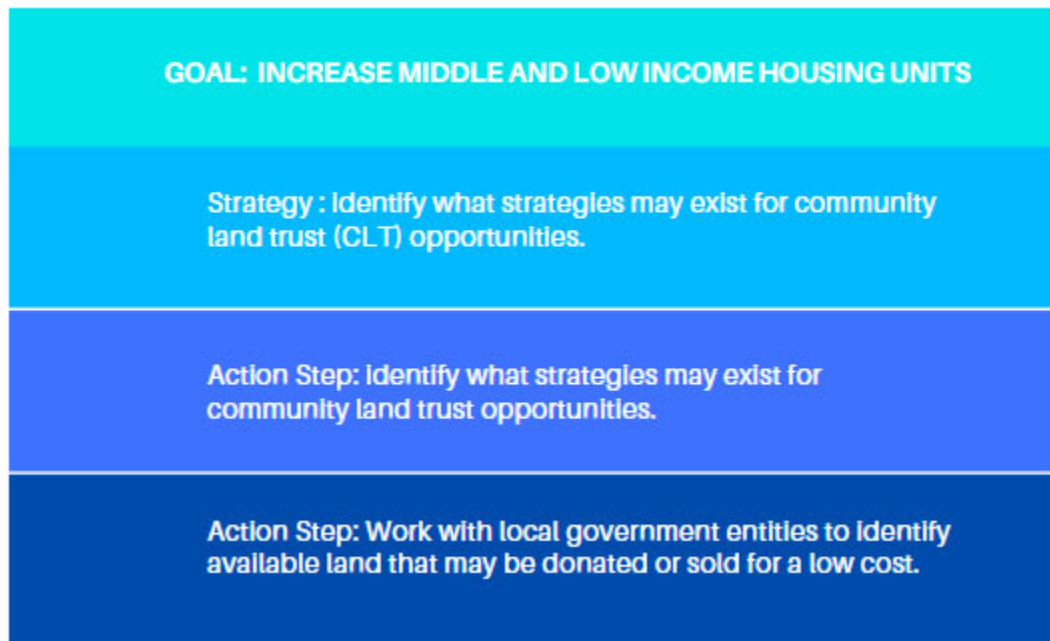
Goal # 1 – Housing & Homelessness CHP Action Team



Goal # 2 – Housing & Homelessness CHP Action Team



Goal # 3 – Housing & Homelessness CHP Action Team



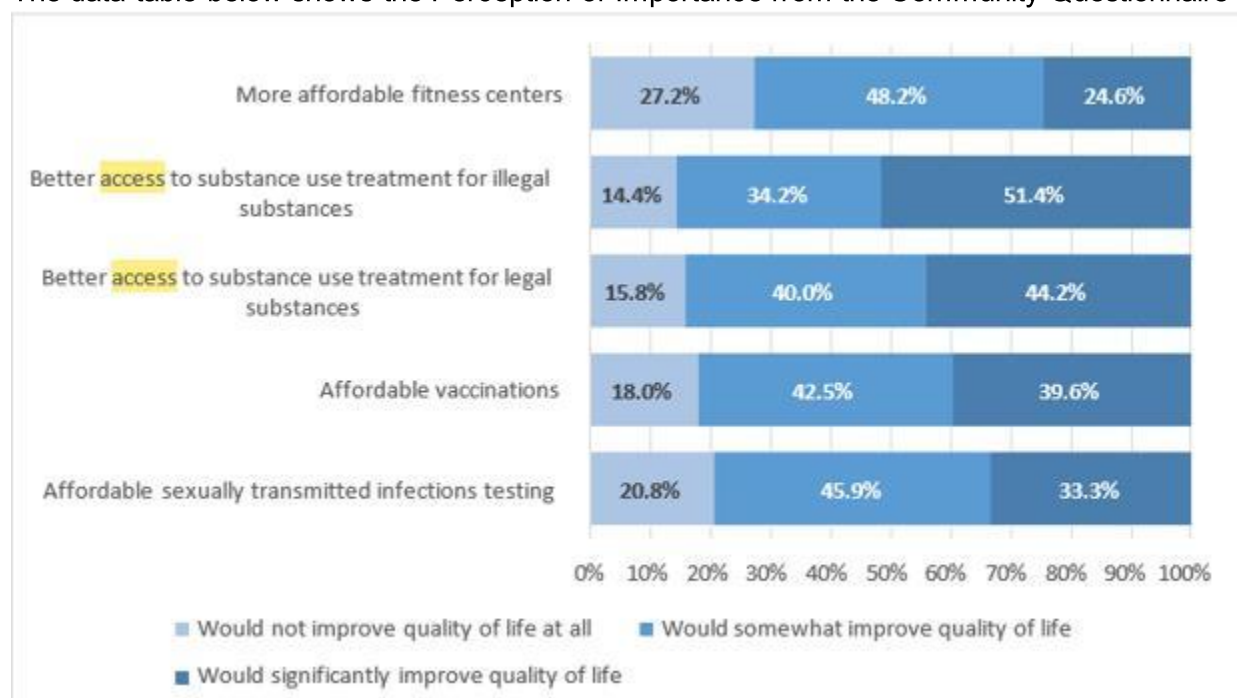
Access to Healthcare:

Access to healthcare in the CHP can have multiple meanings. Access is the ability to get healthcare which can include access to providers, transportation to appointments, The wait time to see a provider, The access to specialists and the ability to receive health care services that are affordable, meet individuals cultural needs and meet the requirements for language accessibility.

It is essential to measure and improve access to care because health disparities in access are often directly linked to disparities in health outcomes. Also, when it is challenging to get routine medical care because of cost, transportation, language barriers or other reasons, problems not caught early can result in life-threatening situations that require immediate attention, endangering lives, and putting a strain on emergency services

As reported in the CHA access to healthcare continues to be challenging in Curry County. This includes the lack of access to substance use treatment for legal and illegal substances. The CHA questionnaire shows 51.4% believe access to these programs would increase the quality of life across the county.

The data table below shows the Perception of Importance from the Community Questionnaire



Distance to nearest Healthcare Facilities the mean distance in miles to the nearest indicated care type. In Curry County, the mean distance to the nearest alcohol and drug abuse inpatient care center is 97.5 miles, to a pediatric ICU it is 83.2 miles, to a designated trauma center or a medical-surgical ICU it is 17.6 miles. Additionally, on average, it is 14.9 miles to an obstetrics department, 14.5 to an emergency department, and 2.9 miles to a health clinic.

Primary Care Physicians The Primary Care Physician Rate (PCP per 100,000 population) for Curry County was 65.43 (15 providers) in 2022, a decrease from 78.9 (18 providers) per 100,000 the previous year. The primary care rate for Oregon has remained steady during the same period.

Dentists Rate shows the number of dentists per 100,000 residents in Curry County. In 2022, there were 55.78 dentists (13 dentists) per 100,000 residents, a decrease from the previous year of 61.0 (14 dentists) per 100,000. Curry County lagged behind Oregon in dentist rate per 100,000 residents from 2016 to 2022.

Mental Health Providers The rate of mental health providers in Curry County increased from about 165 per 100,000 in 2016 to 454.8 per 100,000 in 2022. While the rate is still lower than Oregon, the rate of mental health providers in Curry County more than doubled over six years.(Curry County and Oregon Mental Health Providers Rate (2016-2022))

The following goals and strategies were developed by the Access to Healthcare Action Team in a collaborative workshop and open discussion led by the Action Team Champion.

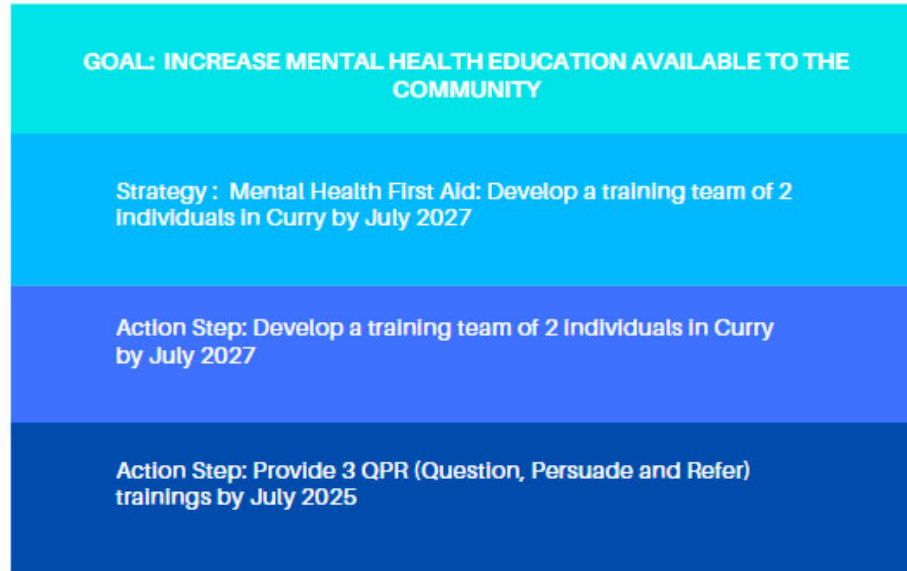
Goal # 1 – Access to Healthcare CHP Action Team

GOAL: IMPROVE LANGUAGE ACCESS FOR ESPECIALLY FOR SPANISH SPEAKING COMMUNITY
Strategy : Identify 3 Individuals who reside in Curry to become trained as medical Interpreters by July 2026
Action Step: Outreach to Spanish speaking community to assess interest
Action Step: Seek scholarships for medical Interpreter training for the 3 Individuals that agreed to complete training.

Goal # 2 – Access to Healthcare CHP Action Team

GOAL: INCREASE DENTAL HYGIENE EDUCATION.
Strategy : Info-graphs to handout at community events and for providers to hand out to patients. a.)how teeth effect your health b.)sugar in common products c.)have all Info-graphs available in both Spanish and English
Action Step: In-reach to schools to see what supports they could use to improve their dental hyglene education.
Action Step: Explore if dental school students could provide to assist with education and/or cleanings for youth.

Goal # 3 – Access to Healthcare CHP Action Team



Childcare:

Curry county is a childcare desert. A childcare desert is a community with more than three children for every regulated childcare slot. The Oregon Early Learning Division reported in 2019 that Curry County had only 17% of the childcare needed for children ages 0-5, which is below the federal definition of a childcare desert of 33%.

Curry County has five Head Start programs; specific data on enrollment in those programs were unavailable. Curry County has a higher rate of 3- and 4-year-old children who are not enrolled in school compared to Oregon. Additionally, both Oregon and Curry County have seen notable decreases in the number of employment related daycare participants in recent years. Overall, Curry County had high rates of chronic absenteeism for kindergarteners compared to other counties. About 40 percent of students are meeting state benchmarks for math and language arts. While graduation rates have improved for Curry County students since the 2020-2021 academic year, disparities in graduation rates can be seen among students with disabilities and students experiencing homelessness.

Meanwhile, educational attainment in Curry County is lower than the state, with two thirds of residents in Curry County having an associate degree or less. Questionnaire respondents indicated that quality education was important for good health and identified early childhood education as the best way to improve quality of life in Curry County

3-4-Year-Old School Enrollment

The percentage of children ages 3-4 years old that are not enrolled in school has remained steady between 2019 and 2020 among Oregon and Curry County. Curry County, however, has a significantly higher rate than the state average for 3-4-year-olds that are not enrolled in school.

Figure 33: Percent of Children Ages 3 - 4 Not Enrolled in School (2017-2020)

PERCENT OF CHILDREN AGES 3 - 4 YEARS OLD NOT ENROLLED IN SCHOOL				
Year	2017	2018	2019	2020
Curry County	74%	86%	79%	72%
Oregon	56%	55%	54%	56%

Adapted from The Annie E. Casey Foundation Kids County Data Center

Participants in Employment-related Day Care Program

According to the Oregon Department of Early Learning and Care, the Employment Related Day Care (ERDC) program "helps families who are working, in school, or receiving Temporary Assistance for Needy Families (TANF) pay for child care, including registration fees. Curry County saw a notable drop between 2018 and 2020 for people participating in the ERDC program, a trend that is similar to Oregon during the same period. Data were not available for 2019.

Figure 34: Participants in Employment-related Day Care Program (2016-2020)

PARTICIPANTS IN EMPLOYMENT RELATED DAY CARE (ERDC) PROGRAM				
Year	2016	2017	2018	2020
Curry County	54	57	59	26
Oregon	14,583	15,785	14,840	12,736

Adapted from The Annie E. Casey Foundation Kids County Data Center

The following goals and strategies were developed by the Childcare Action Team in a collaborative workshop and open discussion led by the Action Team Champion.

Goal # 1 – Childcare CHP Action Team

GOAL: ADDRESS THE LACK OF AFTER-SCHOOL CARE AND OUT OF SCHOOL TIME PROGRAMMING IN THE COMMUNITY, AIMING TO PROVIDE ESSENTIAL ACADEMIC AND SOCIAL-EMOTIONAL SUPPORT FOR GRADE SCHOOL CHILDREN (UP TO 14 YEARS OF AGE).

Strategy : Identify and recruit stakeholders and potential funders to be at the table.

Action Step: Create a way to collect information from childcare providers and families in the community to elevate families' voices, preferences, and identify needs.

Action Step: Identify the needs in the community through a survey to understand the gaps and needs within each area.

Goal # 2 – Childcare CHP Action Team

GOAL: INCREASE LOCAL AWARENESS OF PROGRAMS AND OPPORTUNITIES BY 20% IN THE CURRENT SERVICE AREAS. ESTABLISH AT LEAST TWO NEW PROGRAM SITES IN CURRY COUNTY BY 2029.

Strategy : Create a survey for local programs and providers to be able to have a baseline to measure outcomes at the end of the project. Push the survey out through local outreach and social media pages, analyze the data received.

Action Step: Create a local resource guide for families of programs and services that are currently available.

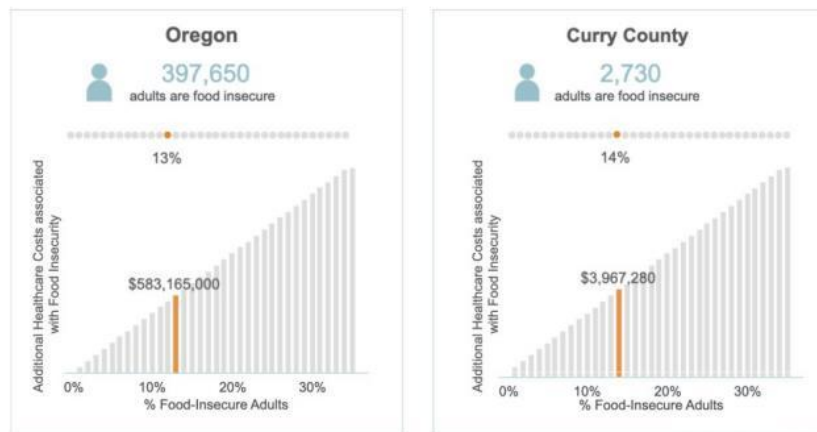
Action Step: Based on the model of the Port Orford Early Learning Collaborative, establish Collaboratives in Gold Beach and Brookings.

Food & Nutrition:

Access to affordable, healthy food is an important factor for health and well-being. According to County Health Rankings (2023), living in a food desert can lead to more disease and premature death.

Food insecurity, as defined by the United States Department of Agriculture, is the lack of consistent access to enough food for every person in a household to live an active, healthy life. In Curry County, 14 percent or 2,730 adults are food insecure. With this, there are \$3,967,280 additional healthcare costs associated with food insecurity. The percentage of Oregonians who are food insecure is similar to the rate in Curry County.

Figure 45: Curry County and Oregon: Percentage of Food Insecure Adults (2018)



Source: 2018 Feeding America

In 2020, 15 percent of Curry County households received food stamps/SNAP in the past 12 months. The percentage of food stamp recipients decreased overall in Curry County from 2016-2020, a trend like Oregon. Food stamp recipients increased in 2019 in Curry County.

The following goals and strategies were developed by the Food and Nutrition Action Team in a collaborative workshop and open discussion led by the Action Team Champion.

Goal # 1 – Food & Nutrition CHP Action Team



Goal # 2 – Food & Nutrition CHP Action Team



Goal # 3 – Food & Nutrition CHP Action Team

GOAL: -ENSURE ALL CHILDREN HAVE ACCESS TO SAFE AND CONSISTENT FOOD RESOURCES
Strategy: -Ensure consistent Summer Food Programs and consistent food/nutritional resources and education for pregnant people and children 0-6 population are available
Action Step: -Ensuring consistent food boxes and or/daily bags and/or snack packs for school aged children across Curry County during the school year.
Action Step: Survey WIC program and determine gaps and needs for children 0-5 population.

Next Steps:

The CHP action teams have identified one action team per focus area. A team champion has been appointed and will serve as the subject matter guide in the implementation of each goal, strategy and the collaboration of the team to increase the success of the efforts.

Each group will continue to hold ongoing meetings and continue to work on each individual goal and action step that was created. The teams have been provided with meeting-minute templates and will be reporting information from each group at the monthly Curry County CHP workgroup. Using this reporting system will make it simple to share data within the community and will help show the progress of addressing the needs of the community. The information that will be gathered will allow the CHP leadership team to be able to provide updates yearly to closely follow the progress of each goal and to provide the annual CHP Progress Report to OHA (Oregon Health Authority) as required by the Coordinated Care Organizations' contract.

Measuring Success

It is a goal to make reporting for each priority group streamlined and efficient. We will be using the following metrics to ensure a focus on impact for each priority.

Housing and Homelessness	
Indicator	Description
Housing units built	percentage of owner-occupied units
Vacant housing units	percentage of Vacant housing units

Access to Healthcare	
Indicator	Description
Healthcare facilities by type	Number of Rural Health Clinics
Primary Care physicians' rate	Number of providers per person

Childcare	
Indicator	Description
Students in Head Start	Findings from 2018 - Current
Early Education Enrollment	Findings from 2018 - Current

Food and Nutrition	
Indicator	Description
Food Insecurity	Adults living with Food insecurity
Food Access	Rate SNAP authorized Retailers

Getting Involved

Want to get involved? We welcome feedback, participation in advisory or planning councils and questions.

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