2026 Oregon Rural Health Conference Presentation Slides

Collaborating Across Sectors:

How Clatsop County's Hospitals, Clinics, CBOs and Public Health Department are Creating a Healthier Community

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The spark: a crisis that required everyone

The COVID-19 response brought our community together to solve problems in real time.



Hospitals

Provided clinical expertise, staff and operational infrastructure.



Public Health

Led coordination, data sharing and community outreach.



Behavioral Health

Supported mental health needs and connected people to resources.



Local Partners

Mobilized volunteers, community organizations and trusted local networks.



Sustained volunteer work created trust, speed, and a habit of showing up for countywide needs.

STRUCTURE

From informal collaboration to a chartered coalition

1



Shared experience

COVID response demonstrated what was possible.

2



Coalition charter

Partners defined purpose, roles, and expectations.

3



Regular Connection

Meetings became a place to make progress not just report updates

4



Shared accountability

Members bring resources, relationships, and follow-through.

CHNA + CHIP

One county, one shared improvement plan

Two hospitals and public health working from one Community Health Needs Assessment and one Community Health Improvement Plan is the model.

1. Joint CHNA

UNDERSTAND TOGETHER

Common understanding of community needs

- Combined community input and data analysis
- Identified shared priorities across the county
- Established a foundation for collective action

2. Shared CHIP

ALIGN & PRIORITIZE

Aligned priorities across organizations

- Set shared goals and measurable outcomes
- Leverage complementary strengths and resources
- Commit to health equity and community-driven solutions

3. Annual work plan

TAKE ACTION

Projects with owners, timelines, and follow-up

- Initiatives tied to CHIP priorities
- Clear owners and timelines
- Ongoing monitoring and community reporting

Healthier People. Stronger Communities.
A Brighter Clatsop County.

CULTURE

The coalition works because the table works

Not “your patients” or “our patients”—the frame is people who live in Clatsop County.

Mutual respect

Partners understand each organization’s role and constraints.

Productive meetings

The agenda is designed to make decisions and assign work.

“Yes, and” mindset

Ideas are built upon rather than immediately narrowed.

Shared ownership

Success belongs to the community, not one organization.



IMPLEMENTATION

A shared work plan turns trust into action

The coalition moved from “we should collaborate” to organized projects with clear owners.

Access to care IMPROVE ACCESS	Mobile dental care, navigation, enrollment support
Substance use disorder EXPAND SUPPORT	MAT access, ED connections, shared workflows
Medicaid changes STRENGTHEN OUTREACH	HR1/OHP outreach, assister capacity, coordinated messaging
Community readiness BUILD TOGETHER	Common communications, resource links, practical next steps

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SUCCESS STORY

Example 1: SUD collaboration and MAT access

A countywide table helped partners move from separate services to more connected pathways for patients.

Need identified
Patients with SUD need timely connection to care

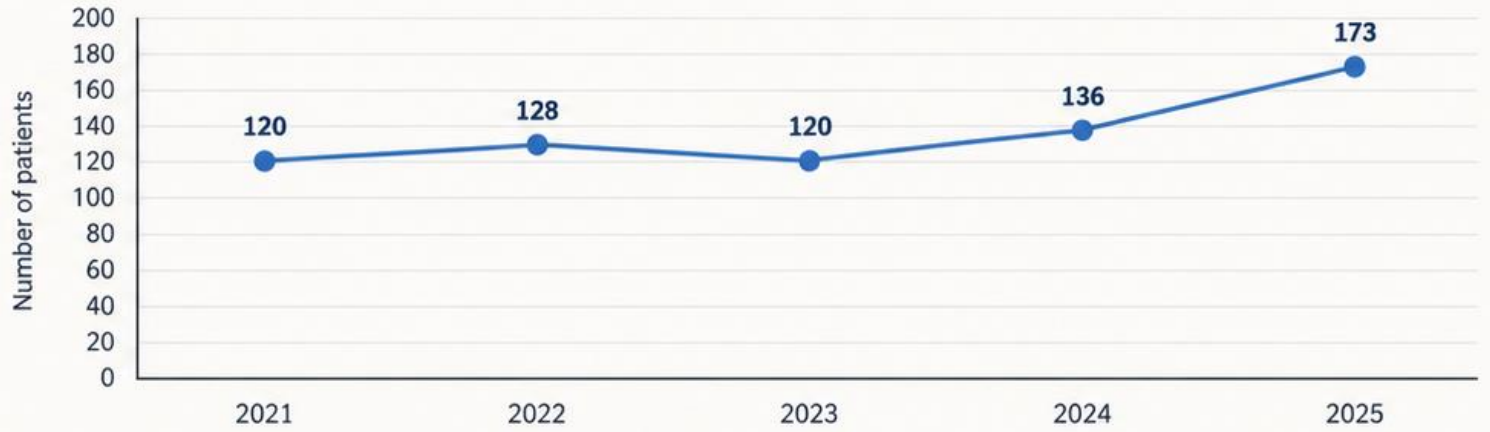
ED + partners
Hospitals, behavioral health, and community partners coordinate

Medication access
Focus on practical pathways to medication-assisted treatment

Better handoffs
More consistent transitions from crisis to ongoing care

Average number of patients enrolled in active MAT at CODA in Seaside

CODA started attending coalition meetings in 2024.



120 to 173 patients

+44% increase in active MAT enrollment, 2021–2025

CURRENT PRIORITY

Example 2: Preparing for HR1/OHP changes

The same coalition infrastructure is now being used to reduce avoidable coverage disruption.

Shared message

Use OHA-aligned language and materials so patients hear a consistent message.

Targeted outreach

Coordinate around member lists, coverage dates, texting, banners, flyers, and clinics.

Assister capacity

Build a countywide picture of who can help people complete steps.

2027 events

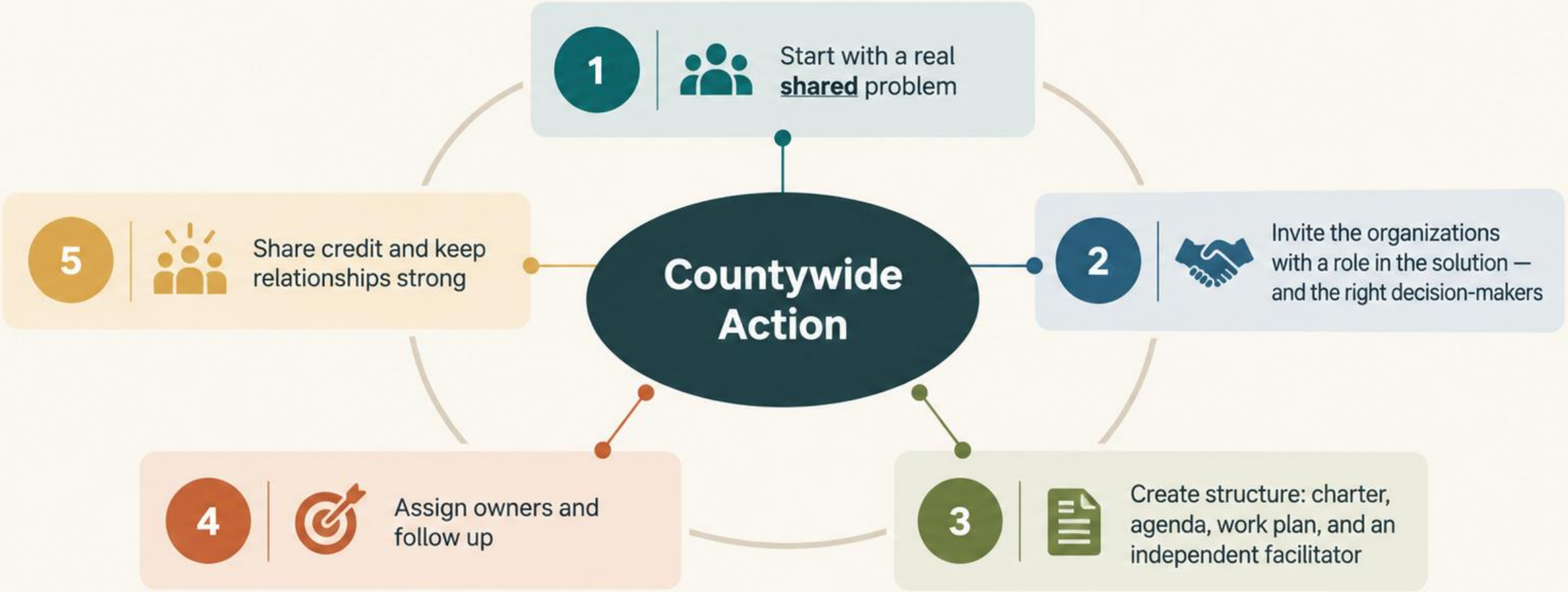
Plan community enrollment events with Medicaid assisters present.



MODEL

What makes this transferable?

The model is not a grant, a single program, or one charismatic meeting. It is a repeatable way of working.



TAKEAWAYS

Lessons learned for rural communities

Relationships are infrastructure	Trust built before a crisis becomes capacity during the next one.
Shared plans matter	A joint CHNA/CHIP creates legitimacy for cross-organization work.
Make meetings useful	Meetings became a place to make progress not just report updates.
Solve for the county	The community frame helps partners move beyond organizational boundaries.



PRACTICAL TOOLS

Resources attendees can take home

Scan to explore the coalition and the shared planning tools behind the work.

Coalition website

clatsophealth.org

Community Health Needs Assessment

2025 joint CHNA

Community Health Improvement Plan

Shared CHIP

The annual work plan will be added to the coalition website. (Coming Soon)

Q&A

Closing: partnership is the strategy

The most important outcome of the coalition is not one project — it is a durable way to respond together.

What shared problem could bring your partners together?

What structure would make the work durable?

Who needs to be at the table to move from discussion to action?

Questions + discussion



Have Fun!











