2026 Oregon Rural Health Conference Presentation Slides

allcare health®

Strengthening Rural Health Systems Through Community Voice

Leveraging CCO Community Advisory Councils to Align CHA & CHP Priorities in Southern Oregon

By Monica Gutierrez, Community Advisory Council Coordinator
& Leah Swanson, Community Engagement Manager

Certified B

Part I: AllCare CCO and Community Advisory Councils

An overview of AllCare CCO and Community Advisory Councils

"What happens when the people experiencing the gaps in our health-care system have a meaningful seat at the table where priorities, resources and strategies are being decided?"

allcare health®

Certified B

AllCare CCO & B-Corp Commitment

What is AllCare CCO?

AllCare Coordinated Care Organization (CCO) serves Medicaid (Oregon Health Plan) members across Jackson, Josephine, Curry, and Southern Douglas counties. We integrate physical health, behavioral health, and oral health, focusing heavily on regional community health transformation.

What is a B-Corp?

As a Certified Benefit Corporation (B-Corp), AllCare is legally bound to balance profit with purpose. We meet rigorous standards of social and environmental performance, accountability, and transparency, ensuring community wellbeing drives our business model.

allcare health®

Certified B

What do CCOs do



Focus on the whole person – CCOs don't just treat illnesses; they try to keep people healthy overall, including mental health, dental care, and social needs like housing or food support.



Coordinated care – Instead of going to different doctors or specialists who don't talk to each other, a CCO helps make sure everyone is on the same page about your health.



Cost-conscious – By keeping people healthy and preventing problems before they get worse, CCOs help control health care costs.



Community-oriented – CCOs often work with local organizations to address things like healthy food access, transportation to medical appointments, or substance use support.

Rural Health Context

Unique Southern Oregon Challenges

Southern Oregon spans vast geographical distances, combining coastal, mountain, and agricultural communities with dispersed populations.

Addressing health in Curry, Jackson, and Josephine counties requires tailored regional strategies that recognize distinct local transportation barriers, economic drivers, and provider shortages.



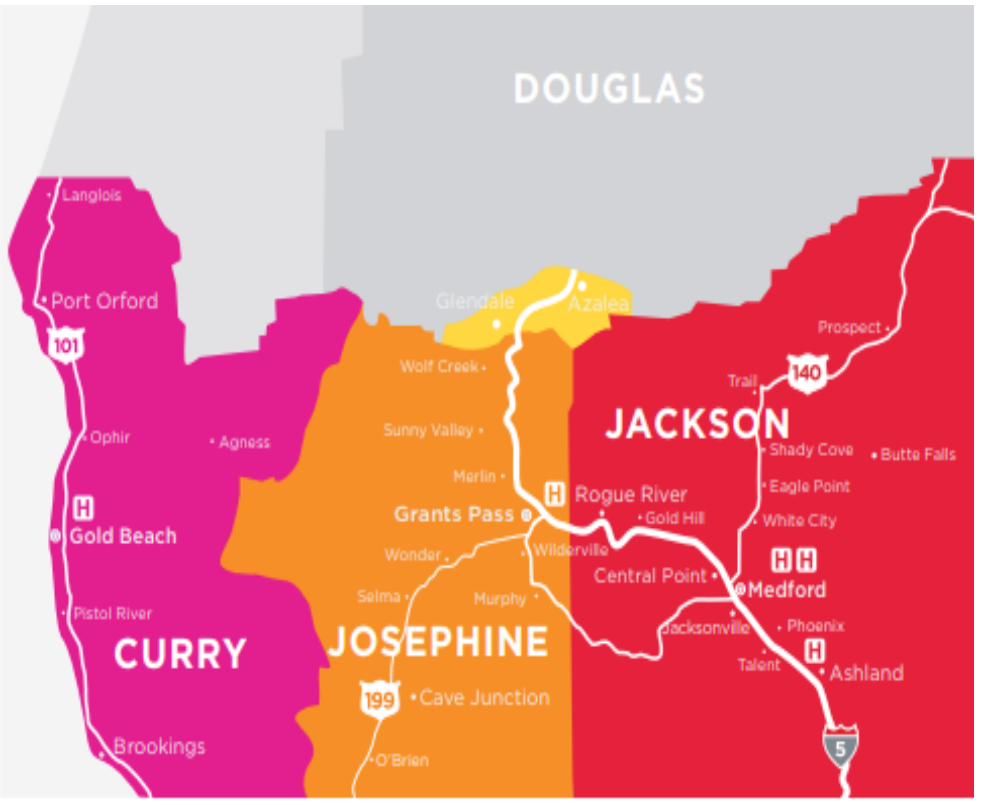
allcare health®

Service Area

AllCare CCO sponsors a Community Advisory Council for each county we serve to ensure that the healthcare needs of consumers and their communities are met.

Service area and membership

AllCare Health currently serves Jackson, Josephine, and Curry counties and the communities of Glendale and Azalea in southern Douglas County. Not all lines of business are available in every county.



allcare health®

Certified B

What is a CCO Community Advisory Council?

OHA describes CACs as the community voice for the CCO, bringing forward concerns about preventive care, community health, and CCO spending decisions that support community health. Tribal representation is always welcomed and supported.

The Structural Requirement

At least 51% of CAC members must have current or recent Oregon Health Plan (OHP) experience. It is designed to include people who have actually experienced the system.

More Than Professionals

A CAC isn't simply a group of professionals talking about consumers. It embeds direct lived experience into governance, transforming advisory input into actionable community power.





allcare health®

Certified B

And Don't Forget Tribal Partnership

Under Oregon's current CCO contract, the Tribal Liaison must actively participate in:

- Development of the Community Health Assessment (CHA)
- Development and drafting of the CHIP
- Invitation to join CAC meeting to discuss matters affecting AI/AN member health



Key Distinction

Tribal Liaison participation ≠ substitute for direct Tribal engagement.

The Liaison facilitates the relationship and perspective, while the CCO must maintain deep, continuous, and respectful direct relationships with Tribal partners.

allcare health®

Certified B

Who Sits at the Table?

67%

Average Consumer Membership Across AllCare's CACs

Broad & Representative Voices

- Exceeds OHA's 51% statutory requirement for OHP experience.
- Includes active consumers, community partners, and local government leaders.
- Engages regional OHA Innovator Agents and cross-sector stakeholders.
- Reflects real-time community realities in policy and funding discussions.



allcare health®

Certified B

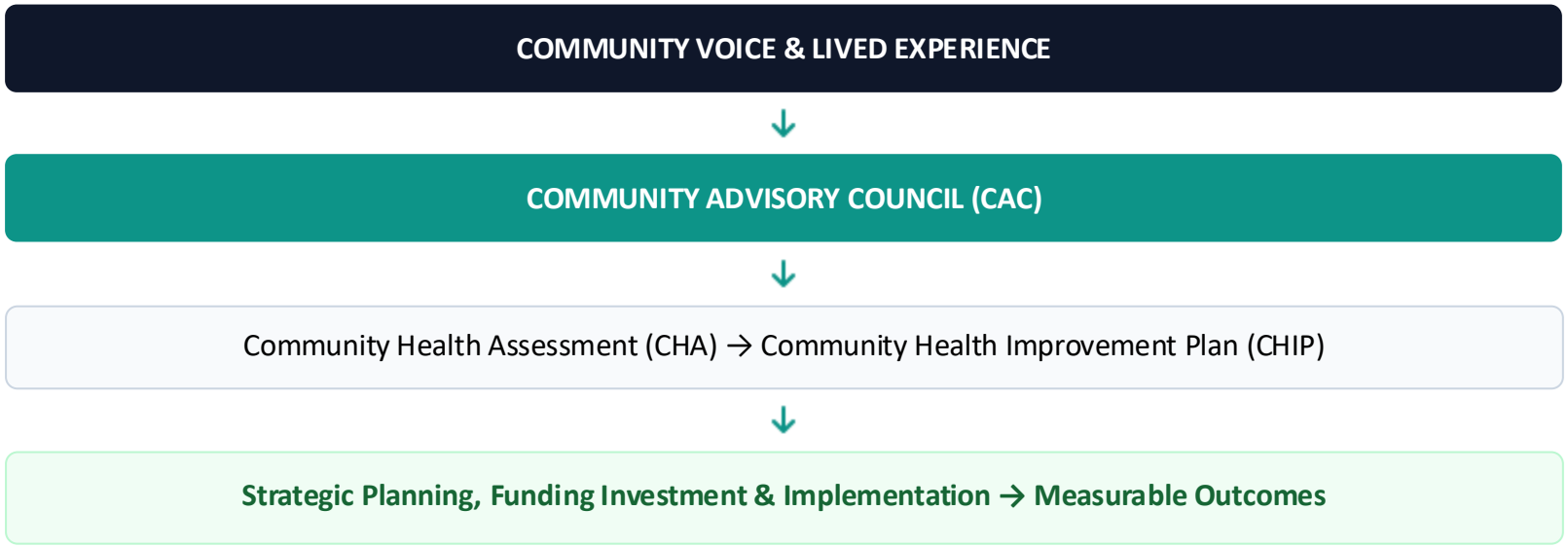
Representation Matters

“Representation isn't a number. It's a mechanism for better decisions.”

A CAC functions fundamentally differently when barriers are discussed by individuals who have actually experienced them firsthand:

- Waiting weeks or months for specialty appointments
- Struggling to find reliable rural transportation
- Navigating complex behavioral-health systems
- Trying to secure affordable local childcare
- Living and working in isolated rural communities
- Faced with acute hurdles in accessing basic care

The CAC as the Bridge



allcare health®

Certified B

Who is Involved in CHA & CHP Development?

- **Coordinated Care Organizations (CCOs):** Driving funding, regional data synthesis, clinical alignment, and community grant distributions.
- **Local Public Health Authorities:** Curry, Jackson, and Josephine County Health Departments leading epidemiological surveillance and data tracking.
- **Healthcare Systems & Providers:** Hospitals, Federally Qualified Health Centers (FQHCs), tribal clinics, and behavioral health networks.
- **Community-Based Organizations (CBOs):** Non-profits tackling food security, housing, transportation, and youth services.
- **OHP Members & Residents:** Sharing lived experiences through focus groups, surveys, and active CAC representation.

From CHA to CHIP

Community Health Assessment (CHA)

Identifies local issues, disparities, and systemic gaps.

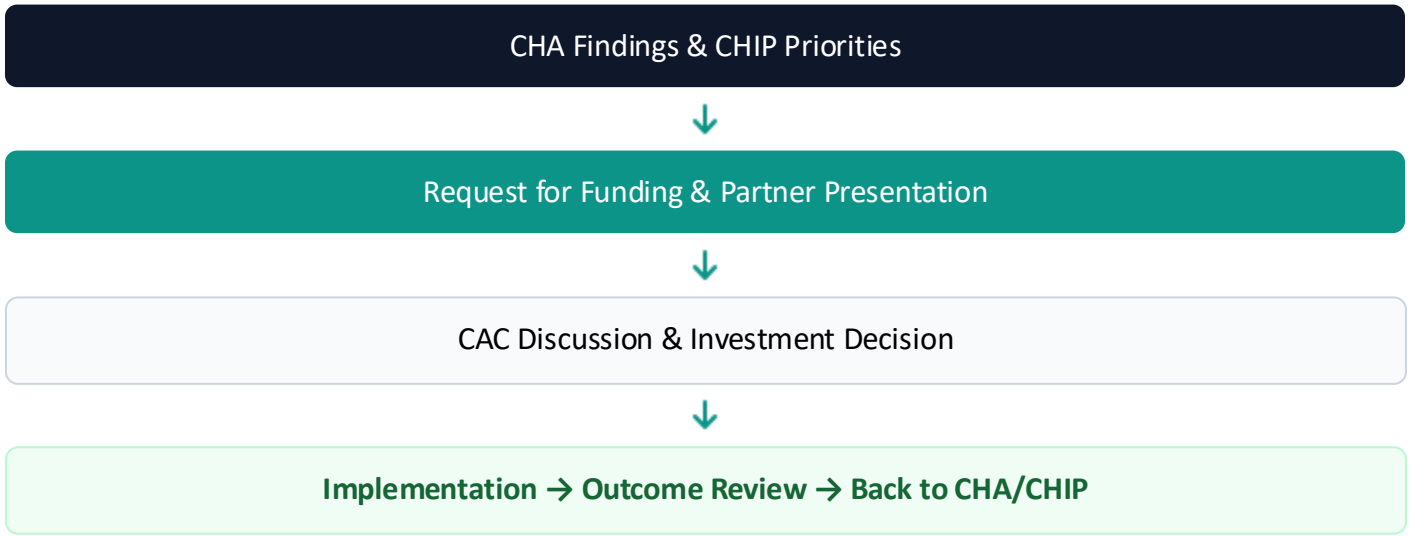
Community Health Improvement Plan (CHIP)

Turns findings into concrete priorities, measurable goals, and actionable strategies.



allcare health®

The CAC Funding Cycle



allcare health®

Certified B

Workforce Is a Community Issue

If a rural community lacks housing, childcare, transportation, education, or behavioral support, recruiting and retaining health workers becomes nearly impossible.

— Cross-Sector CHIP Alignment

allcare health®

Certified B

Part II: County CHP Priorities & SDOH Metrics

Reviewing specific Community Health Improvement Plan priorities for Curry, Jackson, and Josephine counties alongside key regional emergency department metrics.

allcare health®

Certified B

County-Specific CHP Priorities

Curry County

Food & Nutrition: Increase access to fresh food,

Housing & Isolation: Addressing housing stability and geographic transportation gaps.

Care Access: Strengthening local primary and dental care access. Expanding mental health and addiction resources across frontier coastal reaches.

Childcare: Increase after-school care and summer youth programming in the community.

Jackson County

Behavioral Health: Integrated crisis response. Offer behavioral health supports in school settings.

Housing & Homelessness: Permanent supportive housing and wildfire recovery support. Affordable shelter, utility assistance, and family housing support.

Community Building: Actively engage specific communities in social connection opportunities. Develop accessible tools to promote engagement and utilization of resources.

Josephine County

Substance Use & Mental Health: Upstream youth prevention and community crisis care.

Access to Care: Utilization of Traditional Health Works.

Child & Family Wellbeing: Expanding trauma-informed care and school readiness.

ED Utilization & Non-Emergent Care Indicators



Key takeaway: Elevated non-emergent ED visits highlight acute community gaps in primary care access, after-hours dental availability, and behavioral health crisis stabilization across rural counties.

allcare health®

Certified B

Social Determinants of Health (SDOH) Impact Matrix

SDOH Domain	Concrete Examples	Target Health Metric Impacted
Economic Stability	Food security, livable wages, utility assistance	Diabetes management & chronic illness management
Neighborhood Environment	Safe housing, rural transit, clean water access	Preventable asthma admissions & ED utilization
Social & Community Context	Culturally responsive care, youth peer mentoring	Depression screening rates & maternal health outcomes
Health Care Access	Mobile dental, telehealth hubs, bilingual CHWs	Well-child checkups & timely prenatal care entry

Part III: Actionable Investment Examples

Examining deep-dive case studies of CAC-directed investments across community building, rural transportation, food systems, and healthcare expansion.

allcare health®

Certified B

Investment Area 1: Rural Transportation Systems

Overcoming Distance Barriers

- **Non-Emergency Medical Transit:** Funding expanded driver networks for specialty visits in urban hubs.
- **Volunteer Support:** Investing in community members to provide transportation and food delivery opportunities to those who are isolated, have mobility limitations, or do not have access to transportation.
- **Limited Mobility Access to Outdoors:** Investing in providing access to the outdoors to those with mobility limitations.





allcare health®

Certified B

Investment Area 2: Food Security & Nutrition









Nourishing Communities Upstream

Farmer's Market:

- Investments in farmers markets, growers, ranchers and local producers.

Investing in Community Gardens:

- Investing in community gardens addresses key SDOH by increasing access to fresh, nutritious foods, strengthening community connections, and creating opportunities for residents to build healthier, more sustainable lives.

Food Bank Infrastructure:

- Funding commercial kitchens walk-in refrigeration units for local pantries to expand fresh produce capacity.

allcare health®

Certified B

Investment Area 3: Healthcare Access Expansion

Bringing Care to the Community

- **Community Health Workers (CHWs):** Funding trusted local advocates embedded in rural clinics and community spaces.
- **Mobile Clinics:** Partnering with other community partners, bringing preventative oral care vans directly to rural school grounds and senior centers.
- **Rural Telehealth Kiosks:** Equipping rural community centers with private, broadband-connected telehealth stations.



allcare health®

Certified B

Direct CHP Investment Impact

100%

CHP Aligned Funding

Maximizing Every Dollar

Every grant approved by AllCare CCO CACs must demonstrate direct alignment with adopted county CHP priorities.

By leveraging housing, health equity, and Community-Level Flex Funds, CACs turn community health assessment insights into strategic local interventions that address Social Determinants of Health, reduce health disparities, and create sustainable pathways to improved health and well-being.

allcare health®

Certified B

Community Advisory Member Experience

Collaborating for Healthier Rural Communities

AllCare CCO | Oregon Rural Health Conference

allcare health®

Certified B

2021...COVID Numbers are bad...

- Josephine County Public Health Emergency Preparedness Coordinator
  - COVID Vaccine Lead
  - Josephine County CAC member

Coronavirus Watch: Josephine Coun
nissioners encourage community to
ctors on 'personal approach' to COVI

Jamie Parfitt Sep 3, 2021 Updated Mar 30, 2023





Thursday Outreach Is Born!

- Relationships are built
- Additional services are added
- Brought this insight back to CAC

Relationship Continues!

AllCare Health CAC's supports community outreach with various Community Partners!





allcare health®

5 Lessons for Rural Health Leaders

- **Don't start with the solution.** Start with the community.
- **Put lived experience beside data.** Neither is sufficient alone.
- **Let priorities drive investments.** Never let funding dictate priorities.
- **Build cross-sector strategies.** Health happens outside clinics.
- **Close the feedback loop.** Tell the community what happened.



allcare health®

Certified B

“A Community Advisory Council isn't simply a place where members give advice. It is where community experience becomes community intelligence—shaping decisions, investments, and action.”

Listen → Learn → Prioritize → Invest → Act → Measure

Because the goal isn't to create a better plan. The goal is to create a healthier community.

allcare health®

Certified B

Questions & Discussion

Collaborating for Healthier Rural Communities

AllCare CCO | Oregon Rural Health Conference

allcare health®

Certified B