

Meeting	Board of Directors		
Date / Time	June 24, 2024 at 6:30 p.m.	Location	Ione Community Church 395 East Main Street, Ione, OR 97843
Chair	Diane Kilkenny	Recorder	Sam Van Laer
Board Members	Present: Diane Kilkenny, Stephen Munkers, Trista Seastone, Donna Rietmann, Scott Ezell (after 6:38 p.m.)		
Attendees	Staff: Emily Roberts, Nicole Mahoney, Julie Baker, Sam Van Laer Guests: Andrea Fletcher, Community Health Improvement Partnership Director Press: None		

Mission
Bring essential health services to our rural communities that meet the unique needs of the people we serve.

Vision
Be the first choice for quality, compassionate care, and lead the way in promoting wellness and improving health in our communities.

Values
Integrity, Compassion, Quality, Respect, Financial Responsibility

Agenda Item	Minutes
1. Call to Order	Diane Kilkenny called the meeting to order at 6:33 p.m.
2. Public Comments	None
3. Approval of Meeting Minutes A. May 20, 2024 – Regular Session	MOTION: Trista Seastone moved to approve the minutes for the May 20, 2024 regular session, as presented. Stephen Munkers seconded the motion. The motion passed unanimously by all Board members present (Diane Kilkenny, Stephen Munkers, Trista Seastone, Donna Rietmann).
4. Reports A. CEO Report - Emily Roberts B. Financial Report - Nicole Mahoney	Nicole Mahoney reported that there is no CEO report for this meeting since Emily Roberts is on leave. Mahoney shared that the District is ready to go live with the Cerner electronic health record (EHR) on July 1, 2024 as planned. The District is not migrating any data from the previous EHR to Cerner so all patient appointments will be registered as new appointments and will take longer than usual. The District will be putting up signage for patients notifying of the potential delays. Scott Ezell arrived at 6:38 p.m. Mahoney reported that the District is postponing the implementation of ADP payroll until October, but will begin utilizing the HR services support from ADP. Mahoney reported that the District is still actively recruiting for a provider position in Heppner and Vikki Kent has postponed her retirement until next year.

	<p>Mahoney presented the operating income statements and balance sheets for the months of April and May (see Board packet). Mahoney reports purchased services and professional fees such as ER locums are overbudget, but salaries are underbudget and they even each other out.</p> <p>Mahoney reports that the District will be making a draw on the capital loan that was approved several months ago and this will be reflected on the June financial statements.</p>
<p>5. New Business</p>	
<p>A. Community Health Needs Assessment, 2021-2024 Strategy Evaluation & 2024-2027 Strategies</p>	<p>Andrea Fletcher, Community Health Improvement Partnership (CHIP) Director, presented the 2024 Morrow County Health Assessment draft (see Board packet). Fletcher presented the attached PowerPoint to review the Assessments main points and its purpose.</p> <p>MOTION: Trista Seastone moved to accept and adopt the 2024 Morrow County Health Assessment as presented by CHIP. Scott Ezell seconded the motion. The motion passed by votes in favor from Trista Seastone, Scott Ezell, Stephen Munkers, and Diane Kilkenny. Donna Rietmann elected to abstain from the vote, reporting that she has not reach the assessment yet.</p> <p>The Morrow County Health District Impact of 2021-2024 Strategies (see Board packet) were reviewed.</p> <p>MOTION: Trista Seastone moved to accept the outcomes of Morrow County Health District Impact of 2021-2024 Strategies as presented. Stephen Munkers seconded the motion. The motion passed unanimously by all Board members present.</p> <p>Nicole Mahoney presented the Morrow County Health District 2024-2027 Strategies (see Board packet). The Board considered the District’s ability to provide Narcan, the needs of the County’s aging population, and obesity.</p> <p>MOTION: Scott Ezell moved to accept the Morrow County Health District 2024-2027 Strategies as presented. Trista Seastone seconded the motion. The motion passed unanimously by all Board members present.</p>
<p>B. Budget Approval FY24-25 - Resolution #1470624</p>	<p>Nicole Mahoney presented the budget resolution No. 147-0624, IN THE MATTER OF ADOPTING THE BUDGET, RESOLUTION MAKING APPROPRIATIONS, IMPOSING AND CATEGORIZING TAXES (see Board packet). Mahoney reported that the budget remains unchanged since presented and that the District cannot wait to approve the budget while the EMS program is waiting to hear back on whether the District’s bid on the County’s RFP was accepted.</p>

	<p>MOTION: Trista Seastone moved to adopt the budget and accept the resolution No. 147-0624, IN THE MATTER OF ADOPTING THE BUDGET, RESOLUTION MAKING APPROPRIATIONS, IMPOSING AND CATEGORIZING TAXES. Scott Ezell seconded the motion. The motion passed unanimously by all Board members present.</p>
<p>6. Executive Session</p>	<p>At 8:00 p.m. Diane Kilkenny called to order Executive Session under:</p> <p style="padding-left: 40px;">A. ORS 192.660(2)(f) to consider information or records that are exempt from public inspection pertaining to ongoing or anticipated litigation exempt from disclosure under ORS 192.345(1).</p> <p>Kilkenny states that members of the news media may attend Executive Sessions, with limited exceptions. News media are instructed not to report about what happened in Executive Sessions.</p> <p>The Executive Session adjourned at 8:18 p.m.</p>
<p>7. Adjourn</p>	<p>With no further business to come before the Board, regular session adjourned at 8:18 p.m.</p> <p>Minutes taken and submitted by Sam Van Laer. Approved _____.</p>

Promise of Excellence

Compassion: Being motivated with a desire to assist patients and staff with empathy and kindness and committed to going the extra mile to ensure patients and staff feel comfortable and welcomed.

Respect: Recognizing and valuing the dignity and uniqueness of everyone. Respect creates a work environment based on teamwork, encouragement, trust, concern, honesty, and responsive communication among all employees and our patients.

Integrity: Encompassing honesty and consistently adhering to the principles of professionalism and accountability with our patients, fellow employees, and community partners. Integrity is at the heart of everything we do.

Excellence: Creating standards of performance that surpass ordinary expectations. We want to make this the place where patients want to come, our providers want to practice, and people want to work!

2024
Morrow County
Health Assessment

What is your role in health planning and ensuring access to care for people who live in Morrow County?

1

Morrow
County
Health
Leadership

- **Ensure essential quality health care services and strengthen the local care system**
- **Improve health status and quality of life**

2

WHY IS THIS VISION
IMPORTANT?

3

**CRITICAL TO
MAINTAIN
ACCESS TO
SERVICES TO
RURAL AREAS!**

4

Rural
Health
Safety Net
Providers

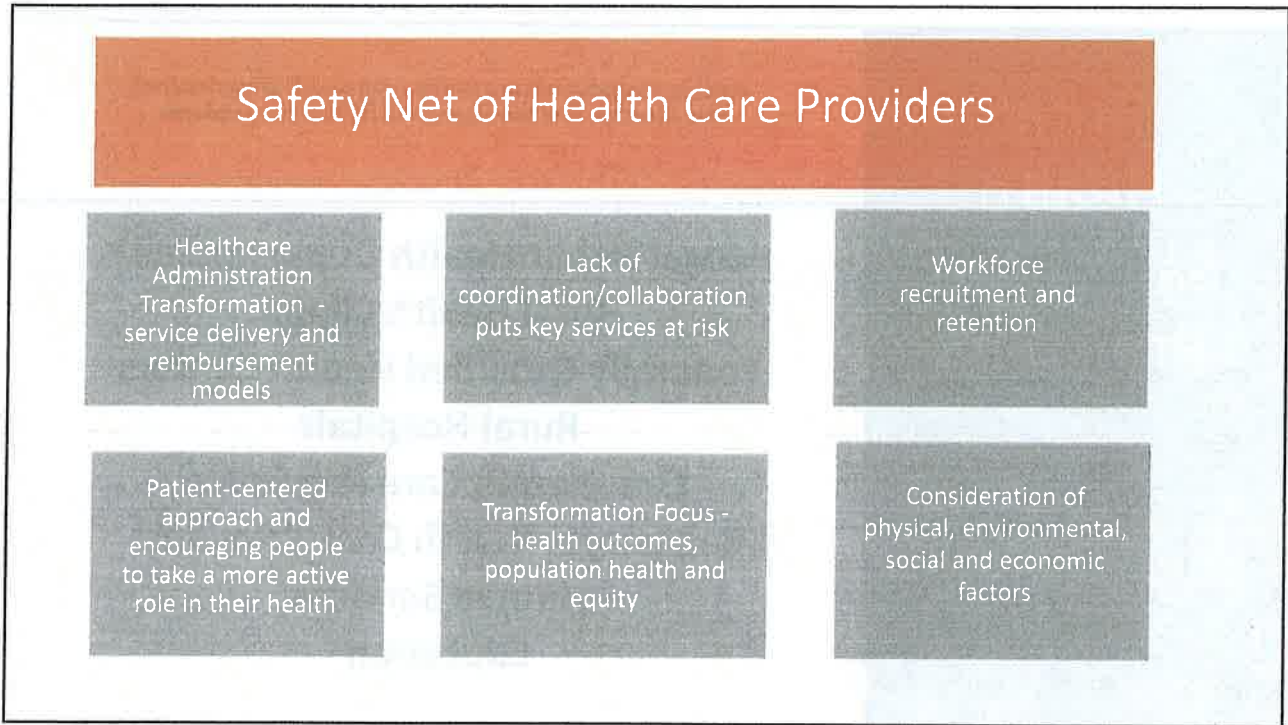
Provide majority of care to the uninsured, underinsured,
low-income, and Medicare and Medicaid recipients.

- Local Public Health Departments**
- Rural Health Clinics**
- Federally Qualified Health Centers**
- Rural Hospitals**
- Oral Health Care Providers**
- Behavioral Health Care Providers**
- Human Services**
- Education**

5

UNIQUE CHALLENGES
SERVING
RURAL/FRONTIER
AREA/POPULATIONS

6



7



8

Multisector collaborative of community-centered and data driven work needed to sustain health services to rural and frontier areas!



COMMUNITY-INVOLVED



HEALTH ASSESSMENT AND PLANNING

9

Community Health Assessment Utility

1. Integral function of individual and population health

2. Health Leadership responsibility:

A. Provide education to the community

- Local health issues
- Available services/resources
- Utilization
- Practitioner supply/need

B. Work together and involve community to identify gaps or trends in care, services, or health outcomes

C. Develop appropriate local response based on evidence to encourage a healthier Morrow County

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Finding the balance between statistics and community perception

Health Assessment

- Population demographics
- Vital and health statistics
- Health and community resource inventory
- Community survey
- Community-wide participation

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CHA

Prominent Issues

12

System

- A. Communication and Coordination**
- B. Maintain Access to Viable Local System of Care**
- C. Workforce**
- D. Health Equity**
- E. Social Determinants of Health**

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Benefit to Linking Local to Health Care Goals to Region and Oregon

- Creating coordinated and non-competing local system of care to address needs
- Ensuring access to care and increasing local utilization of services
- Using health care resources appropriately and containing costs
- Focusing on prevention, educating and empowering consumers through unified messaging and demonstrating value and accountability

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Population

Low-income

- A. 40% of Morrow population has income of less than \$50,000 annually**
- B. The percentage of the population throughout the county living at less than 200% of the federal poverty level is greater than the state rate**
- C. Boardman and Irrigon exceed the state percentage rate for children living below the poverty level**
- D. Throughout the county 32-56% of households are classified below the ALICE Threshold**

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Population

Latinx/Hispanic

- A. Health**
- B. Income/Poverty**
- C. Education**
- D. Language and Culture**
- E. Social Supports**
- F. Transportation**
- G. Community Priorities**

16

Population

Maternal and Child Health

- A. Immunization**
- B. Prenatal Care**
- C. Student Health**
- D. What will EOCCO data reveal?**

17

Population

Older Adult

- A. Consideration of long-term planning for development or enhancement of community-based services**
- B. Immunizations**

18

Health Condition

Preventable Chronic Disease

- A. Overweight/Obesity**
- B. High Blood Pressure**
- C. High Blood Cholesterol**
- D. Tobacco Use**

19

Health Condition

Diseases/Conditions

- A. Oral Health**
- B. Substance Use/Abuse**
- C. Youth Mental Health**
- D. Sexually Transmitted Infection/Diseases**

20



**Sustaining viable local health services
are necessary for the positive
economic health of the county!**

2024 AREAS OF NEED – MORROW COUNTY

Priority Identified in Current Plan

Potential New Priority

Population:

1. Low-income

- A. 40% of population has income of less than \$50,000 annually
- B. The percentage of the population throughout the county living at less than 200% of the federal poverty level is greater than the state rate
- C. Boardman and Irrigon exceed the state percentage rate for children living below the poverty level
- D. Throughout the county 32-56% of households are classified below the ALICE Threshold

2. Latinx

- A. See Population Health, Special Population, Hispanic/Latino Section – health, income/poverty, education, language and culture, social supports, and transportation
- B. Community Priorities

3. Maternal and Child

4. Older Adult

- A. Long-term planning for development or enhancement of community-based services

Health Condition:

1. Mental Health

2. Drug Misuse/Abuse

3. Chronic Conditions with modifiable health behaviors

- A. Overweight/obesity
- B. High blood pressure
- C. High blood cholesterol
- D. Nearly 20% of deaths were tobacco-related

4. Oral Health

- 5. STI/D – Increasing number of cases, HIV/AIDS diagnosis increased in frontier regions
- 6. Immunizations – decreasing trend for seasonable influenza and COVID-19 vaccination since pandemic

System:

1. Communication and Coordination

2. Maintain Access to Local System of Care

3. Workforce

4. Health Equity

5. Social Determinants of Health