2019–2022 Community Health Needs Assessment

Adopted: June 21, 2019

PeaceHealth Cottage Grove Community Medical Center Community Health Board
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I. Executive Summary and Key Takeaways

Overview

PEACEHEALTH
Caring for those in our communities is not new to PeaceHealth. It has been a constant since the Sisters of St. Joseph of Peace, PeaceHealth’s founders, arrived in Fairhaven, Washington, to serve the needs of the loggers, mill workers, fishermen and their families in 1890. Even then, the Sisters knew that strong, healthy communities benefit individuals and society, and that social and economic factors can make some community members especially vulnerable. The Sisters believed they had a responsibility to care for the vulnerable, and that ultimately healthier communities enable all of us to rise to a better life. This thinking continues to inspire us and guide us toward a better future for the communities we serve.

Today, PeaceHealth is a 10-hospital, integrated, not-for-profit system serving communities in Alaska, Washington and Oregon. PeaceHealth is a Catholic healthcare ministry with a Mission to carry on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each person in a loving and caring way.

PeaceHealth has embraced the Community Health Needs Assessment (CHNA) process as a means of realizing our Mission and engaging and partnering with the community in identifying disparities and prioritizing health needs. We also align our work to address prioritized CHNA needs.

PEACEHEALTH COTTAGE GROVE COMMUNITY MEDICAL CENTER
PeaceHealth Cottage Grove Community Medical Center (PeaceHealth Cottage Grove), is a 14-bed critical access hospital in Lane County. It is one of four PeaceHealth hospitals serving Lane County. Its primary service area includes the rural communities of Cottage Grove, Creswell, Lorane, Drain, Dexter, Dorena, Yoncalla, Elkton and Oakland. The service area has about 42,000 residents, approximately 12% of Lane County’s total population. Approximately 83% of PeaceHealth Cottage Grove’s inpatients reside in these communities.

PeaceHealth Cottage Grove is identified as one of the Top 100 Critical Access Hospitals in the United States, according to the National Rural Health Association. It was also named one of the best 100 Community Hospitals in the United States for 2015 by Becker’s Hospital Review. In addition to general acute care, services at PeaceHealth Cottage Grove include a 24/7 emergency room, and digital Imaging/radiology. Outpatient services include wound and footcare, physical therapy, an infusion center, and a primary care medical group with pediatrics and women’s health. PeaceHealth Cottage Grove cares for about 450 inpatients annually. Last year, the hospital had nearly 44,000 outpatient visits and treated over 12,000 patients in the emergency department. PeaceHealth Cottage Grove Community Medical Center provided $475,000 in charity care, and $3.2 million in total community benefit in FYE 2018.
2019 CHNA PROCESS

PeaceHealth Cottage Grove conducted its 2019 CHNA process in coordination with its community partners, including, among others, Live Healthy Lane, a community-based effort to improve the health and well-being of those who live, learn, work, and play in Lane County. Live Healthy Lane is a partnership of the 100% Health Community Coalition administered by United Way of Lane County and funded by Lane County Public Health, PeaceHealth and Trillium Community Health Plan. Numerous community partners interested in improving the health and well-being of those in Lane County are participating organizations in Live Healthy Lane.

PeaceHealth Cottage Grove surveyed key community leaders throughout March 2019 and conducted a community open house on April 1, 2019. The goals of the survey and open house was to:

▪ Review results of the 2016 CHNA;
▪ Review current information driving the 2019 CHNA;
▪ Share knowledge about the community and its healthcare needs; and
▪ Give feedback that will help drive the CHNA priorities for the next three years.

Key themes that emerged from the interviews and open house include:

▪ **Access to care, more primary care is needed.** Continued efforts to secure a Federally Qualified Health Center, in part because of the range of services, including oral health, they are reimbursed to provide.

▪ **Affordable housing and housing vulnerability:** The community is experiencing increasing numbers of seniors who are homeless due to limited income and high costs of rent. Inventory of low-income housing is not adequate for families and or seniors, and there is increasing need for service enriched housing.

▪ **Engaging beyond the walls of the medical center and clinic:** Care coordination and support outside the traditional walls of the clinic/medical center for our vulnerable populations to address factors the social determinants and support those with chronic care needs. Also continue partnership with organizations to support healthy newborn services and childhood immunizations. A community health worker program would benefit many.

▪ **Substance abuse/mental health:** Increasing demand for SUD treatment and the opioid crisis while access is lacking.

At various times throughout the nearly eight-month CHNA process, data, findings and input was shared with the PeaceHealth Cottage Grove Community Health Board (CHB).

The identified priorities directly align with the PeaceHealth system’s identified focus areas of need. These focus areas were identified as common to each of the communities PeaceHealth serves across three states, and include:
- Family and childhood well-being, including nutrition and food insecurity
- Affordable housing including service enriched housing
- Healthcare access and equity; and
- Behavioral health including the opioid epidemic

Based on the totality of the process, the following are the selected focus areas of the 2019-2022 CHNA.

- Access to behavioral health services, inclusive of combating the opioid epidemic and expanded access to mental health services, including those for youth.

- Family and childhood well-being with a focus on family support services, parent education, access to services and immigrant populations.

- Affordable housing including service enriched and transitional housing.

- Development of a federally qualified health center in Cottage Grove with an accompanying career training program and dental clinic.
II. Prior CHNAs: Implementation Plan Progress and Accomplishments

This 2019 CHNA is the third CHNA developed by PeaceHealth Cottage Grove since the implementation of the Affordable Care Act’s CHNA requirement.

PeaceHealth Cottage Grove’s 2013 & 2016 CHNA accomplishments

The 2013 PeaceHealth Cottage Grove CHNA identified the problem of healthcare access and lack of insurance coverage as a key area of focus, and we worked as part of the community coalitions formed across the county for the purpose of helping people sign up for commercial health insurance and Medicaid. By any measure these efforts were successful.

PeaceHealth Cottage Grove’s 2016 accomplishments and activities in support of its priorities included addressing problems of healthcare access, lack of insurance coverage, health disparities and equity by placing a full time, bi-lingual community health worker in two key partner locations (the Cottage Grove Family Resource Center and the South Lane School District). PeaceHealth also significantly expanded outreach and access for children and families in the Cottage Grove community through multi-agency partnerships and tactics. Residents of Cottage Grove were assisted with Oregon Health Plan (OHP) applications and screenings, family assessments for Head Start, WIC and kindergarten readiness programs, critical situation assessment and services for undocumented families, increased access to dental screenings and services is provided in partnership with Lane Community College Dental Hygienist Clinic, participated in the 90 by 30 project to reduce child abuse and neglect 90% by 2030 in Lane County, and continued to provide ongoing home-based visits to homebound diabetics in Cottage Grove.

In adopting its implementation strategies, the PeaceHealth Cottage Grove CHB considered the size of the population impacted, the needs in relation to hospital competencies, and the types of community partnerships that would be required to advance the need and available resources.
The final 2016 implementation plan is restated in Table 1. For each need, a set of initiatives was noted, as was a listing of potential partners, and the expected degree of PeaceHealth engagement was framed in terms of “lead,” “co-lead” or “support.” While the work is ongoing, progress and accomplishments to date are summarized in the table.

Table 1: 2016 PeaceHealth Cottage Grove Initiatives

<table>
<thead>
<tr>
<th>Initiatives</th>
<th>Target Population</th>
<th>Potential Partners and PeaceHealth Role</th>
<th>Accomplishments and Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordination for Complex Patients</td>
<td>People in need of behavioral health, primary care, social and school-based services in South Lane County.</td>
<td>South Lane Mental Health; Be Your Best; South Lane School District; United Way PeaceHealth Cottage Grove Role: Support</td>
<td>Ongoing PeaceHealth Cottage Grove support for and participation in Live Healthy Lane and Be Your Best Cottage Grove Community Coalition has included service directory development and community information sharing on available behavioral and physical health, school based, food access, housing and social service programs.</td>
</tr>
<tr>
<td>Cultural Humility &amp; Inclusion</td>
<td>Employed persons in South Lane County.</td>
<td>PeaceHealth HR; Lane Workforce; Be Your Best; South Lane School District; Cottage Grove Chamber of Commerce; South Lane Employers PeaceHealth Cottage Grove Role: Support</td>
<td>Funding and support for renovation of the Cottage Grove Aquatic Center, a fully developed swim program serving South Lane School District and the Cottage Grove community providing swimming safety and lessons, exercise and lap pool access, and competitive school-based swim team participation.</td>
</tr>
<tr>
<td>Maternal Child Health &amp; Childhood Development</td>
<td>Children and families</td>
<td>South Lane Family Resource Center, South Lane Relief Nursery, South Lane School District and Lane County 90 x 30, Trillium, Food for Lane County</td>
<td>Funding of the South Lane Welcome Baby Box connects parents with new infants and a community health worker through the delivery of a safe sleep box packed with new infant necessities to approximately 250 families per year. Funding and CHW support for the South Lane School District Immunization program, where access to immunization services, immunization tracking and reminders to parents in bilingual and culturally appropriate communications are provided to ensure up-to-date and timely vaccinations and elimination of school exclusions due to non-vaccination. Produce Plus fresh produce distribution tables in Cottage Grove and Dexter clinics, providing weekly access to fresh fruits and vegetables to eligible individuals and families at no cost.</td>
</tr>
<tr>
<td>Initiatives</td>
<td>Target Population</td>
<td>Potential Partners and PeaceHealth Role</td>
<td>Accomplishments and Activities</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Grow Existing community health worker program at Cottage Grove Hospital.</td>
<td>Families and children who are linguistically isolated; patients with chronic physical and behavioral health conditions.</td>
<td>Trillium; Lane County Public Health; United Way; Family Resource Center; South Lane Mental Health PeaceHealth Cottage Grove Role: Co-lead</td>
<td>Dedicated 1.0 FTE bi-lingual community health worker employed by PeaceHealth Cottage Grove to provide services at the South Lane School District Family Resource Center. Financial support and CHW Staffing of the Kids in Transition to School (KITS) school readiness “boot camp” where school readiness education is provided for both parents and children.</td>
</tr>
<tr>
<td>Develop and sustain school-based health centers in Cottage Grove.</td>
<td>High school age teens and their families.</td>
<td>South Lane School District; Family Resource Center; South Lane Mental Health PeaceHealth; Lane County Public Health; Lane Community College</td>
<td>Coalescing, funding and business planning support for the development of a Cottage Grove federally qualified health center.</td>
</tr>
</tbody>
</table>

In addition to the above, as needs have arisen, PeaceHealth Cottage Grove has responded. For example, PeaceHealth Cottage Grove has been working with the PeaceHealth system to broaden its interpretive services for Guatemalans (specifically, Mam dialects). PeaceHealth Medical Group Cottage Grove is also exploring prescheduled group visits for Guatemalan children so that interpretive services can be available when the patient and family are present. Finally, PeaceHealth Cottage Grove is implementing pictorial tools to help with language and other communication barriers.
III. State, Regional and Community CHNA Context

PeaceHealth Cottage Grove’s 2019 CHNA process was undertaken within the context, and with the knowledge of other existing, recent or concurrent community health improvement planning efforts in the state, region and county, including:

The Oregon State Health Improvement Plan provides a statewide framework for health improvement efforts and identified its priorities as: prevent and reduce tobacco use, slow the increase of obesity, improve oral health, reduce harms associated with alcohol and substance use, prevent deaths from suicide, improve immunization rates and protect the population from communicable diseases. As of the writing of this CHNA, a 2020-2024 planning process is commencing.

Live Healthy Lane (LHL) is a community-based effort to improve the health and well-being of those who live, learn, work, and play in the Lane County Region. Together, the 100% Health Community Coalition, United Way of Lane County, Lane County, PeaceHealth, Trillium Community Health Plan, and numerous cross-sector community partners are working together to improve the health of the community. This collaborative effort consists of the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP). Reducing health disparities, promoting health equity and improving overall population health is the central purpose of this work.

Vision Statement:
Live Healthy Lane: Working together to create a caring community where all people can live a healthy life.

Community Values:
- Compassion
- Equity
- Inclusion
- Collaboration

The United Way of Lane County partners community wide to forward their vision to create a community where all kids are successful in school and life vision. They serve as the administrative body of the Lane County Community Health

Figure 1. Community Health Assessment Process, Live Healthy Lane

United Way of Lane County
Improvement Plan and supports a number of impact initiatives including Healthy and Stable Families, Kindergarten Readiness, Elementary School Success and Youth Knowledge and Skills.

Be Your Best is a cross-sector coalition of community partners based in Cottage Grove, Oregon. The coalition emerged in response to the Lane County Community CHNA. The coalition uses a collective impact approach to improve family and community health. Be Your Best engages marginalized and disenfranchised communities to inform and guide their efforts.
IV. Overview of the PeaceHealth Cottage Grove Service Area

DEMOGRAPHIC AND SECONDARY DATA

About 83% PeaceHealth Cottage Grove’s inpatients are residents of Lane County, and specifically the communities of Cottage Grove, Creswell, Lorane, Dexter and Dorena. In addition, Cottage Grove serves residents of adjacent Douglas County including Drain, Elkton and Oakland.

At 4,700 square miles, Lane County rank fifth out of 36 in Oregon in land area and fourth in population with more than 375,000 residents. Lane County is large and geographically diverse, and is one of only two Oregon counties that extends from the Pacific Ocean to the Cascades. Portions of the Umpqua National Forest is in Lane County, and the Willamette, McKenzie, and Siuslaw rivers run through it. Eugene is the largest City, with more than 61% of the county’s population. With about 10,000 residents, Cottage Grove is the third largest city in the county. The service area for Cottage Grove, while including approximately 4.9% of the land area of the county includes only about 12% of the Lane County total population. Most of the PeaceHealth Cottage Grove service area lies south of the confluence of the Row River and the Coast Fork of the Willamette River. This confluence effectively marks the southern end of the Willamette Valley.

While Lane County is trending better on several health outcomes and in adult smoking, challenges remain. Lane County has higher rates of poverty and has seen an increase in the number of children in poverty and the number of homeless. In addition, there is a housing availability crisis, and Lane County also has one of the highest suicide rates in the state.

In terms of the socioeconomic determinants of health, Lane County has seen positive trends in overall health outcomes and behaviors and compares favorably to Oregon on several health indicators. However, there are a few areas that show opportunity for improvement.

Social determinants of health include access to social and economic opportunities; resources and supports available at home, neighborhoods and communities; the quality of schooling; the safety of workplaces; the cleanliness of water, food and air; and the nature of social interactions and relationships.
In Lane County, the impact of these social determinants is prevalent with income disparities, which is correlated to housing insecurity and poorer health outcomes related to healthcare equity. People experiencing homelessness, especially children, are more vulnerable to a broad range of acute and chronic illnesses. Additionally, individuals facing homelessness are more likely to have substance use and mental health concerns, which can be difficult to address without the stability of a steady income and secure housing.

Areas of the county also see a high percentage of ALICE households. ALICE is an acronym that stands for Asset Limited, Income Constrained, Employed families. The United Ways of the Pacific Northwest ALICE report summarizes the ALICE families as families that work hard and earn above the Federal Poverty Level, but do not earn enough to afford a basic household budget of housing, childcare, food, transportation and healthcare. Most do not qualify for Medicaid coverage.

In the service area, 46.9% of households are either in poverty or ALICE households which is higher than the 41% of Oregon, and there are several areas of the county where the percentage is greater than 50%. Table 2 provides data by each of the cities in the service area and shows the disparities between the cities, county and state on the social determinants of health.

\[\text{1 Most data is available only at the county level, however, where possible, data is provided by zip code and city.}\]
### Table 2. Service Area Sociodemographic Profile

<table>
<thead>
<tr>
<th>City</th>
<th>High school diploma (%)</th>
<th>Individuals living in poverty (%)</th>
<th>Median Household Income</th>
<th>People over age 5 who are linguistically isolated</th>
<th>ALICE + Poverty Households (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cottage Grove</td>
<td>85.0%</td>
<td>21.0%</td>
<td>$40,436</td>
<td>3.5%</td>
<td>50.2%</td>
</tr>
<tr>
<td>Creswell</td>
<td>95.7%</td>
<td>8.3%</td>
<td>$58,143</td>
<td>2.0%</td>
<td>38.2%</td>
</tr>
<tr>
<td>Dexter</td>
<td>86.7%</td>
<td>19.0%</td>
<td>$59,559</td>
<td>5.6%</td>
<td>43.8%</td>
</tr>
<tr>
<td>Dorena</td>
<td>74.2%</td>
<td>25.8%</td>
<td>$35,833</td>
<td>2.5%</td>
<td>59.8%</td>
</tr>
<tr>
<td>Drain</td>
<td>94.6%</td>
<td>13.7%</td>
<td>$43,388</td>
<td>0.9%</td>
<td>58.4%</td>
</tr>
<tr>
<td>Elkton</td>
<td>96.9%</td>
<td>12.0%</td>
<td>$58,500</td>
<td>1.1%</td>
<td>36.7%</td>
</tr>
<tr>
<td>Lorane</td>
<td>93.1%</td>
<td>0.0%</td>
<td>$101,071</td>
<td>8.1%</td>
<td>21.6%</td>
</tr>
<tr>
<td>Oakland</td>
<td>96.1%</td>
<td>18.2%</td>
<td>$46,186</td>
<td>2.4%</td>
<td>37.9%</td>
</tr>
<tr>
<td>Yoncalla</td>
<td>91.8%</td>
<td>18.6%</td>
<td>$39,550</td>
<td>1.4%</td>
<td>53.5%</td>
</tr>
<tr>
<td>Lane County</td>
<td>91.5%</td>
<td>18.8%</td>
<td>$47,710</td>
<td>2.6%</td>
<td>45.6%</td>
</tr>
<tr>
<td>Oregon State</td>
<td>90.2%</td>
<td>14.9%</td>
<td>$56,119</td>
<td>5.9%</td>
<td>38.4%</td>
</tr>
</tbody>
</table>

The Community Need Index (CNI), a tool created by Dignity Health, measures a community’s social and economic health on five measures: income, cultural diversity, education level, unemployment, health insurance and housing. The CNI demonstrates that within Lane County, there are pockets of higher and lower need.

Source: Dignity Health
V. Health Status

The health status indicators identified in this section are from primary data from Robert Wood Johnson Foundation’s (RWJF) County Health Rankings. RWJF’s county health rankings data compare counties within each state on more than 30 factors. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Counties are ranked relative to the health of other counties in the same state.

This is a nationally recognized data set for measuring key social determinates of health and health status. RWJF measures and reports this data annually. The remaining data in this section is organized into four areas defined as priorities by the PeaceHealth system in 2018.

These include:
- Family and childhood well-being including nutrition and food insecurity.
- Affordable housing including service enriched housing.
- Healthcare access and equity.
- Behavioral health including the opioid epidemic.

Data in this section is supplemented and expanded with sources from state, regional and local sources, including Behavioral Risk Factor Surveillance System; Oregon Healthy Teens Survey; Oregon Department of Health, vital statistics; US Census Bureau; Oregon State WIC; Oregon Office of the Superintendent for Public Instruction; Feeding America; Enroll America; Centers for Medicare & Medicaid Services; and Community Commons.

LANE COUNTY RWJF RANKING

The data in Table 3 tracks Lane County’s progress on the RWJF’s metrics. Lane County has shown improvement in health outcomes, quality of life, clinical care and health behaviors since 2011. However, improvement is still needed in many areas. Specifically, the areas in need of most development are physical and environmental factors and social and economic factors.
Table 3: Lane County Health Rankings 2011-2019
Ranking out of Oregon’s 36 Counties

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Outcomes Mortality and Morbidity</td>
<td>18</td>
<td>17</td>
<td>17</td>
<td>18</td>
<td>16</td>
<td>12</td>
<td>12</td>
<td>11</td>
<td></td>
<td>+7 ↑</td>
</tr>
<tr>
<td>Length of Life Premature death</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>16</td>
<td>13</td>
<td>12</td>
<td>13</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Quality of Life Poor or fair health, Poor physical health days, Poor mental health days, Low birthweight</td>
<td>25</td>
<td>20</td>
<td>22</td>
<td>28</td>
<td>24</td>
<td>20</td>
<td>17</td>
<td>17</td>
<td></td>
<td>+8 ↑</td>
</tr>
<tr>
<td>Health Factors</td>
<td>11</td>
<td>15</td>
<td>10</td>
<td>7</td>
<td>9</td>
<td>7</td>
<td>12</td>
<td>12</td>
<td>13</td>
<td>-2 ↓</td>
</tr>
<tr>
<td>Clinical Care Uninsured adults, primary care providers rate, preventable hospital stays, diabetic screenings</td>
<td>14</td>
<td>7</td>
<td>9</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>6</td>
<td>11</td>
<td></td>
<td>+3 ↑</td>
</tr>
<tr>
<td>Health Behaviors Adult smoking, adult obesity, binge drinking, motor vehicle crash deaths, chlamydia, teen birth rate</td>
<td>13</td>
<td>13</td>
<td>12</td>
<td>12</td>
<td>13</td>
<td>11</td>
<td>13</td>
<td>10</td>
<td>8</td>
<td>+5 ↑</td>
</tr>
<tr>
<td>Social and Economic Factors High school graduation rate, college degrees, children in poverty, income inequality, inadequate social support</td>
<td>12</td>
<td>15</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>14</td>
<td>14</td>
<td>18</td>
<td>20</td>
<td>-8 ↓</td>
</tr>
</tbody>
</table>

Child and Family Well-being, Nutrition and Food Insecurity

WHAT IS CHILD AND FAMILY WELL-BEING?
Child and family well-being is a key pillar of a healthy community. Circumstances in pregnancy through early childhood are key predictors of health and well-being later in life. Well-being is envisioned as a community where all pregnant women, infants, children, adolescents and families are well-fed, safe, and equipped with resources and knowledge to succeed in school, from kindergarten to high school graduation through the rest of their lives.

WHAT IS FOOD INSECURITY?
The U.S. Department of Agriculture defines food insecurity as a lack of consistent access to enough food for an active, healthy life. Hunger and food insecurity are closely related, but distinct concepts. Hunger refers to a personal, physical sensation of discomfort, while food insecurity refers to a lack of available financial resources for food at the level of the household.
Poverty and food insecurity are closely related. In 2017, an estimated 1 in 8 Americans were food insecure, including more than 12 million children.

According to Feeding America, children who do not get enough to eat — especially during their first three years — begin life at a serious disadvantage. When they’re hungry, children are more likely to be hospitalized and they face higher risks of health conditions like anemia and asthma. And as they grow up, children struggling to get enough to eat are more likely to have problems in school and other social situations; they are more likely to repeat a grade in elementary school, experience developmental impairments in areas including language and motor skills and have more social and behavioral problems.

Children struggling with food insecurity and hunger, come from families who are struggling, too. 84% of households Feeding America serves report buying the cheapest food — instead of healthy food — in order to provide enough to eat.

**HOW DOES LANE COUNTY FARE?**
In social and economic factors, including the percentage of adults who have completed high school and have some college education, as well as the percentage of babies born to single mothers, social associations and unemployment, Lane County is ranked 20th out of 36 counties in Oregon. For quality of life, Lane County is ranked 17th having made improvements since 2011. However, there are disparities within those areas. The median income among black households is two-thirds of the county median. More than one-third of the children in Lane County live in single parent households and Hispanic teens have a birth rate more than double that of white teens. About 4% of the population is unemployed, which is comparable to the state.

Other factors are as follows:

- The overall poverty rate in Lane County was 19%; this does vary by race. People who are Hispanic and black had higher rates of poverty, 22% and 29% respectively. The overall poverty rate for whites was 17%.
- Lane County children’s assessment scores for kindergarten readiness are comparable to the state.
- 58% of renters spend more than 30% of their income on housing.
- Lane County is considered a childcare desert; with only 22% of birth to 5-year-old children having access to childcare.
- In 2016-2017, nearly 2,400 students were homeless.

The **food environment index**, which measures access to healthy foods and incomes, for Lane County ranks closely (7.4) to that of Oregon (7.8). Lane County (6%) is worse than Oregon (5%) for limited access to healthy foods and for food insecurity (15% Lane County, 13% Oregon). According to Feeding America, 76% of households in Lane County are below the Snap threshold of 200% poverty. Additionally, 53% of students are eligible for free or reduced-price school lunches compared to 51% for the state.
Deeper Dive

ADVERSE CHILDHOOD EXPERIENCES

Adverse childhood experiences (ACEs) are traumatic events that occur in childhood and cause stress that changes a child’s brain development. Exposure to ACEs has been shown to have a dose-response relationship with adverse health and social outcomes in adulthood, including but not limited to depression, heart disease, COPD, risk for intimate partner violence, and alcohol and drug abuse. ACEs include emotional, physical or sexual abuse, emotional or physical neglect, seeing intimate partner violence inflicted on a parent, having mental illness or substance abuse in a household, enduring a parental separation or divorce, or having an incarcerated member of the household.

Oregon’s ACE data has been collected from 2013-2018. It identifies ways that childhood trauma affects the life cycle. Over this five-year period, the number of ACEs reported in Oregon has outpaced the United States with 55% of adults reporting 1+ ACEs compared to 45% nationally.
HIGHER RATES OF MATERNAL SMOKING DURING PREGNANCY

Pregnant women in Lane County are more likely to smoke during pregnancy than women in the state and are slightly less likely to receive prenatal care in the first trimester of pregnancy. Smoking during pregnancy imperils the health of women and babies alike and contributes to the high rate of babies born at low birth weight in Lane County. The percentage of live births with low birth weight (<2500 grams) is a key indicator of maternal-child health and well-being because it indicates long-term developmental health and well-being. The rate of low birth weight in Lane County is consistent with rates for Oregon.

OBESITY AND RELATED CHRONIC DISEASES

There is a clear connection between food insecurity and high levels of stress, which impact educational outcomes, as well as poor nutrition and chronic diet-related diseases, like obesity and diabetes.

More than one-fourth Lane County adults are obese (28%), and 8% of Lane County adults have diabetes, compared to a 9% diabetes rate for Oregon state overall. In Lane County 11th-grade population, 15.2% reported that they were obese and 13% reported no physical activity in the past seven days.

Obesity and diabetes are a risk to the health of Lane County residents, lowering their life span, and putting enormous pressure on families and the healthcare system to provide long-term care for aging relatives with avoidable chronic disease. In Lane County, 16% reported no physical activity, furthering the trends of obesity and related chronic disease.
Affordable Housing, Housing Insecurity, Homelessness and Enriched Services

Safe and stable housing is a key component of financial well-being and helps form the basis of good health. Housing challenges occur alongside poverty and food insecurity, together imperiling the well-being of affected households and the community as a whole. Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control, it can make important contributions to health.

WHAT IS HOUSING INSECURITY?
More than 19 million households in America (or about 30 percent of all renters) pay more than half of their monthly income on housing. This is a key factor in what the government now refers to as “housing insecurity” — a condition in which a person or family’s living situation lacks security as the result of high housing costs relative to income, poor or substandard housing quality, unstable neighborhoods, overcrowding (too many people living in the house or apartment for everyone to live safely, and/or homeless (having no place to live, sleeping on the streets or in shelters)

HOW IS HOMELESSNESS DEFINED?
There are a number of definitions. For this CHNA, the U.S. Department of Health and Human Services definition used, which is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facility, abandoned building or vehicle; or in any other unstable or non-permanent situation.

WHAT IS SERVICE ENRICHED HOUSING?
Service-enriched housing is permanent, basic rental housing in which social services are available onsite or by referral through a supportive services program or service coordinator. Programs often support low income families, seniors, people with disabilities or veterans.

HOW DOES LANE COUNTY FARE?
According to County Health Rankings, Lane County is ranked 35th out of 36 counties for home ownership. Additionally, 20% of its residents experience severe housing cost burdens compared to the state average of 17%. Areas with extreme housing costs do not allow for equitable opportunities to thrive. Often, low-income residents are forced to select substandard living conditions with increased exposure to environmental hazards that impact health, such as lead or mold, or homes that are not up to standard for healthy living. Residents who lack complete kitchens are more likely to depend on unhealthy convenience foods, and a lack of plumbing facilities and overcrowding increases the risk of infectious disease.
HOUSING AVAILABILITY AND AFFORDABILITY PROFILE

In Lane County, rental vacancy in 2017 was approximately 7.3% which is lower than the 9.3% vacancy rate in Oregon. When rental vacancy is low, rental rates trend higher. Households that pay more for housing will spend less on essential items such as food, childcare, transportation and healthcare needs. With rental prices averaging $1,294 a month, those with low incomes and facing severe housing burdens are more likely to experience homelessness.

When looking at the overall cost-burdened households (those that spend more than 30% of income on housing), a disparity is found between those renting and those with owner occupied homes. Over 50% of households that rent are cost burdened compared to those with mortgages (32%).

According to the 2019 County Health Rankings, the primary problem impacting housing in Lane County is the severe housing cost burden due to income inequality.

SEVERE HOUSING PROBLEMS

In 2019, Lane County (22%) is similar to Oregon (20%), in that, one in five residents is impacted by severe housing problems. Severe housing problems is measured as an overall score, but includes four different types of housing problems:

- Overcrowding
- High housing costs
- Lack of kitchen facilities
- Lack of plumbing facilities
Deeper Dive

ADULT HOMELESSNESS

Lane County’s annual point-in-time count reported nearly 2,200 individuals were homeless which was up 32% over the 2018 count. Out of those, 38% are considered “chronically homeless.” To be considered chronically homeless, as defined by the US Department of Housing and Urban Development, a person must be an unaccompanied individual who has been homeless for 12 months or more OR has had four or more episodes of homelessness in the last three years AND those episodes must total 12 months, AND has been sleeping in a place not meant for human habitation OR in emergency shelter, AND has one of the following disabling conditions (mental disorder, substance use disorder, permanent physical or developmental disability). The point-in-time count included nearly 2,000 households, of which, 66 were children.

Data collected by the state indicates that Lane County has some of the highest rates of homelessness in the state.

The number (and percent) of 2,165 counted individuals with any of the HUD characteristics of chronic homelessness include:

- 436 (76%) unaccompanied, single individuals.
- 87% of people experiencing homelessness were single adults.
- 841 (39%) have had four or more episodes of homelessness in the last three years AND those episodes total at least 12 months.
- 25% reported substance use.
- One-third reported living with a mental health condition.

AFFORDABLE HOUSING, HOUSING INSECURITY, HOMELESSNESS AND ENRICHED SERVICES

The Oregon Healthy Teens (OHT) Survey is an anonymous and voluntary survey of eighth- and 11th-grade youth conducted in odd-numbered years. The survey is sponsored by the Oregon Health Authority in collaboration with the Oregon Department of Education. The Robert Wood Johnson County Health Rankings provide estimates of individuals who have ‘severe housing problems,’ meaning individuals who live with at least one of four conditions: overcrowding, high housing costs relative to income, or lack of kitchen or plumbing, as well as a measure of income inequality at the county and state level, which is the ratio of household income at the 80th percentile to income at the 20th percentile. Community Commons provides maps of census-tract level data, including housing cost burden. The United Way Pacific Northwest ALICE report provides county-level estimates of ALICE households and households in poverty. County Health Rankings, US Census, and business data to provide an overview of measures that matter for health.
Health Care Access and Equity

Access to quality, affordable, comprehensive care throughout the life course is an important facet of community wellness. We envision a community where all people have access to quality, affordable preventive and acute care, including mental health and dentistry, throughout the life course. Many disparities in health are rooted in inequities in the opportunities and resources needed to be as healthy as possible. The determinants of health include living and working conditions, education, income, neighborhood characteristic, social inclusion and medical care. An increase in opportunities to be healthier will benefit everyone but more focus should be placed on groups that have been excluded or marginalized in the past.

WHAT IS HEALTH CARE EQUITY?
The RWJF states that health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.

HOW IS HEALTH CARE ACCESS DEFINED?
Access means ensuring that all people have the opportunity to get the medical, public health, and social services they need to live healthier lives. Access includes affordability. The ability to get healthcare when it’s needed not only affects a person’s ability to recover from disease or injury, it can also help maintain healthy development throughout life and prevent disease or injury in the first place.

HOW DOES LANE COUNTY FARE?
Healthcare delivery factors include the ratio of physicians, dentists and mental health providers to the population, as well as certain measures of access to care (percentage of Medicare recipients receiving mammograms and flu shots), Lane County ranks 13th out of 36 counties in Oregon for health factors and 11th of 36 counties for clinical care. While this puts Lane County in the top 3rd of these areas, there is still more to consider when evaluating healthcare equity. To get a true measure of equity, social and economic factors, including the percentage of children in poverty, violent crime, and income inequality must be considered. Further, healthcare equity is a determining factor of greatest need. By further viewing these factors through the lenses of age and race, we can find which groups would benefit most of services.
Table 4: Health Equity System Profile

<table>
<thead>
<tr>
<th>Topic</th>
<th>Lane County</th>
<th>Oregon State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Ratio</td>
<td>(1,192:1)</td>
<td>(1,082:1)</td>
</tr>
<tr>
<td>Dentist Ratio</td>
<td>(1,388:1)</td>
<td>(1,260:1)</td>
</tr>
<tr>
<td>Mental Health Ratio</td>
<td>(125:1)</td>
<td>(210:1)</td>
</tr>
<tr>
<td>Uninsured Rate</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Uninsured Adults</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Uninsured Children</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Children in Poverty</td>
<td>18%</td>
<td>17%</td>
</tr>
<tr>
<td>Children Eligible for Free or Reduced-Price Lunch</td>
<td>53%</td>
<td>51%</td>
</tr>
<tr>
<td>Unemployment Rate</td>
<td>4.5%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Mammography Screening</td>
<td>41%</td>
<td>40%</td>
</tr>
<tr>
<td>Flu Vaccination</td>
<td>46%</td>
<td>40%</td>
</tr>
<tr>
<td>Violent Crime Rate</td>
<td>330</td>
<td>249</td>
</tr>
<tr>
<td>Linguistically Isolated</td>
<td>2.6%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Income Inequality Ratio</td>
<td>4.8</td>
<td>4.6</td>
</tr>
</tbody>
</table>

Source: County Health Rankings, American Community Survey

Areas in need of improvement for Lane county are overall uninsured, income inequality, and provider to patient ratios.

Deeper Dive

ACCESS TO CARE

When community residents access preventive services, the number of emergency hospitalizations and costly treatments for disease are often reduced.

The total number of uninsured residents of Lane County (8%) remains close to that of Oregon (7%). Looking deeper into the data, the rate of uninsured children in Lane County is 4% (which is higher than the state average of 3%). The lower rate for children is due to the Children’s Health Insurance Program (CHIP). To assure ongoing access to care, the State of Oregon elected to continue CHIP coverage, despite its nonrenewal by Congress in 2017.
People without health insurance are less likely to receive preventative care and services for major health conditions and chronic diseases. The trend of uninsured residents in Lane County can be seen in Figure 8 below.

**Figure 8: Uninsured Trend in Lane County, OR
County, State, and National Trends**

![Uninsured Trend in Lane County, OR](image)

The trend of uninsured residents in Lane County can be seen in Figure 8 below.

**PREVENTABLE HEALTH MEASURES INEQUALITIES**

The ability to access preventable screenings and vaccines is key in not only early detection but also allows for overall prevention, earlier treatment, better outcomes, and reduced financial and healthcare burdens. Regular health screenings can identify diseases early on and vaccines can prevent them from ever occurring. By utilizing these services, severe health complications can be avoided, and preventable hospitalizations can be minimized.

Although Lane County shows positive rates of mammography and flu vaccine screenings above the state average, there is still room to improve. When broken down by race, disparities can be seen. For mammography, Hispanics residents have the lowest rate of screenings at 35%. Within flu vaccinations, Hispanic residents also have the lowest rate at 38%.

**PREVENTABLE HOSPITAL STAYS**

Hospitalization for ambulatory-care sensitive conditions, which can be diagnosed and treated in outpatient settings, suggest a lack of access to quality preventive/primary care, and also
represent overuse of hospitals as a main source of care. Understanding preventable hospitalizations can help us identify gaps in primary care.

According to the U.S. Department of Health & Human Services, the Prevention Quality Indicators (PQIs) are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions" (ACSC). These are conditions for which good outpatient care prevents disease complications and the need for hospitalization. A higher PQI rate indicates a greater rate of hospitalizations for ACSC, and poorer access to quality primary care. Lane County has a rate of preventable hospitalizations similar to Oregon overall, and lower than the national average, suggesting that clinical care is a relative strength of the Lane County community.

![Figure 10: Prevention Quality Indicator (PQI)](chart)

Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities, PQI-90 Composite Score

**Life expectancy**

A death is considered premature if it occurs prior to the age of 65. For Lane County, the average life expectancy at birth is 79.2 years. While this is fairly similar to the state average of 79.6, disparities can be seen by race.

The American Indian/Alaskan population shows the highest rates of premature deaths and shortest life expectancy. With 3.3% of the Lane County population being American Indian/Native Alaskan, work towards healthcare equity is needed.

![Figure 11: Lane County Life Expectancy by Race, 2016](chart)

Source: RWJ County Health Rankings, 2019
Behavioral Health and the Opioid Epidemic

WHAT IS BEHAVIORAL HEALTH?
Behavioral health is an umbrella term that includes mental health and substance abuse conditions, life stressors and crises, stress-related physical symptoms, and health behaviors. Behavioral health issues can negatively impact physical health, leading to an increased risk of some conditions.

WHAT ARE OPIOIDS?
Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others. When used correctly under a healthcare provider’s direction, prescription pain medicines are helpful. However, misusing prescription opioids risks dependence and addiction.

Table 5: Behavioral Health Profile

<table>
<thead>
<tr>
<th>Topic</th>
<th>Lane County</th>
<th>Oregon State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Provider Ratio</td>
<td>(125:1)</td>
<td>(210:1)</td>
</tr>
<tr>
<td>Excessive Alcohol Use</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>Adult Smoking</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>11th Graders Smoking</td>
<td>7.7%</td>
<td>7.4%</td>
</tr>
<tr>
<td>11th Graders Vaping</td>
<td>4.6%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Drug Overdose Death rate, per 1,000</td>
<td>19</td>
<td>13</td>
</tr>
<tr>
<td>Deaths Due to Any Opiate, per 100,000</td>
<td>9.11</td>
<td>7.15</td>
</tr>
<tr>
<td>% of Deaths due to alcohol and driving</td>
<td>31%</td>
<td>32%</td>
</tr>
<tr>
<td>Frequent Mental Distress</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>Average Number of Mentally Unhealthy Days</td>
<td>4.2</td>
<td>4.5</td>
</tr>
<tr>
<td>Adult Depression</td>
<td>19.7%</td>
<td>21%</td>
</tr>
<tr>
<td>11th Graders Considering Suicide</td>
<td>19.3</td>
<td>18.2</td>
</tr>
</tbody>
</table>

Source: County Health Rankings; Chronic Disease Profile, Healthy Teens Survey.
HOW DOES LANE COUNTY FARE?

In health behaviors, which include substance use (drugs/alcohol/smoking) and overdose rates, Lane County ranks within the top 10 counties at 10th out of 36 counties in Oregon. Lane County residents smoke less, and experience alcohol less, though there is a higher rate of overdose than Oregon (13) with a drug related mortality rate of 19.

Deeper Dive

MENTAL HEALTH

Lane County had a significantly higher suicide rate than the state as a whole (20.1 per 100,000 vs. 17.7 for the State). Unintentional injury rates are higher as well (51.9 per 100,000 vs. 42.1 for the state)

GROWTH OF OPIATE ABUSE

Lane County ranks seventh in the state in terms of opioid death rates. As Figure 12 indicates, while the death rate has declined slightly, it is significantly higher than the 2001—2005 death rate.

State policies in Oregon have been developed to mitigate the impact of increased opioid use. These include: the operation of syringe exchange programs, Good Samaritan laws that provide legal protections to bystanders who call for help in the event of an overdose, and state Medicaid coverage of methadone for the treatment of opioid use disorder. In 2019, in Lane County, there are five facilities providing some medication assisted treatment.
VI. PeaceHealth Defined System Level Gaps

In 2018, the PeaceHealth system identified four primary pillars of a healthy community, that appear universal in the communities across the three states in which PeaceHealth provides care. These needs were confirmed through key informant interviews which allowed feedback from the individuals “on the ground” in providing community health initiatives. While these do not supplant the local CHNA process they provide insight into potential focus areas.

The four areas, their impact on community health and possible action steps for PeaceHealth are summarized below.

Family and Childhood Well-Being, Nutrition and Food Insecurity

More than 215,000 individuals in the PeaceHealth three-state, 10-county service area are food insecure, and 25% of them earn too much to qualify for assistance. Making food insecurity a systemwide community health priority is crucial to ensuring the well-being of the communities served and fulfills PeaceHealth’s Mission and Core Value of Social Justice.

Taking Action:

1. Expanding successful partnerships in the area of food insecurity and nutrition, broadening PeaceHealth’s participation wherever possible.
2. Identifying program gaps to make a meaningful difference.
3. Empowering caregivers to be community-based and trained with skills to identify food and nutrition related issues.
4. Partnering with others to improve nutrition and nourish the community.
5. Advocate for programs that provide nutritional assistance and education.
6. Educate and engage through access to emergency assistance to the PeaceHealth family and community.
Affordable Housing, Housing Insecurity, Homelessness and Enriched Services

Overall, individuals that are unable to secure a stable basic household budget due to the lack of affordable housing options. Low-income households that spend more than 50% of their income on housing costs are spend 41% less on food and describe their health as fair or poor. Social determinants, including poverty and housing instability, make up 60% of health outcomes.

Taking Action:
1. Partnering with others to provide emergency and transitional housing along with prescriptions, medical equipment, and transportation assistance.
2. Collaborate to reduce the housing costs for families and patients seeking treatment.
3. Contribute to supporting the cost of resident services.

Deeper Dive

Unaffordable housing impacts other areas of health, with research showing:
- As a state's average rent increases, the food insecurity rate also increases.
- Low-income households that spend more than 50% of their incomes on housing costs spend 41% less on food each month than similar households.
- Adults living in unaffordable housing are more likely than other adults to describe their health as fair or poor.
- Living in unaffordable housing is associated with higher levels of stress, depression and anxiety.
- Stable housing is a key intervention for people who experience serious mental illness.

What are the different types of housing in play?
Healthcare Access and Equity

Many of the patients served by PeaceHealth have difficulty managing care at home due to lacking adequate support. To bridge the gap between providers and patients, community health workers (CHWs) offer support. CHWs assist patients in developing the skills and relationships needed to manage their own health and navigate the healthcare system, which makes for more equitable access to care.

Impact on Community Health

CHWs are frontline public health workers who are trusted members of the community with shared experiences and a close understanding of those they serve. They are effective in bridging care because they are able to respond creatively to the unique needs of diverse individuals and communities. This results in:

- Improved health outcomes:
- Reduced readmissions and emergency room visits; and
- Educated and empowered patients and families.

Taking Action:

1. Employing patient health navigators, care management, behavioral health, and caregivers.
2. Contracting with community connector programs and care navigators.
3. Connecting patients to contacts that will assist in setting appointments and other health needs.
4. Partnering with community services to collaborate on health, dental, and social services for children, families & pregnant women.

Determinants of Health

Community Health Workers

- Improve communication, build partnerships, and teach life skills
- Support access for health needs and education
- Facilitate safe housing, transportation, and food security
- Provide culturally appropriate care
Behavioral Health and the Opioid Epidemic

PeaceHealth is using a multidisciplinary approach to halt the opioid epidemic and heal patients and families suffering from substance use disorders and chronic pain. Focusing on prevention through “fire proofing,” PeaceHealth is implementing a strategic plan to curtail opioid use and treat behavioral health disorders stemming from substance abuse.

Taking Action:

1. Creating standard guidelines and alternatives to opioids such as acupuncture and yoga for the treatment of chronic pain.
2. Implementing new tools to document and report opioid usage.
3. Holding physicians and prescribers accountable with peer reviews.
4. Preventing and treating by creating Narcan (naloxone) policies and procedures, treatment programs, and prescribing suboxone to treat addiction.

The Need

“The current opioid epidemic is the deadliest drug crisis in American history.” — The New York Times, 10/26/2017

- Overdoses, fueled by opioids, are the leading cause of death for Americans under 50 years old.
- Declared a public health emergency in October, 2017, this epidemic impacts every segment of our society — young and old, rich and poor, urban and rural.
- It has its roots in the over-prescription and misuse of opioid painkillers, and now the availability of inexpensive, illegal opioids (like heroin and fentanyl), is rapidly adding fuel to this fire.

Facts & Faces of Opioid Addiction

4.3 million
Americans use opioids for non-medical purposes.
— National Survey on Drug Use and Health

78 people
die each day from prescription painkiller overdose.
— Centers for Disease Control

21.2 years
is the average age for first-time use of prescription painkillers in the past year.
— National Survey on Drug Use and Health

77%
21-35 year olds represent the majority of opioid use disorder patients entering treatment.

70%
of patients with dependency on opioids, opiates or heroin entering treatment are male.

1.6x
Likelihood that a patient in treatment for opioid use disorder has chronic pain.

*Note: M.A.R.K Health Management assessed data for 30 substance abuse treatment facilities nationwide, including 704 individuals entering treatment during 2015-16.
VII. Community Convening

Community input was secured in a number of ways. First, PeaceHealth Sacred Heart Medical Center at RiverBend, as a founding and active member of Live Healthy Lane supported a Care Integration Assessment (CIA) convening which was facilitated by Dr. Rick Kincade from Lane County’s Health and Human Service’s Community Health Centers. The session included 29 leaders from diverse sectors including housing, healthcare, behavioral health, oral health services, public health, education, and social services to discuss opportunities, barriers, and needed resources. Secondly, PeaceHealth conducted a survey of key informants and stakeholders, both internal and external. Finally, PeaceHealth Cottage Grove conducted a community open house on April 1, 2019.

CARE INTEGRATION ASSESSMENT

Using the snow card technique (Bryson, 2004), a straightforward and effective approach for generating a list of information from a group of people, participants were asked to consider opportunities in which better integration of services could improve efficiency and quality of care in a number of domains, including food, oral health, public health, housing, education, substance use and physical and mental health, among others. Questions that were posed during the assessment included:

- What gaps in services need to be addressed?
- What systems of care would need to interact to improve efficiency in care delivery?
- What are the barriers to more effective integration?
- In what areas of the previous CHNA/CHIP did integration improve outcomes? Could these be leveraged in the next CHIP?
- What opportunities or resources could be available over the next CHIP cycle that could improve the chance of meaningful integration?

KEY INFORMANT SURVEYS

PeaceHealth Cottage Grove surveyed community leaders from organizations throughout the county and the local service area representing perspectives from medically underserved and vulnerable groups. Respondents represented the following organizations:

- Be Your Best – Cottage Grove
- South Lane School District
- South Lane Wheels
- PeaceHealth CNACC – Cottage Grove
- South Valley Athletics
- South Lane Mental Health
- South Lane Children’s Dental Clinic

We also surveyed key staff. Within PeaceHealth’s Lane County staff, responses were provided by community health workers, providers, behavioral health, nurse managers and the PeaceHealth Cottage Grove Foundation.
The key informant surveys were designed to collect input on the following:

- Health needs and gaps of the community;
- Feedback on the 2016 CHNA priorities and accomplishments to date; and
- Secondary data gathering for 2019 CHNA

COMMUNITY OPEN HOUSE

On April 1, 2019, PeaceHealth Cottage Grove held a community open house. Participants were asked to review data on population, socioeconomics, 2016 CHNA priorities and system level priorities around housing, family and child and well-being, food insecurity, equity and behavioral health. They were then asked to provide their input into priorities and on anything that may have been missing. The input was provided both verbally and within a written survey. The process was specifically designed to provide flexibility for participants.

The key takeaways from the entirety of the community engagement include:

- **Access to care, more primary care is needed.** Continued efforts to secure a federally qualified health center, in part because of the range of services, including oral health, they are reimbursed to provide.
- **Affordable housing and housing vulnerability:** The community is experiencing increasing numbers of senior citizens who are homeless due to limited income and high costs of rent. Inventory of low-income housing is not adequate for families and or seniors, and there is increasing need for service enriched housing.
- **Engaging beyond the walls of the medical center and clinic:** Care coordination and support outside the traditional walls of the clinic/medical center for our vulnerable populations to address factors the social determinants and support those with chronic care needs. Also continue partnership with organizations to support healthy newborn services and childhood immunizations. A community health worker program would benefit many.
- **Substance abuse/mental health:** Increasing demand for SUD treatment and the opioid crisis while access is lacking.

VIII. Next Steps:

Consistent with 26 CFR § 1.501(r)-3, PeaceHealth Cottage Grove will adopt an implementation strategy on or before the 15th day of the fifth month after the end the taxable year in which the CHNA is adopted, or by Nov. 15, 2019. Prior to this date, the implementation plan will be presented to the CHB for review and consideration. Once approved, the implementation plan will be appended to this CHNA and widely disseminated. It will serve as PeaceHealth Cottage Grove’s guide for the next three years in prioritizing and decision-making regarding resources and the developing an annual plan that operationalizes each initiative.