2019–2022 Community Health Needs Assessment

Adopted: June 21, 2019

PeaceHealth Peace Harbor Medical Center Community Health Board

PeaceHealth
Peace Harbor Medical Center

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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 and guide us toward creating 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 PEACE HARBOR MEDICAL CENTER

PeaceHealth Peace Harbor Medical Center is a 21-bed critical access hospital located in Lane County. It is one of four PeaceHealth hospitals serving Lane County and will celebrate its thirtieth anniversary of serving in the community in July 2019. Its primary service area is defined as the rural communities of Florence, Mapleton, Swisshome, Westlake, Waldport, Yachats, Deadwood and Reedsport. The service area has about 27,000 residents, or approximately 8% of the Lane County population. Approximately 92% of PeaceHealth Peace Harbor's inpatients reside in these communities.

Services at PeaceHealth Peace Harbor include general medicine, intensive care, women's health and delivery, 24/7 emergency, a surgery center with general surgery and orthopedics, mental health, rehabilitation and diabetes care, cardiopulmonary, imaging, rehabilitation, home health, hospice, palliative care, hospice, pediatric specialty services and outpatient infusion.

PeaceHealth Peace Harbor cares for nearly 1,000 inpatients annually. Last year, the Hospital had nearly 70,000 outpatient visits, 1,600 surgeries and treated over 10,000 patients in the Emergency Department. PeaceHealth Peace Harbor Medical Center provided $842 thousand in charity care, and $4.3 million in total community benefit in Fiscal Year 2018.

2019 CHNA PROCESS

PeaceHealth Peace Harbor conducted its 2019 Community Health Needs Assessment (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*, including Siuslaw Vision Keepers and the Florence Area Community Coalition.

PeaceHealth Peace Harbor surveyed key community leaders throughout the month of March and conducted a community open house on **April 2.** The goals of the survey and open house were to:

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

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

- **Access to behavioral health:** Behavioral health services and crisis stabilization continue to be very limited in the service area, particularly youth services.

- **Child and family well-being with a focus on social determinants:** Food insecurity, behavioral health supports, and supports outside the traditional walls of the clinic/hospital to address factors that impact health.

- **Affordable housing and need for transitional housing and shelters**: For select vulnerable populations, there are limited or no safe discharge options.

- **Vulnerable populations with a focus on social determinants:** Support outside the traditional walls of the clinic/hospital to address factors that impact health.

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

The identified priorities directly align with the PeaceHealth's systemwide 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.
- 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
- Provision of mental health services for youth through the development of school health centers located in Siuslaw and Mapleton schools.
- Family and childhood well-being with a focus on food security, active living, family support services and education offered through community center models.
- Affordable housing, including service enriched and transitional housing.
- Care coordination for complex patients outside of the hospital setting with a focus on access and equity for special populations.

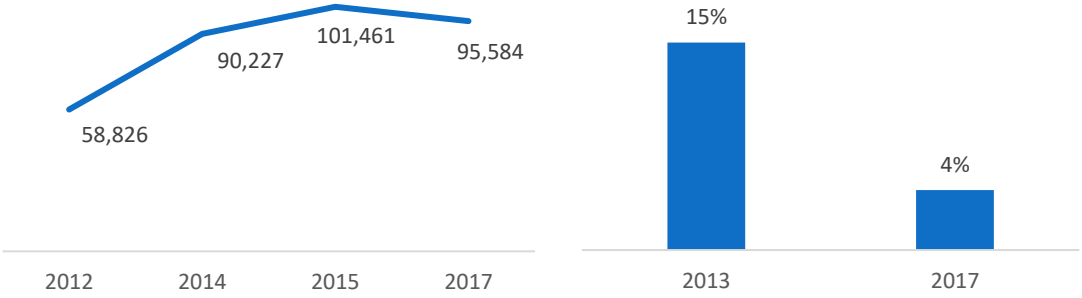
II. Prior CHNAs: Implementation Plan Progress and Accomplishments

This 2019 CHNA is the third CHNA developed by PeaceHealth Peace Harbor since the implementation of the Affordable Care Act's CHNA requirement.

PeaceHealth Peace Harbor's 2013 CHNA Focused Accomplishments

The 2013 PeaceHealth Peace Harbor 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.

Figure 1. Medicaid Enrollment and Percent Uninsured, Lane County



Source: Oregon Health Authority (Medicaid enrollment) and Oregon Health Insurance Survey, 2017

The 2016 PeaceHealth Peace Harbor CHNA focused on behavioral Health, access to care and care coordination, safe housing, and child and youth well-being**.** Activities over the past three years have focused on these priorities and include: establishment of a Mobile Integrated Health Unit supporting discharged and vulnerable patients with in-home assessment and triage; support of the local behavioral health network in developing school health centers, active exploration with community partners for rural housing options and successful recruitment of primary care.

In adopting its implementation strategies, the PeaceHealth Peace Harbor Community Health Board (CHB) considered the size of the population impacted, the needs in relation to hospital competencies, 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. 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 Peace Harbor Initiatives

	Initiatives	Target Population	Potential Partners and PeaceHealth Role	Accomplishments and Activities
Behavioral Health	Improve access to behavioral health services	People in need of behavioral health treatment and services	Lane County Mental Health; South Lane Mental Health; Trillium; Social Service Agencies *PeaceHealth Peace Harbor Role: Support*	Significant progress in the development of a school health center providing Mental Health Services for Youth
Coordinated Care for Complex Patients	Increase number of primary care providers in Western Lane County	All residents in Western Lane County, uninsured and insured children, adults and seniors in Western Lane County	PeaceHealth Medical Group; Oregon Office of Rural Health; Western University of Health Sciences; Oregon Association of Hospitals & Health Systems *PeaceHealth Peace Harbor Role: Lead*	26 new primary care providers have been recruited to work in PeaceHealth Peace Harbor since 2016 A walk-in clinic serving patients without a primary care provider and those who cannot wait for an appointment was opened in 2018
	Develop a Community Paramedic Health Worker Program that funds EMS services to provide in home health worker visits to post-acute and homebound patients	Uninsured and insured children, adults and seniors in Western Lane County	Lane County Public Health; Western Lane Ambulance District *PeaceHealth Peace Harbor Role: Co-Lead*	A mobile integrated health unit staffed by a critical care EMT and working with hospital care coordinators to provide post discharge home visits was established in 2018
	Increase access to Points of Grace Acupuncture for chronic pain management at PHMG, decreasing demand on primary care for chronic pain management	Chronic pain patients	PHMG, Trillium; Peace Harbor Foundation; Points of Grace Acupuncture, Lane Community College *PeaceHealth Peace Harbor Role: Support*	In addition to expansion of the Points of Grace Acupuncture program for chronic pain, Yoga classes for pain management at no cost to the patient were launched in 2018.
	Increase the availability of public transportation to facilitate and support individual and community health needs by partnering with regional transportation agencies and specialists		City of Florence; Ride Source; Lane Transit District; Lane County Government *PeaceHealth Peace Harbor Role: Support*	Friends of Florence van transportation to and from Eugene for patients with cancer continues to be supported by PeaceHealth Peace Harbor.

Housing	Participate in Lane County supportive housing grants and development	Homeless and at-risk post-acute patients with complex illness and co-morbidities	ShelterCare; HACSA; Cornerstone; Laurel Hill Center; Willamette Family Services; Kaiser Permanente	Supported housing programs serving the metro Eugene-Springfield area have not yet extended into the Western Lane region
Maternal Child Health & Childhood Development	Develop and sustain school-based health centers in Lane County schools.	High school age teens and their families	PHMG; Siuslaw and Mapleton School Districts; Lane Public Health; Dental Services *PeaceHealth Peace Harbor Role: Support*	Significant progress in the development of the Siuslaw Mapleton School Health Center providing Mental Health Services for Youth has occurred since the 2016 CHNA, and it is projected to open for services in September 2019.
	Increase early pathway and home-based behavioral health resources.	Young children and families	Trillium Community Health Plan; Lane County Public Health; Siuslaw and Mapleton School Districts; Social Service Agencies serving childhood and parenting development *PeaceHealth Peace Harbor Role: Support*	Significant progress in the development of the Siuslaw Mapleton School Health Center providing Mental Health Services for Youth has occurred since the 2016 CHNA, and it is projected to open for services in September 2019.

Because the 2016 CHNA and Implementation Plan were not intended to be static, and because PeaceHealth Peace Harbor continually engages with the community, additional community benefit accomplishments not identified in the table above include partnership and funding with School Backpacks for Kids. This program provides children who qualify for free school lunch programs with backpacks filled with food for the weekend, ensuring that they will continue to eat over the weekend when school lunches are not available. Others include:

- **Produce Plus tables:** Provides fresh fruits and vegetables at no cost to PeaceHealth patients who qualify for Oregon Trail Card, supporting access to affordable healthy foods.
- **Pneumovax Pneumococcal Vaccination program**: In partnership with Lane County Public Health, this provides no cost pneumonia vaccinations to hospital patients who are identified as at-risk for this disease and are candidates for vaccination.

III. State, Regional and Community CHNA Context

PeaceHealth Peace Harbor'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*

Figure 1. Community Health Assessment Process, Live Healthy Lane

The United Way of Lane County partners community-wide toward their vision to create a community where all kids are successful in school and life. They serve as the administrative body of CHIP and support a number of impact initiatives, including Healthy and Stable Families, Kindergarten Readiness, Elementary School Success and Youth Knowledge and Skills.

United Way of Lane County

SIUSLAW VISION
Putting people at the center

The Siuslaw Vision includes six people elements: working, happy, educated, connected, creative and active. To achieve the vision, the focus is on several initiatives, including a community events calendar, bringing a farmers market and cooking demonstrations to Florence, providing outdoor eduction, creating a parks and recreation distrct, supporting local workforce dvelopment, establisheing safe and affordable housing options and promoting public art.

IV. Overview of the PeaceHealth Peace Harbor Service Area

DEMOGRAPHIC AND SECONDARY DATA

About 89% PeaceHealth Peace Harbor's inpatients are residents of Lane County, and specifically the rural communities of Florence, Mapleton, Swisshome, Westlake, Waldport, Yachats, Deadwood and Reedsport. Florence, where the hospital is located, is on the Oregon Coast at the mouth of the Siuslaw River. Approximately 91% of PeaceHealth Peace Harbor's inpatients reside in these communities

At 4,700 square miles, Lane County ranks no. 5 out of 36 in Oregon land area and no. 4 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 8,500 residents, Florence is the fourth largest city in the county.

PeaceHealth Peace Harbor's service area, while including approximately 11% of the land area of the County, represents approximately 8% (27,000) of the Lane County population. The service area is rapidly aging, with more than 37.2% of residents age 65 years of age or older compared to 17% of Oregon State.

SOCIOECONOMIC DETERMINANTS

High School Diploma Rate:
Service Area: 90.8%
Lane County: 91.5%
Oregon State: 90.2%

Individuals Living Below the Federal Poverty Line:
Service Area: 17.2%
Lane County: 18.8%
Oregon State: 14.9%

Children in Poverty:
Service Area: NA
Lane County: 18.0%
Oregon State: 17.0%

Unemployment Rate:
Service Area: 9.1%
Lane County: 4.5%
Oregon State: 4.1%

Number of Homeless, Both Sheltered and Unsheltered:
Service Area: NA
Lane County: 2,165
Oregon State: 14,476
Source: HUD, Lane County PIT
**2019 point in time count*

Number of Children Grades K-12 Reported Homeless:
Service Area: NA
Lane County: 2,296
Oregon State: 21,756
- Sheltered: 1,817
- Unsheltered: 2,549
- Motel/Hotel: 1,236
- Living with Other Families: 16,399

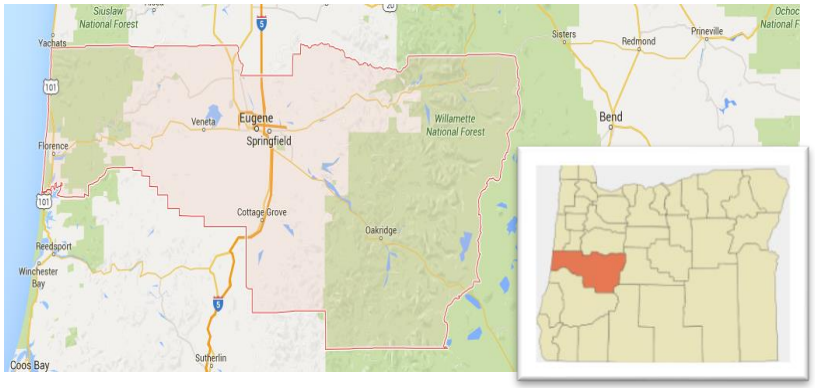
(Source: Oregon Statewide Report Card)
**Homeless students are defined as those lacking a "fixed, regular, or adequate nighttime residence."*

While Lane County is trending better on several health outcomes and in adult smoking, challenges remain. Lane County has higher rates of poverty, has seen an increase in the number of children in poverty and the number of people who are 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 outcomes in overall health outcomes and behaviors and compares favorably to Oregon State 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, and in 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.

Map 1. Lane County



In Lane County, income disparities lead to unequal housing and health outcomes for those with the fewest resources. 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. In terms of the socioeconomic determinants of health, Lane County has seen positive outcomes in overall health outcomes and behaviors and compares favorably to Oregon State on several health indicators. However, there are a few areas that show opportunity for improvement.

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 (FPL), but do not earn enough to afford a basic household budget of housing, childcare, food, transportation, and health care. Most do not qualify for Medicaid coverage.

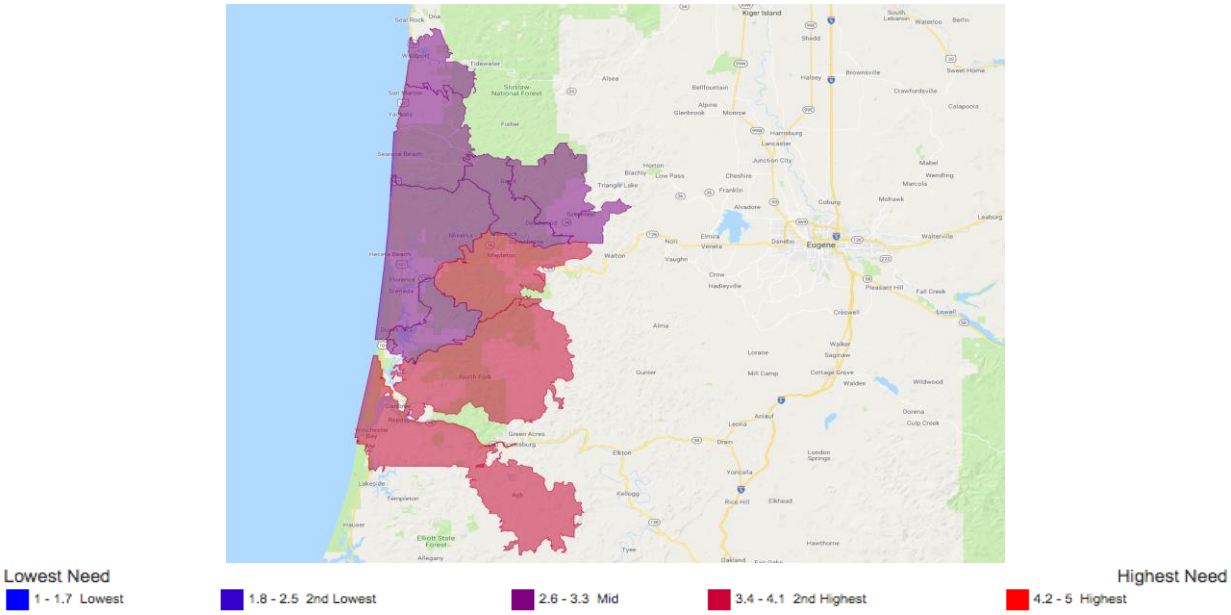
In the service area, 52% of households are either in poverty or ALICE households which is higher than the 41% of Oregon state, and there are several areas of the county where the percentage is greater than 50%. Table 2 provides data by each of the cities in the county and shows the disparities between the cities, county and state on the social determinants of health.

Table 2. Service Area Sociodemographic Profile

City	High school diploma (%)	Individuals living in poverty (%)	Median Household Income	People over age 5 who are linguistically isolated	ALICE (%)
Florence	92.1%	17.0%	$38,757	0.6%	52.7%
Deadwood	96.2%	5.4%	$39,375	1.0%	53.9%
Mapleton	81.7%	18.7%	$45,750	0.5%	44.2%
Reedsport	88.2%	19.0%	$34,581	3.5%	56.5%
Swisshome	80.8%	19.4%	$24,375	0.0%	69.2%
Waldport	91.0%	16.7%	$41,789	0.1%	NA
Westlake	94.2%	14.9%	$43,472	0.0%	54.8%
Yachats	93.0%	16.7%	$41,625	2.4%	49.0%
Lane County	91.5%	18.8%	$47,710	2.6%	45.6%
Oregon State	90.2%	14.9%	$56,119	5.9%	41.0%

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:

Map 2. Service Area Community Need Index Map, 2018



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; OR Office of the Superintendent for Public Instruction; Feeding America; Enroll America; Centers for Medicare & Medicaid Services; 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

Measure	Name	'11	'12	'13	'14	'15	'16	'17	'18	'19	Ranking Change 11-19
Health Outcomes ***Mortality and morbidity***	**Health Outcomes**	**18**	**17**	**17**	**18**	**16**	**12**	**13**	**12**	**11**	**+7** ↑
Length of Life ***Premature death***	Length of Life	13	13	13	13	13	16	13	12	13	**0**
Quality of Life ***Poor or fair health, Poor physical health days, Poor mental health days, Low birthweight***	**Quality of Life**	25	20	22	28	24	12	20	17	17	**+8** ↑
Health Factors	**Health Factors**	**11**	**15**	**10**	**7**	**9**	**7**	**12**	**12**	**13**	**-2** ↓
Clinical Care ***Uninsured adults, primary care providers rate, preventable hospital stays, diabetic screenings***	Clinical Care	14	7	9	7	7	7	7	6	11	**+3** ↑
Health Behaviors ***Adult smoking, adult obesity, binge drinking, motor vehicle crash deaths, Chlamydia, teen birth rate***	Health Behaviors	13	13	12	12	13	11	13	10	8	**+5** ↑
Social and Economic Factors ***High school graduation rate, college degrees, children in poverty, income inequality, inadequate social support***	Social and Economic Factors	12	15	12	13	14	14	14	18	20	**-8** ↓

Family and Childhood Well-Being, Nutrition and Food Insecurity

WHAT IS CHILD AND FAMILY WELL-BEING?

Child and family well-being are key pillars 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 (USDA) 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 no. 20 out of 36 counties in Oregon. For quality of life, Lane County is ranked no. 17 having made improvements since 2011. However, there are disparities within those areas. The median household 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:

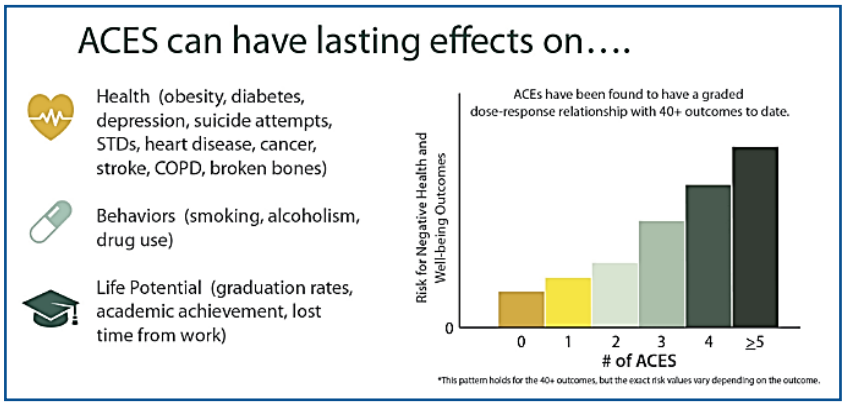
- The overall poverty rate in Lane County was 19%; this does vary by race. Hispanics and blacks had higher rates of poverty, 22% and 29% respectively. The overall poverty rate for whites was 17%.
- Lane County children's assessment scores for kindergarten readiness are comparable to the state.
- 58% of renters spend more than 30% of their income on housing.
- Lane County is considered a childcare desert, only 22% of 0-5 year old's have 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 State (7.8). Lane County (6%) poorer 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, childhood food insecurity. Out of that, 53% of students are eligible for free or reduced school lunches compared to 51% for the state.

Deeper Dive

ADVERSE CHILDHOOD EXPERIENCES (ACES)

Figure 2. Association between ACEs and Negative Outcomes



Source: Centers for Disease Control & Prevention, "Association between ACEs and negative outcomes"

Adverse Childhood Experiences, or 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. Adverse Childhood Experiences include emotional, physical or sexual abuse, emotional or physical neglect, seeing intimate partner violence inflicted on one's parent, having mental illness or substance abuse in a household, enduring a parental separation or divorce, or having an incarcerated member of the household.

Figure 3: Number of ACEs among adults, Oregon

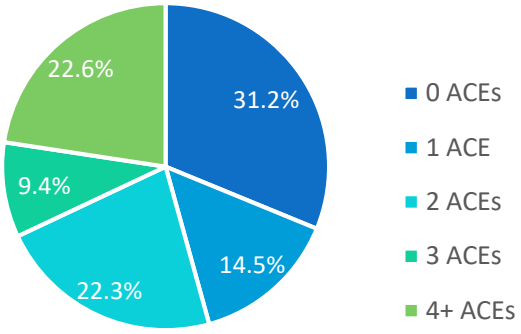
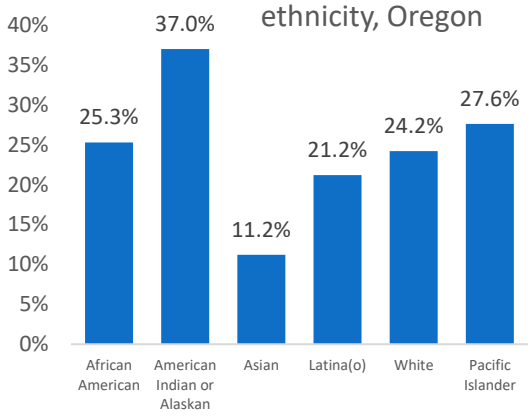


Figure 4: High ACE score (4+) among adults by race and ethnicity, Oregon



Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS), Preliminary race reporting, 2015-2016

Oregon's ACEs data has been collected from 2013-2018. It identifies ways that childhood trauma affects the life cycle. Over this 5-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 wellbeing. The rate of low birth weight in Lane County is consistent with rates for Oregon.

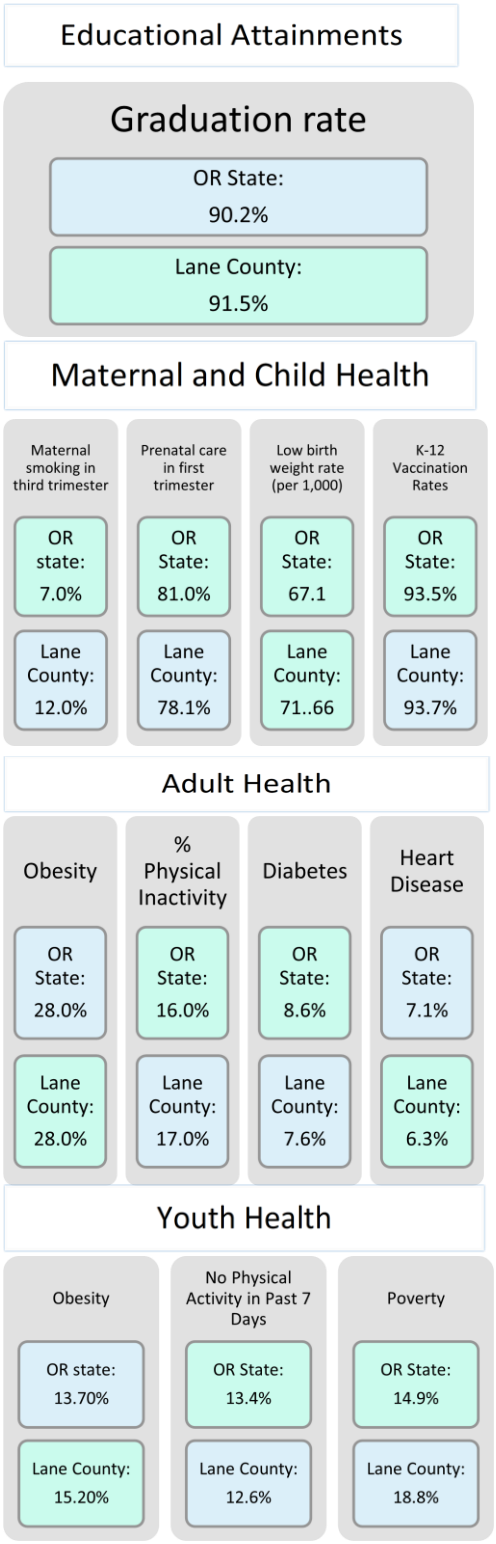
OBESITY AND RELATED CHRONIC DISEASES

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 a fourth of Lane County adults are obese (28%), and 8% of Lane County adults have diabetes, compared to a 9% diabetes rate for Oregon overall. In Lane County 11 grade population, 15.2% reported that they were obese and 13% reported no physical activity in the past 7 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 health care 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.

FAMILY HEALTH & WELLBEING PROFILE



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 (HHS) definition used, which is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, 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.

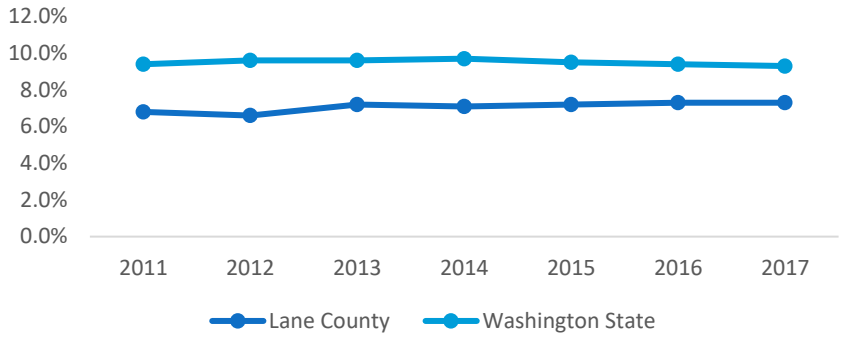
HOW DOES LANE COUNTY FARE?

According to County Health Rankings, Lane County is ranked no. 35 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 sits around 7.3% which is lower than the 9.3% vacancy rate in Oregon. When rental vacancy is low, 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.

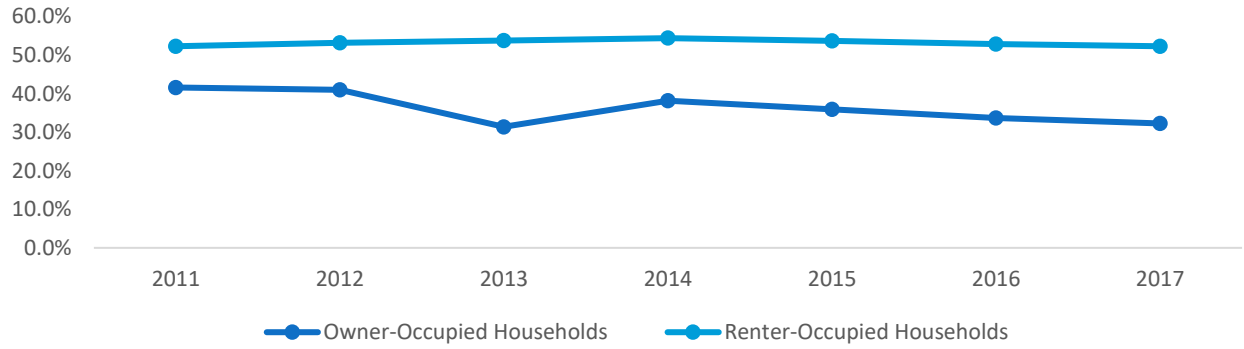
Figure 5: Rental Vacancy



Source: U.S. Census Bureau. 2017 American Community Survey

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%).

Figure 6: Lane County Cost-Burdened Households



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, 1 in 5 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 2019 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 (HUD), 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 Oregon.

The 2019 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%) who 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
- 2,070 stayed at the Eugene Mission in 2018

AFFORDABLE HOUSING, HOUSING INSECURITY, HOMELESSNESS AND ENRICHED SERVICES

The Oregon Healthy Teens (OHT) Survey is an anonymous and voluntary survey of 8th and 11th grade youth conducted in odd-numbered years. The survey is sponsored by the Oregon Health Authority (OHA) 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 1 of 4 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 their 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 health care.

Fig 1: Equality and Equity. *Credit to: Robert Wood Johnson Foundation*

HOW IS HEALTH CARE ACCESS DEFINED?

Access means ensuring that all people have opportunities to get the medical, public health, and social services they need to live healthier lives. Access includes affordability. The ability to get health care 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?

Health care 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 no. 13 out of 36 counties in Oregon for Health Factors and no. 11 of 36 counties for Clinical Care. While this puts Lane County in the top 3 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: Lane County Health Equity System Profile

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

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

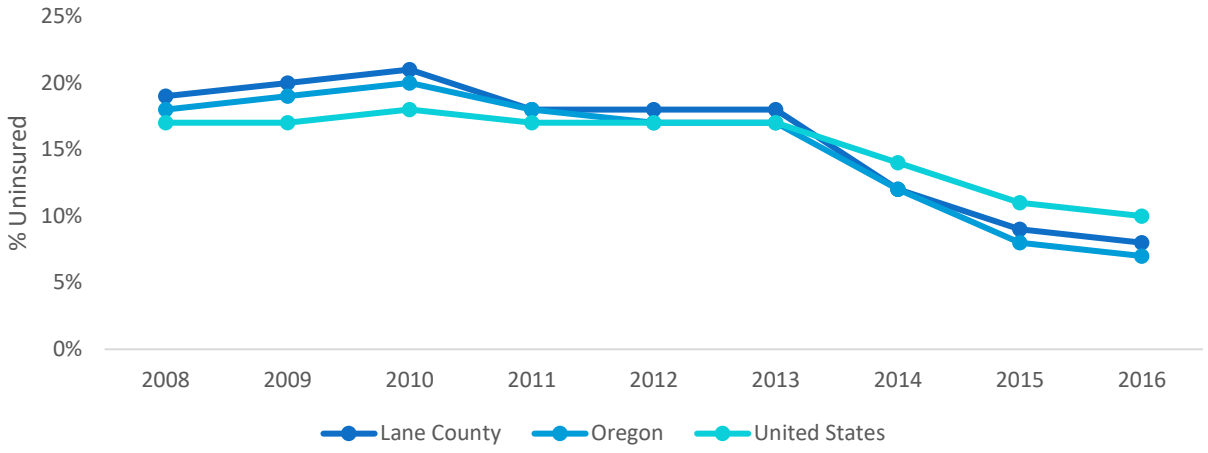
When community residents access preventive services, the number of emergency hospitalizations and costly treatments for disease are often reduced.

The total number of uninsured residents of Lane County (8%) remains close to that of Oregon (7%). However, disparities among the uninsured exist. Looking deeper into that population, we find that the rate of uninsured children at 4%. This measure was trending downward from 2012-2015 but has plateaued above the state average of 3%.

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 7 below.

Figure 7: Uninsured Trend in Lane County, OR

County, State, and National Trends



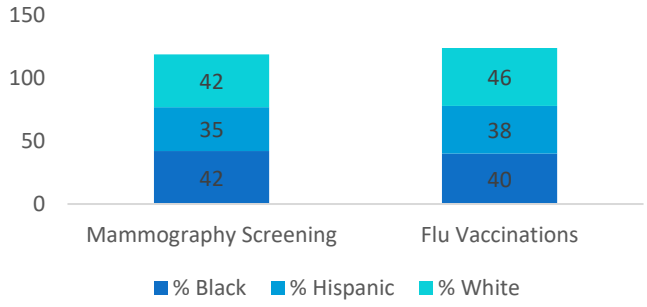
Source: RWJ County Health Rankings, 2019

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 every 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 have the lowest rate of screenings at 35%. Within flu vaccinations, Hispanic residents also have the lowest rate at 38%.

Figure 8: Lane County, Mammography Screenings and Flu Vaccinations by Race, 2019 County Health Rankings



Source: RWJ County Health Rankings, 2019

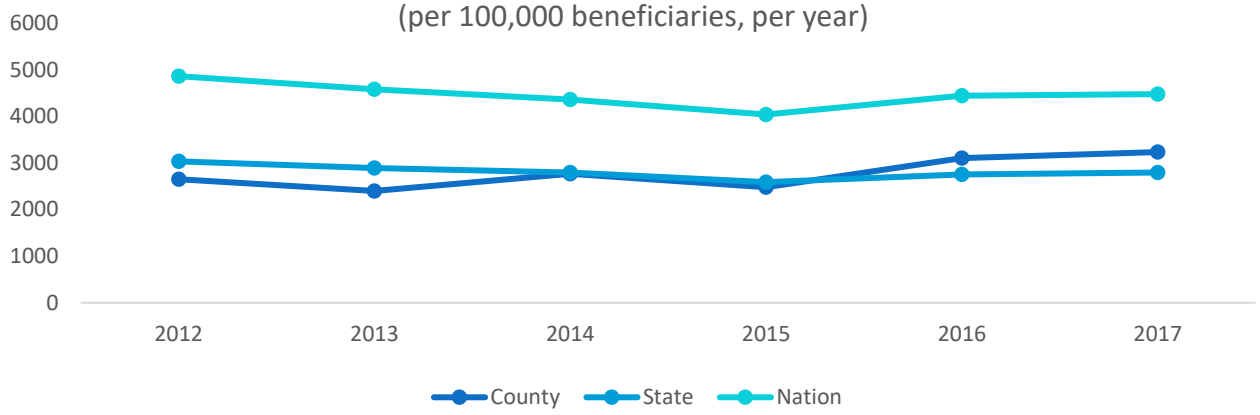
PREVENTABLE HOSPITAL STAYS

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, as well as 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 8: Prevention Quality Indicator (PQI)
(per 100,000 beneficiaries, per year)

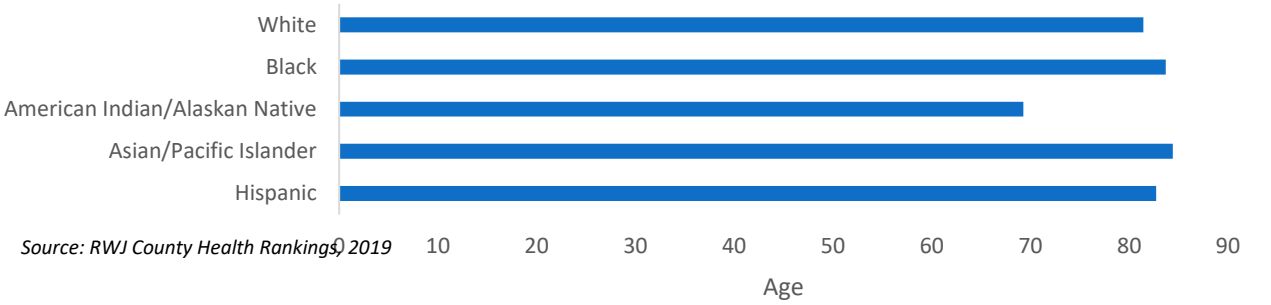


Source: Mapping Medicare Disparities Population View

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 9: Lane County Life Expectancy by Race, 2016



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 health care provider's direction, prescription pain medicines are helpful. However, misusing prescription opioids risks dependence and addiction.

Table 5: Lane County Behavioral Health Profile

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

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 no. 10 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

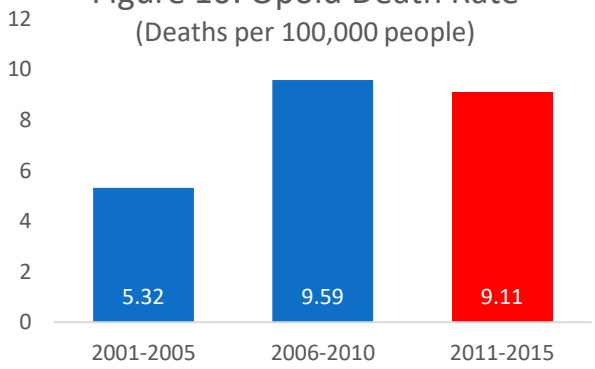
Lane County had a significantly higher suicide rate than the state as a whole (20.1 per 100,000 vs. 17.7 for the state). Unintentional injury rates are higher as well (51.9 per 100,000 vs. 42.1 for the state)

GROWTH OF OPIATE ABUSE

Lane County ranks no. 7 in the state in terms of opioid death rates. As Figure 10 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.

Figure 10: Opoid Death Rate
(Deaths per 100,000 people)



Source Mark Graves, The Oregonian/OregonLive:

VI. PeaceHealth Defined System Level Gaps

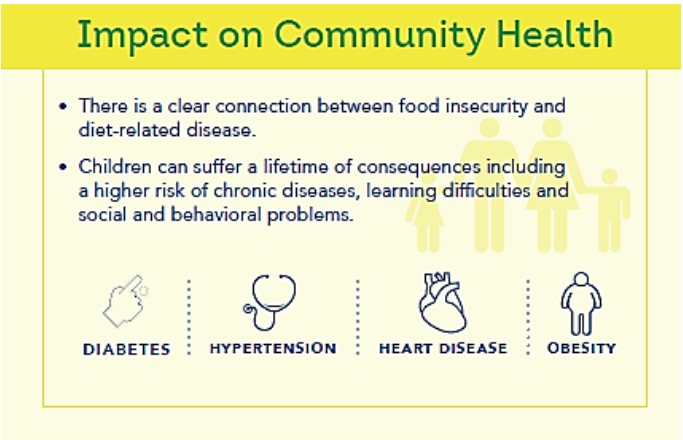
In 2018, the PeaceHealth identified four systemwide primary pillars of a healthy community, which appear universal in the communities across the three states in which PeaceHealth serves. These needs were confirmed through key informant interviews which allowed feedback from the individuals "on the ground"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

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

Family & Childhood Wellbeing, 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 who 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:

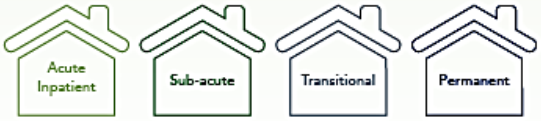
1. Partnering with others to provide emergency and transitional housing along with prescriptions, medical equipment and transportation assistance.
2. Collaborate to reduce the housing costs for families and patients seeking treatment.
3. Contribute to supporting the cost of resident services.

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 & Equity

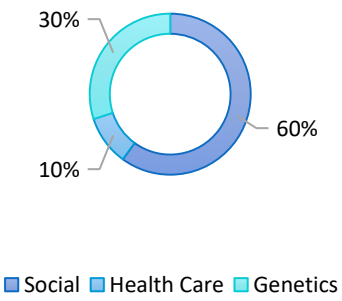
Many of the patients served by PeaceHealth have difficulty managing care at home due to the lack of adequate home care support. To bridge the gap between providers and patients, community health workers (CHWs) offer support. CHWs assist patients in developing the skills and relationships needed to manage 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.**

Determinants of Health



Taking Action:

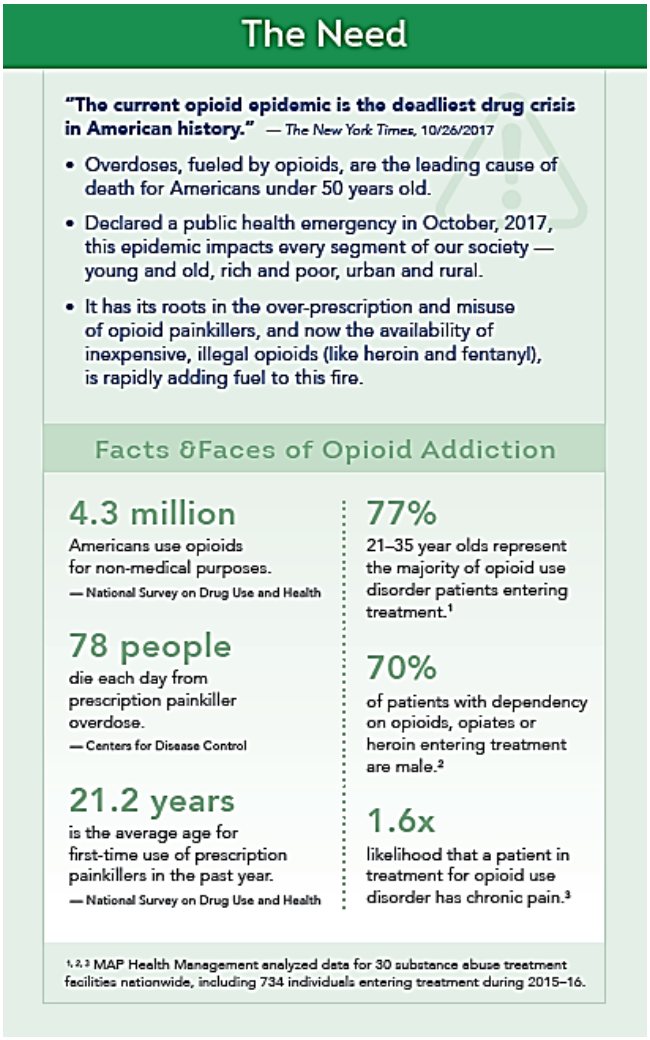
1. Employing patient health navigators, care management, behavioral health workers and caregivers.
2. Contracting with community connector programs and care navigators.
3. Connecting patients to contacts that will assist in setting appointments and other health needs.
4. Partnering with community services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

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.
5. Partnering with behavioral health centers for treatment of substance abuse disorders.



VII. Community Convening

Community input was secured in a number of ways. First, PeaceHealth, as a founding and active member of *Live Healthy Lane* supported a Care Integration Assessment (CIA) convening which was facilitated by Rick Kincade, MD, from Lane County's Health and Human Services 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 Peace Harbor conducted a survey of key informants and stakeholders, both internal and external. Finally, PeaceHealth Peace Harbor conducted a community open house on April 2, 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 Peace Harbor 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:

- PeaceHealth Patient Advisory Committee
- PeaceHealth Medical Group - Siuslaw
- Siuslaw Vision
- Lane Community College

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 Peace Harbor 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
- Secondary data gathering for 2019 CHNA.

COMMUNITY OPEN HOUSE

On April 2, PeaceHealth Peace Harbor held a community open house. Participants were asked to review data on population, socioeconomics, 2016 CHNA priorities and PeaceHealth systemwide 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, importantly, provide input 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 behavioral health:** Behavioral health services and crisis stabilization continue to be very limited in the service area.

- **Child and family well-being with a focus on social determinants:** Food insecurity, behavioral health supports, and supports outside the traditional walls of the clinic/hospital to address factors that impact health.

- **Affordable housing and need for transitional housing and shelters**: For select vulnerable populations, there are limited or no safe discharge options.

- **Vulnerable populations with a focus on social determinants:** Support outside the traditional walls of the clinic/hospital to address factors that impact health.

VIII. Next Steps:

Consistent with 26 CFR § 1.501(r)-3, PeaceHealth Peace Harbor 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 November 15, 2019. Prior to this date, the Implementation Plan will be presented to the Community Health Board for review and consideration. Once approved, the Implementation Plan will be appended to this CHNA and widely disseminated. It will serve as PeaceHealth Peace Harbor's guidance for the next three years in prioritizing and decision-making regarding resources and will guide the development of an annual plan that operationalizes each initiative.