PeaceHealth Cottage Grove Community Medical Center (CGCMC) is a 40,000-square foot Critical Access Hospital and primary care clinic located in south Lane County, Oreg. PeaceHealth Medical Group: Cottage Grove, Creswell and Dexter offer experienced Lane County providers from various medical specialties.

Major Medical Services

- Emergency Department
- Digital Imaging/Radiology Department
- Medical Social Work Department
- Outpatient Services, including wound and footcare, physical therapy, and infusion center
- PeaceHealth Medical Group Practice, offering family medicine, internal medicine, pediatrics and a walk-in clinic open seven days a week

Facts & Figures (July 2016 to June 2017)

- Total licensed beds: 14
- Average daily census: 3
- Average length of stay: 2.81 days
- Employees: 174
- Active medical staff: 118
- Volunteers: 41
- Inpatient admissions: 448
- Outpatient clinic visits: 43,769
- ED visits: 12,028

Community Benefit

July 1, 2016 – June 30, 2017

- Charity Care: $229,000
- Unpaid Cost of State Programs: ($2,492,000)
- Total Community Benefit: ($2,256,000)

Overview

Service Area: While Peace Health Cottage Grove is located in Lane County, its primary service area is defined as 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 the Lane County population.

Accreditations & Accommodations

- High Value - 2016 winner, 2017 finalist for the Premier, Inc. QUEST® Award
- Supply Chain - 2017 winner of the Premier Supply Chain Excellence Award
- Rural Healthcare - One of the Top 100 Critical Access Hospitals in the U.S. according to both the National Rural Health Association and iVantage
- Rural Healthcare - 50 Critical Access Hospitals to Know, Becker’s Hospital Review
- Clinical Excellence - Recognized in 2016 for overall excellence in multiple categories by iVantage and the National Organization of State Office of Rural Health

Partnerships

Northwest Christian University, Lane County Public Health and the South Lane School District

Offering an immunization clinic at the medical center for in-need students

History

PeaceHealth Cottage Grove has been providing expanded access and more affordable care to the communities of Creswell, Dexter, Cottage Grove and North Douglas County since 1998.

Geography & Economy

Cottage Grove is the third largest city in Lane County. This picturesque, culturally vibrant city features a wealth of art, history and outdoor recreational options and is convenient to a variety of destinations ranging from the Eugene/Springfield area to the Oregon Coast.
Cottage Grove Service Area Demographics

The service area has about 42,000 residents, approx. 12% of the Lane County population. Lane County has about 369,519 residents with the majority of Lane County residents (62%) concentrated in the Eugene-Springfield area. Cottage Grove has approx. 10,109 residents (24% of the service area).

Primary Service Area (PSA):
51.2% ... adult females
48.8% ... adult males
5.1% ... under 5
18.8% ... under 18
9.1% ... adults 18-24
11.7% ... adults 25-34
13.7% ... adults 35-44
16.2% ... adults 45-54
20.5% ... adults 55-64
28.8% ... adults 65+

Race/Ethnicity
4.2% ... Hispanic (OR: 12.8%)

Socioeconomics
Pockets of high poverty, low educational attainment, with highest need areas in Springfield and Oakridge

Nearly half of Lane County (43%) households are either in poverty or cannot afford basic household expenses

86.8% Springfield, 93.4% Eugene and 91.1% Lane County adults have a high school diploma (OR: 90.0%)

$45,222 is the Lane County median household income (OR: $53,270)

23.1% in Eugene, 22.6% in Springfield and 18.3% in Lane County live below the Federal Poverty Level (OR: 13.3%)

7.59% ... Veterans (approx. 28,078 in Lane County and 647 in Cottage Grove)

Cottage Grove, Lane County Community Health Overview

Adult and teen alcohol and substance abuse
Youth mental health issues, especially depression and consideration of suicide
Lack of mental health care
Lack of providers that accept Medicaid, Medicare and uninsured
Access to affordable healthcare for rural, low-income and vulnerable communities

Lane County Major Health Problems/Gaps, Key Health Indicators & Strategies

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Major Health Problems/Gaps*</th>
<th>Key Health Indicators^</th>
<th>Prioritized Evidence-Based Strategies</th>
</tr>
</thead>
</table>
| Healthy, Active Living          | • Adult and teen substance abuse and mental health issues        | Excessive drinking among adults is significantly higher than the state. Mental health rates among youth are worsening, particularly in the area of depression and consideration of suicide. | • Increased access to mental health services
• School-based early intervention programs |
| Child & Family Wellbeing        | • Maternal/child health  
• Mental healthcare for pediatric patients | High school graduation rates are lower than the state average. Other areas of focus are on increasing first trimester prenatal care and lowering the percentage of women who smoke during pregnancy. | • Early Pathways home-based mental healthcare for children
• Preschool programs with family support services |
| Health Delivery Systems         | • Lack of mental healthcare  
• Lack of providers that accept Medicaid, Medicare, and uninsured  
• Access to healthcare for rural and low-income communities | Important issues include targeting health insurance inequities. There are significant differences in insured rates by race/ethnicity and preventive care inequities among Medicare beneficiaries with wide disparities among white and Hispanic/Latinos. | • Integration of behavioral health and primary care
• Community healthcare center expansion |
| Equity                          | • Access to affordable healthcare for low-income and vulnerable communities  
• Health disparities | High income inequality. Nearly half of the population lives in poverty or is employed but cannot afford the cost of basic household expenses. Nearly one in five residents live with ‘severe housing problems,’ including a high housing cost burden, overcrowding, or lack of kitchen or plumbing. | • School-based health centers
• Patient financial incentives for primary care |

* Summarized from interviews with organizations throughout the county representing public health and minority health.
^ Based on primary data from Robert Wood Johnson’s 2016 County Health Rankings and other state sources.