2016-2019
Community Health Needs Assessment and Implementation Plan

 Adopted by Community Health Board: June 29, 2016
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I. EXECUTIVE SUMMARY

Overview

PeaceHealth Sacred Heart Medical Center

PeaceHealth Sacred Heart Medical Center University District (SHMC-University District) is one of ten hospitals within PeaceHealth, and one of four PeaceHealth hospitals operating in Lane County. PeaceHealth is an integrated, not-for-profit health system in the Pacific Northwest. Located in Eugene, Oregon, SHMC-University District provides behavioral health, gerontology, rehab, infusion, emergency and neurology services to Lane County. Our 35 bed inpatient behavioral health unit is the largest in the State of Oregon, and the only inpatient unit serving Lane County and all communities out of Salem, east to Bend and west to the Oregon Coast.

Community Health Needs Assessment

PeaceHealth SHMC-University District conducted a Community Health Needs Assessment (CHNA), a systematic process involving the community to understand community health needs in order to prioritize, plan and outline solutions.

The 2016 CHNA was carried out with community input, including public health and nonprofit community groups representing minority and low-income residents. Both primary and secondary data were collected and incorporated. We also interviewed key informants to affirm needs and identify possible strategies to address the needs.

Data and local perspectives were presented and analyzed according to a four-pillar structure of community health: 1) Healthy, Active Living; 2) Child & Family Wellbeing; 3) Integrated Health Delivery Systems (including medical dental and behavioral health services); and 4) Equity.

Peace Health SHMC-University District conducted this CHNA in conjunction with state, regional, and local community health planning in Oregon, Southern Oregon, and Lane County.

2013 CHNA

The problem of health care access and lack of insurance coverage was identified in all PeaceHealth communities in 2013 as a major need and was therefore chosen as a major focus area in our 2013 CHNA implementation plans. PeaceHealth worked as part of the community coalitions formed across the state for the purpose of helping people sign up for commercial health insurance and Medicaid. By any measure these efforts were successful.
Summary of the 2016 Community Health Needs Assessment

Demographic and Secondary Data

Lane County has about 355,000 residents. 5% of whom are preschoolers younger than age 5, 18% of whom are 5-19 years old, 64% of whom are adults age 18-64, and 16% of whom are seniors age 65+. The majority of Lane County residents (61%) are concentrated in the Eugene-Springfield area. Approximately 20.4% of Lane County residents live below the federal poverty level (FPL). 7.9% of the County’s population is Hispanic.

Key health indicators were organized into the four community health pillars using primary data from Robert Wood Johnson’s 2016 County Health Rankings and other state sources. Health outcome gaps in each area are summarized below.

HEALTHY, ACTIVE LIVING: A major issue in this area is excessive drinking among adults, which is significantly higher than the state rate and leads to a host of poor mental health outcomes. The percentage of residents with mental health issues in Lane County is consistent with the State. However, rates among youth are worsening, particularly in the area of depression and consideration of suicide.

CHILD & FAMILY WELLBEING: Areas where the county can improve are high school graduation rates, which are lower than the state of Oregon overall, as well as increasing the percentage of women who get prenatal care in their first trimester of pregnancy and lowering the percentage of women who smoke during pregnancy.

HEALTH DELIVERY: Important issues include targeting health insurance inequities as there are significant differences in rates of being insured by race/ethnicity, and eliminating preventive care inequities that exist among Medicare beneficiaries with wide disparities among white and Hispanic/Latino beneficiaries.

EQUITY: Lane County has high income inequality (differences in income at the 80th and 20th percentile of earners), and nearly half of the population lives in poverty or is employed but cannot afford the cost of basic household expenses. Nearly one in five Lane County residents live with ‘severe housing problems,’ including a high housing cost burden, overcrowding, or lack of kitchen or plumbing.

Community Engagement and Local Perspectives

Beginning in the spring of 2015 several organizations in Lane County, including the 100% Health Community Coalition, United Way of Lane County, Lane County Public Health, Trillium Community Health Plan and PeaceHealth began a collaborative, robust process to develop a Countywide Community Health Needs Assessment and Community Health Improvement Plan (CHIP). This process was completed in June 2016 and has come to be known as Live Healthy Lane.
Concurrent with the larger Countywide CHIP process, SHMC-University District carried out its own 2016 CHNA as part of the overall PeaceHealth approach. As required by the IRS, we did include public health and nonprofit community groups representing minority and low-income residents. Both primary and secondary data were collected and incorporated. We also surveyed key informants throughout the County representing social and public service, public health, and minority health organizations to affirm the needs were identified and prioritized.

Drawing from both the CHNA conducted by PeaceHealth hospitals in Lane County in 2013, and the Live Healthy Lane process noted above, the PeaceHealth four-pillar framework was used to organize data and collect input from community stakeholders. Fifty-nine (59) key informants throughout the County representing social and public service, public health, and minority health organizations were surveyed to identify health gaps and possible health solutions. The chart below summarizes the survey results.

Table 1. Results of the Key Informant Survey

<table>
<thead>
<tr>
<th>Major Health Problems/Gaps</th>
<th>Prioritized Evidence-Based Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy, Active Living</td>
<td>▪ Adult and teen substance abuse and mental health issues</td>
</tr>
<tr>
<td></td>
<td>▪ Increased access to mental health services</td>
</tr>
<tr>
<td></td>
<td>▪ School-based early intervention programs</td>
</tr>
<tr>
<td>Child &amp; Family Wellbeing</td>
<td>▪ Maternal/child health</td>
</tr>
<tr>
<td></td>
<td>▪ Mental health care for pediatric patients</td>
</tr>
<tr>
<td></td>
<td>▪ “Early Pathways” home-based mental health care for children</td>
</tr>
<tr>
<td></td>
<td>▪ Preschool programs with family support services</td>
</tr>
<tr>
<td>Health Delivery Systems</td>
<td>▪ Lack of mental health care</td>
</tr>
<tr>
<td></td>
<td>▪ Lack of providers that accept Medicaid, Medicare, and uninsured</td>
</tr>
<tr>
<td></td>
<td>▪ Integration of behavioral health and primary care</td>
</tr>
<tr>
<td></td>
<td>▪ Community health care center expansion</td>
</tr>
<tr>
<td>Equity</td>
<td>▪ Access to health care for rural and low-income communities</td>
</tr>
<tr>
<td></td>
<td>▪ Access to affordable health care for low-income and vulnerable communities</td>
</tr>
<tr>
<td></td>
<td>▪ Health disparities</td>
</tr>
<tr>
<td></td>
<td>▪ School-based health centers</td>
</tr>
<tr>
<td></td>
<td>▪ Patient financial incentives for primary care</td>
</tr>
</tbody>
</table>
Implementation Plan

The Implementation Plan strategies summarized below were extrapolated from the data and from community input. Our plan is comprehensive in the sense that there are strategies that impact the focus areas within each of the community health pillars (and a number of strategies cross pillars); however, the display of strategies is not intended to be a complete listing of all of the activities that PeaceHealth will undertake with its community partners to affect the health status of the community. Rather, it is a statement of our community health priorities.

PeaceHealth SHMC-University District CHNA 2016 Priorities

- Ensure effective information exchange and care coordination for select populations (e.g. PHMG patients with complex health and psychosocial conditions who are served by multiple organizations) as part of PeaceHealth Transforming Clinical Practice Initiative (TCPI).
- Increase participation in the PeaceHealth employee wellness program, particularly for caregivers at the lower end of the compensation scale.
- As part of our ongoing efforts to create an inclusive organization that exercises cultural humility, recruit for and support a workforce that reflects the changing ethnic, racial and cultural diversity of the communities that we serve.
- Develop a Community Health Worker initiative that empowers individuals within specific communities to serve a liaison/linking/intermediary role between health/social services and the community to facilitate access and improve the quality and cultural competence of service delivery.
- Increase access to inpatient, outpatient and residential mental health treatment programs through expanded public health programs and services and through primary care integration.
- Increase access to Palliative Care.
- Expand safe housing inpatient hospital-to-home transition options for at-risk populations.
II. OVERVIEW

Founded by the Sisters of St. Joseph of Peace in 1890, PeaceHealth is a Catholic Healthcare Ministry serving in the communities of Alaska, Washington and Oregon. Today, PeaceHealth is a 10 hospital integrated not-for-profit health system that offers a full continuum of health and wellness services.

PeaceHealth’s mission is 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. The fulfillment of our Mission is our shared purpose. It drives all that we are and all that we do. We have embraced the CHNA process as a means of engaging and partnering with the community in identifying disparities and prioritizing health needs, and importantly, in aligning our work to address prioritized needs.

Caring for those in our community is not new to PeaceHealth; it’s been in practice since the Sisters of St. Joseph of Peace arrived in Fairhaven, Washington to serve the needs of the loggers, mill workers, fishermen and their families more than 125 years ago. Even then, they 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 them, and that ultimately, healthier communities enable all of us to rise to a better life. This philosophy inspires us today and guides us toward the future.

State, Regional and Community Partners

PeaceHealth’s 2016 CHNA process was undertaken in the context of other recent or concurrent planning activities in the State, region and County related to community health:

- The Oregon State Health Improvement Plan (Oregon’s State Health Improvement Plan, 2015-2019) provides a statewide framework for health improvement efforts.

We envision an Oregon where every individual and family lives in a community that supports their lifelong health. Through collaboration and coordination, we will achieve our vision of lifelong health for the people of Oregon.

Lynne Saxton  
Oregon Health Authority Director

Lillian Shirley  
Public Health Director  
Oregon Health Authority, Public Health Division
PeaceHealth’s 2016 CHNA process was undertaken in close collaboration with Live Healthy Lane (LHL). LHL is a community-wide CHIP umbrella organization of which PeaceHealth is an organizing partner along with the 100% Health Community Coalition, United Way of Lane County, Lane County Public Health Department, and Trillium Community Health Plan. Our work as part of the LHL organizing body particularly drives our process of issue prioritization, goal-setting, and implementation strategy selection. The Live Healthy Lane 2016-2019 CHIP was adopted in June 2016.

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

Community Health Framework

Drawing from the CHNAs conducted by PeaceHealth hospitals in 2013, and after reviewing existing community health improvement plans and collecting public data on health status and the social determinants of health, a PeaceHealth Community Health Framework was developed. This four-pillar framework, depicted below, was used to organize data and collect input from community stakeholders. The subcategories, or “focus areas” were used as guideposts for considering community health improvement strategies.
There are two terms that are used in the above table that perhaps need to be defined, and they are:

- **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.

- **Cultural humility** is a term used to describe a way of infusing multiculturalism into a workplace. Replacing the idea of cultural competency, cultural humility is based on the idea of focusing on self-reflection and lifelong learning.
III. 2013 CHNA REVIEW

During the 2012-2013 timeframe, SHMC-University District in collaboration with the Lane County Public Health Department and other community partners in Southern Oregon conducted a comprehensive CHNA. The CHNA described the health status of the entire region and recommended areas for improvement. Table 2 summarizes the 2013 CHNA and includes available metrics which summarize measurable progress to date.

Table 2. 2013 CHNA Summary and Current Status

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Strategies</th>
<th>Outcomes</th>
<th>Baseline</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1: Improve access to care</strong></td>
<td>Onboarding patients with health care reform coverage options</td>
<td>Uninsured adults &lt;65 years: 20%</td>
<td></td>
<td>Uninsured adults: &lt;65 years: 11%</td>
</tr>
<tr>
<td></td>
<td>Increase enrollment in patient-centered primary care medical homes</td>
<td>MMR Childhood Vaccination Rate: 89%</td>
<td></td>
<td>MMR Childhood Vaccination Rate: 94%</td>
</tr>
<tr>
<td></td>
<td>Develop health care workforce</td>
<td>4 Doses DTaP Childhood Vaccination Rate: 78%</td>
<td></td>
<td>4 Doses DTaP Childhood Vaccination Rate: 84%</td>
</tr>
<tr>
<td></td>
<td>Improve access to patient self-management programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase immunization rates</td>
<td>Women who smoke while pregnant: 14%</td>
<td></td>
<td>Women who smoke while pregnant: 16%</td>
</tr>
<tr>
<td></td>
<td>Improve patient connectivity to medical and behavioral health services</td>
<td>Current smoking rate of adults: 18%</td>
<td></td>
<td>Current smoking rate of adults: 15%*</td>
</tr>
</tbody>
</table>

| Objective 2: Prevent and reduce tobacco use | Support policies that discourage tobacco use | | |
| | Increase the number of smoke-free environments through Policy, Systems, and Environmental (PSE) Change | | |
| | Increase participation in smoking cessation programs | | |
## Objectives

### Objective 3: Prevent and reduce obesity

- Raise awareness of the obesity epidemic, drivers and solutions
- Increase participation in wellness and weight reduction programs
- Create healthy food environments
- Increase opportunities for physical activities
- Increase breastfeeding
- Support healthy community planning

### Baseline

- Adults age 20 and over who report no leisure-time physical activity: 17%
- Adults who consume at least 5 servings of fruits and vegetables per day: 27%

### Current

- Adults age 20 and over who report no leisure-time physical activity: 16%
- Adults who consume at least 5 servings of fruits and vegetables per day: 23%*

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*data methods changed/can’t compare to prior years

**can’t show trend over time due to change in data collection methods

## Objective 4: Improve mental health and reduce substance abuse

- Raise public awareness of the prevalence of mental health issues and the value of treatment
- Increase early identification of and treatment for depression
- Improve and increase early substance abuse intervention

### Baseline

- Adults who had a depressive episode in the past 12 months: 27%**

### Current

- Adults who had a depressive episode in the past 12 months: 27%**

## Accomplishments:

The 2013 PeaceHealth CHNA identified the problem of health care access and lack of insurance coverage as the one issue that we wanted to focus on across all of our communities.

- PeaceHealth worked as part of the community coalitions that were formed across the state for the purpose of helping people sign up for commercial health insurance and Medicaid. By any measure these efforts were successful.
- Between 2012 and 2015 there was nearly an over 90% increase in enrollment. Enrollment continued to increase in 2015. The enrollment gains resulted in the adult uninsured rate decreasing from 20% to 11% between 2013 and 2015.
The 2013 CHNA also identified significant gaps in crucial behavioral health services in Lane County, leaving local residents with nowhere to turn. Over the last two years SHMC-University District has significantly expanded crucial behavioral health services.

- The inpatient Behavioral Health unit placed on the SHMC-University District campus and newly opened in November, 2015, is the largest in Oregon (35 beds) and is the safety net for Lane County and all communities south of Salem, east to Bend and west to the coast. This was undertaken to meet the need when many healthcare organizations in surrounding communities are reducing or eliminating these services, and serves the most vulnerable populations in Lane County. This investment represents tens of millions of dollars and ensures that high-level care is available here in our community, close to home.

- In addition to inpatient hospitalization serving adults eighteen years and over, the new behavioral health unit provides innovative outpatient programs to serve individuals whose symptoms are too acute for outpatient care yet not severe enough to require inpatient hospitalization:
  - Program Services: Treatment is delivered primarily in the form of group therapy, individual and family therapy, and medication management. The group therapy includes Supportive Psychotherapy, Coping Skills, Dialectical Behavior Therapy, Health and Wellness, Relapse Prevention, Journaling, Art Therapy, Movement Therapy, and Pain Management.
  - Partial Hospitalization Program: This program is designed primarily as a step-down from hospitalization and provides participants with individual and group treatment Monday—Friday, six hours each day.
  - Intensive Outpatient Program: This program provides treatment for individuals whose symptoms have not responded well to traditional outpatient care. Patients engage in three hour increments of group intervention for up to fifteen hours a week.
o Behavioral Health Primary Care Medical Home: Embracing the medical home model, the Behavioral Health Primary Care Medical Home provides continuum of care for individuals undergoing treatment for behavioral health issues who have failed in traditional primary care and medical home settings and whose primary care needs are not being met as a result. Staffed by a nurse practitioner, this program has demonstrated significant reduction of emergency room visits amongst this population.

o Emergency Department Expansion: To support the newly placed Behavioral Health Unit, the SHMC-University District Emergency Department underwent significant expansion, increasing the number of Behavioral Health Crisis Rooms from 1 to 9 to serve the needs of the community.

o Youth Hub & Peer Support: As part of the broader statewide Early Assessment and Support Alliance program to help young adults who are experiencing psychosis for the first time, the Youth Hub is a relatively new program that is now expanding, with the help of state grants. PeaceHealth received a $475,000 state grant to serve up to 75 patients — more than double the number it had been serving for the past several years.
IV. LANE COUNTY DEMOGRAPHIC AND SOCIOECONOMIC PROFILE

SHMC-University District serves the entirety of Lane County\(^1\).

**Map 1. Lane County, OR**

Current Profile:

Lane County has about 355,000 residents
- 17,814 (5%) are preschoolers under age 5
- 63,040 (18%) are 5-19 years old
- 228,592 (64%) are adults age 18-64
- 57,391 (16%) are seniors age 65+
- 29,879 (7.9%) are Hispanic, a 12.8% increase since 2010.

More than 61% of Lane County residents live in the Springfield-Eugene area.

In terms of the socioeconomic determinants, the County, as depicted in Table 3 is:
- 91% of adults have a high school diploma
- 20% of individuals live below the Federal Poverty Level
- 43% of all households are either in poverty or cannot afford basic household expenses (Source: *Lane County United Way ALICE Report*).
- 1,473 people were counted as homeless during the 2015 Annual Point-in-Time Count (Source: *Human Services Commission, 2015 Annual Homeless Point in Time Count Highlights*).
- 2,156 homeless students attended public school in Lane County during the 2014-2015 school year (Source: *Oregon Dept. of Education*). Includes those doubled up with relatives or friends.

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\(^1\) All data in this section is from the American Community Survey (US Census Bureau) unless otherwise noted.

**Of Note:**

The 2015 United Ways of the Pacific Northwest ALICE report summarizes the status of ALICE families—an acronym that stands for Asset Limited, Income Constrained, Employed. These are 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, child care, food, transportation, and health care. Most do not qualify for Medicaid coverage.

In Lane County, 43% of all households are either in poverty or are ALICE households. This is above the Oregon state rate overall, wherein 38% of all households are either ALICE or in poverty.
### Table 3. Lane County, OR Sociodemographic Profile

<table>
<thead>
<tr>
<th>City</th>
<th>High school diploma (%)</th>
<th>Individuals living below the FPL (%)</th>
<th>Median Household Income</th>
<th>People over age 5 who are linguistically isolated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cottage Grove</td>
<td>84.9%</td>
<td>23.7%</td>
<td>$35,717</td>
<td>4.0%</td>
</tr>
<tr>
<td>Creswell</td>
<td>93.7%</td>
<td>7.0%</td>
<td>$49,867</td>
<td>0.1%</td>
</tr>
<tr>
<td>Eugene</td>
<td>93.3%</td>
<td>24.4%</td>
<td>$42,715</td>
<td>3.9%</td>
</tr>
<tr>
<td>Florence</td>
<td>91.9%</td>
<td>17.1%</td>
<td>$32,459</td>
<td>1.0%</td>
</tr>
<tr>
<td>Junction City</td>
<td>85.2%</td>
<td>19.6%</td>
<td>$40,625</td>
<td>1.7%</td>
</tr>
<tr>
<td>Springfield</td>
<td>86.9%</td>
<td>21.9%</td>
<td>$39,355</td>
<td>3.8%</td>
</tr>
<tr>
<td>Lane County</td>
<td>91.1%</td>
<td>20.4%</td>
<td>$43,685</td>
<td>3.0%</td>
</tr>
<tr>
<td>Oregon</td>
<td>89.5%</td>
<td>16.7%</td>
<td>$50,521</td>
<td>6.1%</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 and health insurance, and housing. The CNI demonstrates that within Lane County, there are pockets of higher and lower need in all quadrants of the county, with the two highest need areas in Oakridge and Springfield:

**Map 2. Lane County Community Need Index Map, 2015**

Key Take-Aways

- Nearly half of Lane County residents cannot afford basic household expenses
- Within Lane County, there are pockets of high poverty and low educational attainment, with highest need areas concentrated in and Springfield and Oakridge
V. KEY HEALTH INDICATORS

Method

Data for each of the four PeaceHealth pillars is detailed on the following pages. For each pillar, we provide a description, how the community compares to other Oregon counties, provide a profile of the community, identify important indicators and provide key takeaways.

PeaceHealth selected data that was from publically available sources. Data elements were selected that align with the focus of the CHNA. The goal was to identify metrics that could be consistently measured, monitored and benchmarked for all PeaceHealth communities throughout the Pacific Northwest.

Data from the Robert Wood Johnson Foundation (RWJF) was used as a primary source. 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. RWJF calculates and ranks four summary composite scores used in this report:

- Overall Health Outcomes
- Overall Health Delivery Factors
- Health Factors – Health behaviors
- Health Factors – Social and economic factors

This is a nationally recognized data set for measuring key social determinates of health. RWJF is committed to continually measuring these metrics.

Data in this evaluation is also supplemented with sources from state and local agencies in Washington. Unless otherwise noted all data cited in this section is from RWJF or the following sources:

Behavioral Risk Factor Surveillance System; Oregon Healthy Teen Survey; Oregon Department of Health, Vital Statistics; Lane County Department of Public Health; Lane County WIC Program; Feeding America; Enroll America; Centers for Medicare & Medicaid Services; US Census Bureau; United Ways of the Pacific Northwest; United Way of Lane County.

Next to each local indicator we’ve shown whether the local rate (percentage) is less than, greater than, or equal to the state rate (percentage). With any indicator, there is a range of possible 'true' values because data collection always entails some error. Often, percentages that appear different are rated as 'equal.' This is because, statistically speaking, there is a large chance that the 'true' value of the data at the state and county level is equal, rather than different, due to error inherent in the data collection process.
Healthy, Active Living: Lane County Health Indicators, 2016

What is Healthy, Active Living?

Healthy, Active Living is a key pillar of a healthy community. We envision a community where the environment and resources of that community allow adults, teens, and children to be physically active, to eat nutritious meals, to be free of the burdens of substance abuse and chronic disease, and to live with an ample sense of well-being and connection to others.

How Does Lane County Compare to Other Counties?

Data from RWJF show that Lane County is ranked 11 out of 36 Oregon Counties for its food and physical activity environment, as well as for the adult behavioral health indicators like excessive drinking and smoking. This means we’re doing well compared to over half of counties in the state.

Healthy, Active Living Profile:

Adults:
- Adult obesity: 27% (=OR: 26%)
- Adult physical inactivity: 16% (=OR: 16%)
- Adult diabetes: 7% (=OR: 8%)

Youth:
- 11th graders who are obese: 14% (=OR: 13%)
- 11th graders reporting physical inactivity: 13% (=OR: 12%)

Environment:
- Reasonable access to exercise opportunities: 91% of residents (>OR: 88%)
- Food environment index: 2016: 7.0 (=OR: 7.3)

Substance abuse:
- Excessive drinking: 22% (>OR: 19%)
- Adult smoking: 15% (=OR: 17%)
- 11th graders smoking cigs in past 30 days: 10% (=OR: 9%)
- One person per week died of a drug poisoning per week in 2015 in Lane County; half of these deaths were from opioids (heroin and prescription pain medications) (Source: Live Well Lane CHIP, 2016)
Closer Look:

**Excessive Drinking among Adults**

Figure 4. Percent of adults that are binge or heavy drinkers, Oregon, 2016

Adults in Lane County report significantly higher levels of binge and/or heavy drinking (more than one alcoholic drink per night for women or two per night for men, on average) than adults in Oregon overall. Excessive drinking leads to poor health outcomes and is the third leading cause of lifestyle-related death in the US.

**High Rate of Physical Inactivity Despite Ample Access to Outdoor Exercise Opportunities**

Figure 5. Percent of residents that have access to outdoor physical activity opportunities by county, Oregon, 2016

Of Note:

**Caregiver Wellness**

As the largest employer in the community, PeaceHealth is working to support Active Healthy living in its workforce by offering an employee wellness program. Workplace wellness programs are evidence-based strategies to improve physical fitness and risk factors. At PeaceHealth, we can make an impact on community wellness by improving our employees’ wellness, but there are differences based on income levels:

- **59% of eligible employees** at our four Lane County hospitals participate in a wellness program.
- **26% of eligible PeaceHealth employees** at four Lane County hospitals earning $25,000 - $40,000 participate in a wellness program

**Participation by Income**
Lane County has better access to exercise opportunities than the majority of Oregon counties, and is in the top 90th percentile of counties in the US for access to exercise opportunities, yet the percentage of adult and teen residents that report not participating in any physical activity is equal to the average Oregon resident. This means that Lane County residents are not able to take advantage of the full benefits of their health environment.

**Additional Indicators with Trend Data**

The Behavioral Risk Factor Surveillance System is used to measure chronic diseases and health behaviors among a population of adults in all 50 states at the county level. The Oregon Healthy Teen Survey measures health risk behaviors and outcomes among 8th and 11th graders in Oregon State. The Oregon Department of Health, Vital Statistics measures causes of death and circumstances of prenatality and birth. The RWJF County Health Rankings aggregates BRFSS, Vital Statistics, US Census, and business data to provide an overview of measures that matter for health. The Lane County Department of Public Health conducts a CHIP that we’ve drawn on for the opioid use data, and to which we are a contributor in implementation.

**Table 4. Healthy, Active Living: Lane County Health Indicators vs. Oregon State, 2016**

<table>
<thead>
<tr>
<th></th>
<th>Better</th>
<th>Equal</th>
<th>Worse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chronic Conditions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult diabetes</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>Heart disease death rate</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult obesity</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Risk behaviors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult physical inactivity</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive alcohol use</td>
<td>●</td>
<td></td>
<td>●</td>
</tr>
<tr>
<td>Adult smoking</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug overdose death rate</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide death rate</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Environment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grocery availability &amp; food insecurity</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to exercise opportunities</td>
<td>●</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 5. Healthy, Active Living: Lane County 10th Graders, Health Indicators vs. Oregon State, 2015 and Trend Since 2007-2008

<table>
<thead>
<tr>
<th>Chronic Conditions</th>
<th>Better</th>
<th>Equal</th>
<th>Worse</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>●</td>
<td></td>
<td>● worsening</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>●</td>
<td></td>
<td>● worsening</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk behaviors</th>
<th>Better</th>
<th>Equal</th>
<th>Worse</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking cigarettes</td>
<td>●</td>
<td></td>
<td>● improving</td>
<td></td>
</tr>
<tr>
<td>Drinking alcohol</td>
<td>●</td>
<td></td>
<td>● improving</td>
<td></td>
</tr>
<tr>
<td>Using marijuana/hashish</td>
<td>●</td>
<td></td>
<td>● Improving</td>
<td></td>
</tr>
<tr>
<td>Binge drinking</td>
<td>●</td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>Eat 5+ fruits/vegetables per day</td>
<td>●</td>
<td></td>
<td>● stasis</td>
<td></td>
</tr>
<tr>
<td>Reports no leisure-time physical activity for 60 min/day in past 7 days</td>
<td>●</td>
<td></td>
<td>● stasis</td>
<td></td>
</tr>
<tr>
<td>Reports ‘seriously considering suicide’</td>
<td>●</td>
<td></td>
<td>● worsening</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Environment</th>
<th>Better</th>
<th>Equal</th>
<th>Worse</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not participate in school-based PE</td>
<td>●</td>
<td></td>
<td>● improving</td>
<td></td>
</tr>
</tbody>
</table>

* no trend data available, not asked in 2007-2008 OHT Survey

Key Take-Aways

- Despite ample access to exercise opportunities and a food environment similar to Oregon overall, many Lane County adults and teens are physically inactive and obese
- Lane County adults are more likely than Oregon adults overall to binge drink or heavy drink, which leads to a host of poor mental and physical health outcomes
**Child & Family Wellbeing: Lane County Health Indicators, 2016**

What is Child & Family Wellbeing?

Child & Family Wellbeing is a key pillar of a healthy community. Circumstances in pregnancy through early childhood are key predictors of health and wellbeing later in life. We envision a community where all pregnant women and families with children are well-fed, safe, and equipped with resources and knowledge to succeed in school, from kindergarten to high school graduation.

How Does Lane County Compare to Other Counties?

Data from the RWJF show that Lane County is ranked 14th of 36 counties in Oregon in social and economic factors. These factors include 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.

Closer Look

**Adverse Childhood Experiences (ACEs)**

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 6. Relationship between ACEs and Wellness, OR**

![THE RELATIONSHIP BETWEEN ACEs and WELLNESS IN OREGON](image)

*Source: Oregon Health Authority, “Building Resiliency: Preventing Adverse Childhood Experiences (ACEs)”*
Child & Family Wellbeing Profile:

- Childhood food insecurity: 26% (=OR: 26%)
- Graduation rate: 65% (<OR: 70%)
- Maternal smoking during pregnancy: 15% (>OR: 10%)
- Low birth weight: 6% (=OR: 6%)
- Prenatal care beginning in first trimester: 76% (<OR: 79%)
- Two-year olds up-to-date with vaccinations: 67% (=OR: 65%)
- WIC infants fully or partially breastfed: 50% (Lane County WIC) (>OR: 41%)

While county-level data about ACEs in Oregon is not available as of the June 2016 publishing of this CHNA, we know that ACEs affect the health of Lane County adults and families and are an important predictor of wellbeing that can be mitigated with integration of primary care and behavioral health, and prevented with robust maternal/child health interventions.

Graduation Rate

Rates of graduation from high school are lower in Lane County than in Oregon overall. High school graduation is a critical predictor of later economic stability and important health outcomes.

Figure 7. High School Graduation Rate, All Counties, OR, 2012-2013

Childhood Food Insecurity

According to Feeding America:

"Food insecurity is harmful to all people, but it is particularly devastating to children. Proper nutrition is critical to a child’s development. Not having enough of the right kinds of food can have serious implications for a child’s physical and mental health, academic achievement and future economic prosperity."
Food insecurity is more complicated than simply going hungry; in fact, some families are food insecure without being hungry because they are forced by their limited resources of time, money, and availability to subsist on cheap convenience foods with little nutritional value. Low-income families that are food insecure often live in a nexus of environmental factors that impede their ability to adopt healthy lifestyles. According to the Food Research & Action Center, food insecure households tend to “lack access to healthy, affordable foods,” be vulnerable to “cycles of food deprivation and overeating” due to the instability of their financial and other resources, and are often at “greater exposure to marketing of obesity-promoting products,” such as billboards and other advertisements.

Due to these and other environmental factors typical of the neighborhoods of low-income, food-insecure families, childhood food insecurity has been shown by many studies to be related to childhood overweight and obesity, in addition to children’s performance in school and social and emotional development. Food insecurity is therefore a crucial, justice-oriented metric of childhood wellbeing that affects their development and opportunities throughout the life course.

Over a quarter of children in Lane County are food insecure, similar to the rate in Oregon overall.

**Figure 8. Childhood food insecurity rate, all counties, Oregon, 2014**

Child & Family Wellbeing Data Sources:

The Oregon Department of Health, Vital Statistics Division measures causes of death and circumstances of prenatally and birth. The RWJF County Health Rankings aggregates BRFSS, Vital Statistics, US Census, and business data to provide an overview of measures that matter for health. The USDA Women, Infant, and Children nutrition program measures breastfeeding among its program recipients by individual WIC site—the numbers for Lane County came from the Lane County WIC program. Low birth weight is compiled in a seven-year period by RWJF County Health Rankings from Oregon State Vital Statistics data.
Childhood food insecurity is measured by the USDA and Feeding America, and is characterized by a lack of consistent, sufficient, and varied nutrition.

Table 6. Child & Family Wellbeing: Lane County Health Indicators vs. Oregon State, 2016

|                         | Better | Equal | Worse | Trend  
|-------------------------|--------|-------|-------|--------
| **Social Indicators**   |        |       |       |        
| High school graduation rate | ●       |       | ●     | stasis 
| Childhood food insecurity | ●       |       |       | stasis 
| **Health Indicators**   |        |       |       |        
| Prenatal care in 1st tri. of pregnancy | ●       |       | ●     | stasis 
| Maternal smoking in 3rd tri. of pregnancy | ●       |       | ●     | stasis 
| Low birth weight*        | ●       |       |       |       
| WIC infants partially or fully breastfed | ●       |       | ●     | stasis 
| Toddlers up-to-date with vaccines | ●       |       |       | improving 

*Data aggregated from 2007-2013

Key Take-Aways

- Many children Lane County are food insecure; because nearly half of Lane County residents are in poverty or Asset-Limited, Income Constrained, Employed (ALICE), there is a dearth of resources to access affordable and nutritious food for children
- Graduation rates in Lane County are lower than Oregon overall and imperil the economic stability and physical and mental wellbeing of Lane County adults
- Despite similar pregnancy outcomes (rates of low birth weight) to Oregon women overall, pregnant women in Lane County smoke at higher rates than pregnant women in Oregon overall and are less likely to access prenatal care in the first trimester of pregnancy
- ACEs negatively affect the wellbeing of Lane County adults and families, and interventions to prevent ACEs in current generations of children and mitigate the effects of ACEs in adults should be considered
- Rates of early childhood vaccinations and breastfeeding are contributors to health resilience in Lane County
**Health Delivery Systems: Lane County Health Indicators, 2016**

**What are Health Delivery Systems?**

Health Delivery Systems are a key pillar of a healthy community. 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.

**How Does Lane County Compare to Other Counties?**

In health delivery factors including the ratio of physicians, dentists, and mental health providers to the population, as well as certain measures of quality of care like the percentage of Medicare recipients that receive mammograms and diabetic monitoring, Lane County ranks 7th out of 36 counties in Oregon—better than four-fifths of Oregon counties.

**Health Delivery Systems Profile**

- Ratio of residents to primary care providers: 1,180:1 (>OR: 1,070:1)
- Ratio of residents to dentists: 1,480:1 (>OR: 1,330:1)
- Ratio of residents to mental health providers: 160:1 (<OR: 270:1)
- Uninsured rate among adults below age 65: 11% (=OR: 10%)
- 11th graders who saw a doctor or nurse practitioner for a physical in the past year: 54% (<OR: 62%)
- 11th graders who saw a dentist for a checkup, exam, teeth cleaning, or other dental work: 70% (<OR: 75%)

**Closer Look**

*Health Insurance Inequities*

Though the percentage of adults without health insurance in Lane County is improving, there are significant inequities in health insurance rate by race/ethnicity.
Preventable Hospital Stays

Preventable Hospital Stays is the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 fee-for-service Medicare enrollees. Ambulatory care-sensitive conditions include: convulsions, chronic obstructive pulmonary disease, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection, and dehydration. This measure is age-adjusted.

Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal. The measure may also represent a tendency to overuse hospitals as a main source of care.

Lower numbers on this measure are the goal. Lane County has a rate of preventable hospitalizations of 30 per 1,000 Medicare beneficiaries, which is lower than the rate for the state of Oregon. The data suggest that the area is well served by primary care.

Of Note:

Health Delivery Systems are, on the whole, a strength in Lane County, but racial/ethnic minorities experience significant inequities in health delivery outcomes.

Hispanic/Latino and Asian adults are less likely than White and Black adults to have insurance in Lane County.

Hispanic/Latino Medicare enrollees have much lower-quality preventive care for diabetes than White Medicare enrollees in Lane County.
Preventable care inequities among Medicare beneficiaries

High-quality preventive care, like seeing a primary care doctor frequently and monitoring one’s blood sugar and blood pressure, can improve health outcomes. One way to look at possible differences in the quality of preventive care is to examine Medicare beneficiaries (people aged 65 years and older that have access to government-sponsored health insurance) of different races and ethnicities, since they have the same source of health insurance. In examining the measure of the composite indicators of chronic diabetes care (called Prevention Quality Indicators) among Hispanic/Latino and white Medicare beneficiaries by county in Oregon State, we see that Lane County has some of the state’s most glaring inequities in preventive care for diabetes by race/ethnicity. White Medicare beneficiaries have 1,733 PQIs per 100,000 beneficiaries, while Hispanic/Latino Medicare beneficiaries have 412 PQIs per 100,000 beneficiaries.

The preventive care received by Hispanic/Latino Medicare beneficiaries in Lane County is worse than the preventive care received by white Medicare beneficiaries in Lane County.
Emergency Room Use

Treating patients with low-acuity conditions in the ED is an issue because it is not the best care setting for those conditions and it contributes to unnecessary overcrowding and cost. Approximately 11.3% of emergency room visits to SHMC University District could be considered avoidable given their low acuity. When viewed by payer, Medicare patients have the lowest rate of these visits, representing 5.9% of all Medicare ED encounters. Medicaid patients have the highest rate, 19.7%. The percent of low acuity visits appear to be trending downward from the 2014 peak for all payer types.

Source: PeaceHealth internal data

Figure 12. Low Acuity ED Visits by Payer, SHMC University District
Health Delivery Systems Data Sources

The Oregon Healthy Teen Survey measures health risk behaviors and outcomes among 8th and 11th graders in Oregon State, including health care access. The RWJF County Health Rankings aggregates provider and US Census data to provide an overview of provider to resident ratios and overall clinical care relative measures. Enroll America aggregates measures of insurance across all 50 states at the county and state level. The Centers for Medicare & Medicaid Services Office of Minority Health Disparities Mapping Tool shows measures of health inequities at the county level across the US for different health delivery indicators.

Table 7. Health Delivery Systems: Lane County Health Indicators vs. Oregon State, 2016 and Local Trend since 2010

<table>
<thead>
<tr>
<th></th>
<th>Better</th>
<th>Equal</th>
<th>Worse</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Provider to resident ratio</td>
<td></td>
<td></td>
<td>●</td>
<td>stasis</td>
</tr>
<tr>
<td>Dentists to resident ratio</td>
<td></td>
<td></td>
<td>●</td>
<td>stasis</td>
</tr>
<tr>
<td>Mental Health Providers to resident ratio</td>
<td>●</td>
<td></td>
<td></td>
<td>improving</td>
</tr>
<tr>
<td>Uninsured adults below age 65</td>
<td>●</td>
<td>●</td>
<td></td>
<td>improving</td>
</tr>
<tr>
<td>Saw a doctor for a physical in the past year (10th graders)</td>
<td>●</td>
<td></td>
<td></td>
<td>stasis</td>
</tr>
<tr>
<td>Saw a dentist for checkup, cleaning, or other work in past year (10th graders)</td>
<td>●</td>
<td></td>
<td></td>
<td>worsening</td>
</tr>
</tbody>
</table>

Key Take-Aways

- In general, health delivery systems are a particular strength and contributor to health resilience in Lane County
- Nearly half of Lane County 11th graders did not have a physical in the past year, and nearly a third did not see the dentist
- Significant racial/ethnic inequities in access to preventive care exist in Lane County in the form of differences in insurance status and quality of preventive care received
Equity: Lane County Health Indicators, 2016

What is Equity?

Equity is a key pillar of a healthy community. Access to affordable, safe housing and employment that allows sufficient resources to meet a household budget are important facets of equity. Increased equity results in decreased spending on security enforcement, prisons and certain types of social services.

How Does Lane County Compare to Other Counties?

Data from the RWJF show that in social and economic factors, including the percentage of children in poverty, violent crime, and income inequality, Lane County is ranked 14th of 36 counties in Oregon. This means that Lane County is doing well compared to the majority of counties in Oregon.

Equity Profile

- Individuals living in poverty: 20% (>OR: 17%)
- Asset Limited, Income Constrained, Employed households and impoverished households combined: 43% (>OR: 38%)
- Linguistic isolation: 3% (<OR: 6%)
- Households with ‘severe housing problems,’ including cost-burdened housing: 21% (=OR: 20%)
- Unemployment rate: 11% (=OR: 11%)
- Veteran population: 10% (=OR: 10%)
- Income inequality (ratio of income at the 80th percentile to income at the 20th percentile): 5.0 (>OR: 4.6)
- 1,473 people were counted as homeless during the 2015 Annual Point-in-Time Count (Source: Human Services Commission, 2015 Annual Homeless Point in Time Count Highlights).
- 2,154 homeless students attended public school in Lane County during the 2014-2015 school year (Source: Oregon Dept. of Education), including those doubled up with relatives or friends.

Closer Look

High Proportion of Households are ALICE Population or Impoverished

Lack of income and resources is a critical predictor of poor mental and physical health outcomes. As noted in a previous section, ALICE is an acronym that stands for Asset-Limited, Income Constrained, Employed, and refers to households where the adults are employed but do not earn enough to cover a household budget of housing, child care, food, transportation, and health care. Individuals in poverty live below the Federal Poverty Level and make a small fraction of the required amount to cover a household budget. ALICE households are living above the poverty line but are still struggling to make ends meet. When combining households that live in poverty and ALICE households, it is evident that nearly half of Lane County households cannot afford a basic budget for food, clothing, shelter, health care, child care, and transportation.
Figure 13. Proportion of Lane County Households that are ALICE, in Poverty, or Above the ALICE Threshold, 2013

In Lane County, some cities have higher proportions of ALICE and impoverished populations than others:

Figure 14. Proportion of Lane County Households that are ALICE or in Poverty by City, 2013

<table>
<thead>
<tr>
<th>City</th>
<th>Total HH</th>
<th>% ALICE &amp; Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coburg City</td>
<td>411</td>
<td>39%</td>
</tr>
<tr>
<td>Cottage Grove City</td>
<td>4,010</td>
<td>50%</td>
</tr>
<tr>
<td>Creswell City</td>
<td>1,851</td>
<td>41%</td>
</tr>
<tr>
<td>Dunes City</td>
<td>588</td>
<td>34%</td>
</tr>
<tr>
<td>Eugene City</td>
<td>65,201</td>
<td>44%</td>
</tr>
<tr>
<td>Florence City</td>
<td>4,399</td>
<td>51%</td>
</tr>
<tr>
<td>Junction City</td>
<td>2,044</td>
<td>47%</td>
</tr>
<tr>
<td>Lowell City</td>
<td>385</td>
<td>45%</td>
</tr>
<tr>
<td>Oakridge City</td>
<td>1,503</td>
<td>46%</td>
</tr>
<tr>
<td>Springfield City</td>
<td>23,734</td>
<td>48%</td>
</tr>
<tr>
<td>Veneta City</td>
<td>1,692</td>
<td>41%</td>
</tr>
<tr>
<td>Westfir City</td>
<td>116</td>
<td>47%</td>
</tr>
</tbody>
</table>

Income Inequality

Differences in income between the highest and lowest earners in a society lead to poor health, increased cardiovascular disease risks, and increased risk of mortality. For this reason, the measure of the ratio of some of the highest earners—those at the 80th percentile—to some of the lowest earners—those at the 20th percentile—is an important predictor of health in a community.

Lane County has significantly higher income inequality than the majority of counties in Oregon State, an important marker of community health risk.
Figure 15. Income Inequality by County, OR, 2010-2014

Homelessness
Homelessness affects the health and wellbeing of 1,473 County residents. This population requires linkages between health and social services to implement sustainable solutions to alleviate the burden of homelessness. The count is a point in time enumeration that seeks to document the number of people without a permanent, habitable place to call home. The data collected is critical to assessing strategies and funding decisions by policymakers seeking to successfully meet the needs of homeless individuals and families.

Equity Data Sources
The US Census measures the percentages of individuals living in poverty, in linguistic isolation, and adults who are unemployed. The RWJF 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. The United Way ALICE report defined the ALICE population and population in poverty in Lane County.

Of Note:
Changing demographics call for employers to monitor their workforce so that it reflects the composition and diversity of the community.
Increasing racial and ethnic diversity among licensed health professionals is particularly important because evidence indicates that among other benefits, it is associated with improved access for non-majority patient groups, increased patient satisfaction and an overall decrease in health care disparities.
Table 8. Equity: Lane County Health Indicators vs. Oregon State, 2014-2016 and Local Trend since 2012

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Better</th>
<th>Equal</th>
<th>Worse</th>
<th>Trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals living below the poverty line</td>
<td></td>
<td></td>
<td>●</td>
<td>stasis</td>
</tr>
<tr>
<td>Individuals over age 5 in linguistic isolation</td>
<td>●</td>
<td></td>
<td></td>
<td>stasis</td>
</tr>
<tr>
<td>Households with ‘severe housing problems’</td>
<td></td>
<td>●</td>
<td></td>
<td>stasis*</td>
</tr>
<tr>
<td>Unemployment rate</td>
<td>●</td>
<td></td>
<td></td>
<td>stasis</td>
</tr>
<tr>
<td>Income inequality</td>
<td></td>
<td></td>
<td>●</td>
<td>stasis</td>
</tr>
</tbody>
</table>

*baseline trend data aggregated from 2006-2010

Key Take-Aways

- Lane County is doing poorly in measures of social equity, with nearly half the population unable to afford a basic household budget and large differences between the lowest and highest earners
- Nearly one in five Lane County residents live with ‘severe housing problems,’ including a high housing cost burden, overcrowding, or lack of kitchen or plumbing
- Homelessness affects many Lane County families and endangers their health and wellbeing. Health and social services must work together to create sustainable solutions for individuals and families affected by homelessness
VI. COMMUNITY CONVENING

Method

During the period of May through December 2015, the Live Healthy Lane countywide CHNA process undertook a “Community Themes and Strengths” Assessment to identify issues of importance to the community. Three methods of data collection were utilized: survey (2,295 people in the general public participated), focus groups (50 sessions with nearly 500 participants in all), and key informant interviews (53 community leaders / technical experts were interviewed).

After this process was completed, between December 2015 and February 2016, multi-site community events to present the CHNA findings and vote on the strategic issues were conducted. In the end, two strategic issues were prioritized:

- Increase economic and social opportunities that promote healthy behaviors.
- Increase healthy behaviors to improve health and well-being.

PeaceHealth was an active member of this assessment process, attended all meetings and has full access to all of the raw data. In addition, in late spring, PeaceHealth, using an on-line survey, re-engaged key informants throughout the service area with expertise in public health and representing minority and other vulnerable groups.

Nearly 60 participants completed the online-survey and represented the following organizations and populations served:

Table 9. Participants in the PeaceHealth Lane County Community Health Needs Assessment Survey

<table>
<thead>
<tr>
<th>Organization</th>
<th>Population Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siuslaw School District</td>
<td>Low income, children ages 5-18, undocumented, homeless, racial/ethnic minorities</td>
</tr>
<tr>
<td>Regency Florence Rehabilitation Center</td>
<td>Elderly</td>
</tr>
<tr>
<td>PeaceHealth Hospitals &amp; Foundations</td>
<td>Low income, seniors, adults, children, undocumented, homeless, racial/ethnic minorities</td>
</tr>
<tr>
<td>Siuslaw Outreach Services</td>
<td>Homeless, victims of intimate partner violence, low income, racial/ethnic minority, undocumented</td>
</tr>
<tr>
<td>Elderberry Square</td>
<td>Elderly, mentally ill</td>
</tr>
<tr>
<td>South Lane School District</td>
<td>Low income, children ages 5-18, undocumented, homeless, racial/ethnic minorities</td>
</tr>
<tr>
<td>South Lane Mental Health</td>
<td>Mentally ill, low-income, dual-eligible for Medicare/Medicaid</td>
</tr>
<tr>
<td>EASA/Youth Hub</td>
<td>Low income, mentally ill, youth, racial/ethnic minorities</td>
</tr>
<tr>
<td>Siuslaw Valley Fire &amp; Rescue</td>
<td>Chronically mentally ill, homeless</td>
</tr>
<tr>
<td>Organization</td>
<td>Population Served</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>City of Cottage Grove</td>
<td>Low income, seniors, adults, children, homeless, racial/ethnic minorities</td>
</tr>
<tr>
<td>Senior Health &amp; Wellness Center</td>
<td>Elderly</td>
</tr>
<tr>
<td>Mapleton School District</td>
<td>Low income, children ages 5-18, undocumented, homeless, racial/ethnic minorities</td>
</tr>
</tbody>
</table>

Participants were asked to identify the three most pressing issues facing the community. The summary of those results is below.

**Table 10. Summary of health and social gaps/needs and strategy opportunities according to key stakeholder, by community health pillar, May 2016**

<table>
<thead>
<tr>
<th>Healthy, Active Living</th>
<th>Child &amp; Family Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs/ Gaps:</td>
<td>Needs/ Gaps:</td>
</tr>
<tr>
<td>- Adult alcohol use</td>
<td>- Mental health and behavioral health for pediatric patients and families</td>
</tr>
<tr>
<td>- Teen and adult tobacco use</td>
<td>- Juvenile mental health services</td>
</tr>
<tr>
<td>- Mental health and substance abuse</td>
<td>- Maternal smoking during pregnancy</td>
</tr>
<tr>
<td>- Elder isolation and health</td>
<td></td>
</tr>
<tr>
<td>- Chronic pain</td>
<td></td>
</tr>
<tr>
<td>- Obesity, diabetes, hypertension</td>
<td></td>
</tr>
</tbody>
</table>

**Table 11. Summary of health and social gaps/needs and strategy opportunities according to key stakeholders, by community health pillar, May 2016**

<table>
<thead>
<tr>
<th>Health Delivery Systems</th>
<th>Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs/ Gaps:</td>
<td>Needs/ Gaps:</td>
</tr>
<tr>
<td>- Shortage of primary care and mental health providers that accept Medicaid/low-income and Medicare patients</td>
<td>- Living wage jobs</td>
</tr>
<tr>
<td>- Unaffordable health care</td>
<td>- Racial/ethnic health disparities</td>
</tr>
<tr>
<td>- Lack of dental and mental and behavioral health care providers</td>
<td>- Affordable housing</td>
</tr>
<tr>
<td>- Too little case management/care coordination</td>
<td>- Poor economic opportunities</td>
</tr>
<tr>
<td></td>
<td>- Homelessness</td>
</tr>
</tbody>
</table>
Strategies for Consideration in Implementation Plan

Participants were provided with a packet of evidence-based intervention strategies for each of the four community health pillars. Given their understanding of community needs, participants were asked to select up to three evidence-based strategies within each pillar or write in a preferred strategy based on the following criteria:

- Magnitude of need
- Organizational capacity in the community to address
- Realistic to implement
- Personal interest and passion

Table 12. Top evidence-based strategy solutions identified by key stakeholders

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Needs Addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthy, Active Living</strong></td>
<td></td>
</tr>
<tr>
<td>• Increased access to mental health services</td>
<td>Adult mental health and substance abuse, elder isolation, adult and teen tobacco use, chronic disease management, chronic pain management</td>
</tr>
<tr>
<td>• School-based early intervention programs</td>
<td>Teen tobacco use, substance abuse, mental health issues</td>
</tr>
<tr>
<td><strong>Child &amp; Family Wellbeing</strong></td>
<td></td>
</tr>
<tr>
<td>• Preschool programs with family support services</td>
<td>Care coordination for vulnerable mothers, infants, and children, maternal smoking, ACEs, affordable childcare</td>
</tr>
<tr>
<td>• ‘Early Pathways’/home-based mental health</td>
<td>Mental health services for families and children, follow-up for high-risk mothers and children</td>
</tr>
<tr>
<td><strong>Health Delivery Systems</strong></td>
<td></td>
</tr>
<tr>
<td>• Integration of behavioral health and primary care</td>
<td>Mental health and substance abuse care, health disparities, chronic disease and chronic pain management</td>
</tr>
<tr>
<td>• Community health care centers expansion</td>
<td>Increased number of care providers, improved access to health care for vulnerable populations</td>
</tr>
<tr>
<td><strong>Equity:</strong></td>
<td></td>
</tr>
<tr>
<td>• School based clinics</td>
<td>Access to health care for rural populations, health disparities, teen and pediatric mental health</td>
</tr>
<tr>
<td>• Patient financial incentives for primary care</td>
<td>Health disparities, access to health care, affordable health care</td>
</tr>
</tbody>
</table>
VII. IMPLEMENTATION PLAN

Introduction

The CHNA is a report based on epidemiological, qualitative and comparative methods that assesses the health issues in a hospital organization’s community and that community’s access to services related to those issues.

The Implementation Plan is a list of specific actions that demonstrate how PeaceHealth SHMC-University District plans to meet the CHNA-identified health needs of the residents in the service area. This Implementation Strategy was approved by the local PeaceHealth Community Health Board.

IRS Implementation Strategy Requirements

The Implementation Strategy which is developed and adopted by each hospital must address the needs identified in the CHNA by either describing how the hospital plans to meet the need or identifying it as a need not to be addressed by the hospital and why. Each need addressed must be tailored to that hospital’s programs, resources, priorities, plans and/or collaboration with governmental, non-profit or other health care organizations. If collaborating with other organizations to develop the implementation strategy, the organizations must be identified.

PeaceHealth Process for Establishing Implementation Plan

In 2016, PeaceHealth reconfigured its ten local governing boards into “Community Health Boards” with the dual responsibility of overseeing the quality of hospital care and furthering community health. Accordingly, each board established two standing committees, one dedicated to monitoring and improving quality and the other focused on local CHNA implementation.

When the CHNA was published in late June 2016, the document included a set of relatively high level strategies for consideration by the CHNA committees. These committees were asked to consider the identified CHNA strategies in relation to hospital competencies, community partnerships that would be required and available resources, and to settle on a final set of strategies that would inform the development of the CHNA implementation plan. This document outlines those final strategies.

Health Priorities and Implementation Plan Structure

The Implementation plan outlined below is for a three-year period and will guide the development of an annual plan that operationalizes each initiative. The needs that are being addressed correspond to the prioritized needs identified in the CHNA. For each need, a set of initiatives are noted, along with the outcome measures, necessary community partners, and the degree of PeaceHealth engagement.

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2 This section was amended on November 14, 2016 to replace the interim implementation strategies published with the CHNA adopted in June 2016 with the final implementation strategies approved by the SHMC-University District Board in November 2016.
It should be noted that the listing of community partners is *not* intended to imply firm organizational commitment on behalf of those listed nor limit involvement by organizations not listed. The degree of PeaceHealth engagement is framed in terms of “lead,” “co-lead” or “support.”

**Table 13. 2016 PeaceHealth SHMC-University District CHNA Implementation Plan Overview**

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Needs</th>
<th>Initiatives</th>
<th>Indicators/Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>Bridge gap between primary care and behavioral health office visits and patient management of chronic conditions</td>
<td>▪ Train and employ Community Health Workers in behavioral health</td>
<td>▪ # of BHU readmissions</td>
</tr>
<tr>
<td></td>
<td>Reduce rate of new HIV infections</td>
<td>▪ Support Needle Exchange program</td>
<td>▪ # of BH related ED visits</td>
</tr>
<tr>
<td>Care Coordination for Complex Patients</td>
<td>Provide appropriate setting and level of care for patients with chronic terminal conditions</td>
<td>▪ Increase Access to Palliative Care</td>
<td>▪ # of Community Health Workers visits</td>
</tr>
<tr>
<td></td>
<td>Decrease Length of Stay for patients lacking post inpatient safe housing options</td>
<td>▪ Expand Medical Recuperation Program to place discharged patients in safe housing</td>
<td>▪ PCP visit # for chronic BH Conditions</td>
</tr>
<tr>
<td></td>
<td>Overuse of ED for primary care and safety net services</td>
<td>▪ Partner in Lane County Supportive Housing Grants and development</td>
<td>▪ # of new HIV infections</td>
</tr>
<tr>
<td>Housing</td>
<td>Address prevalence of Adverse Childhood Events (ACEs)</td>
<td>▪ Expand <em>Courageous Kids Grief</em> support program to decrease isolation, acting out behaviors, sleep and anxiety disorders in children who have experienced death of someone they love</td>
<td>▪ # of patients in homecare, hospice and palliative care programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Hospital mortality rates</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ 30 day Readmissions</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Reduction of Avoidable days</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ ED Utilization &amp; Boarding</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ # of Transitional Beds &amp; Supportive Housing Units Available in Lane County</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ # of children &amp; youths participating in program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Other established ACEs measures</td>
</tr>
</tbody>
</table>
Needs Not Addressed

In this CHNA, PeaceHealth SHMC-University District addressed a significant number of health needs that were prioritized with input from the community and where we were able to leverage our resources and expertise to address these issues. However, in prioritizing some issues, others are not directly addressed. The issues not addressed included affordable healthy food and beverage availability in the community, tobacco free environments, and school readiness for children. Though we recognize their importance and impact on the overall health of the community, in most of these cases PeaceHealth SHMC-University District lacks the expertise to address these issues and we do not feel we are in a position to deploy specific strategies around these broader socio-environmental issues. We also feel these needs are being addressed by the Lane County Community Health Improvement Plan, of which PeaceHealth SHMC-University District Community medical Center is a sponsoring partner.
Appendix 1: Organizations Providing Input into 2016 PeaceHealth CHNA

Information on community needs for the PeaceHealth Sacred Heart RiverBend and University District Community Health Needs Assessments was obtained from PeaceHealth CareGiver key informants that included Nurses, Nurse Managers, Physicians and administrators from multiple direct care and service departments. Stakeholder surveys included CareGivers and leaders from emergency departments, social services, home health, trauma and injury prevention, cardiovascular services, behavioral health, social work and care management, food services and spiritual care. This information was correlated with focus groups conducted by LiveHealthy Lane Community Health Needs Assessment that included the following groups:

PeaceHealth Sacred Heart RiverBend and University District

- Alliance for Healthy Families
- Be Your Best Cottage Grove
- Centro de fe Community Church
- CHIP Equity Workgroup
- CHIP Mental Health & Addictions Workgroup
- CHIP Obesity Prevention Workgroup
- CHIP Tobacco Prevention Workgroup
- Community Resource Network
- Community Advisory Council
- Cornerstone Community Housing Residents
- Department of Human Services Staff
- Downtown Languages, Centro Latino, Americano, Huerto de la Familia Clients
- Early Childhood Mental Health Team
- Early Learning Stakeholders
- Early Learning Alliance Pediatric Advisory Group
- Emerging Leaders
- Eugene Springfield Prevention Council
- FOOD for Lane County Programs & Services Staff
- HIV Alliance Clients
- Housing and Policy Board
- LGBTQ+ Community Members
- Lane Independent Living Alliance Staff and Clients
- Mental Health Advisory Council/Local Drug & Alcohol Committee
- Mental Health Promotion Steering Committee
- Mohawk-McKenzie Grange 747
- NAACP - Back to School Success
- Oakridge Kiwanis
- Upper Willamette Community Development Corporation
- Patient & Family Advisory Council
- PeaceHealth Health & Wellness Committee
- Pearl Buck Center Parents
- Planned Parenthood REV Youth Action Council
- Public Safety Coordinating Council – Adult Committee Work Plan Workgroup
- Public Safety Coordinating Council – Juvenile Committee
- Rural Advisory Council
- Safety Net Committee
- South Lane Family Resource Center
- St. Vinny’s Night Shelter Families

- Stand for Children
- Trillium Staff
- United Way of Lane County Staff
- University of Oregon Graduate Students
- University of Oregon Undergraduate Students
- United Way Human Service Providers
- Veneta Community Members
- Walterville Community Members