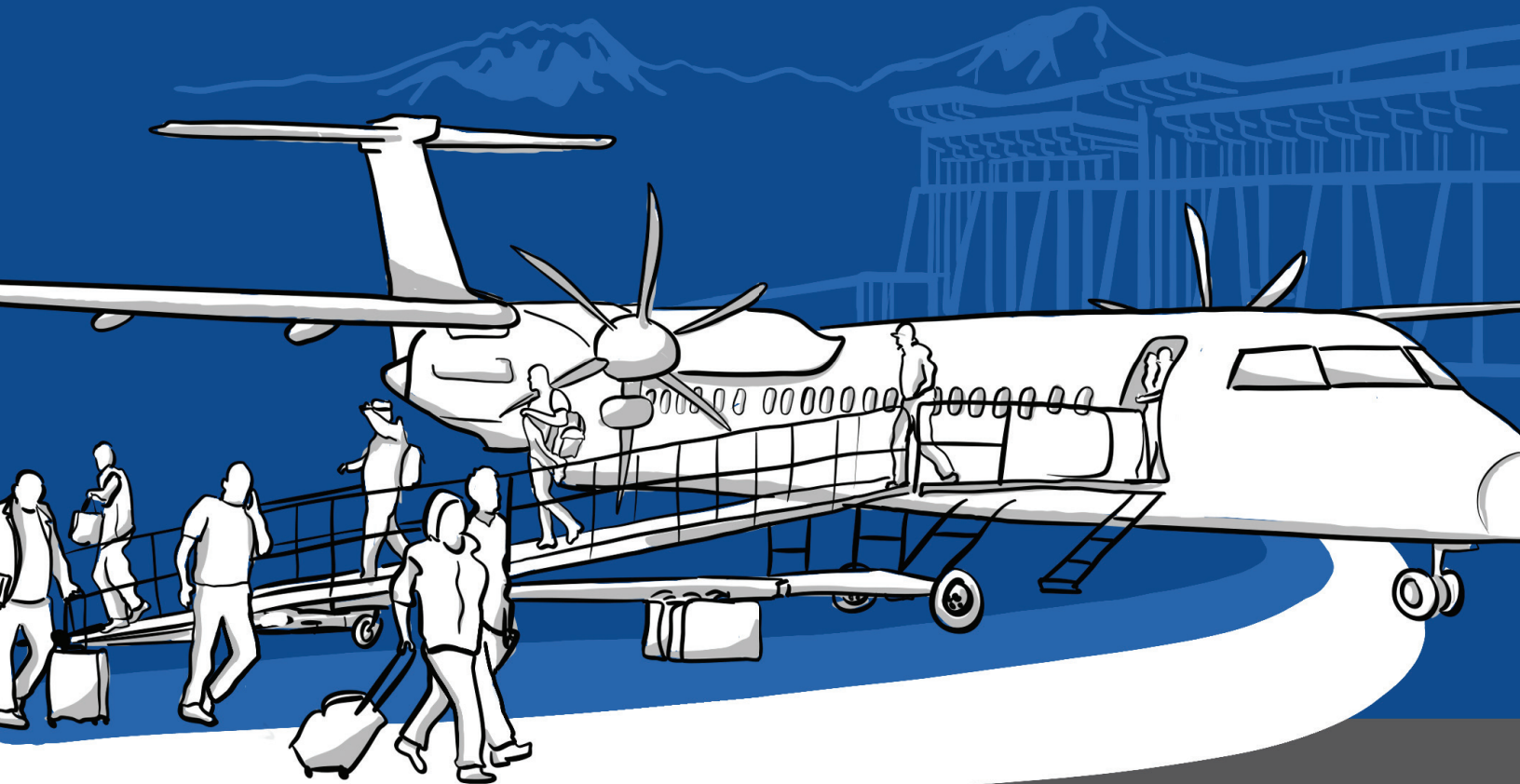


COMMUNITY HEALTH NEEDS ASSESSMENT

St. Charles Bend and Redmond
Community Benefit Department



2023-2025

Message from Leadership

St. Charles Health System has a bold organizational vision: Creating America's healthiest community, together.

This vision is our destination. It is the end-goal we are attempting to reach where we can proudly say that to live in Central Oregon is to live in a place where health comes first. We know that to achieve this vision, we must first look hard at the barriers to health that exist in our communities today and do all that we can to address them through our support of community programs, of wellness initiatives and by looking at ways to improve access to care. This work goes hand in hand with the efforts we are making inside our health system to build a culture of continuous improvement. We are striving every day to make our processes more efficient and the care we provide safer for those in need.

Throughout the past two years of a global pandemic, we have witnessed firsthand the importance of routine health care and healthy lifestyles in prevention of serious illness. Our health care heroes have learned that it isn't enough to be there when people are acutely ill – preventing illness in the first place makes an incredible difference when every bed, every caregiver, every dose of medication counts.

Of course, St. Charles can't impact the health of the entire Central Oregon region on its own. We need our community partners with us every step of the way.

The information presented in the following pages helps us determine which nonprofit organizations we will support through donations of time, dollars and supplies. In turn, we depend on those groups to provide safety net services throughout the region as we all work together toward making our vision a reality.

Sincerely,

Dr. Steve Gordon
Interim President and CEO
St. Charles Health System

Matt Swafford
Chief Financial Officer
St. Charles Health System

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Executive Summary

St. Charles Health System

Headquartered in Bend, Oregon, St. Charles Health System Inc. is a nonprofit, integrated delivery system that provides a full range of quality, evidence-based health care services within a 32,000-square-mile area in Central and Eastern Oregon. The health system owns and operates hospital campuses in Bend and Redmond, two Critical Access Hospitals in Madras and Prineville, family care clinics in Bend, La Pine, Madras, Prineville, Redmond and Sisters, a Center for Women’s Health in Redmond, Urgent Care clinics in Bend, La Pine and Prineville, Cancer Centers in Bend and Redmond, a Heart & Lung Center in Bend and Behavioral Health clinics throughout Central Oregon.

St. Charles Bend Campus

St. Charles Bend is a not-for-profit, 292-bed, Level II Trauma Center located in Bend, Oregon. St. Charles Bend is one of two hospital campuses located in Deschutes County and delivers a wide range of quality medical services to residents throughout the region.

St. Charles Redmond Campus

St. Charles Redmond is a campus associated with the St. Charles Bend hospital with 48 beds located in Redmond, Oregon. It is one of two hospital campuses located in Deschutes County and delivers a wide range of quality medical services to the residents throughout the region.

Identifying significant health needs

Background

As defined by federal regulations of the Patient Protection and Affordable Care Act (PPACA), signed into law on March 23, 2010, each not-for-profit hospital facility must complete a Community Health Needs Assessment (CHNA) and accompanying CHNA implementation strategy once every three years. The objective of a CHNA is to identify community health needs with the goal of improving the health status of a population. It is an ongoing process undertaken to:

- identify strengths and needs of a community
- enable the community-wide establishment of health priorities
- facilitate collaborative action planning directed at improving community health status and quality of life

In 2014, the above-mentioned regulations were updated. The updated final rules were issued on Dec. 31, 2014 and applied only to taxable years beginning after Dec. 29, 2015. One of the major updates to these guidelines relates to what must be included in the CHNA. In short and most notably:

- when data is obtained from an external source, the CHNA report may cite the source material rather than describe the method by which the data was collected

- in the event the hospital solicits but cannot obtain input from a source, the CHNA report must describe the hospital's efforts to solicit input from such sources
- the report must include an evaluation of the impact of any actions taken since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in that hospital's prior CHNA(s)
- hospitals no longer must include a description of potential measures to address the significant needs that have been identified, but must still include a description of potential resources identified through the CHNA to address the needs

Although this document in full reflects and meets all of the updated regulations, the above is not a full description of those regulations. To see all of the updated requirements, please visit [Community Health Needs Assessment for Charitable Hospital Organizations - Section 501\(r\)\(3\) | Internal Revenue Service \(irs.gov\)](#)

Methodology

In order to prioritize the varied health needs of Deschutes County, the defined community served by St. Charles Bend Campus and St. Charles Redmond Campus, an extensive review of existing health data and a professionally facilitated phone and text message survey was conducted and completed as part of the CHNA research.

The St. Charles Health System Community Benefit department began the CHNA process by first compiling, reviewing and analyzing secondary information available including information at the local, state and national level of the population's health. Once the initial analysis of the secondary data was complete, the team continued the process by performing a phone survey in the St. Charles Bend Campus and St. Charles Redmond Campus community during the second quarter of 2022 through a contractual partnership with Davis, Hibbits and Midghall (DHM) Research. In addition, the CHNA was developed with data, input and information that was gathered via collaboration between the St. Charles Community Benefit department and Central Oregon Health Council.

St. Charles Bend Campus and St. Charles Redmond Campus significant health needs

At the end of this process, St. Charles Bend Campus and St. Charles Redmond Campus representatives reviewed the available information, including:

- Most recent health data
- Input from community members with expertise in their field and this region
- Community survey results
- Community assets available to address needs

Health needs were identified as follows:

1. Stable Housing & Supports
2. Address Poverty & Enhance Self Sufficiency
3. Upstream Prevention: Promotion of Individual Well-Being
4. Substance & Alcohol Misuse Prevention & Treatment
5. Behavioral Health: Increase Access and Coordination
6. Promote Enhanced Physical Health Across Communities

Communication plan

On Oct. 27, 2022 the St. Charles Health System Board of Directors reviewed, approved and adopted the St. Charles Bend Campus and St. Charles Redmond Campus CHNA.

The 2023 - 2025 CHNA will be made widely available to the public via our St. Charles Health System website, digital platforms and internally via our intranet, along with the immediately preceding CHNA, prior to Dec. 31, 2022, and in hardcopy format when requested. All who participated in the CHNA research along with other community partners will be notified of the finalized document, provided instructions on how to garner a copy of the assessment and will be encouraged to share it with their constituents.

Introduction

Mission, vision and values

Our Vision: Creating America's healthiest community, together.

Our Mission: In the spirit of love and compassion, better health, better care, better value.

Our Values:

- Accountability
- Caring
- Teamwork

Recognizing that St. Charles Health System has grown and changed dramatically over the past two decades, the St. Charles Board of Directors adopted a new vision, mission and values in 2013 that outlines the organization's path for the future. The bold vision statement is our ultimate destination. Our values are the tools we will use each day to achieve our vision and our mission is the heart that drives our actions and keeps us committed to caring for our community.

Community Benefit

St. Charles Health System officially created the Community Benefit department in early 2012. Each of the facilities in the system has always had programs and services designed to improve health, increase access, provide treatment and promote health and healing for the populations served. The Community Benefit department was created to ensure the system and each of its facilities were tracking and reporting these programs and how they were meeting the other state and federal guidelines for tax-exempt organizations.

This department is dedicated to providing solid research methodology and community involvement to determine the unmet health needs of the communities we serve. The Community Benefit task force, the group that approves the health system's community benefit expenditures, is also chaired from this department. The Community Benefit department tracks each hospital facility's annual community benefit totals and submits these numbers to required government agencies. The St. Charles Bend Campus and St. Charles Redmond Campus Community Benefit expenditures are detailed on page 6.

For any questions related to the Community Benefit department or the Community Benefit task force, please email communitybenefit@stcharleshealthcare.org.

St. Charles Bend Campus

The first St. Charles hospital in Bend officially opened in 1918 on the banks of the Deschutes River. It was operated by five Sisters of St. Joseph with the mission to “care for all or care for none.” The current Bend hospital opened in 1975 shortly after becoming a community not-for-profit organization and maintained an affiliation with the Catholic Church until February 2010. The spirit of compassionate caring first fostered by the Sisters of St. Joseph is alive and well at St. Charles Bend Campus today.

In 2021, St. Charles Bend Campus provided more than \$97,760,495 in community benefit to the population it serves. This includes:

St. Charles Bend Campus 2021 Community Benefit Totals	
Community Benefit Type	Amount
Charity Care at Cost	\$9,469,508
Unreimbursed Cost of Medicaid	\$69,851,462
Unreimbursed Cost of Other Public Programs	\$16,664,227
Community Benefit Activity	\$ 1,775,298
TOTAL	\$97,760,495

St. Charles Redmond Campus

In 1951, Redmond made history as the first city in Oregon to form a public hospital district. Central Oregon District Hospital was built in 1952 on 20 acres north of town. The public supported the hospital with tax dollars and community members were elected to serve on the Board of Directors up until the time of the merger between the Bend and Redmond hospitals. As part of its continued commitment to the Redmond community, St. Charles Health System invested in the Redmond facility through a \$30 million addition that opened in 2006.

In 2021, St. Charles Redmond Campus provided more than \$4,466,473 in community benefit to the population it serves. This includes:

St. Charles Redmond Campus 2021 Community Benefit Totals	
Community Benefit Type	Amount
Charity Care at Cost	\$2,337,302
Unreimbursed Cost of Medicaid	-
Unreimbursed Cost of Other Public Programs	\$1,514,286
Community Benefit Activity	\$614,885
TOTAL	\$4,466,473

Community health needs assessment overview

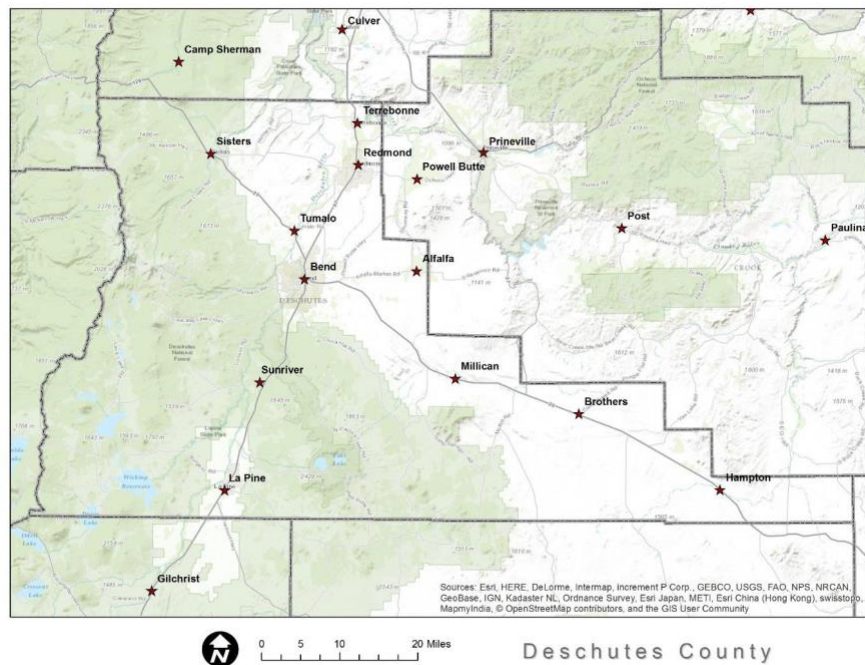
The objective of a CHNA is to identify community health needs with the goal of improving the health status of a population. It is an ongoing process undertaken to:

- Identify the strengths, the greatest needs and the health care service gaps of the communities served by St. Charles Health System and position St. Charles in a way to best leverage its strengths to respond to these needs
- Enable community-wide establishment of health priorities and seek to identify actions that will lead to measurable health improvements
- Determine which community organizations and nonprofits will further the mission of St. Charles through partnerships
- Facilitate collaborative action planning with the community directed at improving community health status and quality of life

The CHNA takes into account the health status of the population throughout a community relying on both primary and secondary data and statistics. After identifying key data, the health needs are then prioritized and the hospital recommends a strategy to address these needs and improve the overall health of the population. This will be the foundation for the St. Charles Bend Campus and St. Charles Redmond Campus community benefit efforts for the next three years.

Community defined

The St. Charles Bend Campus and Redmond Campus community has been defined as Deschutes County which includes the communities of Bend, La Pine, Redmond, Sisters, Sunriver, Terrebonne and Tumalo. Below is a map of Deschutes County, which is neighbored by Crook County to the east and Jefferson County to the north.



When reviewing data points and other documented material, it became clear that in order to pull meaningful information, accurately, with the ability to compare our defined community’s health status to other communities, defining our facility communities by geographic counties made the most sense. By doing so, information such as the Robert Wood Johnson Foundation County Health Rankings & Roadmaps, could be utilized for county health comparison and overall planning and goal setting in relation to the facility CHNA and implementation strategy, as well as linked to our health system’s overall strategic goals and direction.

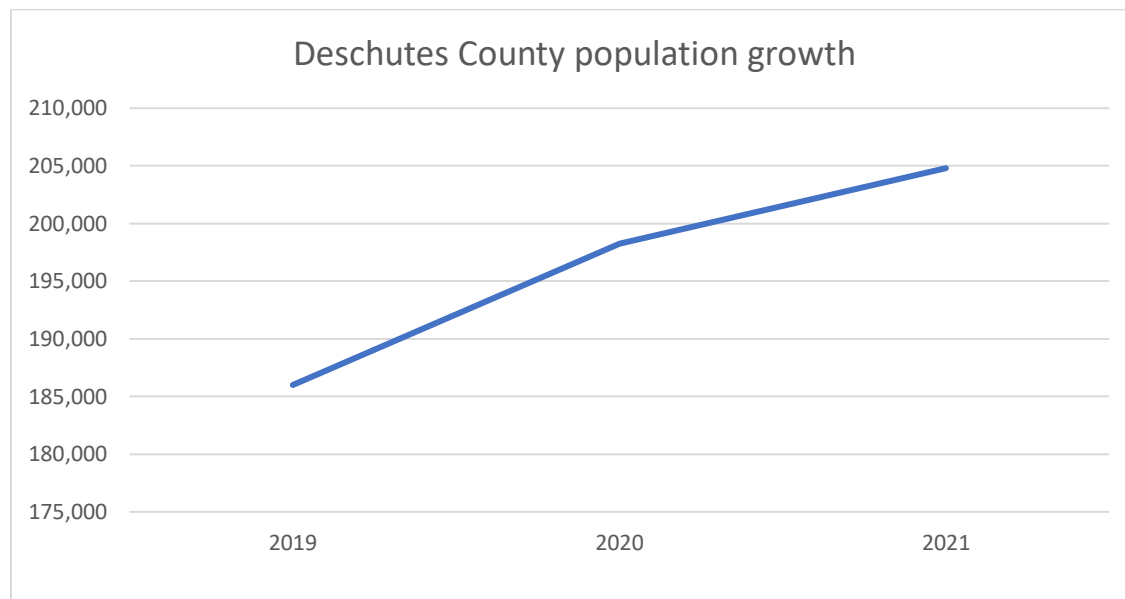
Demographics

The St. Charles Bend Campus and St. Charles Redmond Campus community, as stated previously, is represented by Deschutes County data/information. Although information is available at the county level for most indicators, much of that information is not current—i.e. from the current or immediately preceding year—which does create an information gap. Due to the COVID-19 pandemic, data collection over the last two years has been difficult and some data dates back to 2019. Estimation is also done by some data sources but we do not feel that this negates the results of the assessment.

Deschutes County facts:

According to the United States Census Bureau¹, Deschutes County is an area of more than 3,018 square miles located in the center of the state of Oregon. It is one of the counties in the “tri-county” region St. Charles serves along with Crook and Jefferson counties, and is the most urban of the three.

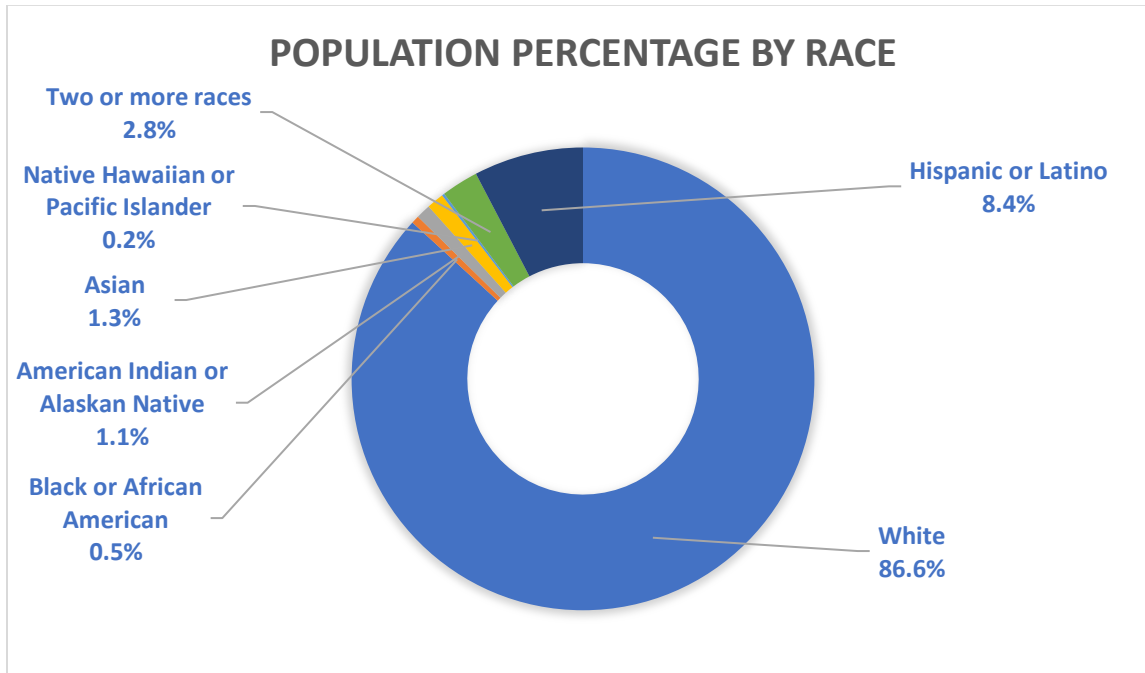
Deschutes County’s population rate of growth has slowed but the number of people moving to Deschutes County has remained stable at approximately 6,000 individuals per year but still ranking in the top five fastest growing counties in the State of Oregon. ¹



¹ Visit [U.S. Census Bureau QuickFacts: Deschutes County, Oregon](#) for more information.

Deschutes County’s population continues to have steady growth with approximately 13,000 new residents to the county from our last CHNA in 2019 which reported 191,996 residents. In 2021, the population rose to 204,801. Deschutes County’s Veteran population is roughly 10 times larger than the population living in Crook and Jefferson Counties combined.

A majority of the population falls under the *White alone* race category at 86.6 percent, with the second largest group falling under the Hispanic or Latino category at 8.4 percent.²



The median household income in 2020 was \$68,937 – up from \$59,152 in 2017. In comparison, in the same year, Jefferson County’s median household income was \$55,844 and Crook County’s was \$59,000³. The high school graduation rate in Deschutes County was 93.8% in 2021. The life expectancy at birth for Deschutes County was 81.7 years. In comparison, Jefferson County’s life expectancy at birth was 76 and 79.3 years for Crook County⁴.

The violent crime index, represented at the county level, indicates a wide variation in crime levels across the tri-county region. The crime index for Deschutes County remained static from our previous CHNA, at 169 violent crimes per 100,000 population.

² RWJF County Health Ranking 2022, [Compare Counties in Oregon | County Health Rankings & Roadmaps](#)

³ Visit [U.S. Census Bureau QuickFacts: Deschutes County, Oregon](#) for more information.

⁴ RWJF County Health Ranking 2022, [Compare Counties in Oregon | County Health Rankings & Roadmaps](#)

Community health needs assessment background and collaboration

St. Charles conducted this CHNA to analyze the health status of the communities it serves in Central Oregon. Based on research outcomes, programs and services will be aligned to address, identify and prioritize local and regional health concerns.

Data collection and analysis methods

Methodology—primary research

The CHNA was conducted using many forms of data collection and analysis including the following primary research:

Surveys: DHM Research conducted telephone interviews of 700 residents throughout the communities (Crook, Deschutes and Jefferson Counties), served by a St. Charles facility to determine the health-related priorities of the population residing in Central Oregon. The survey was designed to establish a baseline of importance, priorities and needs around health and wellness, including access, quality and cost. Respondents were contacted from a list of registered voters, which included cell phones. In gathering responses, a variety of quality control measures were employed, including questionnaire pre-testing and validation. A link to the full DHM Research questionnaire and results can be found in the References page.

Community Input: Community input was gathered via a collaboration between the St. Charles Health System Community Benefit department and Central Oregon Health Council. The CHNA was developed with data, input, and information from a wide variety of health and community-based organizations, stakeholders and community members. The input was gathered from the Central Oregon Health Council's Community Advisory Council, a number of health-related advisory boards and groups, and via numerous community focus groups throughout the region. Individuals (such as traditional health workers/peer support specialists/community health workers) and organizations were asked to share their expertise through a health equity and social determinants of health lens. You can see a list of contributors by accessing the 2019 Central Oregon Regional Health Assessment, link is provided in the Reference page section of this CHNA.

Methodology—secondary research

The process began by compiling, reviewing and analyzing secondary information available including information at the local, state and national level of the population's health. All information used in this report was taken from the most recent information available from the listed resources. Secondary information sources included:

- United States Census Bureau, Quick Facts
- The Robert Wood Johnson Foundation's 2022 County Health Rankings
- Central Oregon Health Data Site
- Central Oregon Health Council (COHC) 2019 Regional Health Assessment and 2020-2023 Central Oregon Regional Health Improvement Plan (CORHIP)

Additional Methodology

Previous CHNA reports were made available on the St. Charles Health System website at [Community Health Needs Assessment | St. Charles Health \(stcharleshealthcare.org\)](https://www.stcharleshealthcare.org/community-health-needs-assessment).

Feedback was solicited and readers were encouraged to provide comments and questions regarding the documents by emailing the Community Benefit department at communitybenefit@stcharleshealthcare.org. St. Charles Bend Campus and St. Charles Redmond Campus did not receive any comments or questions related to its 2019 - 2022 CHNA or Implementation Plan.

Information gaps

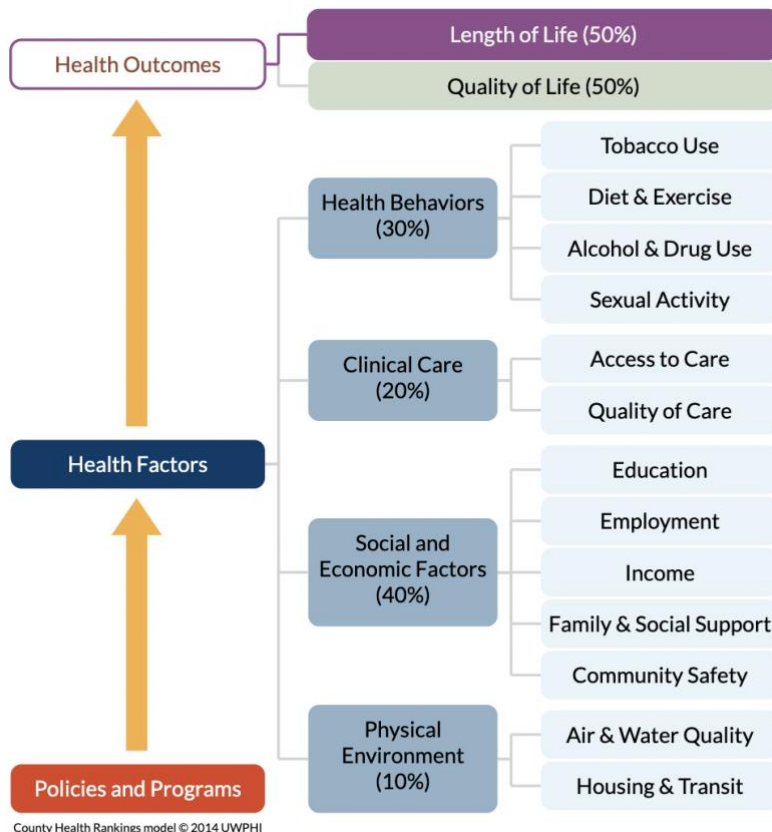
The most current data available drove the comparison and analysis process for the Community Benefit team. However, the secondary public data available was often not current, with some information gaps and sample sizes so small they may provide statistically unreliable estimates. Primary data was collected via survey. The responses reflect the opinions of the survey and respondents and may not reflect the needs of the entire community. Quantitative information for demographic and health status was available at the county level. Furthermore, as it becomes harder to reach residents by phone, particularly in rural areas and under the age of 35, the respondents of the phone survey are more likely than in years past to be 55 years of age or older.

Summary of key findings

2022 County Health Rankings Health Indicators

The rankings are based on the latest data publicly available for each county and are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.

The following diagram shows the basic methodology used for the County Health Rankings.



The 2022 County Health Rankings lists Deschutes County as the fifth healthiest county in the state of Oregon, out of the 35 ranked. These two scores were averaged together to get the overall ranking:

- Health outcomes are based on how long people live (mortality) and how healthy people feel while alive (morbidity).
- Health factors include health behaviors, clinical care, social, economic and physical environment.

Deschutes County Rankings ⁵		
	2019 ranking out of 35 counties	2022 ranking out of 35 counties
Health Outcomes	5	5
Health Factors	4	4
Overall Ranking	5	5

The following list shows which health factors should still be examined more closely in Deschutes County, based on data trends over the last three years from the Healthy Communities Rankings. The factors are listed in no particular order.

- Severe housing problems
- Sexually transmitted infections
- Physical inactivity
- Mental health providers

2019 Central Oregon Regional Health Assessment

In 2010, public and private health leaders in Central Oregon came together to form a tri-county public/private consortium of providers, payers, public health and safety net interests serving primarily the Medicaid population. The 2011 Legislature passed SB 204 which provided the legal platform for a public/private partnership to exist and formalized the process for a four-year Regional Health Improvement Plan that would replace all state mandated strategic plans and assessments for public health, mental health, alcohol and drug and children’s services within the three counties. Known now as the Central Oregon Health Council, this body serves as the governance entity for the region’s Coordinated Care Organization, the payer for the region’s Managed Medicaid population. St. Charles Health System was a founding member of the Council, and still serves as a key board member and strategic driver of its mission.

Under the direction of the COHC, the public health departments of Crook, Deschutes and Jefferson counties and St. Charles Health System collaborated with many other regional partners to create the 2019 Central Oregon Regional Health Assessment (CORHA), the document that precedes the 2020 - 2024 Central Oregon Regional Health Improvement Plan

⁵ RWJF County Health Ranking 2022, [Deschutes County, Oregon | County Health Rankings & Roadmaps](#)

(CORHIP). Participating on the council are each of the county health department executive directors, as well as leaders from other local organizations, who are acknowledged as experts in their fields for their particular communities. These individuals represent the populations of their communities and bring the needs of these populations to the forefront of the discussion. Their populations include all socioeconomic levels, minorities and the underserved.

Four types of assessments were used to collect more broad, inclusive and representative data to be used in the development of the CORHA. The four assessments are Health Status, Themes and Strengths, Forces of Change, and Public Health System assessments. These assessments help provide an overview of topics addressed by the regional health delivery system. Here is a brief description of each assessment:

- **Health Status Assessment:** Quantitative health indicators describing the health status of communities in Central Oregon.
- **Themes and Strengths Assessment:** Community focus groups hosted to capture community members' experiences with health in Central Oregon.
- **Forces of Change Assessment:** Targeted focus groups hosted to identify external threats and opportunities. These include political and social issues affecting Central Oregon.
- **Public Health System Assessment:** Public Health Modernization Assessment Gaps Analysis.

After reviewing all the data presented to them, the COHC Board of Directors and Community Advisory Council selected the following 2020 - 2023 CORHIP priorities on Sept. 12, 2019:

1. Stable Housing and Supports
2. Address Poverty and Enhance Self Sufficiency
3. Upstream Prevention: Promotion of Individual Well-Being
4. Substance and Alcohol Misuse Prevention and Treatment
5. Behavioral Health: Increase Access and Coordination
6. Promote Enhanced Physical Health Across Communities

To read ongoing work and report outs and view community data, please visit cohealthcouncil.org.

St. Charles Bend Campus and St. Charles Redmond Campus worked in partnership with these organizations and others to craft the implementation strategy—the action plan resulting from the CHNA—for the St. Charles Bend Campus and St. Charles Redmond Campus community. These partnerships will help to meet these needs through current and enhanced programming, new initiative development and increased prioritization of community health needs.

Surveys

During the first quarter of 2022, St. Charles Health System contracted with DHM Research to perform a needs assessment to aid in determining the health-related priorities of the population residing in Central Oregon. More than 700 telephone and text message surveys were conducted across the St. Charles Health System service region. These surveys took place during the month of March and respondents were contacted from multiple lists including cell phones. The sampling included individuals from all age, employment, ethnicity, income and

education segments. A full description of the survey process and a listing of the survey questions can be found by clicking on the link provided in the References page of this CHNA.

The DHM report provided valuable information for St. Charles Health System and the CHNA. The summary and recommendations from the report, including observations specific to St. Charles Bend Campus and St. Charles Redmond Campus include the following:

Generally, Deschutes County residents report a positive quality of life.

- Deschutes County residents' satisfaction was 92 percent.
 - Those who are rent burdened and spend more than one-third of their take-home pay on housing are less likely to share this positivity when compared to residents who are not rent burdened (83% to 94%).

Residents say affordable housing, affordable healthy foods and living wage jobs are the factors that would most improve their quality of life.

Community members were provided with a short list of items that might improve their overall quality of life. Regionally, they were most likely to select affordable housing (19%) as the thing that would *most* improve the community's health, followed by affordable healthy food (15%), and living wage jobs (13%). Furthermore, residents who are rent burdened and residents with household incomes less than \$55,000 are even more likely to say affordable housing is the issue most likely to improve quality of life (27% and 25%); these groups are also the most likely to say living wage jobs would most be the most important means to an improved quality of life (23% and 17%).

This is also true for Deschutes County residents. Of those who completed the survey their top three factors are as follows:

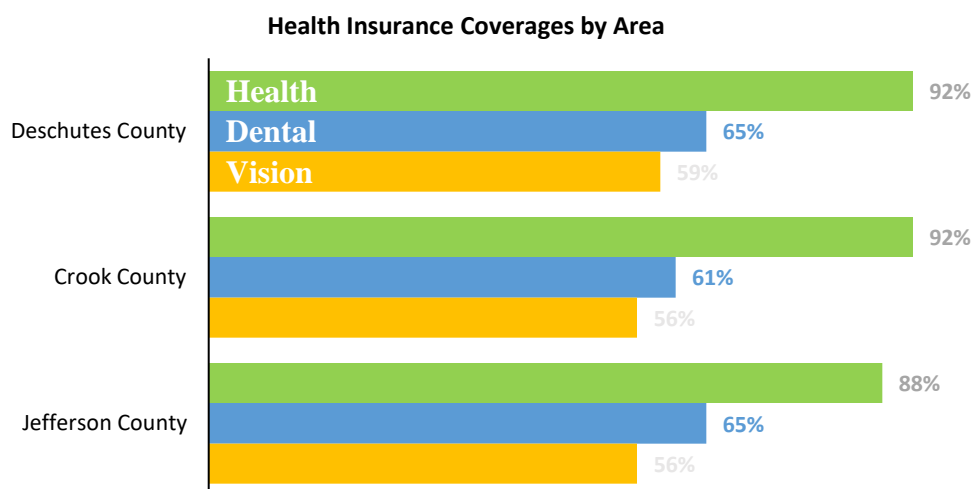
- Affordable housing (19%)
- Affordable healthy food (15%)
- Living wage jobs (12%)

The belief that mental health and substance abuse programs will most improve community health has also remained fairly stable over time, but the view is more pronounced in Jefferson County. In Jefferson County, 23% of residents view mental health and substance abuse programs (on par with affordable housing at 22%) as the way to most improve community mental health. In Deschutes County 16% of residents say mental health and substance abuse programs would most improve community health. While in Crook County, 13% of residents say mental health and substance abuse programs would most improve community health.

Health insurance coverage remains high overall, but dental and vision insurance rates lag far behind, especially for low-income residents.

Across the region, 93% of residents report carrying health insurance, a figure that has remained stable since 2016, but also an increase of 12 points from 2013. By contrast, only about six in 10 residents have dental (66%) and vision (59%) insurance, but this also represents an increase of 11 points for dental and nine points for vision since 2018.

Insurance rates are similar across the four areas, but there are differences by demographic group. Low-income residents are less likely to carry health (87%), dental (56%), and vision (45%) insurance. Older residents age 65+ are also less likely (44%) to carry dental insurance.



Source: DHM Research, March 2022

Like in 2019, the greatest barriers to care are wait times for appointments and cost of care. The proportion of residents who cite wait times and cost as barriers to care has increased dramatically in the last few years.

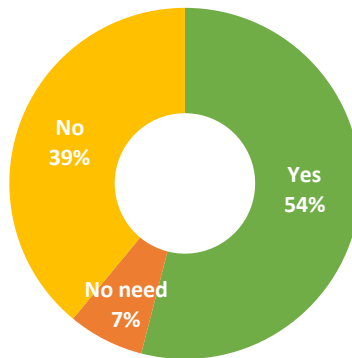
Since 2018, residents have consistently reported wait times for appointments and cost as the two biggest barriers to care, but the proportion of residents who cite these as barriers to care has increased significantly. Residents are most likely to say that wait times to get an appointment almost always or many times prevented them from seeking care (46%)—an increase of 23 points since 2018. Similarly, about one in four residents say that cost prevents them from seeking care almost always or many times (39%)—an increase of 12 points over the same period.

Wait times as barriers to care are especially pronounced for people of color (56%), women (53%), and residents with children under the age of five in their households (60%). Cost as a barrier to care is also especially high among for people of color (48%), as well as for lower-income (44%) and middle-income (45%) residents.

Despite wait times for appointments, in the past two years more than half of residents have attended a telemedicine, or virtual visit as an alternate way to access care.

More than half of residents (54%) say they have attended a telemedicine, or virtual visit, in the last two years.

**Attended a Telemedicine Visit
in Last Two Years**

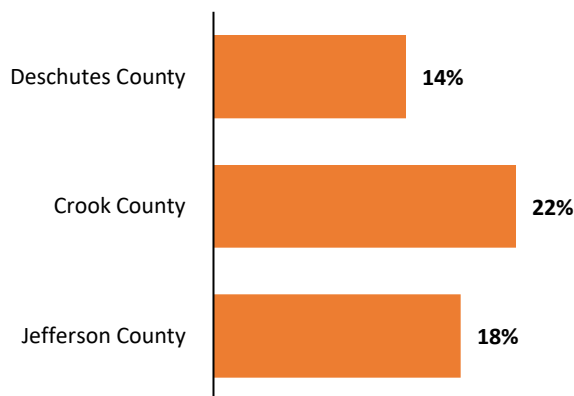


Source: DHM Research, March 2022

While there are no significant differences by area when it comes to utilizing telemedicine, there are differences by income and gender. Residents in households earning \$85,000 or more (62%) are more likely to access telemedicine than residents in households earning either \$55,000–\$85,000 (54%) or less than \$55,000 (46%). Also, women (60%) are more likely than men (47%) to access care remotely.

Given the greater reliance on virtual appointments during the COVID-19 pandemic, this year marked the first time that survey respondents were asked if lack of technology for virtual appointments served as a barrier to care. Approximately 14% of residents cited technology as a barrier to care either almost always or many times. Crook County residents were the most likely to cite technology as a barrier to care for virtual visits.

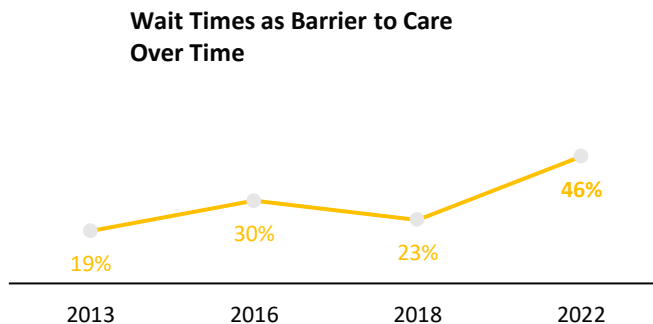
**Lack of Technology for Virtual Appointments as
Barrier to Care by Area**



Source: DHM Research, March 2022

In summary, the percentage of Central Oregon residents who say wait times are the biggest barrier to care has increased dramatically, by 23 points, since 2018, most likely due to the reduced access to care caused by the COVID-19 pandemic. Even though more than half of

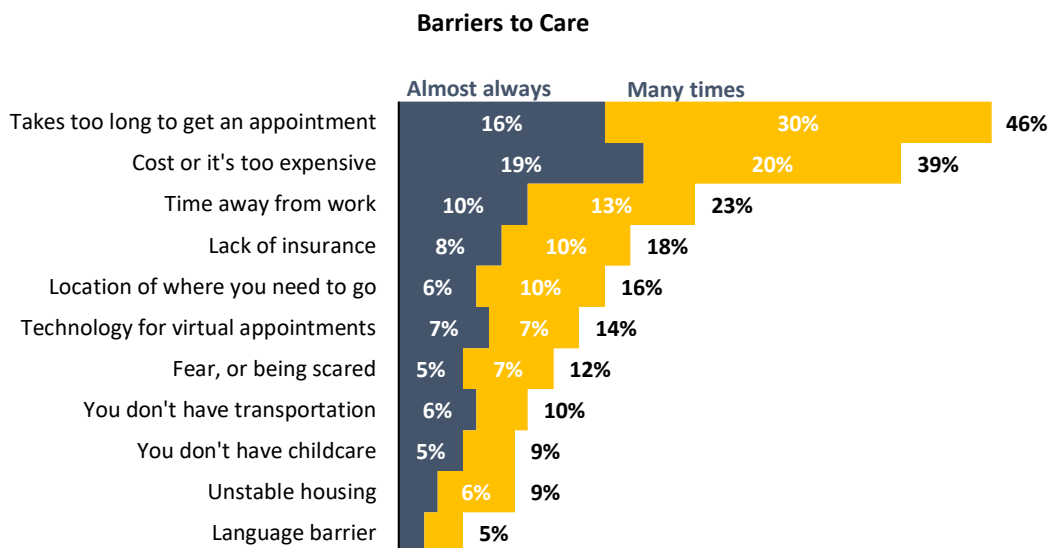
residents attended a telemedicine visit in the last two years, a factor that may have allowed more health care access than otherwise possible, concerns about wait times nevertheless soared. See the trends below:



Secondary barriers to care are time away from work and lack of insurance. A larger proportion of residents also cite these two factors as barriers to care compared to 2018.

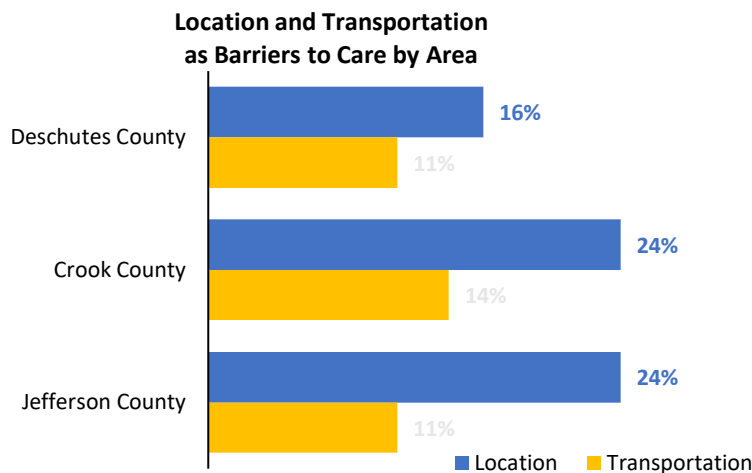
Time away from work prevents 23% of residents from getting care many times or always—an increase of 15 points since 2018. Similarly, 18% of residents now cite lack of insurance as a barrier to care, an increase of 6 points since 2018.

Time away from work as a barrier to care is especially difficult for women (27%) and for residents with young children (39%). Lack of insurance as a barrier to care has a disproportional impact by income, race, and region. People of color (25%), residents in both lower-income and middle-income households (22%), and residents of Jefferson County (26%) are more likely to say that lack of insurance prevents them from seeking care many times or often. For a complete list of barriers to care cited, see the graph below:



Though lower on the barrier list, residents of Crook and Jefferson Counties are more likely to cite location and transportation as barriers to care. Following a trend we see in Jefferson County regarding overall satisfaction with quality of life, overall satisfaction in Jefferson County with health care is also lower (72%).

Among Central Oregon residents, 16% cite location of where they need to go as a barrier to care and 10% also say transportation is a barrier (Q7 & Q9).



Source: DHM Research, March 2022

Residents primarily turn to their doctor or a local clinic when they need medical care that is not life threatening, and half of residents rely primarily on their doctor for information about health.

A plurality of residents say they would first visit their doctor's office if they needed medical care (42%), followed by a walk-in clinic (29%). These preferences have remained consistent since 2013.

What is new is that about one in 10 (11%) now say they would visit their doctor or health professional via virtual visit if they needed care that is not life threatening. Another new development is that only 4% say they would visit an emergency room for care that is not life threatening, down 10 points since 2018.

Residents also rely predominantly on their doctor or a health professional for information about health (50%). The internet is also a popular choice for this type of information (33%). These two sources have remained the two most common sources over time, with minimal changes year to year.

In conclusion of the phone survey:

Members of the St. Charles Bend and St. Charles Redmond hospital campus community said their top-rated health issues include:

- 1) Affordable access to health insurance
- 2) Old age - general
- 3) Obesity/overweight

When asked what would improve their overall quality of life, the top-rated issues include:

- 1) Affordable housing
- 2) Affordable healthy foods
- 3) Living wage jobs

When asked what would improve the health of the community, the top-rated issues include:

- 1) Affordable housing
- 2) Mental Health/Substance use services
- 3) Living wage jobs

St. Charles Bend Campus and St. Charles Redmond Campus identified and prioritized needs

After both the secondary and primary research components were complete, all available information was reviewed, and based on all of the facts and circumstances present, a list of community needs important to the St. Charles Bend and St. Charles Redmond hospital campus community members was compiled and prioritized. The following significant health needs were selected and prioritized as such:

1. Stable Housing and Supports
2. Behavioral Health: Increase Access and Coordination
Substance and Alcohol Misuse Prevention and Treatment
3. Address Poverty and Enhance Self Sufficiency
4. Upstream Prevention: Promotion of Individual Well-Being
5. Promote Enhanced Physical Health Across Communities

Clinical resources available to address significant health needs

The St. Charles Bend and St. Charles Redmond hospital campus community— Deschutes County— has a number of resources and health care-related organizations that address many of the community’s identified needs. Below you will find a listing of those resources and a brief description of their purpose.

Resource/Facility	Description/Purpose
St. Charles Bend Campus	Level II Trauma Center located in Bend, Oregon and the flagship facility of St. Charles Health System, offering specialty care and a number of outpatient clinics
St. Charles Redmond Campus	48-bed hospital located in Redmond, Oregon offering a number of services as well as outpatient clinics
St. Charles Medical Group	The provider employment arm of St. Charles Health System, that includes physicians and medical providers in specialties including primary care, neonatology, pulmonology, oncology, general surgery, sleep medicine and more

Mosaic Medical	Federally qualified health center (FQHC) with a sliding scale for patients with limited or no medical insurance, OHP, private insurance and Medicare
Summit Medical Group	Organization offering both primary care as well as more than 30 specialties
Deschutes County Health Services	Mental and physical health programs, public health, child and family services and maternal health services
Central Oregon Pediatric Associates	Largest pediatric practice in the Central Oregon region
BestCare Treatment Services	Addiction services and rehabilitation
Advantage Dental	Largest provider of dental care services for Medicaid and indigent adults and children in the tri-county region

The above table is not meant to be all-encompassing, but instead an example of potential resources. In addition to medically based health care facilities, Deschutes County has a number of local organizations that serve the needs and support the populations of the St. Charles Bend Campus and St. Charles Redmond Campus defined community. For a more in-depth list of potential community resources and assets, please see Appendix III: St. Charles Bend Campus and St. Charles Redmond Campus potential community resources.

Next steps: Implementation strategy

The St. Charles Bend Campus and St. Charles Redmond Campus CHNA identified and prioritized needs that will be the basis for the subsequent St. Charles Bend Campus and St. Charles Redmond Campus Regional Health Implementation Strategy (RHIS). The implementation strategy is the written action plan resulting from the CHNA that addresses and responds to each of the needs identified for each of the St. Charles hospital facilities. In this plan, a description of how St. Charles intends to meet its prioritized needs will be included, as well as a description of the health needs that St. Charles does not intend to meet—and why. The needs that St. Charles Bend Campus and St. Charles Redmond Campus intends to work toward improving, become the St. Charles Bend Campus and St. Charles Redmond Campus priorities for the 2023 - 2025 CHNA/RHIS cycle. This plan will showcase plans to improve upon the selected priorities and move the dial toward community health improvement.

References

1. 2019 Central Oregon Regional Health Assessment. Retrieved at <http://cohealthcouncil.org/regional-assessments/>.
2. Robert Wood Johnson Foundation, “2022 County Health Rankings.” Retrieved at [Compare Counties in Oregon | County Health Rankings & Roadmaps](#)
3. United States Census Bureau, “Jefferson County, Oregon.” Retrieved at [U.S. Census Bureau QuickFacts: Crook County, Oregon](#).
4. St. Charles Health System Telephone Survey, “Community Health Needs Assessment.”

Appendices

Appendix I: Previous CHNA efforts and progress

On Dec. 12, 2019 the St. Charles Health System Board of Directors reviewed, approved and adopted the St. Charles Bend Campus and St. Charles Redmond Campus 2020 - 2022 Community Health Needs Assessment and in April 2020 the board reviewed and adopted the Community Health Needs Assessment Implementation Strategy document. The priority identified for fiscal years 2020– 2022 was **Alcohol Misuse Prevention**.

This section of the report provides an evaluation, including actions that were taken and activities that occurred between January 2020 and September 2022 to address the priority listed above.

Three months into program design and implementation, COVID-19 placed a lot of our work and our community partners’ work on hold. Resources and staff time were diverted to scaling back operations to prepare and manage surges, mass vaccination clinics and safe engagement.

While our community engagement campaigns were cancelled, St. Charles Health System was able to achieve the following:

- Implementation of a new policy that the organization no longer sponsors events where alcohol consumption is a main component of the event. For example: wine tasting fundraisers, beer-themed 5K/10K runs, etc.
- Provided \$45,327 to non-profit organizations working on alcohol misuse prevention projects and donated 37.42 hours to the Deschutes County community.

Appendix II: IRS compliance

The below table indicates each IRS Schedule H (Form 990) regulation and the corresponding page where it can be found.

Definition of community_____	7
Demographics of community_____	8
Description of process and methods used to conduct assessment_____	10
Information gaps limiting hospital’s ability to assess community needs_____	11
Description of how hospital solicited/took into account input from persons who represent broad interests of the community_____	10
Prioritized description of significant health needs including description of process and criteria used in identification and prioritization of such needs_____	19
Description of potential resources identified to address significant health needs _____	19, 22
Input received on the hospital facility’s most recently conducted CHNA_____	10
An evaluation of the impact of any actions taken since completion of preceding CHNA_____	21
Adoption by authorized body of hospital facility_____	5
Made widely available to the public _____	5

Appendix III: St. Charles Bend Campus and St. Charles Redmond Campus potential community resources⁶

Significant Need	Community Resource
Stable Housing and Supports	Bethlehem Inn Cascade Youth and Family Center Central Oregon Intergovernmental Council Central Oregon Veteran Outreach Council on Aging of Central Oregon Faith-based organizations Family Access Network (FAN) Grandma’s House of Central Oregon Habitat for Humanity Housing Works NeighborImpact Pacific Crest Affordable Housing Saving Grace—Imagine a Life without Violence Shepherd’s House United Way
Address Poverty and Enhance Self Sufficiency	Bethlehem Inn Better Together Central Oregon Cascade Youth and Family Center Central Oregon Community College Central Oregon Intergovernmental Council Council on Aging of Central Oregon Faith-based organizations Housing Works La Pine Community Kitchen Local area school districts Local business community Local employment recruitment agencies NeighborImpact Oregon State University Cascades Campus State of Oregon Employment Department WORKSOURCE of Oregon
Substance and Alcohol Misuse Prevention and Treatment	BestCare Treatment Center Deschutes County Health Services Faith-based organizations Law Enforcement Local area medical community St. Charles Health System facilities, clinics and providers

⁶ This listing is not meant to be all-encompassing but instead serves as a small sampling of potential resources related to each significant health need.

<p>Upstream Prevention: Promotion of Individual Well-Being</p>	<p>Abilitree Better Together Central Oregon Big Brothers and Big Sisters of Central Oregon Big Brothers Big Sisters of Bend CASA of Central Oregon Cascade Youth and Family Center Central Oregon Community College Central Oregon Disability Network Central Oregon Intergovernmental Council Central Oregon Pediatric Associates Council on Aging of Central Oregon Deschutes County Health Services Faith-based organizations Family Access Network (FAN) Family Resource Center Grandma’s House of Central Oregon Habitat for Humanity Healing Reins Healthy Beginnings Healthy Families of the High Desert High Desert ESD J Bar J Youth Services KIDS Center Kids in the Game Latino Community Association Local area medical community Local area school districts Mosaic Medical Mt. Star Family Relief Nursery NeighborImpact Oregon State University Cascades Campus Parks and Recreation Districts REACH Ronald McDonald House Charities Saving Grace—Imagine a Life without Violence St. Charles Health System facilities, clinics and providers The Center Foundation The Giving Plate TRACES United Way</p>
<p>Behavioral Health: Increase Access and Coordination</p>	<p>BestCare Treatment Center Central Oregon Suicide Prevention Alliance Deschutes County Health Services Law Enforcement Local area medical community Mosaic Medical NAMI Central Oregon St. Charles Health System facilities, clinics and providers</p>

<p>Promote Enhanced Physical Health Across Communities</p> <ul style="list-style-type: none"> - CVD - Diabetes - Obesity - Preventable Diseases 	<p> Advantage Dental Boys and Girls Club of Bend Deschutes County Health Services Faith-based organizations Family Access Network (FAN) Family Resource Center High Desert Food and Farm Alliance Local area dental providers Local area medical community Local area school districts Mosaic Medical NeighborImpact OSU Extensions Parks and Recreation Districts REACH School Districts Seed to Table St. Charles Health System facilities, clinics and providers The Giving Plate United Way </p>
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