

COMMUNITY HEALTH NEEDS

ASSESSMENT

St. Charles Madras
Community Benefit Department

2020-2022



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. Our strategic goals also include improving the health rankings of Crook, Deschutes and Jefferson counties within the next 10 years.

Of course, we can't achieve these goals on our own. 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,

Joseph Sluka
President and CEO
St. Charles Health System

Jennifer Welander
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 an 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 St. Charles medical centers in Bend, Redmond, Prineville and Madras, family care clinics in Bend, Madras, Prineville, Redmond, Sisters and La Pine, The Center for Women's Health in Redmond, Immediate Care clinics in Bend and La Pine and Behavioral Health clinics in Bend and Redmond.

St. Charles Madras

St. Charles Madras is a not-for-profit, 25-bed critical access hospital located in Madras, Oregon. St. Charles Madras is the only hospital located in Jefferson County and delivers a wide range of quality medical services to the residents throughout the region.

Identifying community 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 <https://www.irs.gov/pub/irs-drop/n-11-52.pdf>.

Methodology

In order to prioritize the varied health needs of Jefferson County, the defined community served by St. Charles Madras, an extensive review of existing health data, community partner information and a professionally facilitated phone survey were 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 phone surveys of the St. Charles Madras community during the fourth quarter of 2018 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. Data was gathered using focus groups, community advisory council input, and stakeholder interviews.

St. Charles Madras significant health needs

At the end of this process, St. Charles Madras representatives reviewed all of 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

After this review, the significant health needs were selected and prioritized as follows:

1. Stable Housing & Supports
 - a. Housing
 - b. Housing Supports for High Utilizers
 - c. Homelessness
2. Address Poverty & Enhance Self Sufficiency
 - a. Living Wage Jobs
 - b. Homelessness
 - c. Poverty
 - d. Cost of healthy foods/food insecurity
 - e. High school graduation
3. Substance & Alcohol Misuse Prevention & Treatment
 - a. Alcohol
 - b. Tobacco
 - c. Other Drugs
 - d. Marijuana

4. Upstream Prevention: Promotion of Individual Well-Being
 - a. Early Childhood Education & Development
 - b. Childcare
 - c. Immunizations
 - d. Adverse Childhood Experiences (ACEs) (across the lifespan)

5. Behavioral Health: Increase Access and Coordination
 - a. Mental Health
 - b. Behavioral Health
 - c. Suicide
 - d. Emotional Health

6. Promote Enhanced Physical Health Across Communities
 - a. Cardiovascular disease (CVD)
 - b. Diabetes
 - c. Obesity
 - d. Preventable Diseases

Communication plan

On December 12, 2019 the St. Charles Health System Board of Directors reviewed, approved and adopted the St. Charles Madras CHNA.

The 2020 - 2022 CHNA will be made widely available to the public via our St. Charles Health System web site, digital platforms and internally via our intranet, along with the immediately preceding CHNA, prior to Dec. 31, 2019, 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 decade, the St. Charles Board of Directors adopted a new vision, mission and values in 2013 that outline 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

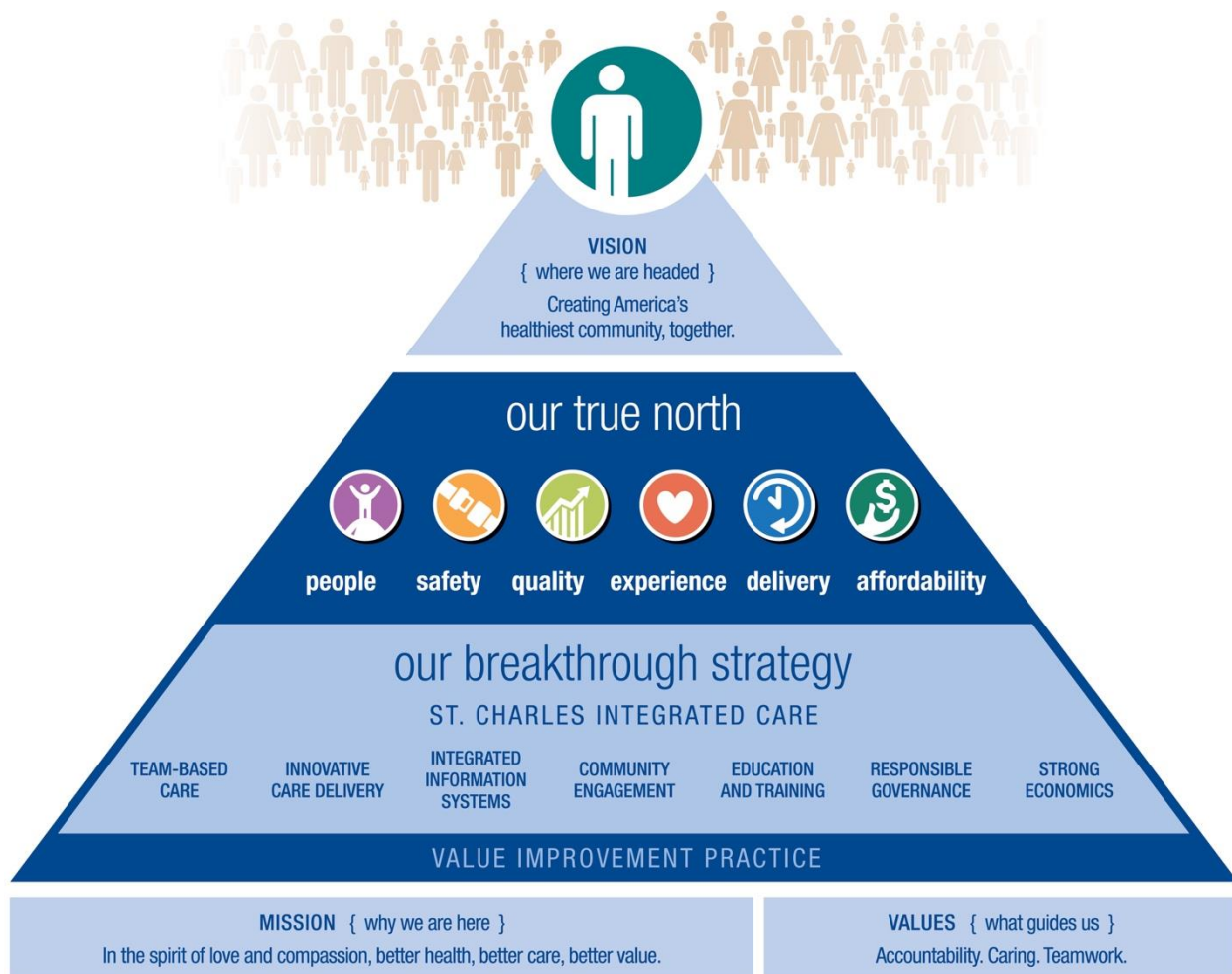
St. Charles Health System officially created the Community Benefit department in early 2012. Each of the facilities in the system has always had programs and services designed to improve health, increase access and provide treatment and promote health and healing for the populations served. The Community Benefit department was created as a way 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 Madras 2018 Community Benefit expenditures are detailed on page 9.

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

Health System Strategy

In early 2016, St. Charles Health System drafted a new strategic plan that laid out the organization's direction for the next decade. This plan included the organization's *True North, Breakthrough Strategy of Integrated Care*, along with goals related to our mission, vision and values. The diagram depicting this plan can be found on the following page:



As shown in the diagram, the 10-year goal for the health system is for the three counties served by our hospital facilities to become the top ranked counties in Oregon by the Robert Wood Johnson Foundation's County Health Rankings. The health of the community is central to our strategic direction and is something the health system is taking head on. By linking our success to a ranking of our defined communities, St. Charles has made it clear that the community and improving the population's health is a major priority in all that we do.

St. Charles Madras

For more than four decades, Mountain View Hospital has been a dedicated, dependable health care provider. Founded in Madras in 1967, Mountain View Hospital has been an active partner in the growth and development of surrounding communities. After providing management services to the hospital for many years, St. Charles Health System acquired Mountain View Hospital District in January 2013 through an asset transfer agreement. The decision to become part of St. Charles Health System was made in order for the Madras hospital to gain access to

resources necessary to upgrade the facility and implement an electronic health record. At that time, the facility was renamed St. Charles Madras.

In 2018, St. Charles Madras provided more than \$8,292,301 in community benefit to the population it serves. This includes:

| St. Charles Madras 2018 Community Benefit Totals | |
|---|--------------------|
| Community Benefit Type | Amount |
| Charity Care at Cost | \$1,818,458 |
| Unreimbursed Cost of Medicaid | \$5,261,187 |
| Unreimbursed Cost of Medicare | \$550,661 |
| Unreimbursed Cost of Other Public Programs | \$464,545 |
| Community Benefit Activity | \$197,450 |
| TOTAL | \$8,292,301 |

Community health needs assessment overview

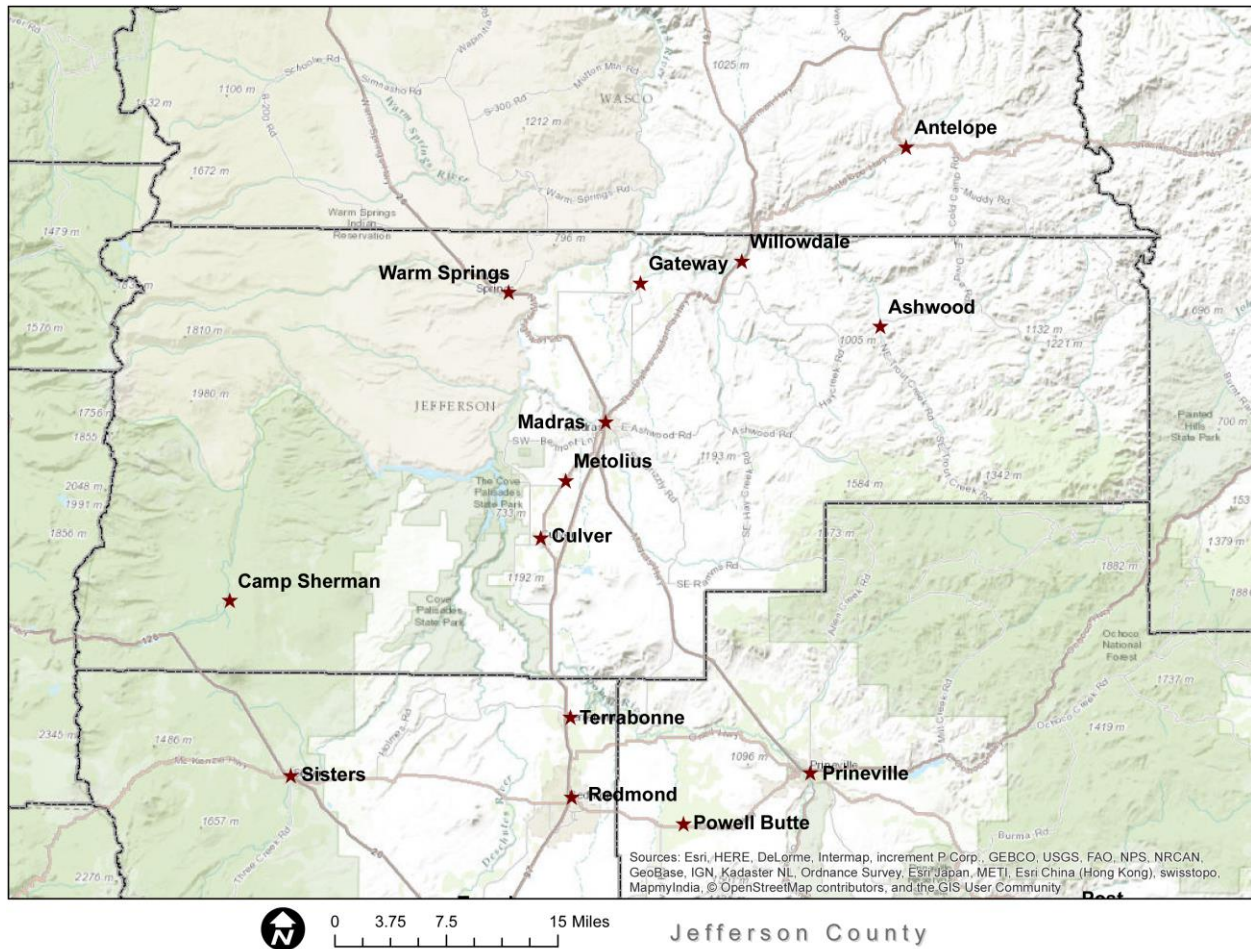
The objective of a CHNA is to identify community health needs with the goal of improving the health status of a population. It is an ongoing process undertaken to:

- 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 measureable health improvements
- Determine which community organizations and non-profits 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 Madras community benefit efforts for the next three years.

Community Defined

The St. Charles Madras community has been defined as Jefferson County which includes the communities of Ashwood, Camp Sherman, Culver, Madras, Metolius and Warm Springs. Below is a map of Jefferson County, which is neighbored by Crook County to the Southeast and Deschutes County to the Southwest.



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

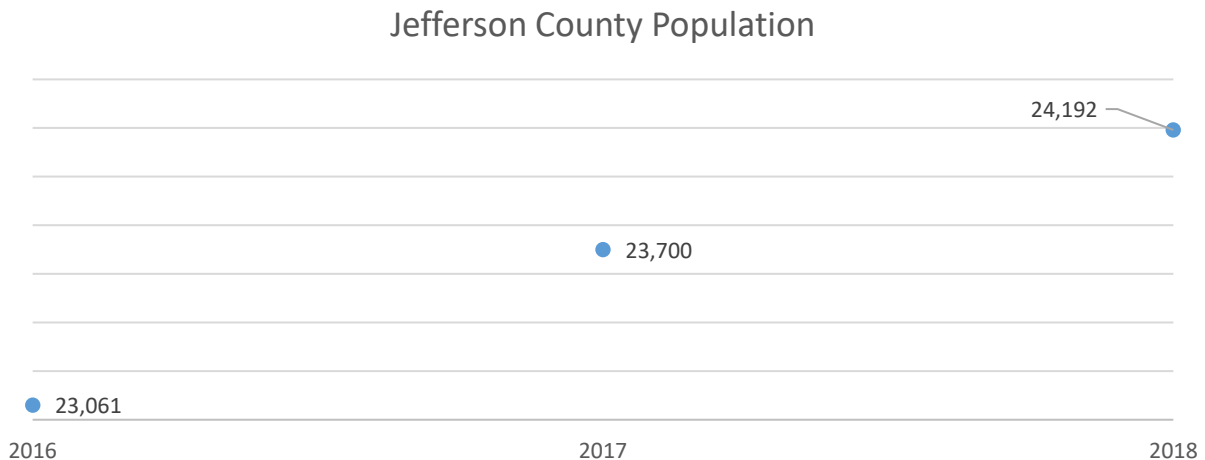
The St. Charles Madras community, as stated previously, is represented by Jefferson County data/information. Although information is available at the county level for most indicators, much of that information is not current—i.e. from the current or immediately preceding year—which

does create an information gap, but we do not feel that this negates the results of the assessment.

Jefferson County facts:

According to the United States Census Bureau, Jefferson County is an area of more than 1,780 square miles¹ located near 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 Deschutes counties and is the smallest of the three.

Jefferson County’s population has increased by 1,131 individuals since our 2016 CHNA.

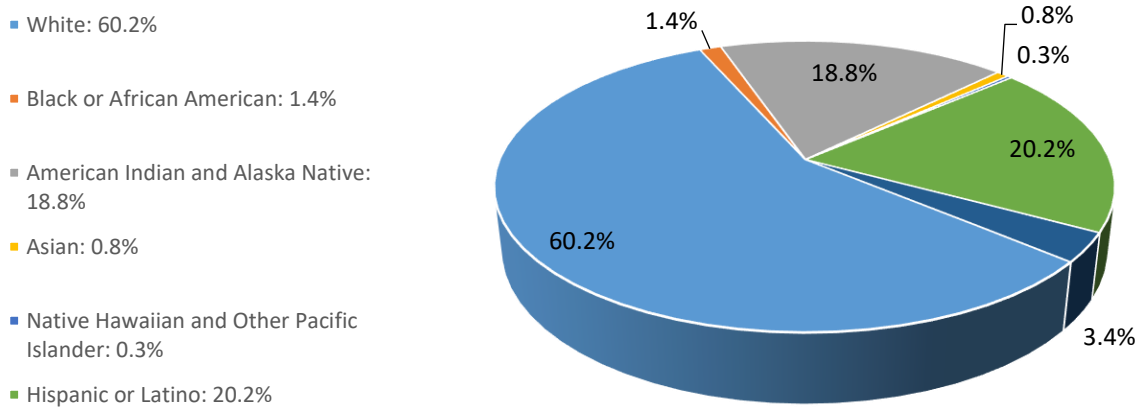


Jefferson County has a higher proportion of residents under the age of 18 years than the other Central Oregon counties at 29.9 percent, compared to 25.3 percent in Crook County and 25.2 percent in Deschutes County.

¹ Visit <https://www.census.gov/quickfacts/fact/table/jeffersoncountyoregon/PST045218> for more information.

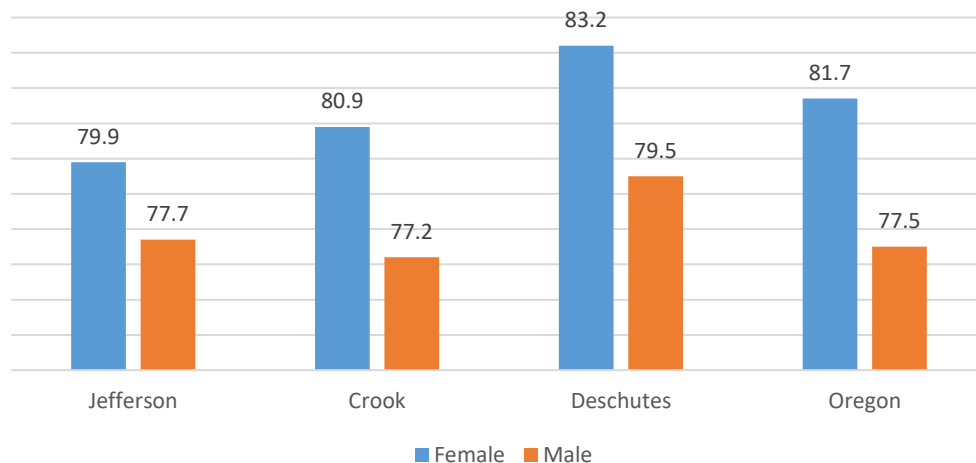
The majority of the population falls under the *White alone* race category at more than 60.2 percent, with the second largest group falling under the *Hispanic or Latino* at almost 20.2 percent².

Jefferson County Population by Race



The median household income in 2017 was \$48,464 up from \$46,588 in 2014. In comparison, in the same year, Crook County’s median household income was \$41,777 and Deschutes County’s was \$59,152. The high school graduation rate in Jefferson County was 83.5 percent in 2016. The life expectancy at birth for Deschutes was 81.3 years, Crook was 78.9 years and 78.7 years for Jefferson County³.

Life Expectancy at Birth (years)
(2017)

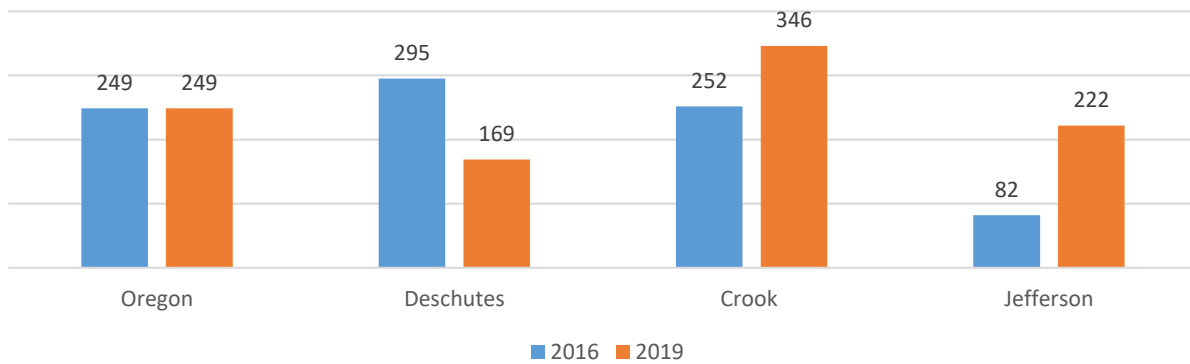


² Visit <https://www.census.gov/quickfacts/fact/table/jeffersoncountyoregon/PST045218> for more information.

³ Visit <http://cohealthcouncil.org/regional-assessments/> for more information.

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 Jefferson County saw an increase from our previous CHNA, 82 per 100,000 population to 222 per 100,000 population⁴.

Violent Crimes per 100,000 population
(2014 & 2016)



⁴ Visit

<https://www.countyhealthrankings.org/app/oregon/2019/rankings/jefferson/county/outcomes/overall/snaps-hot> for more information.

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—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:

- The Robert Wood Johnson Foundation's 2019 County Health Rankings
- The Healthy Communities Institute (HCI) Dashboard
- Central Oregon Health Council (COHC) 2019 Central Oregon Regional Health Assessment (CORHA) and 2020 - 2023 Central Oregon Regional Health Improvement Plan (CORHIP)

A more detailed description of these resources and the information gleaned from them can be found in the *Summary of key findings* section of this document beginning on page 16.

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 more than 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 stakeholder interviews: 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.

Additional Methodology

Previous CHNA reports were made available on the St. Charles Health System website and can be found at <http://www.stcharleshealthcare.org/Healthy-Communities/Community-Health-Department/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 Madras did not receive any comments or questions related to its 2017 - 2019 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 surveys and interviews. The responses reflect the opinions of the survey and interview 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

2019 County Health Rankings health indicators

The 2019 County Health Rankings define Jefferson County as the **thirty-fourth healthiest county in the state of Oregon**, out of the 35 ranked⁵. Two scores were averaged together to get this final outcome:

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

| Jefferson County Rankings | | |
|---------------------------|------------------------------|------------------------------|
| | 2016 Ranking out of 36 | 2019 Ranking out of 35 |
| Health Outcomes | 36 | 34 |
| Health Factors | 35 | 34 |
| Overall Ranking: | 36 | 34 |

As shown above, Jefferson County improved in ranking and is now ranked 34th in the State of Oregon. The following list shows, in no particular order, which health factors the County Health Rankings suggest should be examined more closely in Jefferson County—a (*) denotes recommended health factors that have remained unchanged since 2016 and (**) denotes recommended health factors that have remained unchanged since 2013:

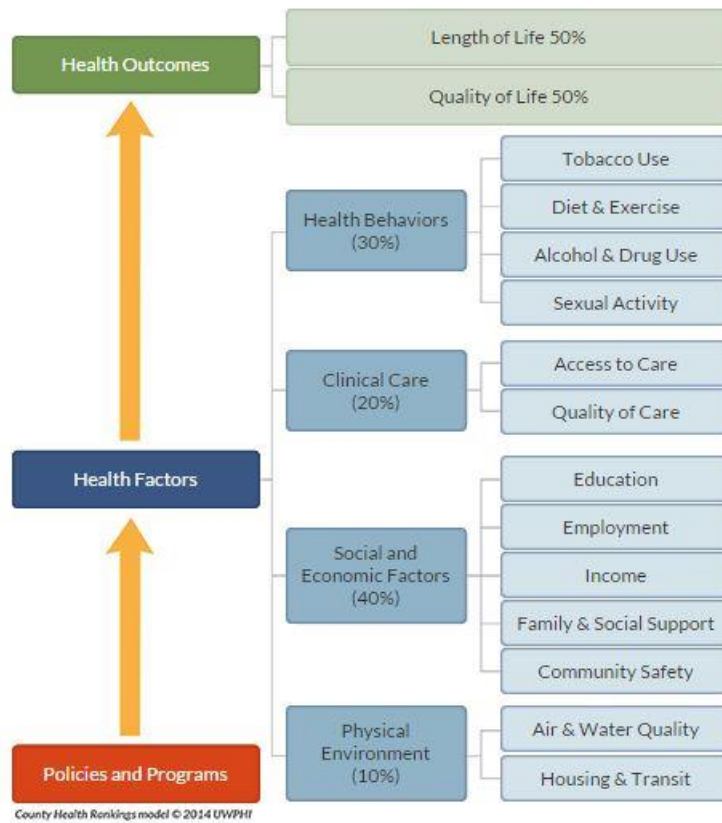
- Adult smoking**
- Adult obesity**
- Sexually transmitted infections
- Teen births**
- Uninsured**
- Primary care physician ratio*
- Mental health providers
- Mammography screening
- High school graduation rate**
- Some college**
- Unemployment**
- Children in poverty*
- Children in single-parent households*

The *Rankings* are based on the latest data publically 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.

⁵ More information can be found at

<https://www.countyhealthrankings.org/app/oregon/2019/rankings/jefferson/county/outcomes/overall/snaps-hot>

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



County Health Rankings, “Our Approach” Model, retrieved at <http://www.countyhealthrankings.org/our-approach>.

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, the document that precedes the 2020 - 2023 Central Oregon Regional Health Improvement Plan. Participating on the council are each of the three 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 of 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. Upstream Prevention: Promotion of Individual Well-Being
 - a. Early Childhood Education & Development
 - b. Childcare
 - c. Immunizations
 - d. ACEs (across the lifespan)
2. Promote Enhanced Physical Health Across Communities
 - a. CVD
 - b. Diabetes
 - c. Obesity
 - d. Preventable Diseases
3. Behavioral Health: Increase Access and Coordination
 - a. Mental Health
 - b. Behavioral Health
 - c. Suicide
 - d. Emotional Health
4. Substance & Alcohol Misuse Prevention & Treatment
 - a. Alcohol
 - b. Tobacco

- c. Other Drugs
 - d. Marijuana
5. Stable Housing & Support
 - a. Housing
 - b. Housing Supports for High Utilizers
 - c. Homelessness
 6. Address Poverty & Enhance Self Sufficiency
 - a. Living Wage Jobs
 - b. Homelessness
 - c. Poverty
 - d. Cost of healthy foods/food insecurity
 - e. High school graduation

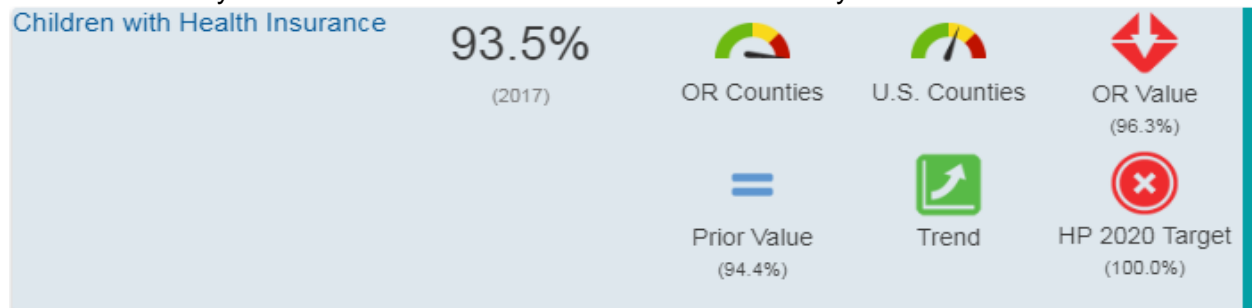
To see the full report, please visit <http://cohealthcouncil.org/regional-assessments/>.

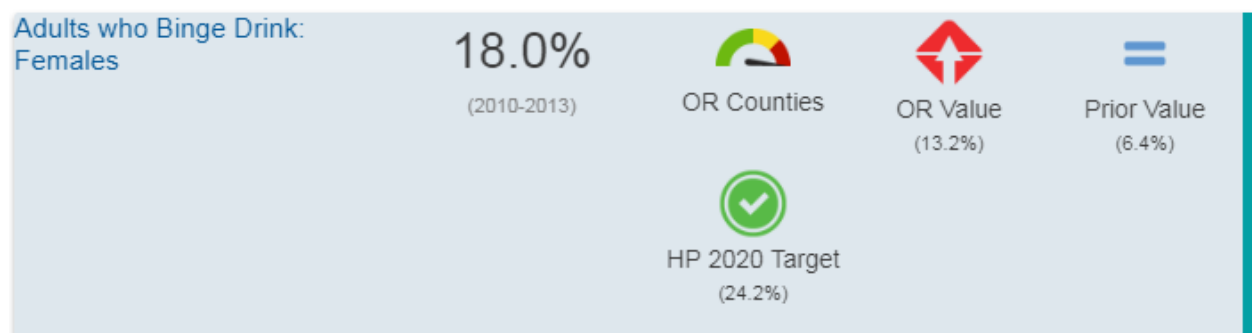
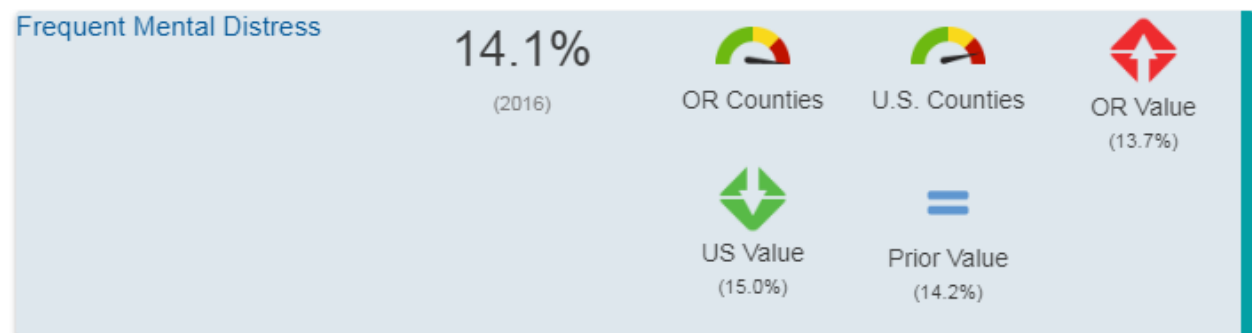
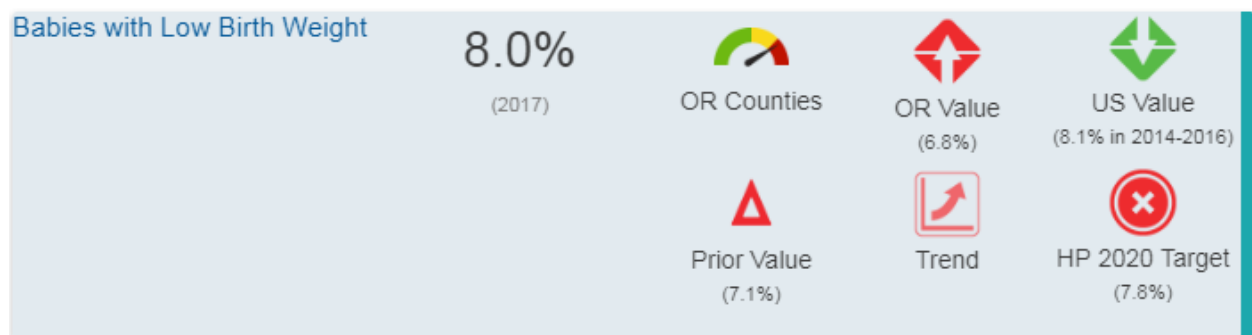
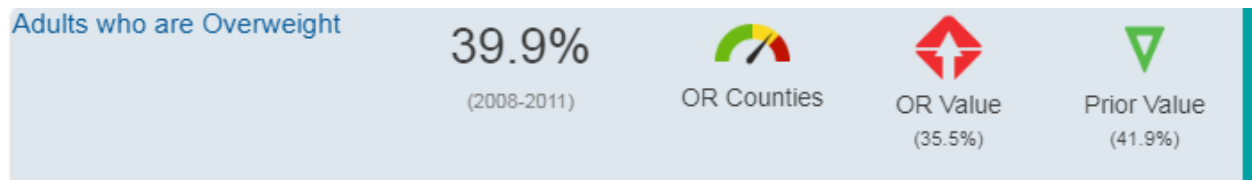
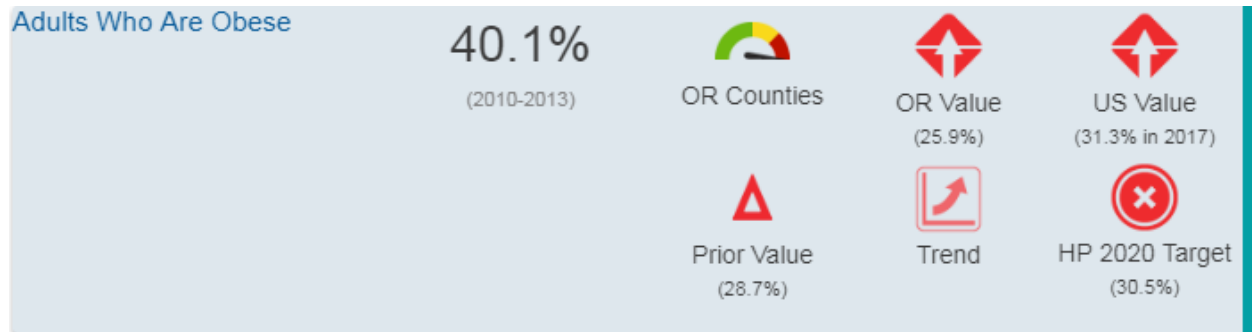
St. Charles Madras will work with these organizations and others to craft the implementation strategy—the action plan resulting from the CHNA—for the St. Charles Madras community. These partnerships will help to meet these needs through current and enhanced programming, new initiative development and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

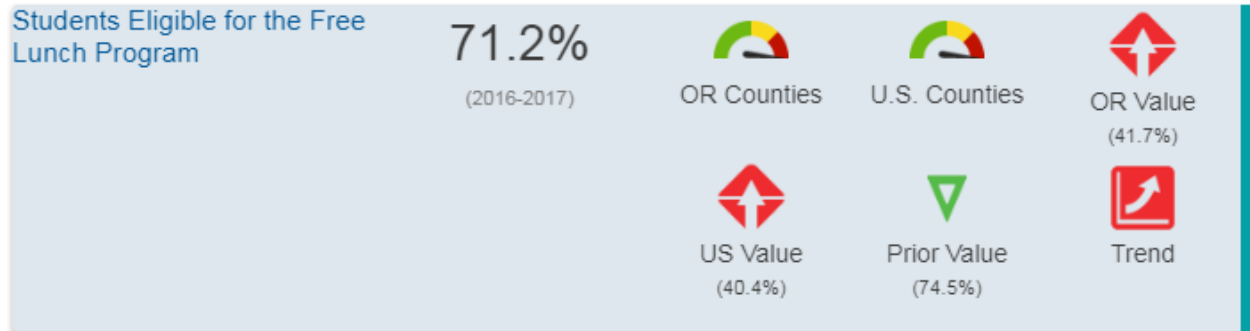
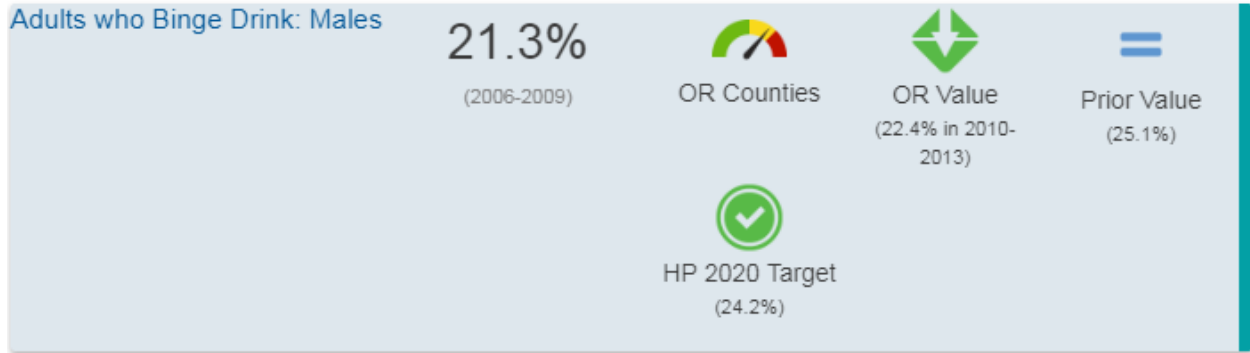
Healthy Communities Institute health indicators

The Healthy Communities Institute (HCI) developed and maintains a high-quality data and decision support system designed to improve indicator tracking, best practice sharing and community development. The HCI platforms support health organizations in their community and population health strategies. The system measures and tracks changes in quality of life and outcomes for populations in cities and communities around the world.

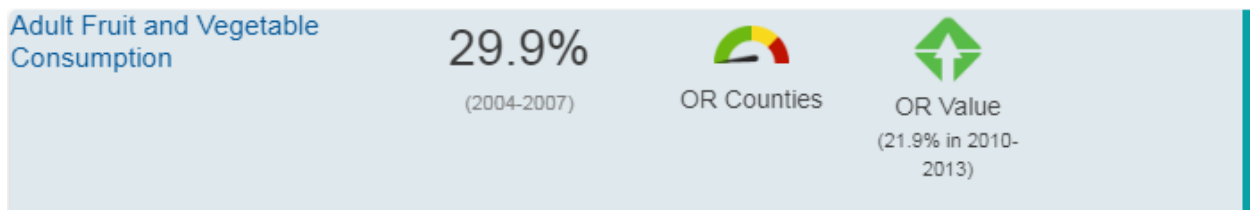
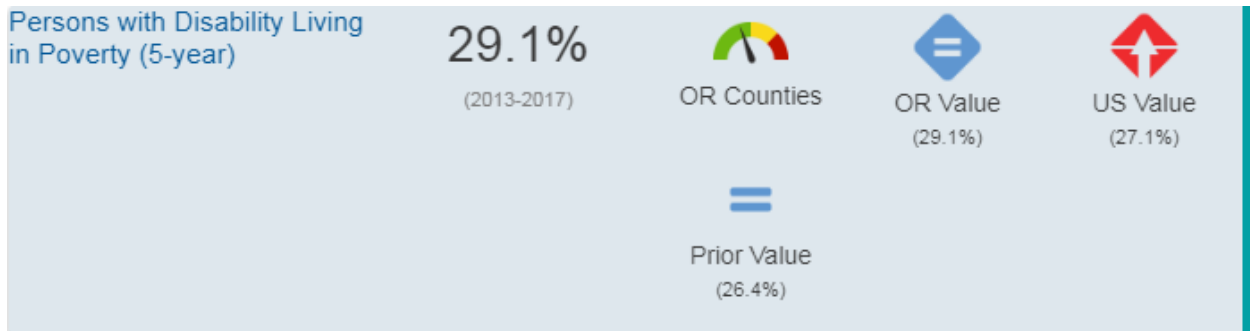
St. Charles Health System began its partnership with HCI in late 2012 and a unique dashboard for each of the communities served by a St. Charles facility was created. The dashboards are reviewed and discussed intermittently throughout the year by St. Charles Health System Community Benefit department caregivers, with extra time spent during the tri-annual CHNA process cycle. During this process, indicators are analyzed in more detail and potential improvement plans and resources are discussed. In reviewing the available and most up-to-date information during this CHNA cycle, the following indicators were of highest concern for Jefferson County and the St. Charles Madras defined community:

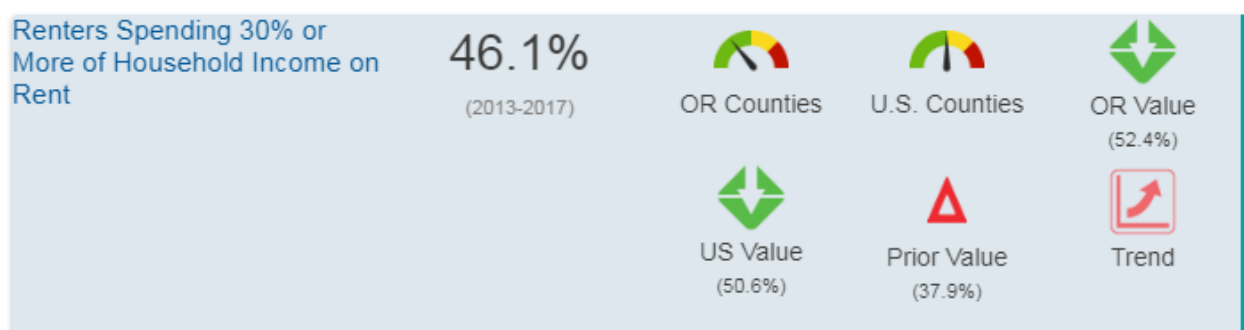
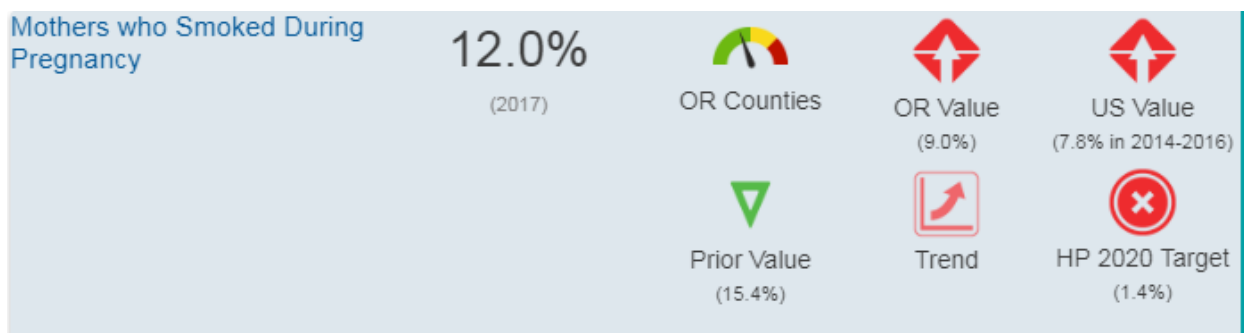
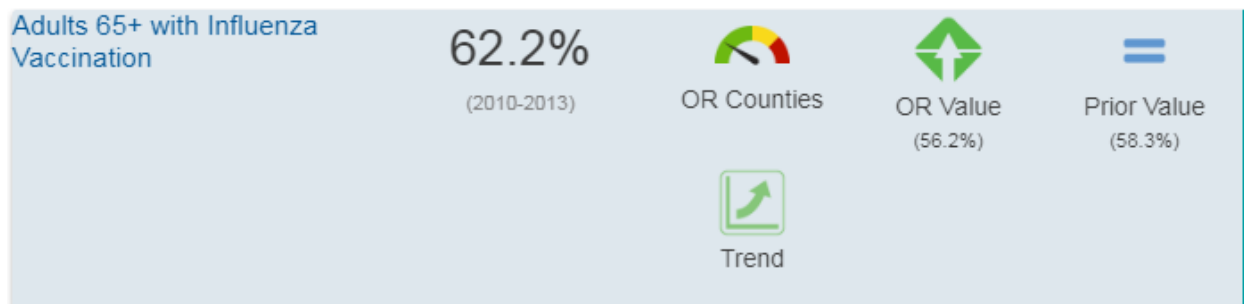
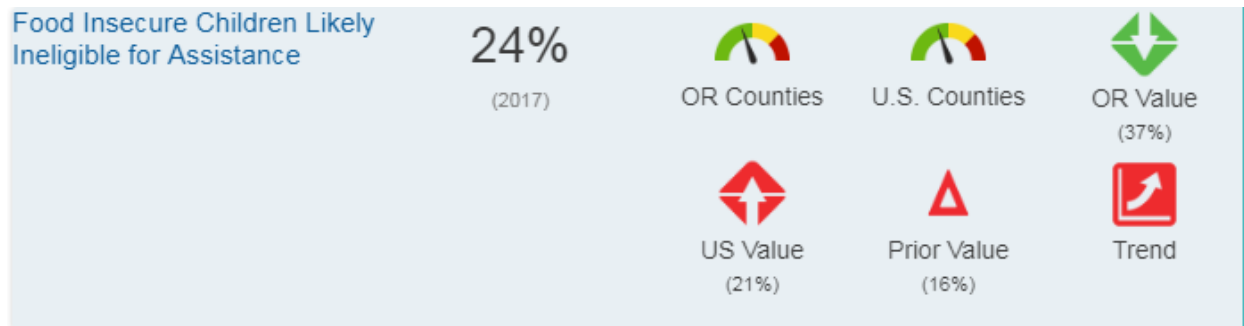


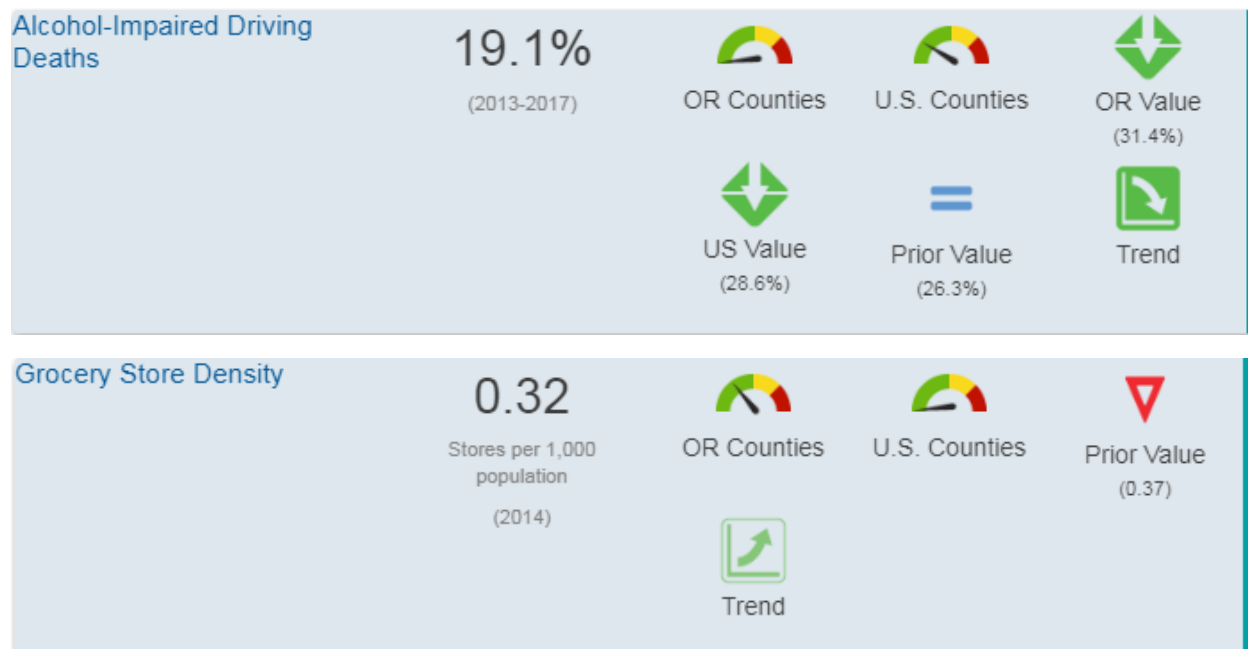




HCI also found the following indicators to be the greatest strengths for Jefferson County and the St. Charles Madras defined community:







To view these dashboards in full, please visit <http://www.stcharleshealthcare.org/Healthy-Communities/CHNA>.

Surveys

During the fourth quarter of 2018, 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 surveys were conducted across the St. Charles Health System service region. These telephone surveys took place during the month of December 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 Madras include the following:

Residents in Central Oregon share a positive outlook of their quality of life, and they believe the quality of the health care in their community is good.

- Jefferson County residents' satisfaction was 93 percent.
 - Individuals who are rent burdened and spend more than one-third of their take-home pay on housing are much less likely to share this positivity when compared to residents who are not rent burdened (86% to 97%).

Affordable housing continues to be a top priority for residents, while concerns about jobs continue to slip as the economy improves.

From a list of possible issues that could most improve the health of the community, one in five residents point to affordable housing (22%)

- Concerns about housing have not grown in the past two years (up only 2 percentage points from 2016), but instead have remained level. This, too, reflects statewide research.

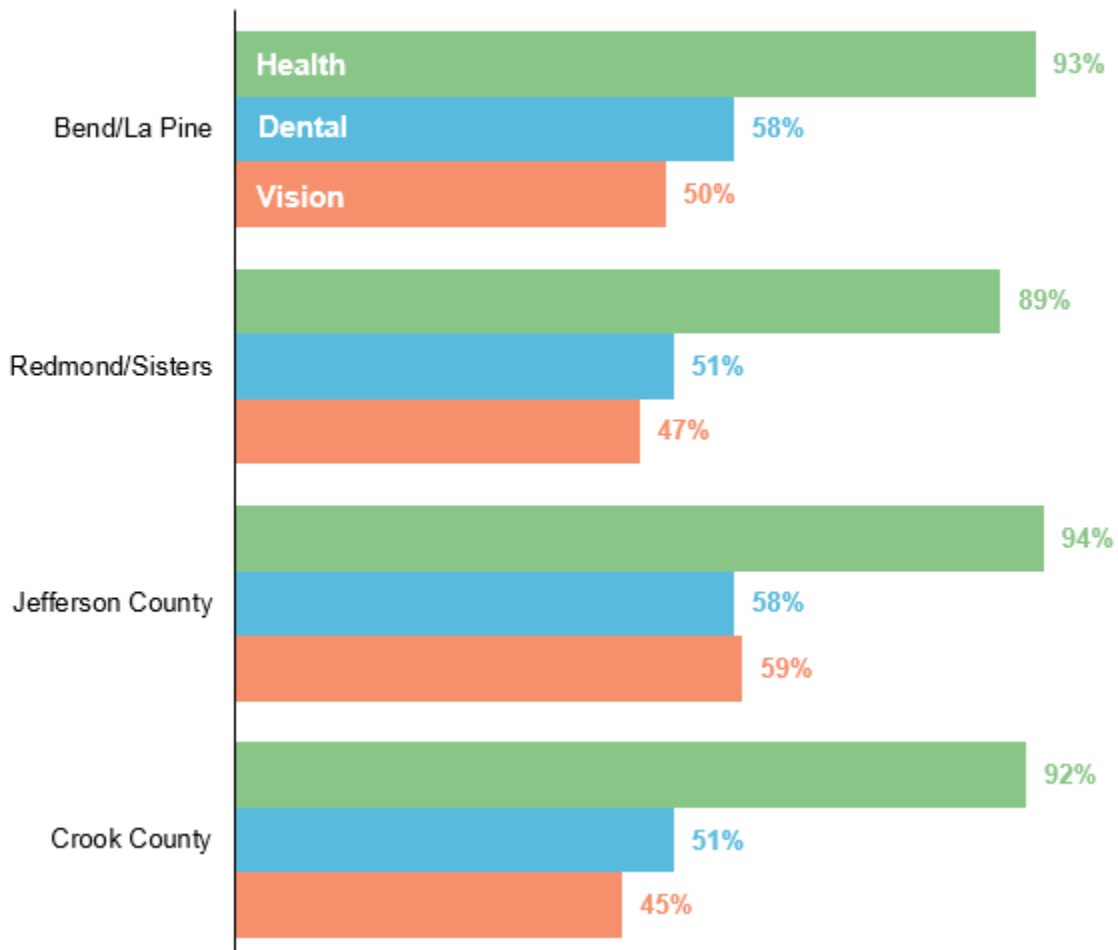
Residents have become increasingly less likely to say that jobs are the one thing from a list of possible issues that could most improve health in the community.

- In 2013, 34% of residents said that jobs would most improve health. In 2016, that figure fell to 20%, and today, it stands at 15%. Jefferson is 18%.

Health insurance coverage remains high overall, but insurance rates for residents under 35 continue to lag behind those for older residents.

Across the region, 92% of residents report carrying health insurance, and about half carry dental and vision insurance (55%, 50%). Insurance rates are similar across the four areas.

Health Insurance Coverages by Area



However, residents under 35 are somewhat less likely to carry health insurance. While 95% of residents over the age of 55 carry insurance, that figure dips slightly to 88% for

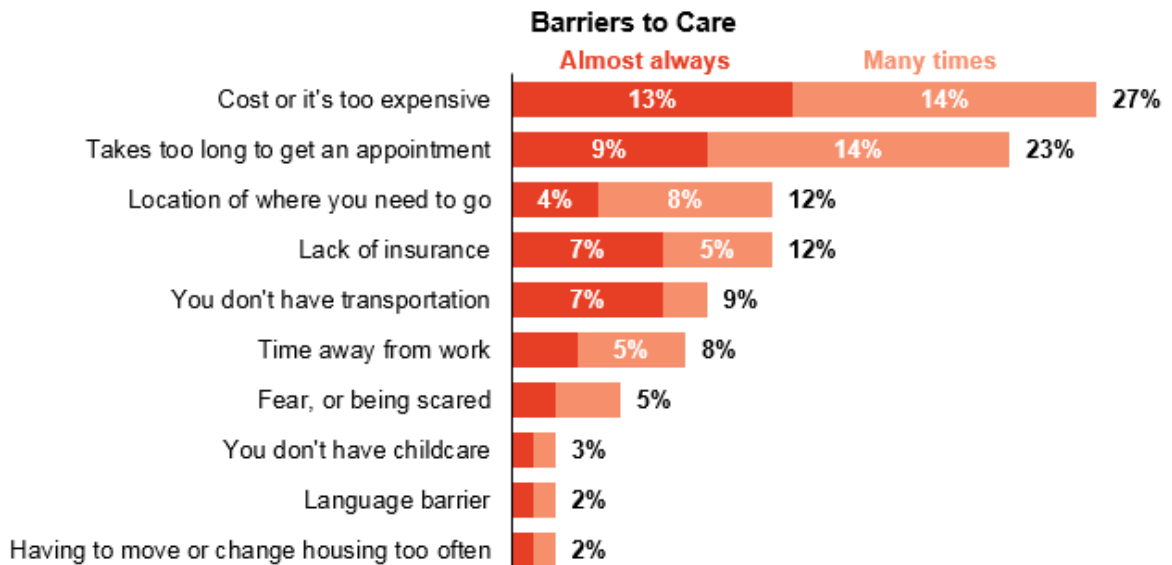
residents 35–54. The insured rate dips again for residents 18–34, 86% of whom carry insurance.

The biggest barriers to seeking care are cost and the wait time for appointments.

Residents are most likely to say that cost prevents them from seeking care almost always or many times (27%). Similarly, about one in four residents say that they are almost always or many times prevented from seeking care because it takes too long to get an appointment (23%).

On a positive note, the proportion of residents who cite cost as a barrier to seeking care has fallen significantly over the past few years. In 2013, more than four in ten residents said cost was a barrier (42%), a figure that fell noticeably by 2016 (37%). That figure has continued to decline to 27% today.

- 26% of Jefferson County residents considered it a barrier



Perhaps even more importantly, concerns about cost have fallen for two key groups over the same period of time: residents under 35 and those with lower incomes. Back in 2013, more than half of young residents and those with incomes of less than \$45,000 per year said that cost was a barrier to care (54%, 53%). Today, those figures have dropped to 43% for people under 35 and to 32% for those with lower incomes.

Residents primarily turn to their doctor or a local clinic when they need medical care that is not life threatening, and over 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 (40%), followed by a walk-in clinic (28%). Still, about 14% indicate that they would go to the emergency room for care that is not life threatening.

The ER is a more common choice for residents in Jefferson County, 23% of whom say it would be their first line of defense—an even more popular choice in that county than a walk-in clinic, reflecting geographic differences in accessing to facilities (21%).

- 23% of Jefferson County residents said they would seek non-life-threatening medical care at the ER first

Residents also rely predominantly on their doctor or a health professional for information about health (57%). The internet is also a popular choice for this type of information (32%). These two sources have remained the two most common sources over time, with few changes year to year.

For the St. Charles Madras community, the top-rated health issues included:

1. Old age—general
2. Staying healthy/staying alive
3. Cancer

When asked what would improve their overall quality of life:

1. Wellness and prevention programs
2. Affordable housing
3. Improved transportation access to health care
4. Living wage jobs
5. Dental Health
6. Education

When asked what would improve the health of the community most, the St. Charles Madras community responded:

1. Affordable housing
2. Living wage jobs
3. Education
4. Wellness and prevention programs
5. Substance abuse programs

The responses to the telephone survey show improved conditions throughout the Central Oregon region with the improved economic conditions. We still see a difference between those individuals who report higher income and are homeowners than those individuals that are lower income and rent.

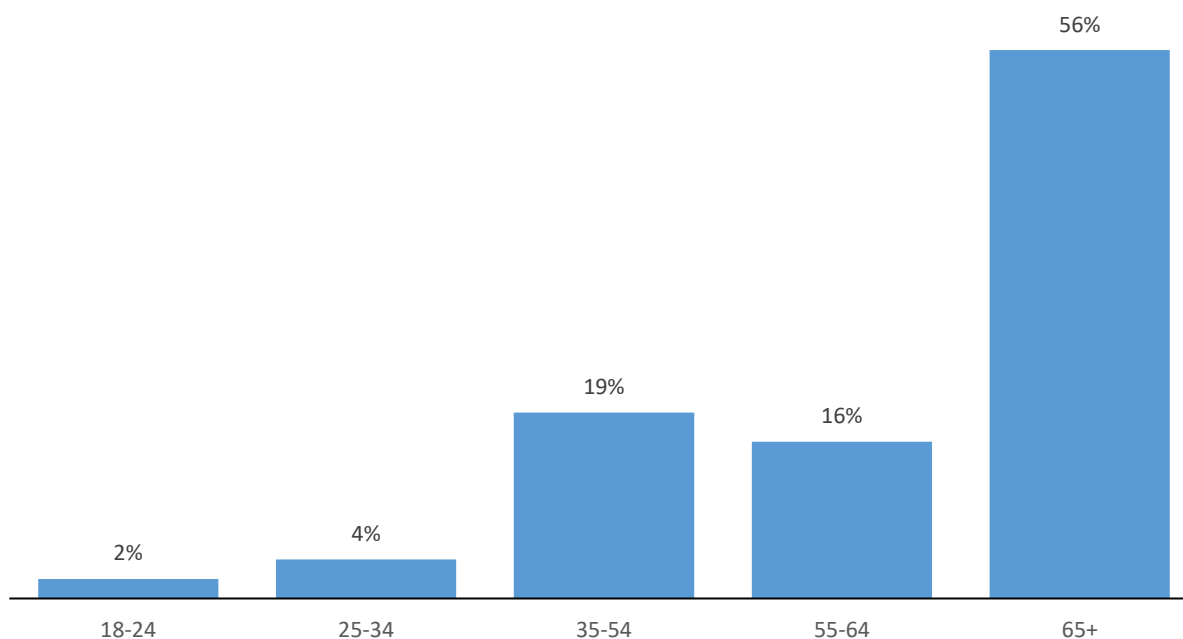
- People with higher incomes are more likely to say that their overall quality of life is good. While 92% of residents with incomes of less than \$45,000 per year report a good quality of life, that figure increases to 98% for residents with incomes of more than \$75,000 per year. Similarly, those who are rent burdened and spend more than one-third of their take-home pay on housing are much less likely to share this positivity when compared to residents who are not rent burdened (86% to 97%).

Survey participants represent four areas in Central Oregon.

Participants are divided into four geographical areas: 28% Bend and La Pine (n=200); 22% Redmond and Sisters (n=152); 25% Jefferson County (n=179); and 25% Crook County (n=174).

Participants represent an older demographic than in previous surveys.

Due to the increasing difficulty of reaching residents in rural areas, and particularly residents under 35, the respondents in this survey are more likely than in years past to be 55 years of age or older.



Because older residents have different experiences with health care, this demographic shift is important to consider when comparing top line results from past surveys. To account for these differences, this report analyzes many data points by age, as well as age differences over time.

St. Charles Madras identified and prioritized health needs

After both the secondary and primary research components were complete, all available information was reviewed, including:

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

After this review, and based on all of the facts and circumstances present, a list of community needs important to the St. Charles Madras community was compiled and prioritized. The following significant health needs were selected and prioritized as such:

1. Stable Housing & Supports
 - a. Housing
 - b. Housing Supports for High Utilizers
 - c. Homelessness
2. Address Poverty & Enhance Self Sufficiency
 - a. Living Wage Jobs
 - b. Homelessness
 - c. Poverty
 - d. Cost of healthy foods/food insecurity
 - e. High school graduation
3. Substance & Alcohol Misuse Prevention & Treatment
 - a. Alcohol
 - b. Tobacco
 - c. Other Drugs
 - d. Marijuana
4. Upstream Prevention: Promotion of Individual Well-Being
 - a. Early Childhood Education & Development
 - b. Childcare
 - c. Immunizations
 - d. ACEs (across the lifespan)
5. Behavioral Health: Increase Access and Coordination
 - a. Mental Health
 - b. Behavioral Health
 - c. Suicide
 - d. Emotional Health
6. Promote Enhanced Physical Health Across Communities
 - a. CVD
 - b. Diabetes
 - c. Obesity
 - d. Preventable Diseases

Clinical resources available to address significant health

The St. Charles Madras community—Jefferson 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.

| <i>Resource/Facility</i> | <i>Description/Purpose</i> |
|--|--|
| St. Charles Madras | 25 bed Critical Access Hospital (CAH) located in Madras, Oregon |
| 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/Healthy Kids, private insurance and Medicare |
| Jefferson County Health Services | Mental and physical health programs, public health, child and family services and maternal health services |
| Madras Medical Group | Medical group offering full range of primary care services, women’s health, occupational health and other services |
| Central Oregon Pediatric Associates | Largest pediatric practice in the Central Oregon region |
| Warm Springs Indian Health Service | Located in the Warm Springs Health and Wellness Center and dedicated to providing quality health care to all eligible American Indians and Alaska Natives in the Warm Springs Service Unit Area |
| 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, Jefferson County has a number of local organizations that serve the needs and support the populations of the St. Charles

Madras defined community. For a more in-depth list of potential community resources and assets, *Appendix III: St. Charles Madras potential community resources*.

Next steps: Implementation strategy

The St. Charles Madras CHNA identified and prioritized needs that will be the basis for the subsequent St. Charles Madras 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 Madras intends to work toward improving, become the St. Charles Madras priorities for the 2020 - 2022 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. **Healthy Communities Institute**, “Community Data on St. Charles Health System Site.” Retrieved at <http://www.stcharleshealthcare.org/Healthy-Communities/CHNA>.
3. **Robert Wood Johnson Foundation**, “2019 County Health Rankings.” Retrieved at <https://www.countyhealthrankings.org/app/oregon/2019/rankings/jefferson/county/outcomes/overall/snapshot>
4. **United States Census Bureau**, “Jefferson County, Oregon.” Retrieved at <https://www.census.gov/quickfacts/fact/table/jeffersoncountyoregon/PST045218>
5. **St. Charles Health System Telephone Survey**, “Community Health Needs Assessment.” Retrieved at <http://bit.ly/CHNASurvey20-22>

Appendices

Appendix I: Previous CHNA efforts and progress

St. Charles Madras 2017-19 Implementation plan update

On October 28, 2016 the St. Charles Health System Board of Directors reviewed, approved and adopted the St. Charles Madras 2017 - 2019 Community Health Needs Assessment and in April 2017 the board reviewed and adopted the Community Health Needs Assessment Implementation Strategy document. The priority identified for fiscal years 2017 - 2019 was **Suicide Prevention.**

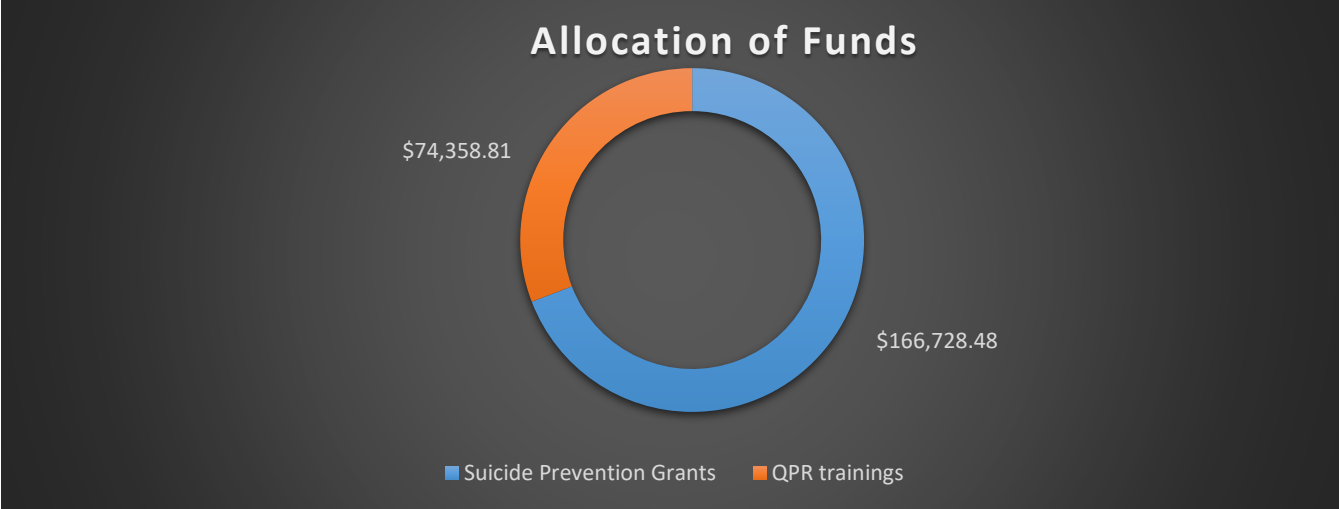
This section of the report provides an evaluation, including actions that were taken and activities that occurred between January 2017 and September 2019 to address the priority listed above.

SUICIDE PREVENTION

- **Explore the possibility of St. Charles Health System becoming a “Zero Suicide” organization in order to educate caregivers on suicide prevention**
 - St. Charles committed to become a “Zero Suicide” organization.
 - St. Charles Health System Caregivers attended The Oregon Zero Suicide Academy in September 2018. The Oregon Zero Suicide Academy’s goal is to guide organizations through their zero suicide work.
 - St. Charles Health System formed the Zero Suicide internal committee.
 - Columbia Suicide Risk Assessment implemented in 100% of St. Charles clinics.
 - St. Charles Health System formed the Crisis Intervention Team to support caregivers impacted by suicide.
 - St. Charles Health System employee trained St. Charles nurses about caring for suicidal patients.
 - QPR (Question Persuade and Refer) and Mental Health First Aid trainings were offered to St. Charles Health System caregivers.
 - The Zero Suicide internal committee in partnership with other departments will continue to create a zero suicide organization.

- **Create and promote a suicide prevention campaign throughout the tri-county area to increase awareness and knowledge of local resources**
 - St. Charles engaged with external organizations to promote suicide prevention.
 - Created a suicide prevention shirt that reads, “Your Life Matters” that is handed out to every person who attends a QPR training.
 - Provided \$50,000 to Lines for Life for the establishment of the Youth Line, a peer to peer youth crisis and support service line aimed at preventing suicides and transforming the culture around youth mental well-being.
 - St. Charles collaborated with local partners to expand educational outreach.

- **Earmark organizational dollars for nonprofit organizations offering suicide prevention and awareness education**
 - A total of **\$241,087.29** was allocated to fund suicide prevention work.

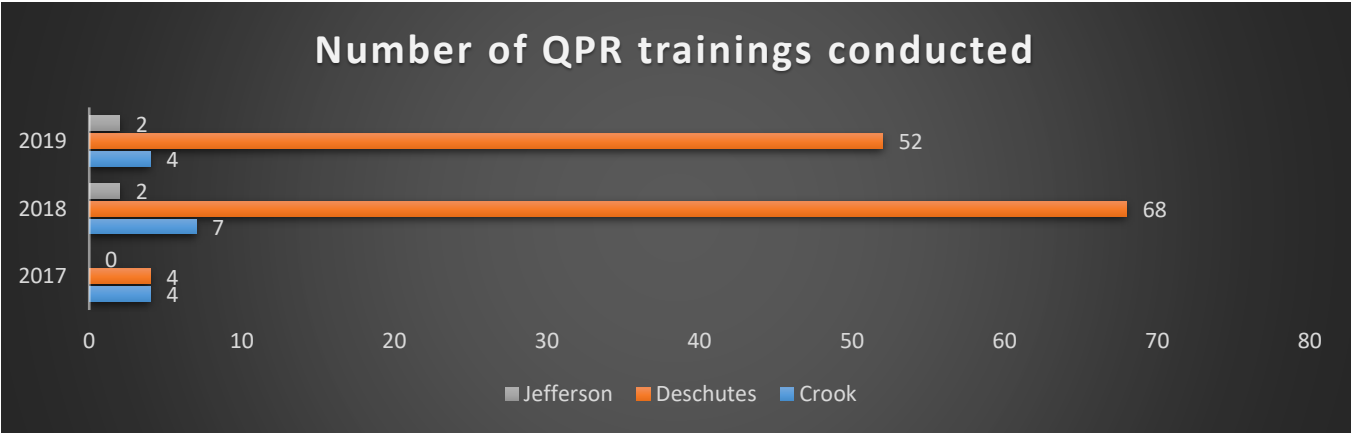


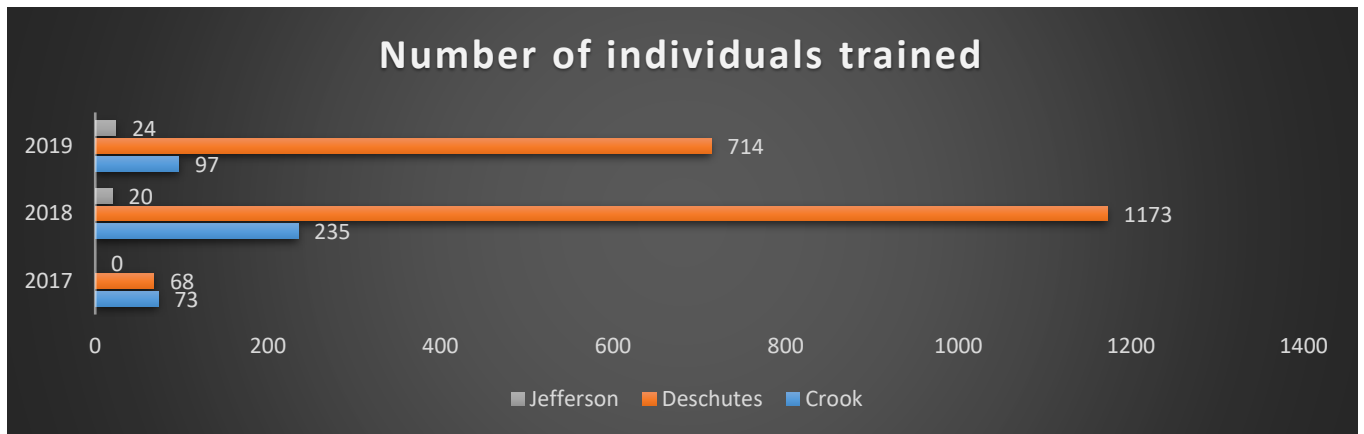
- **Actively encourage system and facility caregiver in-kind donation/participation to organizations with goal alignment**

 - St. Charles Health System Caregivers participated on the COSPA leadership team and general community meetings.
 - St. Charles Health System Caregivers were trained as QPR trainers and provided training to Caregivers and community members.
 - St. Charles will continue to encourage caregivers to bring QPR trainings to nonprofit organizations and civic and religious groups in which they participate.

- **Bring educational sessions on suicide prevention to where community members live and work, including St. Charles Health System locations, schools, clinics, resource centers, health departments, etc.**

 - A total of 143 trainings have been in the Central Oregon Region and over 2000 individuals have been trained. TRACE’s of Central Oregon will continue to offer the trainings and has been managing the trainings since June of 2019. Below you will find quotes from individuals who attended the QPR trainings.





- **Explore potential partnerships with local, state and national initiatives to increase suicide prevention and awareness**
 - St. Charles was actively engaged in exploring additional suicide prevention trainings and partnerships around the community.
 - In addition to QPR, St. Charles collaborated with other organizations to provide Mental Health First Aid (MHFA), and other trainings aimed at reducing suicide rates.

- **Review, analyze and align, where appropriate, suicide prevention and awareness work plans with local, state and national efforts**
 - St. Charles worked with the groups listed below to align and streamline efforts:
 - BestCare
 - Confederated Tribes of Warm Springs Native Aspirations Coalition
 - Central Oregon Suicide Prevention Alliance
 - Deschutes County Behavioral Health
 - National Association for Mental Illness (NAMI)
 - Central Oregon Health Council
 - TRACEs

- **Further formalize and standardize St. Charles Family Care clinics' processes around routine depression screening, suicide risk assessments and referrals to mental health providers in order to impact more patients**
 - Columbia Suicide Risk Assessment has been implemented in all clinics.

Quotes from individuals who attended QPR trainings. These were either shared via the survey or emailed after the trainings (redacted for privacy).

- I wanted to provide some feedback on the QPR training we did with our group. We really liked the format of a short and to the point training session. We don't have the ability to commit to a long training for everyone and this was a perfect way to get the info out there. One of our advocates talked to me this week and referenced the training from last year - specifically not being afraid to just ask the question - and has used this

recently. Although extensive and in depth training always provides a deeper knowledge, this training offered us a very clear message - Ask a question, save a life. JL

- I provided the QPR training to a group in Bend. The weekend following the training, one of the participant's daughter encountered herself with an indirect potential suicidal event. The daughter's friend was experiencing suicidal ideation and potential plans to hurt herself. The participant's daughter asked her for support. Participant exposed her daughter to QPR information she recently was trained. QPR Participant and daughter engaged with person in crisis. QPR was applied and participant's daughter friend received professional service after QPR was implemented. CB
- A few days after the training, I was talking to a fellow church member, and then she started mentioning how her son's girlfriend is struggling and having so many issues. With what I had learned, I kept asking stuff, and by issues she meant having suicidal tendencies. I was all like, well it's too coincidental I just went through this class. I was able to share with her what we learned and then also give her the handouts/tools we got so she could share it with her son's girlfriend. JE
- I now have numbers to give and I feel useful now
- Excellent intro to subject
- today was great. Any more info could be overwhelming
- great trainers! love the qpr, simplified the process and how to approach - very important and relevant
- it was great! I feel more empowered.
- nos gusto. Gracias por venir en un domingo
- esta presentacion fue muy interesante y informativa
- This was great---my building needed someone else to be trained, so thanks for the opportunity.
- So empowering! I love the perspective presented that preventing suicide does not have to be left to the experts. We still have the dominant paradigm that only certain people who have been through hours and hours of training can talk to someone contemplating suicide. This short session shattered that paradigm, and helped me feel empowered to help those I work with breakthrough as well and not be afraid to reach out. Thank you!
- I wanted to tell you, I used QPR this morning. Yesterday I posted the hotline #'s on Facebook and some info about my monthly training and how much I care about my friends and want them to come to me if they are in a dark place. Later that night I had a friend send me a Facebook message which said, "My heart hurts so bad I feel done" and "I read your post and felt like I should reach out to someone. It stopped me from walking

into the ocean last night and I cried myself to sleep instead". She does not live in the area so we made plans to talk by phone later in the day when she got off work and I gathered information for her for Lincoln County mental health and the local crisis hotline over there. I'm so thankful for these skills, and wanted you to hear another positive story. HK

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 | 10 |
| Demographics of community | 10 |
| Description of process and methods used to conduct assessment..... | 14 |
| Information gaps limiting hospital's ability to assess community needs | 15 |
| Description of how hospital solicited/took into account input from persons who represent broad interests of the community | 14 |
| Prioritized description of significant health needs including description of process and criteria used in identification and prioritization of such needs..... | 27 |
| Description of potential resources identified to address significant health needs..... | 29 and 38 |
| Input received on the hospital facility's most recently conducted CHNA..... | 15 |
| An evaluation of the impact of any actions taken since completion of preceding CHNA | 32 |
| Adoption by authorized body of hospital facility | 6 |
| Made widely available to the public | 6 |

Appendix III: St. Charles Madras potential community resources⁶

| Significant Need | Community Resource |
|---|--|
| Stable Housing & Supports - Housing - Housing Supports for High Utilizers - Homelessness | Best Care Bethlehem Inn Central Oregon Intergovernmental Council Central Oregon Veteran Outreach Council on Aging of Central Oregon Faith-based organizations Grandma’s House of Central Oregon Habitat for Humanity Heart of Oregon Housing Works NeighborImpact Saving Grace—Imagine a Life without Violence United Way |
| Address Poverty & Enhancing Self Sufficiency - Living Wage Jobs - Homelessness - Poverty - Cost of healthy foods/food insecurity - High school graduation | Abilitree Advantage Dental Better Together Central Oregon Central Oregon Community College Council on Aging of Central Oregon Faith-based organizations Homeless Liaisons Housing Works Jefferson County Food Network Jefferson County Public Health Jobs for Life Kemple Children’s Dental Clinic L.I.N.C. Local area dental providers 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 & Alcohol Misuse Prevention & Treatment: “Freedom from Dependency” - Alcohol - Tobacco - Other Drugs - Marijuana | Best Care Faith-based organizations Jefferson County Public Health Law Enforcement Local area medical community Madras Medical Group Mosaic Medical Parks and Recreation |

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.

Upstream Prevention: Promotion of Individual Well-Being

- Early Childhood Education & Development
- Childcare
- Immunizations
- ACEs (across the lifespan)

St. Charles Health System facilities, clinics and providers
Warm Springs Indian Health Service

Abilitree
Advantage Dental
Big Brothers and Big Sisters of Central Oregon
Faith-based organizations
Family Resource Center
Healthy Beginnings
Homeless Liaisons
Jefferson County Public Health
Kemple Children's Dental Clinic
KIDS Center
Kids in the Game
Kiwanis Club of Madras
Latino Community Association
Local area dental providers
Local area medical community
Local area school districts
Madras Lions Club
Madras Medical Group
Mosaic Medical
Mt. Star Family Relief Nursery
Native Aspirations Coalition
NeighborImpact
Parks and Recreation
Rotary Club of Jefferson County
Saving Grace—Imagine a Life without Violence
St. Charles Health System facilities, clinics and providers
The Center Foundation
United Way
Warm Springs Indian Health Service

Behavioral Health: Increase Access and Coordination

- Mental Health
- Behavioral Health
- Suicide
- Emotional Health

BestCare Treatment Center
Family Resource Center
JeffCo Connects
Jefferson County Public Health
Latino Community Association
Let's Talk Diversity
Local area medical community
Madras Medical Group
Mosaic Medical
Native Aspirations Coalition
Parks and Recreation
St. Charles Health System facilities, clinics and providers
Warm Springs Indian Health Service

Promote Enhanced Physical Health Across Communities

- CVD
- Diabetes
- Obesity
- Preventable Diseases

Advantage Dental
High Desert Food and Farm Alliance
JeffCo Connects
Jefferson County Public Health
Kemple Children's Dental Clinic
Kids Club
Local area dental providers
Local area medical community
Madras Medical Group
Mosaic Medical
Native Aspirations Coalition
NeighborImpact
Parks and Recreation
St. Charles Health System facilities, clinics and providers
Warm Springs Indian Health Service