

COMMUNITY HEALTH NEEDS

ASSESSMENT IMPLEMENTATION PLAN

St. Charles Redmond
Community Benefit Department

2013-16



December 23, 2013

To the community served by St. Charles Redmond:

St. Charles Health System, along with all not-for-profit hospitals, has been mandated by the Federal Government, in accordance with The Patient Protection and Affordable Care Act, to perform a community health needs assessment (CHNA) for each of its four hospital facilities—St. Charles Bend, St. Charles Redmond, Pioneer Memorial Hospital in Prineville and St. Charles Madras. After an extensive process, including compilation and analysis of current health-related data, collaborations and interviews with regional health and human service organizations and primary research and telephone surveys, a full CHNA was approved by the St. Charles Board of Directors on Dec. 19, 2013.

This Community Health Needs Assessment Implementation Plan was crafted based on and in response to the St. Charles Redmond CHNA. The St. Charles Health System Board of Directors reviewed the CHNA and adopted this implementation plan on Dec. 19, 2013.

Please take the time to review this important report. We know that it will take all of us, working together, to build the healthiest community in the nation.

Be well,

James A. Diegel, FACHE
President and CEO
St. Charles Health System

Karen Shepard
EVP/Chief Financial Officer
St. Charles Health System

Introduction

St. Charles Health System is a private, not-for-profit organization with a bold vision: Creating America's healthiest community, together. Headquartered in Bend, Oregon, St. Charles 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 and Madras as well as family care clinics in Bend, Prineville, Redmond and Sisters. It also leases and operates Pioneer Memorial Hospital in Prineville.

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 25-bed facility through a \$30 million addition that opened in 2006.

St Charles Health System is a strategic partner with the Institute for Healthcare Improvement (IHI). As such, the CHNA implementation plan is an integral part of the partnership's strategic initiatives, and is integral to the success of the partnership. St. Charles Health System will work closely with IHI to achieve the Triple Aim of better health, better care and better value for all identified health priorities, and will leverage this partnership throughout the region to engage community partners toward this common goal.

Vision, Mission 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

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 implementation plan 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

Community description/determination

For the purposes of the PPACA and the new federal requirement to conduct a CHNA and implementation plan, the St. Charles Redmond community has been defined as the facility's primary service area which includes the communities of Camp Sherman, Redmond and Terrebonne. The St. Charles Redmond community data is most commonly represented by Deschutes County data/information. Data and information for the more distinct community described earlier is more difficult to obtain and often does not exist. This information gap poses an issue for compiling data for the more particular St. Charles Redmond community defined above, but is mediated by additional regional data, and does not negate the results.

Summary of the St. Charles Redmond CHNA

The objective of the CHNA was to assist St. Charles Redmond in developing a CHNA implementation plan outlining strategies to achieve measureable improvements in the health of the community. This process is a collective effort to address the broad issues of health including education and prevention, primary care, secondary care, tertiary care and public health. It includes accountability and evaluation as additional opportunities to effectively accomplish goals for a community, relying on primary and secondary data. For additional data, findings and process methodology from the community health needs assessment, please visit the St. Charles Health System website at www.stcharleshealthcare.org.

The St. Charles Redmond CHNA identified several significant health needs. When examining the quantitative findings and the qualitative data, a consolidated list of priority health needs emerged including:

1. Jobs/Job Security
2. Poverty
3. Obesity
4. Chronic disease prevention
5. Childhood preventive health and education
6. Behavioral health—including substance abuse
7. Tobacco use

Criteria determining needs to be addressed

St. Charles Health System leaders believe that in order to achieve our vision and improve the health of the community, we must collaborate with our broader community and increase our network of stakeholders.

Our strategy, shown below, highlights our commitment to work closely with our community which includes public health and human service agencies, school districts, colleges and universities, private and public businesses, health and dental care providers, government agencies and numerous additional community assets and organizations.



St. Charles also took into account other criteria for determining the needs to be addressed including:

- **Severity of issue:** how severe are the negative impacts of the issue on individuals, families and the overall community?
- **Ability to impact:** what is the probability that the community would succeed in addressing this health issue?
- **Community resources**
- **St. Charles Redmond available resources and expertise**
- **St. Charles Health System strategic plan**

After assessing the priorities, taking into account the severity of the issue, our ability to impact it along with existing community and internal resources and alignment with our mission and vision, St. Charles Health System selected the following as strategic priorities for 2013-2016 for all four of the St. Charles hospital facilities, along with their specific assets:

| Priority | Health Needs | St. Charles Redmond Assets |
|--|--|--|
| Childhood preventive health and education | <ul style="list-style-type: none"> ▪ Developmental well checks ▪ Child abuse ▪ Assault and unintentional injury ▪ Alcohol and other drug use ▪ Teen pregnancy ▪ Tobacco ▪ Depression and suicide ▪ Workforce development | <ul style="list-style-type: none"> ▪ IHI Strategic Partner ▪ Trauma Nurses Talk Tough program ▪ Pediatric Behavioral Health Consultants ▪ Concussion Management program ▪ Outpatient Behavioral Health ▪ Dietician services specializing in diabetes and nutrition ▪ Smoking cessation program ▪ Pregnancy program ▪ Cascade East Area Health Education Center (CEAHEC) <ul style="list-style-type: none"> ○ Recruits under-represented and disadvantaged persons into health careers |
| Obesity | <ul style="list-style-type: none"> ▪ Diabetes ▪ Heart disease ▪ Hypertension ▪ Respiratory illness ▪ Food deserts | <ul style="list-style-type: none"> ▪ IHI Strategic Partner ▪ Healthy Lives health and wellness ▪ Person-Centered Primary Care Homes ▪ Behavioral Health Consultants ▪ Chronic Disease Care Management ▪ Lactation Education and Support ▪ Community education movement classes ▪ Dietician services specializing in diabetes and nutrition services ▪ Health and nutrition classes including <i>Eating for a Healthy Heart</i> and <i>NEW Start Nutrition</i> ▪ Individual nutrition counseling ▪ Outpatient rehabilitation supervised exercise classes |

CHNA implementation plan priorities, objectives and strategies

The CHNA implementation plan priorities are initiatives within the St. Charles Health System strategic plan. Each initiative will have its own charter with clearly outlined goals, objectives and metrics that are tied directly to the strategies and objectives listed below. The identified lead staff and subsequent workgroups will be accountable to the

St. Charles Health System portfolio of projects and driver diagrams, which link directly to the system’s strategic plan. The anticipated impact for each objective will be clearly defined within the charter, and will be evaluated within the context of the system strategic plan. This will allow for a more actionable and accountable infrastructure to support these priorities.

| Childhood Preventive Health and Education | | | |
|--|--|---|--|
| Objective | Strategies | Outcomes Goal-Year 3 | Potential Partners |
| Prevent common childhood injuries through bi-lingual education, free distribution and training on appropriate use of equipment, e.g. car seats and bicycle helmets | <ul style="list-style-type: none"> ▪ Provide community outreach and education through Trauma Nurses Talk Tough (schools, health fairs) ▪ Sponsor or conduct free car seat safety classes in English and Spanish | <p>Increase public awareness of childhood injuries</p> <p>Increase participation in program</p> | Primary care providers, school districts, health and human service agencies, culturally competent not-for-profit and faith-based organizations |
| Developmental Well Child Visits to meet Bright Futures guidelines | <ul style="list-style-type: none"> ▪ Standardize prenatal education to include increased focus on development well-child visits | Increase participation in program | Health and human service system, primary care providers, not-for-profit and faith-based organizations |
| Screenings for depression and SBIRT assessments for alcohol and other drug use in children and adolescents | <ul style="list-style-type: none"> ▪ Utilize Behavioral Health Consultants to implement standardized protocols for routine screenings for depression and SBIRT (Screening, Brief Intervention, Referral and Treatment) for alcohol and other drug use | Increase awareness and screenings | Primary care, public health and community stakeholders |
| Opportunities for children to engage in healthy activities | <ul style="list-style-type: none"> ▪ Increase opportunities for children to participate in athletic and positive after school activities that promote movement and engagement | Increase awareness and participation | School districts, recreational districts, not-for-profit and faith-based organizations, community stakeholders |

Childhood Preventive Health and Education (continued)

| Objective | Strategies | Outcomes Goal-Year 3 | Potential Partners |
|--|---|---|--|
| Engagement in prenatal care | <ul style="list-style-type: none"> ▪ Collaborate and support the initiatives that provide intervention in high risk populations supporting maternal and early childhood health ▪ Expand reach for early childhood interventions | Increase awareness and participation | Public health, health and human service agencies, pediatric offices, Healthy Beginnings, not-for-profit and faith-based organizations |
| Develop and provide school-aged children health education and promotion activities that improve awareness and prevention | <ul style="list-style-type: none"> ▪ Collaborate to provide solid educational programming and promotion activities that encourage better health and prevention ▪ Promote connectivity with physical, behavioral, dental health education | <p>Develop or support two health education programs</p> <p>Offer 20 preventive health “hands-on” activities and/or programs</p> | School districts, health and human service agencies, dental and primary care providers, public health departments, not-for-profit and faith-based organizations and community stakeholders |
| Provide safe assessment and intervention to prevent and intervene in child abuse and domestic violence | <ul style="list-style-type: none"> ▪ Work in partnership with community to provide safe, effective assessment for children who may be in abusive situations, and continue to support training in early identification and prevention of child abuse ▪ Work in partnership with community to provide safe, effective assessment for women who may be in abusive situations, and continue to support training in early identification and prevention of domestic violence | Increase education and awareness in the population | Provider community, health and human service agencies, KIDS Center, Saving Grace, not-for-profit and faith-based organizations |

| Obesity | | | |
|---|--|--|---|
| Objective | Strategies | Outcomes Goal-Year 3 | Potential Partners |
| Encourage adults and children to consume fruits and vegetables each day | <ul style="list-style-type: none"> ▪ Create a comprehensive inventory/map of all existing community resources for healthy eating (farmer's markets, community gardens, food cooperatives) and identify food deserts ▪ Create awareness campaign to promote community resources and opportunities for accessing healthy affordable options and increase physical activity | <p>Increase consumption of fruits and vegetables</p> <p>Increase awareness</p> | Health and human services, healthy food options community partners, not-for-profit and faith-based organizations |
| Community members engaged in moderate physical activity for at least 30 minutes a day three days a week | <ul style="list-style-type: none"> ▪ Provide Healthy Lives, wellness program to community employers ▪ Partner to create an educational campaign to showcase the importance of physical activity and healthy weight | <p>Increase participation in wellness program</p> <p>Increase participation in physical activity</p> | Primary care providers, not-for-profit and faith-based organizations, health and human services, local businesses |
| Lower the rate of pediatric obesity and improve nutritional options | <ul style="list-style-type: none"> ▪ Partner to improve healthy eating options including beverages, snacks and meals ▪ Target community benefit resources to support school and community based athletic programs | <p>Decrease pediatric obesity rates</p> <p>Increase healthy options</p> | School districts, not-for-profit and faith-based organizations, health and human service agencies |
| Adults aged 18 and older reporting they obtain the recommended level of weekly physical activity | <ul style="list-style-type: none"> ▪ Adopt programs that increase daily levels of physical activity and better cardiovascular fitness for adults ▪ Develop partnerships to create opportunities for increased activity (http://www.cdc.gov/physicalactivity/everyone/guidelines) | Increase participation and activity | Health and human service agencies, community organizations, local governmental groups, not-for-profit and faith-based organizations |

| Obesity (continued) | | | |
|--|--|--|---|
| Objective | Strategies | Outcomes Goal-Year 3 | Potential Partners |
| Support and co-create with community partners programs, campaigns or policies that promote healthy eating, active living and/or stress reduction | <ul style="list-style-type: none"> ▪ Support physical activity and stress reducing based programs such as Instant Recess, HeartMath, walking meetings, yoga, etc. ▪ Create awareness campaign to promote resources and opportunities for accessing affordable and healthy options and physical activity campaign | Develop or support two health focused programs | Health and human service agencies, community organizations, local governmental groups, not-for-profit and faith-based organizations |

Issues not being addressed and why

Per IRS regulations, each hospital facility is required to provide an explanation of any CHNA significant health needs *it does not plan to address* in its regional health implementation plan. In accordance with these guidelines, the following are significant health needs identified in the St. Charles Redmond CHNA that will not be addressed in this health implementation plan:

- Jobs/job security
- Poverty
- Chronic disease prevention
- Behavioral health—including substance abuse
- Tobacco use

The main reason these health needs were not prioritized this cycle is that they ranked lower in priority relative to the two selected health needs. Additionally, as with most health care facilities, St. Charles Redmond has limited resources. However, the driving factor was the desire to make the biggest community impact possible by combining the efforts of all four St. Charles Health System facilities toward two high priority health needs.

Although some identified health needs are not included in the CHNA implementation plan, St. Charles Redmond will still address them through other avenues and departments with programs dedicated to chronic disease prevention, behavioral health

and tobacco use reduction. For example, the *chronic disease prevention* health need is addressed by diabetic education, nutrition services, referrals to Primary Care Medical Homes and a number of others. These departments offer clinical and support-related services that address chronic disease prevention and management, and provide emotional, spiritual and other alternative support to those dealing with chronic diseases.

All of the needs listed above—jobs/job security, poverty, behavioral health, chronic disease, tobacco use—that will not be addressed in this implementation plan are included as priorities in the 2012-2015 Central Oregon Health Improvement Plan¹. This plan was drafted by the region's public health directors on behalf of the Central Oregon Health Council, and is a health report of the tri-county (Crook, Deschutes and Jefferson) communities and populations that includes 10 priority areas for the Central Oregon region as a whole, including:

1. Health disparity/inequities
2. Access to resources and quality services
3. Early childhood wellness
4. Safety, crime and violence
5. Preventive care and services
6. Chronic disease prevention
7. Alcohol, drug and tobacco use
8. Behavioral health and suicide prevention
9. Oral health
10. Healthy environments—both built and natural environments, distance to healthy grocery stores, safe and affordable transportation, accessible outdoor play areas for children, etc.

The Central Oregon Health Council is the public/private community governance entity for the region's Coordinated Care Organization². Dedicated to improving the health of the region and oversight of the Medicaid population, they are also charged by statute to conduct a regional health assessment and implementation plan every four years. St. Charles is a part of this coordinated effort and is confident that the health needs that were not selected for this implementation plan will not be overlooked and will be priorities in significant ways through many other organizations in the region.

Next steps

Uniting as a community is the most effective way to address health needs and strategic priorities. The health care system, collaborating with community partners and

¹ See www.cohealthcouncil.org for the complete plan.

² Coordinated Care Organizations are regional organizations contracted by the Oregon Health Authority to provide global Medicaid coverage for physical, mental and oral health.

stakeholders, can tackle complex issues and make a collective impact toward common strategic priorities of improving the health and well-being of our regional community.

St. Charles Health Systems' CHNA implementation plan will systematically focus efforts across the entire community toward addressing our two chosen strategic priorities—childhood preventive health and education and obesity—and will collaborate with and rely on our community partners to join the effort to improve our current health status and track and measure our results. The implementation plan recognizes both where we are and where we would like to be. Achieving our strategic priorities includes both sustaining existing activities that have been proven successful as well as initiating new tactics to overcome the issues and gaps identified in the CHNA.

On Dec. 19, 2013 the St. Charles Health System Board of Directors reviewed, approved and adopted the St. Charles Redmond CHNA implementation plan. This plan will be made widely available to the public via our St. Charles Health System web-site, digital platforms and internally via our intranet. All who participated in the CHNA research along with other community partners will receive a finalized copy of the assessment and implementation plan, and are encouraged to share it with their constituents.

We would like to thank the following St. Charles Health System caregivers for their contributions in completing this document:

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