

COMMUNITY HEALTH NEEDS

ASSESSMENT

St. Charles Redmond
Community Benefit Department

2013-16



Message from leadership

St. Charles Health System recently adopted a new, 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.

In order to achieve this vision, we must first evaluate the current health of our population. We must take a deep dive into the data to understand where we are already achieving a healthy state and where we have room to improve.

The following Community Health Needs Assessment is an important initial step. The information contained in this report shows us clearly that while many of our communities are thriving, there are also geographic areas where chronic diseases are prevalent, management of those diseases is not under control and barriers to health care exist. From this information, we have determined that our areas of focus over the next year will be on reducing obesity and improving childhood preventive health and education.

We hope that by studying this information, we can develop innovative ways to improve access to care where needed and, ultimately, ensure that members of our communities receive appropriate preventive care to address their health needs before they become crises.

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.

Sincerely,

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

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

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Executive summary

St. Charles Redmond

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.

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 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 and quality of life

Methodology

In order to prioritize the varied health needs of Deschutes County, the primary community served by St. Charles Redmond, an extensive review of existing health data, community partner interviews 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 Redmond community during the second quarter of 2013 through a contractual partnership with DHM Research. In addition, the Community Benefit department also performed interviews with key stakeholders throughout the St. Charles Redmond defined community regarding their thoughts on the community's key health needs, partnerships, opportunities for improvement and community assets.

St. Charles Redmond significant health needs

At the end of this process, St. Charles Redmond 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

After this review, the following significant health needs were selected:

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

St. Charles Redmond priorities

The above list of significant health needs was then reviewed further, taking into account the following, in order to select the health priorities for the next three-year period:

- **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**

St. Charles Health System selected the following as priorities for 2013-2016 for all four of the St. Charles hospital facilities:

- **Childhood preventive health and education**
- **Obesity**

Communication plan

On Dec. 19, 2013 the St. Charles Health System Board of Directors reviewed, approved and adopted the St. Charles Redmond CHNA.

The CHNA 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 are encouraged to share it with their constituents.

Introduction

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

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 new 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.

St. Charles Health System

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 organization is involved in a strategic partnership with the Institute for Healthcare Improvement, a national organization dedicated to finding creative ways to improve care. 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.

St. Charles Health System created the Community Benefit department in early 2012. 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 Health and 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 Redmond 2012 Community Benefit expenditures are detailed on page 7.

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

St. Charles Redmond

Quick facts

St. Charles Redmond is the flagship campus of the St. Charles Health System network. Here are some quick facts about the facility and its caregivers:

- **Caregivers:** approximately 466
- **Medical staff:** 33
- **Beds:** 48 licensed beds
- **Admissions:** 2,107
- **Visits:** 40,790
- **Births:** 358
- **Volunteers:** 95

In 2012, St. Charles Redmond spent provided more than \$10,608,724 in community benefit to the population it serves. This includes the following:

St. Charles Redmond 2012 Community Benefit Totals	
Community Benefit Type	Amount
Charity Care	\$2,687,551
Unreimbursed Cost of Medicare	\$1,838,521
Unreimbursed Cost of Medicaid	\$5,630,902
Community Benefit Activity	\$451,750
TOTAL	\$10,608,724

St. Charles Redmond community health needs assessment project 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 their 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 not-for-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

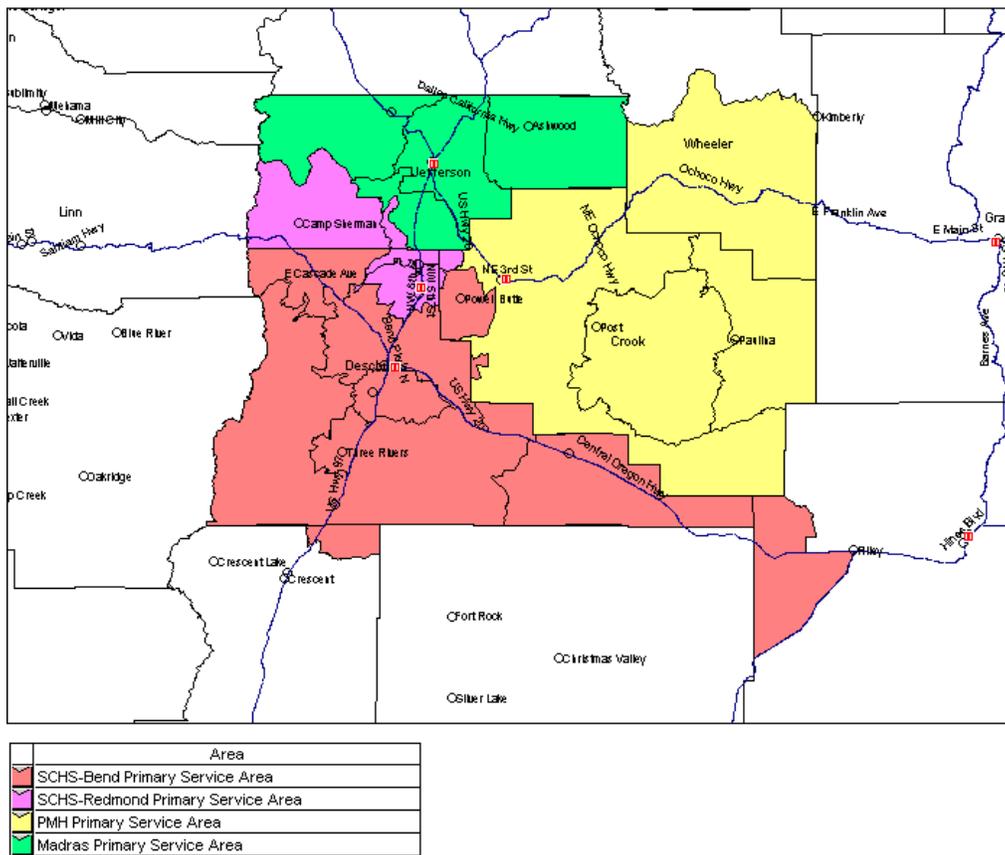
The CHNA takes into account the health status of the population throughout a community relying on both primary and secondary data and statistics. After identifying key data, the health needs are then prioritized and the hospital recommends a strategy to address these needs and improve the overall health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

Community defined

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.

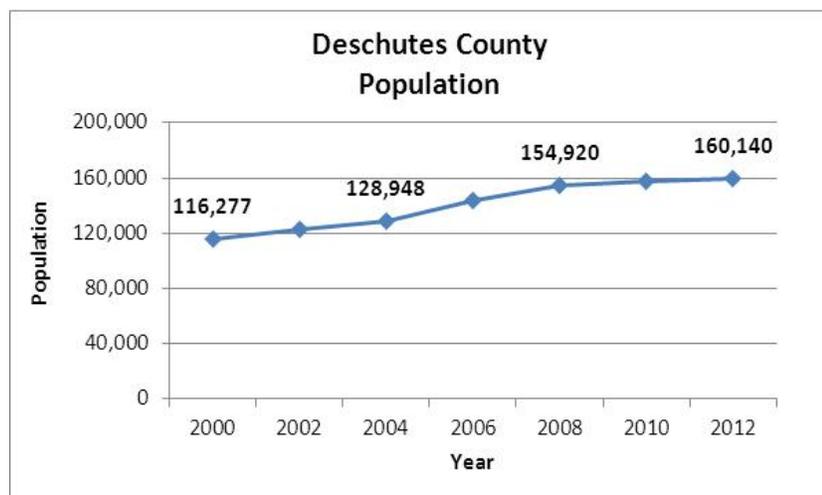
St. Charles Redmond Community Health Needs Assessment Community Defined		
City Name	Zip Code(s)	County
Camp Sherman	97730	Jefferson
Redmond	97756	Deschutes
Terrebonne	97760	Jefferson

On the following page is a map of the St. Charles Redmond *community* in pink.



All other St. Charles Health System facilities' communities, as defined by their CHNAs, are also included in the map. The St. Charles Redmond community data is most commonly represented by Deschutes County data/information. Data and information for the more distinct community described in the map above 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.

According to the Oregon Employment Department¹, Deschutes County's population has grown very quickly between 2000 and 2012—from 116,277 to



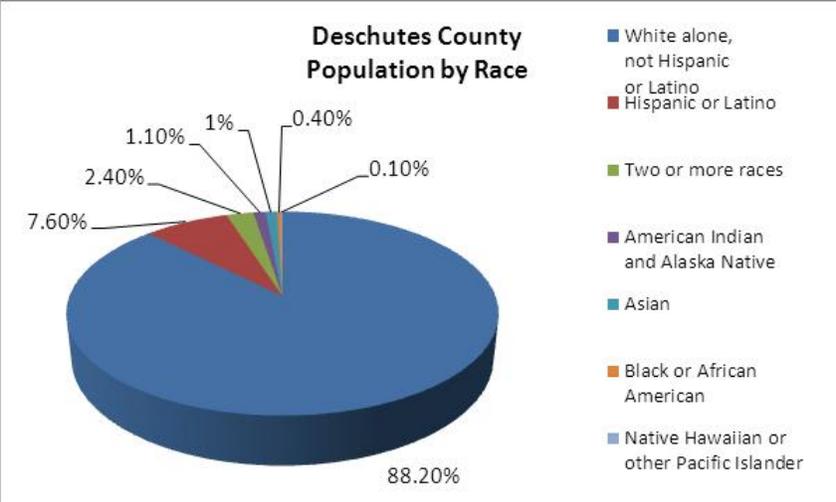
¹ Visit <http://www.olmis.org/pubs/pop/population12.pdf> for more information

160,140—a 37.7 percent increase.

The Central Oregon Regional Health Assessment² shows that Deschutes County is the most urban of the three counties in Central Oregon. Only 27.6 percent of residents live in rural designations, compared to 48.02 percent in Crook and 63.12 percent in Jefferson.

According to the United States Census Bureau³ 88.2 percent of Deschutes County falls under the White alone, not Hispanic or Latino category. The second largest group, the Hispanic or Latino population makes up 7.6 percent of Deschutes County.

Deschutes County has fewer dependent-age residents for every working-age resident and a higher per capita income than any other county in the region.



² See www.cohealthcouncil.org for the complete plan and data

³ Visit <http://quickfacts.census.gov/qfd/states/41/41017.html> for this information

Community health needs assessment background and collaboration

St. Charles conducted this CHNA to analyze the health status of the communities we serve in Central Oregon. Based on research outcomes, we will align our programs and services to address, identify and prioritize local and regional health concerns.

Data collection and analysis methods

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 2013 County Health Rankings
- Central Oregon Health Report produced by the region's public health agencies
- The Healthy Communities Institute (HCI)

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 12.

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 approximately 800 residents throughout the four communities (Bend, Redmond, Prineville and Madras) 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. The full DHM Research questionnaire and results can be found in *Appendix II: DHM Community Needs Assessment process & questionnaire* and *Appendix III: St. Charles Health System aggregate DHM results*.
- **Community stakeholder interviews:** The St. Charles Health System Community Benefit department conducted meetings and interviews with over 52 organizations and key stakeholders throughout the health system's service area, with representation from Bend, Redmond, Prineville, Sisters, Madras and La Pine. The interviewees included persons with special knowledge or expertise in public health and persons who represent the medically underserved and vulnerable populations throughout the Central Oregon region, including the St. Charles Redmond defined community. The majority of these took place at the interviewee's location. The recommendations from these organizations were compiled and considered while selecting the significant health needs for the local communities. For a comprehensive list of those organizations that participated please see *Appendix I: St. Charles Redmond community assets and interview participants*.

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 a series of telephone 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, but as stated previously, to the extent that health status differs between Deschutes County and the St. Charles Redmond defined community, health information was not available at that granularity.

Summary of key findings

County Health Rankings health indicators

The 2103 County Health Rankings define Deschutes County as the **seventh healthiest county in the state of Oregon**, out of the 33 ranked⁴. 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

Deschutes County Rankings	
Score Type	Ranking out of 33
Health Outcomes	7
Health Factors	5
Overall:	7

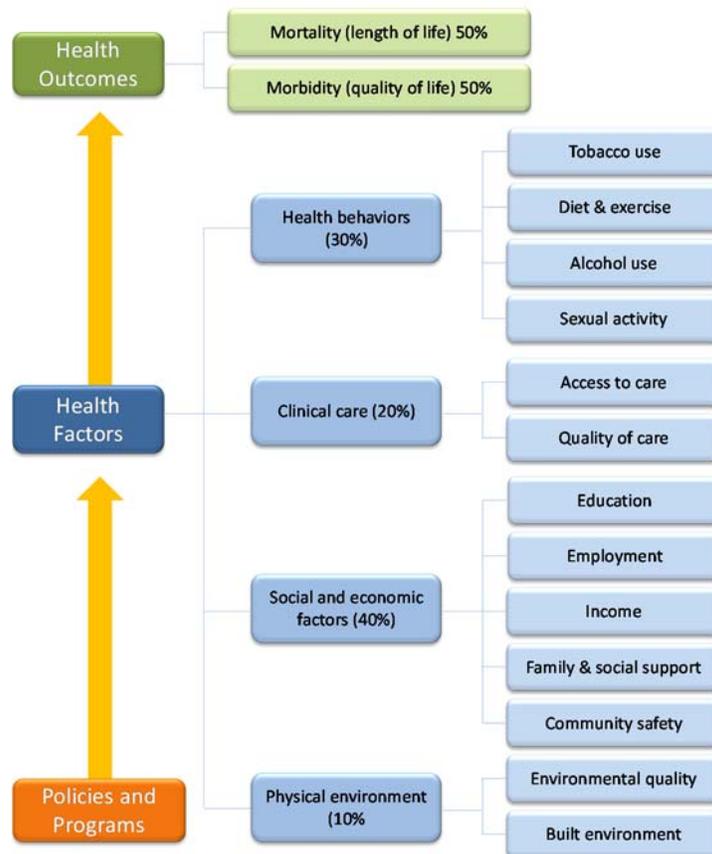
Of the health factors, the County Health Rankings suggest the following areas be examined more closely for Deschutes County:

- Adult smoking
- Adult obesity
- High school graduation rate
- Unemployment

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.

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

⁴ More information can be found at <http://www.countyhealthrankings.org/app/#/oregon/2013/deschutes/county/outcomes/overall/snapshot/by-rank>



County Health Rankings, “Our Approach” Model, retrieved at <http://www.countyhealthrankings.org/about-project/rankings-background>.

Central Oregon Regional Health Assessment

In 2010, public and private health leaders in Central Oregon banded 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 (COHC), this body serves as the governance entity for the region’s Coordinated Care Organization, the payer for the region’s Medicaid population. St. Charles Health System was a founding member of this Council, and still serves as a key Board member and strategic driver of their mission.

Under the direction of the COHC, the public health departments of Crook, Deschutes and Jefferson counties collaborated over a nine-month period with many other regional partners to write the initial Regional Health Improvement Plan, and the subsequent Central Oregon Regional Health Assessment (CORHA) in 2012 for the tri-county region. Lead by the executive

directors of each of the three county health departments who are acknowledged as experts in their fields for their particular communities, they 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 medically underserved. These organizations and those listed below are thought of as partners in this document and in the pursuit of meeting the needs herein. They include:

- Advantage Dental
- Central Oregon Independent Practice Association
- Confederated Tribes of Warm Springs Health & Human Services
- Deschutes County Children & Families Commission
- Volunteers in Medicine
- Mosaic Medical
- Ronald McDonald House Charities of Central Oregon
- Family Access Network
- KIDS Center
- Healthy Beginnings: 12 Point Kid Inspection
- United Way of Deschutes County

This report relies on multiple sources of data including the Centers for Disease Control and Prevention, U.S. Census Bureau's census statistics, Oregon Health Authority Department of Public Health's public health and community data and many others. This report is clear to point out that although there is a lot of information out there, not all indicators collected nationwide are applicable to many rural populations including Crook and Jefferson counties.

The CORHA created a list of 10 priority areas for the Central Oregon region including:

- Disparity/inequity—race, ethnicity and socioeconomic factors
- Access to resources—including services or assistance
- Early childhood wellness
- Food insecurity
- Oral health
- Safety, crime and violence
- Chronic disease—including cancer, cardiovascular disease, diabetes, etc.
- Alcohol, drug and tobacco use
- Behavioral health
- Healthy environments—both built and natural environments

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

By having such a diverse list of contributors to the COHRA, the information provided represents input from persons with broad interests throughout the community that each of the St. Charles

Health System facilities serves. To see the full report, please visit <http://www.cohealthcouncil.org/documents/>.

Healthy Communities Institute health needs and assets

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 system will measure and track 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. They created a unique dashboard for each of the communities served by a St. Charles facility. To view these dashboards, please visit <http://www.stcharleshealthcare.org/Healthy-Communities/CHNA>.

The following indicators were of highest concern for Deschutes County and the St. Charles Redmond defined community:

 <p>Red < 91.6 Green >= 94.6 In-between = Yellow Unit: percent View the Legend</p>	<h3>Children with Health Insurance</h3> <p>Value: 87.3 percent</p> <p>Measurement Period: 2012</p> <p>Location: County : Deschutes Located in State: Oregon</p> <p>Comparison: U.S. Counties</p> <p>Categories: Health / Access to Health Services Health / Children's Health</p>
<p>What is this Indicator?</p> <p>This indicator shows the percentage of children ages 0-17 that have any type of health insurance coverage.</p>	



Red > 39.0
 Green <= 37.0
 In-between = Yellow
 Unit: percent
[View the Legend](#)

Adults who are Overweight

Value:	41.0 percent
Measurement Period:	2006-2009
Location:	County : Deschutes Located in State: Oregon [View Every County]
Comparison:	OR Counties
Categories:	Health / Exercise, Nutrition, & Weight Health / Diabetes Health / Heart Disease & Stroke

What is this Indicator?

This indicator shows the percentage of adults who are overweight according to the Body Mass Index (BMI). The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units ($BMI = \text{Weight (Kg)} / [\text{Height (m)}^2]$). A BMI between 25 and 29.9 is considered overweight.



Red > 328.9
 Green <= 280.3
 In-between = Yellow
 Unit: cases/100,000 population
[View the Legend](#)

Chlamydia Incidence Rate

Value:	382.7 cases/100,000 population
Measurement Period:	2012
Location:	County : Deschutes Located in State: Oregon [View Every County]
Comparison:	OR Counties
Categories:	Health / Immunizations & Infectious Diseases

What is this Indicator?

This indicator shows the chlamydia incidence rate in cases per 100,000 population.



Red > 159.8
 Green <= 138.1
 In-between = Yellow
 Unit: cases/100,000
 males

[View the Legend](#)

Prostate Cancer Incidence Rate

Value: 173.8 cases/100,000 males

Measurement Period: 2006-2010

Location: County : Deschutes
 Located in State: Oregon
 [[View Every County](#)]

Comparison: U.S. Counties

Categories: Health / Cancer
 Health / Men's Health

What is this Indicator?

This indicator shows the age-adjusted incidence rate for prostate cancer in cases per 100,000 males.



Red > 126.5
 Green <= 115.6
 In-between = Yellow
 Unit: cases/100,000
 females

[View the Legend](#)

Breast Cancer Incidence Rate

Value: 129.5 cases/100,000 females

Measurement Period: 2006-2010

Location: County : Deschutes
 Located in State: Oregon
 [[View Every County](#)]

Comparison: U.S. Counties

Categories: Health / Cancer
 Health / Women's Health

What is this Indicator?

This indicator shows the age-adjusted incidence rate for breast cancer in cases per 100,000 females.



Red < 79.9
 Green >= 84.3
 In-between = Yellow
 Unit: percent
[View the Legend](#)

Pap Test History

Value:	79.8 percent
Measurement Period:	2006-2009
Location:	County : Deschutes Located in State: Oregon [View Every County]
Comparison:	OR Counties
Categories:	Health / Cancer Health / Women's Health

What is this Indicator?

This indicator shows the percentage of women aged 18 and over who have had a Pap smear in the past three years.



Red > 3.0
 Green <= 2.1
 In-between = Yellow
 Unit: percent
[View the Legend](#)

Households with Cash Public Assistance Income

Value:	3.4 percent
Measurement Period:	2007-2011
Location:	County : Deschutes Located in State: Oregon [View Every County]
Comparison:	U.S. Counties
Categories:	Economy / Government Assistance Programs Economy / Poverty

What is this Indicator?

This indicator shows the percentage of households receiving cash public assistance income.



Red > 8.1
 Green <= 6.5
 In-between = Yellow
 Unit: percent
[View the Legend](#)

Unemployed Workers in Civilian Labor Force

Value:	8.1 percent
Measurement Period:	September 2013
Location:	County : Deschutes Located in State: Oregon [View Every County]
Comparison:	U.S. Counties
Categories:	Economy / Employment

What is this Indicator?

This indicator describes civilians, 16 years of age and over, who are unemployed as a percent of the U.S. civilian labor force.



Red < 55.1
 Green >= 61.1
 In-between = Yellow
 Unit: percent
[View the Legend](#)

Homeownership

Value:	53.9 percent
Measurement Period:	2007-2011
Location:	County : Deschutes Located in State: Oregon [View Every County]
Comparison:	U.S. Counties
Categories:	Economy / Homeownership

What is this Indicator?

This indicator shows the percentage of housing units that are occupied by homeowners.



Student-to-Teacher Ratio

Value:	22.1 students/teacher
---------------	-----------------------

<p>Red > 16.0 Green <= 14.5 In-between = Yellow Unit: students/teacher View the Legend</p>	<p>Measurement Period: 2010-2011</p> <p>Location: County : Deschutes Located in State: Oregon [View Every County]</p> <p>Comparison: U.S. Counties</p> <p>Categories: Education / School Environment Education / School Resources</p>
<p>What is this Indicator?</p> <p>This indicator shows the average number of public school students per teacher in the region. It does not measure class size.</p>	

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

 <p>Red < 83.7 Green >= 85.5 In-between = Yellow Unit: percent View the Legend</p>	<p>Self-Reported General Health Assessment: Good or Better</p> <p>Value: 90.6 percent</p> <p>Measurement Period: 2006-2009</p> <p>Location: County : Deschutes Located in State: Oregon [View Every County]</p> <p>Comparison: OR Counties</p> <p>Categories: Health / Wellness & Lifestyle</p>
<p>What is this Indicator?</p> <p>This indicator shows the percentage of adults who answered good, very good, or excellent to: "How is your general health?"</p>	



Red < 22
 Green >= 34
 In-between = Yellow
 Unit: dentists/100,000
 population

[View the Legend](#)

Dentist Rate

Value: 79 dentists/100,000 population

Measurement Period: 2011-2012

Location: County : Deschutes
 Located in State: Oregon
 [[View Every County](#)]

Comparison: U.S. Counties

Categories: Health / Oral Health
 Health / Access to Health Services

What is this Indicator?

This indicator shows the rate of dentists per 100,000 population.



Red < 73.2
 Green >= 75.3
 In-between = Yellow
 Unit: percent

[View the Legend](#)

Mothers who Received Early Prenatal Care

Value: 81.7 percent

Measurement Period: 2012

Location: County : Deschutes
 Located in State: Oregon
 [[View Every County](#)]

Comparison: OR Counties

Categories: Health / Maternal, Fetal & Infant Health
 Health / Family Planning

What is this Indicator?

This indicator shows the percentage of births to mothers who began prenatal care in the first trimester of their pregnancy.



Red > 13.6
 Green <= 11.7
 In-between = Yellow
 Unit: cases/100,000
 population

[View the Legend](#)

Oral Cavity and Pharynx Cancer Incidence Rate

Value: 7.7 cases/100,000 population

Measurement Period: 2006-2010

Location: County : Deschutes
 Located in State: Oregon
 [[View Every County](#)]

Comparison: U.S. Counties

Categories: Health / Cancer
 Health / Oral Health

What is this Indicator?

This indicator shows the age-adjusted incidence rate for oral cavity and pharynx cancer in cases per 100,000 population.



Red > 52.6
 Green <= 46.6
 In-between = Yellow
 Unit: cases/100,000
 population

[View the Legend](#)

Colorectal Cancer Incidence Rate

Value: 37.5 cases/100,000 population

Measurement Period: 2006-2010

Location: County : Deschutes
 Located in State: Oregon
 [[View Every County](#)]

Comparison: U.S. Counties

Categories: Health / Cancer

What is this Indicator?

This indicator shows the age-adjusted incidence rate for colorectal cancer in cases per 100,000 population.



Red > 22.4
 Green <= 18.4
 In-between = Yellow
 Unit: percent
[View the Legend](#)

Adults who Smoke

Value: 14.1 percent

Measurement Period: 2006-2009

Location: County : Deschutes
 Located in State: Oregon
[\[View Every County \]](#)

Comparison: OR Counties

Categories: Health / Substance Abuse

What is this Indicator?

This indicator shows the percentage of adults who currently smoke cigarettes.



Red > 19.2
 Green <= 15.0
 In-between = Yellow
 Unit: percent
[View the Legend](#)

Mothers who Smoked During Pregnancy

Value: 9.4 percent

Measurement Period: 2012

Location: County : Deschutes
 Located in State: Oregon
[\[View Every County \]](#)

Comparison: OR Counties

Categories: Health / Maternal, Fetal & Infant Health
 Health / Substance Abuse

What is this Indicator?

This indicator shows the percentage of births that were to mothers who smoked and/or used tobacco during pregnancy.

Surveys—top unmet needs

During the second quarter of 2013, St. Charles Health System contracted with Davis, Hibbits and Midghall (DHM) Research to perform a needs assessment to aid in determining the health-related priorities of the population residing in Central Oregon. Approximately 800 telephone surveys were conducted across the St. Charles hospitals—close to 200 in each community served by St. Charles. A full description of the survey process and a listing of the survey questions can be found in *Appendix II: DHM Community Needs Assessment process & questionnaire*.

The DHM report provided valuable information for St. Charles Health System and the CHNA. Observations specific to St. Charles Redmond include the following:

No single health issue dominated the Central Oregon region, but many residents felt that an increase in jobs opportunities would produce the greatest improvements in community health.

- More than one-third (34 percent) of residents said that jobs would most improve the health of their community.
- Community health is important to the communities of Central Oregon, but it is not the highest priority for the majority of residents.

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

- Obesity
- Cancer
- Substance abuse

Suggestions for specific health improvements included both education and nutrition and access to healthy food.

Health care access and quality were highly rated in each community by a large majority of residents.

- More than 75 percent of those interviewed rated *access and availability of health care* as ‘good’ or ‘very good’ in their community.
- More than 80 percent also rated the *quality of health care* as ‘good’ or ‘very good’.

In addition to being a large employer, the high ratings of health access and quality in Central Oregon has placed St. Charles as a community leader in the minds of the public.

Besides cost, the biggest obstacle to getting medical care was the wait time to get an appointment.

- While other obstacles paled in comparison to cost (which prevented more than four in 10 residents from getting care ‘almost always’ or ‘many times but not always’) *the time it took to get an appointment was the second biggest obstacle*.
- Cost was a much bigger obstacle to obtaining care among lower-income and younger residents. It prevented more than half of those earning less than \$45,000 from getting care ‘many times’ or ‘almost always’ compared to just 14 percent of those making above

\$75,000, and more than half of those ages 18-34 compared to just a quarter of those ages 55 and older.

Similar to other communities, Redmond residents first turned to their doctor or health professional for both medical care and health information.

- Forty-four percent of residents stated that they would go to a doctor or health professional for non-life threatening medical care while 25 percent would go to a walk-in clinic or urgent care facility.
- Women were more likely to get health information from their doctor than men; higher income earning individuals were also more likely than their lower income earners, to get health information from the same source.
- More than 50 percent of Redmond residents said a doctor or health professional was their most common source for health information while 40 percent answered “the internet”. Primary care providers and other health professionals remain the best outreach into the community per Central Oregon residents.

The full primary research telephone survey report can be found in *Appendix III: St. Charles Health System aggregate DHM results.*

St. Charles Redmond identified health needs

After both the secondary and primary research components were complete, a list of community needs important to the St. Charles Redmond community was compiled as follows:

1. Jobs/Job Security

The County Health Rankings data revealed that the rate of unemployment in Deschutes County was 12.4 percent in 2013, much higher than the state average (9.5 percent) and the national benchmark (five percent). According to those surveyed by DHM Research, more than one-third (34 percent) of residents said that jobs would improve the health of their community most.

2. Poverty

The County Health Rankings show that the percentage of children in poverty (20 percent) is higher than the national benchmark (14 percent).

3. Obesity

Per HCI more than 41 percent of adults are overweight in Deschutes County, ranking the county in the bottom 25th percentile for the state. According to the DHM Research survey, the Redmond community believes that obesity is one of the top-rated health issues and that both education and nutrition and access to healthy food would most improve the health of their community.

4. Chronic disease prevention

Those surveyed by DHM Research in the community stated that chronic disease (cancer specifically) was one of the top rated health issues in the region. According to HCI, Deschutes County also has a higher than average rate of breast cancer incidence (129.5 cases/100,000 females) and prostate cancer incidence (173.8

cases/100,000 males). COHRA lists chronic disease as one of its 10 priority areas for the Central Oregon region.

5. Childhood preventive health and education

The County Health Rankings show that only 64 percent of Deschutes County high school students in grade nine graduates within four years compared to the state average of 68 percent. HCI data shows that the student-to-teacher ratio in Deschutes County schools is 22.1 students for every teacher—giving a rough idea of the amount of individualized attention from teachers that is available to each student, a number that has increased over time. HCI also states that 20.1 percent of teens smoke, a health behavior pattern which if formed in adolescence plays a crucial role in health throughout the rest of their life, putting these teens at a greater risk for smoking-related illness and death. COHRA lists early childhood wellness as one of its 10 priority areas for the Central Oregon region.

6. Behavioral health—including substance abuse

County Health Rankings state that 17 percent of the population drinks excessively, a higher rate than both the state average (16 percent) and national benchmark (7 percent). CORHA lists Behavioral Health as one of its 10 priority areas for the Central Oregon region as suicide is claiming nearly as many lives as motor vehicle accidents in Deschutes County alone. CORHA also estimates that more than 9,000 adults in the tri-county region have serious mental illness.

7. Tobacco use

County Health Rankings state that 12 percent of adults smoke in Deschutes County, making it about even with the national benchmark. HCI also states that 20.1 percent of teens smoke, compared to 11.9 percent state average. The COHRA lists alcohol, drug and tobacco use as one of its 10 priority areas for the Central Oregon region.

Potential measures and resources for significant health needs

In order to serve the St. Charles Redmond community, a number of community organizations and assets must partner to ensure all of our population's needs are met. No one organization can be responsible for each and every one of the community needs. By having a system of partners, a comprehensive care structure is created to aid in improving the overall health of the St. Charles Redmond community. A comprehensive list of St. Charles Redmond community assets can be found in *Appendix I: St. Charles Redmond community assets and interview participants*.

The table below provides potential measures for each of the significant health needs identified for the St. Charles Redmond community. These measures, and potentially additional items, will be monitored by the Community Benefit department throughout this CHNA period.

**St. Charles Redmond Community Health Needs
Potential Measures and Resources**

Significant Need	Potential Measures	Resources⁵
1. Jobs/job security	<ul style="list-style-type: none"> ▪ County Health Rankings unemployment rating 	WorkSource Oregon, Oregon Unemployment Office, Central Oregon Intergovernmental Council
2. Poverty	<ul style="list-style-type: none"> ▪ County Health Rankings poverty rating ▪ Healthy Communities Institute Dashboard poverty-related ratings 	NeighborImpact, Central Oregon Partnership to End Poverty, United Way, Central Oregon Veteran’s Outreach, Housing Works, Department of Human Services
3. Obesity	<ul style="list-style-type: none"> ▪ County Health Rankings obesity and physical activity rating and limited access to healthy food rating ▪ Healthy Communities Institute Dashboard obesity and overweight rating 	St. Charles Redmond, local provider community, Redmond School District, Kids in the Game, Boys and Girls Club, Redmond Area Parks and Recreation District, Work Well Central Oregon , local area gyms
4. Chronic disease prevention	<ul style="list-style-type: none"> ▪ Healthy Communities Institute Dashboard chronic disease preventive measure ratings 	St. Charles Redmond, Central Oregon Independent Practice Association, Mosaic Medical, Deschutes County Health Services, Central Oregon Health Council, local provider community
5. Childhood preventive health and education	<ul style="list-style-type: none"> ▪ Healthy Communities Institute Dashboard childhood preventive health and education related ratings 	St. Charles Redmond, Central Oregon Pediatric Associates, Deschutes County Health Services, Redmond School District, Kids in the Game, Boys and Girls Club, Redmond Area Parks and Recreation District, local provider community
6. Behavioral health—including substance abuse	<ul style="list-style-type: none"> ▪ County Health Rankings health behaviors rating ▪ Healthy Communities Institute Dashboard behavioral health ratings 	St. Charles Behavioral Health Services, BestCare Treatment Services, Deschutes County Mental Health, local provider community
7. Tobacco use	<ul style="list-style-type: none"> ▪ County Health Rankings smoking rating 	St. Charles Redmond, local

⁵ Those resources listed are not meant to be all-encompassing, but instead an example of potential resources

St. Charles Redmond prioritized needs

The list of significant community needs was reviewed in order to prioritize and select the Redmond facility/community priorities for 2013-2016. When creating this list, the group considered the:

- **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**

With all of the above in mind, the following priorities were selected for 2013-2016:

- **Childhood preventive health and education**
 - The County Health Rankings suggested that high school graduation rate be examined more closely for Deschutes County, as they show that only 64 percent of Deschutes County high school students in grade nine graduates within four years compared to the state average of 68 percent
 - The COHRA listed both early childhood wellness and oral health as priorities for all of Central Oregon
 - HCI data shows that the student-to-teacher ratio in Deschutes County schools is 22.1 students for every teacher—giving a rough idea of the amount of individualized attention from teachers that is available to each student, a number that has increased over time
 - HCI also states that 20.1 percent of teens smoke, a health behavior pattern which if formed in adolescence plays a crucial role in health throughout the rest of their life, putting these teens at a greater risk for smoking-related illness and death
- **Obesity**

Obesity was selected as one of the priorities for many reasons, including:

 - Obesity is a risk factor associated with many other conditions, including heart disease, a top health issue listed by the community surveyed by DHM
 - According to HCI over 41 percent of Deschutes County residents are overweight
 - St. Charles has incorporated obesity as a metric into its overall strategic plan and will be monitoring the improvement progress

St. Charles Health System believes it will make a positive impact in both of these areas in the St. Charles Redmond population overall more so than the other significant health needs, due to both internal resources and external partnerships. The detailed outline of how these

improvements will be made over the next three years can be found in the St. Charles Redmond CHNA implementation plan.

Next Steps—implementation plan

The St. Charles Redmond CHNA identified needs and selected priorities that will be the basis for the subsequent St. Charles Redmond CHNA implementation plan. The implementation plan 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. It will showcase the St. Charles Health System hospital facilities plans to improve upon the selected prioritized health needs and move the dial toward community health improvement.

Special thanks

We would like to give a special thanks to all those who partnered with the St. Charles Health System Community Benefit department in creating this CHNA. Along with all the external organizations and individuals who provided input, we would like to give a special thanks to all those internal departments and caregivers who participated in this process.

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Appendices

Appendix I: St. Charles Redmond community assets and interview participants

Abilitree – Tim Johnson, Work Center Director

Provides jobs, training, community service and independent living opportunities for people with disabilities

Advantage Dental

Largest provider of dental care services for Medicaid and indigent adults and children in the region

Advantage Smiles for Kids

Orthodontics and related dental care to at-risk children of low-income families

ALS Association of Oregon and SW Washington

ALS resources and support, adult respite care, general health education programs, medical equipment provision, referrals, speech aid

American Legion

Advocacy, recreation, referrals for veterans

American Red Cross – Paul Dickinson, Interim Executive Director

Disaster relief, disaster preparedness, local training and education, first aid, CPR, cardiac emergency training

Bakestarr

Type 1 diabetes information and referrals

Barbara's Place

Supportive housing for persons living with disabilities

Bend Area Habit for Humanity

Affordable housing

Best Care Treatment – Rick Treleaven, Executive Director

Drug and alcohol rehabilitation

Bethlehem Inn – Gwenn Wysling, Executive Director

Emergency shelter

Big Brother Big Sisters of Central Oregon

Community-based mentoring program that matches disadvantaged youth ages 6-18, predominantly from low-income, single-parent households with adult volunteer mentors

Birthing and Beyond

Childbirth preparation; parenting support and classes

Boys and Girls Clubs of Central Oregon – Nate Wyeth, Melissa MacManiman

Youth development

CASA of Central Oregon

Child abuse prevention and intervention; social services and legal navigation

Cascades East Transit

Transportation

CO Autism Spectrum Resource & Family Support Group

Autism support group, public lectures, information, and referral

Central Oregon Chapter of Compassionate Friends

Support for grieving the loss of a child

Central Oregon Community College

Education resources

Central Oregon Council on Aging (COCOA) – Pamela Knorr, Executive Officer

Advocacy, family caregiver support program, health insurance counseling, health and wellness, information and referral services, legal services, long term care ombudsman program, housekeeping and personal care services, outreach, volunteer opportunities, home meal deliveries, nutrition counseling,

Cascade Child Treatment Center, Inc.

Child psychiatric treatment

Central Oregon AA Intergroup Inc.

Alcoholics Anonymous meetings, mental health, crisis intervention and substance abuse treatment

Central Oregon Disability Support Network – Michelle Harper, Dianna Hansen, Stephanie Ultzman

Support, information, education for individuals and families of those with disabilities

Central Oregon Down Syndrome Network

Health education; parent support groups

Central Oregon Veteran Outreach – Chuck Hemingway, Executive Director

Medical, shelter, food, and other Assistance to the Veterans and Homeless veterans

Central Oregon Food Policy Council – Jane Sabine-Davis, Treasurer

Helping to secure the future of the local food system

City Care Clinic - Tamie Brown, Clinic Manager

Medical clinic; weekly dental vans

Department of Human Services

Food benefits, medical coverage eligibility services, cash assistance for low-income families, adult and child protective services, adoption services, domestic violence services

Deschutes Children's Foundation

Provides campuses for not-for-profits

Deschutes County Health Department - Tom Kuhn, Community Health Program Manager, Mary Goodwin, Maggi Machala, Kate Moore, Laura Spaulding
Mental and physical health programs, public health, child and family services, maternal health services

Family Access Network - Julie Lyche, Executive Director
Various health and human service needs addressing children

Family Resource Center

Hub for parenting education and support; parenting classes, discussion groups, 2-1-1 helpline

FISH

Food pantries

Full Access Brokerage

Services for special needs adults

Full Circle Outreach Center

Year round clothing closet for families and individuals in need. Hygiene supplies, baby supplies, kitchen items, household furnishings, bedding, Homeless supplies, children's back packs/school supplies, cleaning supplies and much more.

Goodwill Industries

Enhance the dignity and quality of life of individuals and families by strengthening communities and eliminating barriers to opportunity, and learning through the power of work

Grandma's House of Central Oregon - Woody Medeiros, Executive Director

Pregnancy resources for women aged 12-19

Hanger Prosthetics and Orthotics

Amputee empowerment, support groups

Healing Reins

Therapeutic riding center for riders with special needs, troubled youth, cancer patients

Healthy Beginnings - Holly Remer, Executive Director

Health and developmental screenings for children aged birth- age five

Healthy Families of the High Desert – Kathy Thompson, Program Manager

Services to high-need first time parents of children birth to 3 years; home visits, education on child development, positive parenting, child health and safety, community referrals

Healthy Kids - Holly Remer, Executive Director

Connect kids to OHP services

Hearing Loss Association of Central Oregon

Hearing loss support

Heart of Oregon Corps

Reduces poverty, stimulates economic growth, and maintains the natural environment of Central Oregon through youth and young adult job skills training and educational programming.

High Desert Education Services District - Paul Andrews, Deputy Superintendent
Early childhood intervention

Hospice of Redmond
End of life support; grief support

House of Hope
Housing assistance, shelter

Housing Works
Serves seniors, veterans, special needs, workforce, farm workers, and homeless in Central Oregon. provide access to well-maintained communities, homeownership opportunities and financial assistance

Hunger Prevention Coalition of Central Oregon
Public and private groups addressing hunger in Central Oregon

J Bar J Youth Services - Melanie Parker, Operations Manager
Services for at-risk youth and their families; Academy at Sisters, Big Brothers Big Sisters of Central Oregon, Cascade Youth and Family Services, J Bar J Boys Ranch, J Bar J Learning Center

Jericho Road
Support to homeless

KIDS Center - Shelly Smith, Executive Director
Child abuse intervention center

Kids in the Game - John Ballentine, Founder, Natalie Hummer, Founder and Executive Director
Services to inspire kids to thrive in life through resources that involve kids in sports

Kidtalk, Oregon Scottish Rite Clinics
Hearing screenings, speech and language therapy

Latino Community Association - Brad Porterfield, Executive Director
Referrals to community resources for housing, food, health, legal, translation services and job connections

Meals on Wheels
Meals for sick and elderly

Methamphetamine Action Coalition
Grassroots organization in Central Oregon comprised of local citizens, business professionals, treatment professionals, and government agencies who have come together to fight the scourge of meth, and other drugs in the community

Mosaic Medical - Elaine Knobbs, Program Development
Medical clinic with a sliding scale for patients with limited or no medical insurance, OHP/Healthy Kids, private insurance and Medicare

Mt. Bachelor Sports Education Foundation

Free sports physicals with health and wellness fair and free helmets; a not-for-profit organization whose guiding philosophy is to encourage academic achievement and promote the positive values of competitive alpine, cross country, snowboarding/free ride and cycling

Neighbor-Impact / Head Start

Head Start, child care resources; energy assistance, tax help, food program, Nancy's House Family Shelter. The organization works to break the cycle of poverty by helping remove the barriers that prevent people from achieving economic self-sufficiency

New Priorities Family Services

Youth and family counseling, outpatient mental health and drug/alcohol services for youth, families and adults, help for those with OHP, no insurance and sliding scale fees

Opportunity Foundation of Central Oregon

Independent living services for adults with disabilities

Partnership to End Poverty

Initiative to bring the region together to help our low-income neighbors become financially stable

Pregnancy Resource Centers of Central Oregon - Leslie Smith, Redmond PRC Director

Pregnancy resources for women aged 12-19

Ronald McDonald House – Kristy Krugh, Executive Director

Home away from home for families of pediatric patients who travel to Bend for medical treatment, as well as women with high-risk pregnancies

Redmond Alano Club

12 step recovery

Redmond Parks and Recreation Department - Katie Hammer, Executive Director

Swim programs, fitness center, sports programs, senior center and senior resources

Residential Housing, Inc.

Low income housing

Saving Grace – Janet Huerta, Executive Director

Domestic violence and sexual assault services

Seventh Day Adventist

Food pantries, general clothing provision

Sparrow Clubs

Helping kids help kids in medical need

St. Vincent de Paul Redmond Conference

Human services, food boxes, rent assistance, utility assistance, clothing, home items, outreach and referral services

The Giving Plate

Food relief and outreach ministry

The Salvation Army Bend Corps Church

Emergency food distribution, rent/housing assistance, utility assistance and prescriptions

United Way – Ken Wilhelm, Executive Director

Central Oregon 211 - resource directory, FamilyWize prescription drug discount card program, raises money for partner agencies

Veterans of Foreign Wars

Veteran support and assistance

Volunteer Connect, Project Connect

Volunteer center, one day outreach to homeless including medical, dental, clothing, food, veterinary, children's services, financial and legal advice and education assistance. Project Mobile Connect provides outreach to those who are unable to attend Project Connect

Volunteers in Action – Douglass Myers, President

Volunteers assist elderly and individuals with disabilities; transportation, shopping, small chores, build ramps, etc.

Volunteers in Medicine – Kat Mastrangelo

Provides health care on a donation basis to working adults in Deschutes County with no medical insurance or means to pay for care

Willing to Help

Help for people in need including housing expenses, auto repairs and medical expenses

Women's Resource Center of Central Oregon

Education, training, counseling (sliding scale) support services and resource referrals

Vocational Rehabilitation Services

Assist individuals with disabilities in getting and keeping a job that matches their skills, interests and abilities

Appendix II: DHM Community Needs Assessment process & questionnaire



PREPARED FOR:

ST. CHARLES HEALTH SYSTEM

Health Needs Community Survey

July 2013

PREPARED BY:

DHM RESEARCH

(503) 220-0575 • 239 NW 13th Ave., #205, Portland, OR 97209 • www.dhmresearch.com

1. | INTRODUCTION AND METHODOLOGY

Davis, Hibbitts & Midghall, Inc. (DHM Research) conducted a telephone survey in Bend, Prineville, Madras, and Redmond to assess residents' needs and priorities about health care in Central Oregon. The objective of the study was to determine the health needs of each community.

Research Design:

- Scientific random sample survey of 757 Central Oregon residents ages 18 and over: 200 in Bend, 200 in Prineville, 200 in Redmond, and 157 in Madras
- Conducted June 27 to July 2, 2013
- 10 minute survey (34 questions)
- Set quotas for age and gender to reflect county population
- Quality control measures including pre-testing, validations, and monitoring calls

Statement of Limitations: Any sampling of opinions is subject to a margin of error. The margin of error is a standard statistical calculation that represents differences between the sample and total population at a confidence interval, or probability, calculated to be 95%. This means that there is a 95% probability that the sample taken for this study would fall within the stated margins of error if compared with the results achieved from surveying the entire population.

The margin of error for a 757 sample of this population falls between +/-2.1% and +/-3.6% at the 95% confidence level for each question in the survey. The margin of error for a 200 sample is between +/-4.2% and +/-6.9%. The margin of error differs for each question depending upon the response patterns to individual questions. When response categories are relatively even in size, each response is numerically smaller and those less able to approximate the larger population.

DHM Research: DHM Research has been providing opinion research and consultation throughout the Pacific Northwest and other regions of the United States for over three decades. The firm is non-partisan and independent and specializes in research projects to support public policy-making. www.dhmresearch.com

St. Charles Health System Community Needs Assessment Study
Bend, Redmond, Madras, Prineville
N=800 total (n=200 each area); residents age 18+
10 minutes (25-30 questions)
DHM Research

Hi, my name is _____. I'm with an opinion research firm in Oregon. I'm not selling anything. I have some questions about issues that are important to your community. This shouldn't take too long. And your responses will help improve health care in your area.

I have some general questions about your community.

1. Overall, would you say access and availability to health care in your community is very good, good, poor, or very poor?
2. Do you feel the quality of health care in your community is very good, good, poor, or very poor?
3. Do you believe the number one health issue or concern in your community is: (Rotate; read list)
 - a. Heart disease
 - b. Cancer
 - c. Diabetes
 - d. Obesity
 - e. Mental health
 - f. Substance abuse
 - g. Dental health
 - h. Or, something else (Probe and specify; keep as last response)
4. Which of the following would most improve the health of your community? (Rotate; read list)
 - a. Jobs
 - b. Education
 - c. Mental health program
 - d. Wellness and prevention
 - e. Substance abuse program
 - f. Nutrition and access to healthy food
 - g. Safe and easy access to be outdoors
 - h. Dental health

Now I have some questions about your household.

5. What is the number one health issue or concern for you and your family? (Open, probe for specific comments)

When it comes to your own health or your family's health, do the following keep you from getting medical care almost always, many times but not always, not that often, or never? (Rotate list)

6. Cost or it's too expensive
7. Location of where you need to go
8. Fear or being scared
9. You don't have transportation
10. Language barrier
11. You don't have childcare
12. Takes too long to get an appointment
13. Time away from work

Would the following health information be very useful, somewhat useful, not too useful, or not at all useful to you and your family?

14. Obesity prevention and healthy food information
15. Mother and baby wellness care like prenatal, vaccinations, immunizations
16. Dental care
17. Substance abuse
18. Mental health
19. If you or someone in your household needed medical care that is not life-threatening, would you first go to: (Rotate; read list)
 - a. Your doctor or health professional
 - b. A walk-in clinic or urgent care
 - c. A health clinic or health department
 - d. A hospital or emergency room
 - e. A family member
 - f. Or, you would not seek care (keep as last response)

20. Where do you and your family get most of your health information? (Probe, accept up to 3 mentions)

(add to code list: Internet / Web; doctor / health professional; hospital; family and friends)

21. Do you have a family physician or nurse practitioner?
22. Do you and your family have access to mother and baby care? Let me know if you wouldn't ever need this type of care.
23. Have you personally had a routine physical exam in the past two years?
24. Are you up to date on your vaccinations and immunizations?
25. Is your family up to date on vaccinations and immunizations?
26. Do you have health insurance?
27. Do you have dental insurance?

These final questions are very important to make sure we have a good cross-section of the community. Please remember that your answers are confidential and won't be shared.

28. In what year were you born?
29. How many people are in your household? (Record number)
30. Is your total household income (read list)
- Below \$25,000
 - Between \$25,000 and \$35,000
 - \$35,000 to \$45,000
 - \$45,000 to \$55,000
 - \$55,000 to \$65,000
 - \$65,000 to \$75,000
 - \$75,000 to \$85,000
 - \$85,000 to \$100,000
 - \$100,000 to \$125,000
 - Greater than \$125,000
31. What is your highest level of education?
- a. Some high school or less
 - b. High school graduate
 - c. Some college or technical school
 - d. College graduate
 - e. Post college
32. Is your racial identity or ethnicity: (Read list)
- a. White / Caucasian
 - b. Black / African American
 - c. Native American
 - d. Asian
 - e. Hispanic
 - f. Multi-racial
33. (DO NOT ASK) Gender
34. (FROM SAMPLE) City

Appendix III: St. Charles Health System aggregate DHM results

St. Charles Health System Community Needs Assessment Study N=757 total (n=200 each area Bend, Prineville, Redmond, Madras) 10 minutes; June 2013; residents age 18+ DHM Research

S 1. Are you 18 or older?

1. Yes- continue
2. No – ask to speak with someone age 18 or older

1. Overall, would you say access and availability to health care in your community is very good, good, poor, or very poor?

Response Category	N=757	Bend	Prineville	Madras	Redmond	<\$45K
Very good	27%	42%	17%	19%	30%	18%
Good	53%	43%	59%	62%	49%	56%
Poor	11%	8%	16%	13%	8%	14%
Very poor	3%	3%	3%	3%	4%	5%
(DON'T ASK) Don't know	6%	4%	5%	4%	10%	6%

2. Do you feel the quality of health care in your community is very good, good, poor, or very poor?

Response Category	N=757	Bend	Prineville	Madras	Redmond	<\$45K
Very good	29%	46%	21%	14%	33%	21%
Good	52%	45%	55%	63%	49%	56%
Poor	12%	7%	17%	17%	7%	14%
Very poor	3%	1%	4%	4%	5%	5%
(DON'T ASK) Don't know	3%	1%	4%	2%	6%	4%

3. Do you believe the number one health issue or concern in your community is: **(Rotate; read list)**

Response Category	N=757	Bend	Prineville	Madras	Redmond	<\$45K
a. Substance abuse	16%	13%	14%	29%	13%	19%
b. Obesity	15%	11%	12%	18%	20%	16%
c. Cancer	14%	16%	19%	8%	13%	13%
d. Heart disease	10%	15%	9%	10%	6%	10%
e. Diabetes	8%	6%	7%	6%	11%	7%
f. Mental health	6%	13%	3%	4%	6%	5%
g. Dental health	5%	4%	5%	4%	5%	5%
h. Or, something else (Probe and specify; keep as last response)	1% or less	2% or less	1% or less	1% or less	1% or less	1% or less
(DON'T ASK) Don't know	21%	14%	25%	20%	23%	21%

4. Which of the following would most improve the health of your community? **(Rotate; read list)**

Response Category	N=757	Bend	Prineville	Madras	Redmond	<\$45K
a. Jobs	34%	29%	35%	37%	36%	35%
b. Education	14%	12%	9%	16%	18%	15%
c. Wellness and prevention	13%	17%	17%	9%	7%	12%
d. Nutrition and access to healthy food	12%	9%	13%	12%	12%	13%
e. Mental health program	8%	14%	3%	4%	8%	6%
f. Substance abuse program	7%	6%	6%	13%	4%	8%
g. Dental health	4%	3%	8%	3%	3%	6%
h. Safe and easy access to be outdoors	2%	3%	1%	1%	1%	1%
(DON'T ASK) Don't know	7%	7%	9%	4%	10%	4%

Now I have some questions about your household.

5. What is the number one health issue or concern for you and your family? **(Open, probe for specific comments)**

Response Category	N=757	Bend	Prineville	Madras	Redmond	<\$45K
Do not have any/We are healthy	18%	14%	20%	21%	19%	16%
Affordable/access to health insurance	9%	13%	5%	8%	11%	11%
Diabetes	8%	4%	13%	10%	6%	10%
Heart disease/heart issues	4%	6%	3%	5%	3%	4%
Cancer	4%	3%	7%	3%	2%	4%
Staying healthy/staying alive	4%	5%	3%	5%	3%	3%
Eating healthy/nutrition	4%	4%	1%	4%	4%	2%
Obesity/overweight	3%	4%	1%	7%	4%	3%
Dental health	3%	5%	1%	5%	2%	4%
Old age-General	3%	3%	3%	2%	4%	3%
All other responses	2% or less	3% or less	2% or less	3% or less	4% or less	2% or less
None/Nothing	10%	9%	11%	8%	12%	10%
(DON'T ASK) Don't know	4%	6%	6%	3%	2%	5%

When it comes to your own health or your family's health, do the following keep you from getting medical care almost always, many times but not always, not that often, or never? (Rotate list)

Response Category	Almost always	Many times but not always	Not that often	Never	Don't know
6. Cost or it's too expensive					

Response Category	Almost always	Many times but not always	Not that often	Never	Don't know
N=757	20%	22%	21%	35%	2%
Bend	16%	24%	23%	36%	1%
Prineville	22%	23%	18%	36%	1%
Madras	20%	16%	26%	37%	1%
Redmond	23%	22%	18%	34%	3%
<\$45K	27%	26%	18%	27%	2%

Response Category	Almost always	Many times but not always	Not that often	Never	Don't know
7. Location of where you need to go					
N=757	4%	5%	18%	71%	2%
Bend	3%	1%	14%	80%	2%
Prineville	3%	8%	26%	62%	2%
Madras	7%	11%	14%	64%	4%
Redmond	2%	3%	17%	76%	2%
<\$45K	4%	7%	23%	63%	3%
8. Fear or being scared					
N=757	2%	6%	13%	77%	2%
Bend	1%	3%	15%	79%	1%
Prineville	2%	9%	13%	74%	2%
Madras	4%	5%	14%	72%	5%
Redmond	2%	6%	12%	80%	1%
<\$45K	3%	8%	16%	71%	1%
9. You don't have transportation					
N=757	3%	3%	8%	85%	1%
Bend	2%	2%	7%	88%	1%
Prineville	3%	3%	10%	82%	1%
Madras	5%	3%	8%	82%	2%
Redmond	4%	2%	7%	86%	1%
<\$45K	4%	3%	12%	80%	1%
10. Language barrier					
N=757	2%	1%	4%	92%	2%
Bend	0%	0%	4%	95%	1%
Prineville	0%	0%	5%	93%	1%
Madras	6%	1%	3%	85%	4%
Redmond	1%	1%	5%	92%	1%
<\$45K	2%	1%	5%	91%	1%
11. You don't have childcare					
N=757	2%	1%	9%	84%	5%

Response Category	Almost always	Many times but not always	Not that often	Never	Don't know
Bend	1%	0%	7%	90%	2%
Prineville	1%	0%	13%	78%	7%
Madras	1%	0%	10%	85%	5%
Redmond	4%	2%	5%	84%	5%
<\$45K	3%	1%	10%	81%	5%
12. Takes too long to get an appointment					
N=757	8%	11%	26%	52%	2%
Bend	5%	11%	25%	58%	2%
Prineville	9%	11%	27%	51%	2%
Madras	11%	9%	30%	46%	3%
Redmond	6%	13%	25%	54%	2%
<\$45K	9%	13%	27%	48%	3%
13. Time away from work					
N=757	3%	6%	22%	66%	2%
Bend	4%	6%	26%	62%	3%
Prineville	1%	4%	20%	73%	1%
Madras	6%	7%	22%	62%	4%
Redmond	3%	8%	21%	66%	2%
<\$45K	4%	8%	20%	66%	2%

Would the following health information be very useful, somewhat useful, not too useful, or not at all useful to you and your family?

Response Category	Very useful	Smwt useful	Not too useful	Not at all useful	Don't know
14. Obesity prevention and healthy food information					
N=757	20%	26%	17%	35%	2%
Bend	14%	29%	18%	38%	1%
Prineville	23%	22%	16%	38%	1%
Madras	29%	26%	10%	31%	4%
Redmond	14%	29%	23%	33%	1%
<\$45K	21%	26%	16%	36%	2%
15. Mother and baby wellness care like prenatal, vaccinations, and immunizations					
N=757	14%	10%	6%	67%	3%
Bend	10%	13%	9%	68%	1%
Prineville	18%	7%	2%	69%	4%
Madras	13%	13%	5%	64%	5%
Redmond	13%	7%	9%	69%	2%
<\$45K	16%	8%	5%	69%	2%
16. Dental care					

Response Category	Very useful	Smwt useful	Not too useful	Not at all useful	Don't know
N=757	32%	27%	10%	29%	3%
Bend	28%	30%	12%	27%	3%
Prineville	30%	30%	9%	26%	5%
Madras	37%	24%	6%	32%	1%
Redmond	33%	25%	10%	31%	1%
<\$45K					
17. Substance abuse					
N=757	13%	8%	7%	70%	2%
Bend	11%	11%	10%	67%	1%
Prineville	16%	4%	4%	75%	2%
Madras	15%	11%	6%	63%	5%
Redmond	11%	8%	7%	73%	2%
<\$45K	14%	8%	6%	71%	2%
18. Mental health					
N=757	15%	22%	8%	54%	2%
Bend	16%	23%	8%	51%	1%
Prineville	12%	20%	10%	57%	2%
Madras	17%	20%	5%	52%	6%
Redmond	15%	23%	7%	54%	1%
<\$45K	16%	23%	7%	53%	1%

19. If you or someone in your household needed medical care that is not life-threatening, would you first go to: **(Rotate; read list)**

Response Category	N=757	Bend	Prineville	Madras	Redmond	<\$45K
a. Your doctor or health professional	47%	49%	45%	48%	44%	41%
b. A walk-in clinic or urgent care	25%	33%	22%	16%	25%	22%
c. A hospital or emergency room	11%	5%	14%	15%	9%	14%
d. A family member	6%	6%	2%	9%	7%	6%
e. A health clinic or health department	4%	3%	3%	3%	5%	4%
f. Or, you would not seek care (keep as last response)	7%	3%	12%	6%	6%	9%
(DON'T ASK) Don't know	2%	1%	2%	2%	4%	3%

20. Where do you and your family get most of your health information? **(Probe, accept up to 3 mentions)**

Response Category	N=757	Bend	Prineville	Madras	Redmond	<\$45K
Doctor/health professional	50%	50%	49%	49%	51%	45%
Internet/Web	35%	43%	27%	30%	40%	33%
Family and friends	12%	14%	9%	14%	13%	12%
Clinic-General	7%	4%	6%	12%	7%	9%
TV	6%	4%	12%	5%	4%	7%
Books	5%	7%	3%	5%	6%	4%
Hospital	5%	2%	6%	8%	4%	7%
Magazines	5%	6%	5%	5%	2%	5%
Newspaper	4%	5%	6%	3%	3%	5%
Insurance company	3%	3%	4%	1%	4%	2%
Employment	3%	4%	1%	6%	1%	2%
All other responses	2% or less	1% or less	2% or less	4% or less	3% or less	3% or less
None/Nothing	0%	1%	1%	0%	1%	1%
(DON'T ASK) Don't know	2%	1%	5%	1%	1%	3%

21. Do you have a family physician or nurse practitioner?

Response Category	N=757	Bend	Prineville	Madras	Redmond	<\$45K
Yes	76%	76%	72%	76%	79%	70%
No	23%	23%	27%	24%	19%	29%
(DON'T ASK) Don't know	1%	0%	1%	0%	2%	1%

22. Do you and your family have access to mother and baby care? Let me know if you wouldn't ever need this type of care.

Response Category	N=757	Bend	Prineville	Madras	Redmond	<\$45K
Yes	16%	12%	5%	29%	20%	15%
No	3%	3%	3%	5%	2%	3%
No need	77%	84%	81%	64%	76%	75%
(DON'T ASK) Don't know	4%	1%	11%	1%	2%	6%

23. Have you personally had a routine physical exam in the past two years?

Response Category	N=757	Bend	Prineville	Madras	Redmond	<\$45K
Yes	73%	75%	69%	69%	79%	69%
No	26%	25%	31%	30%	19%	31%
(DON'T ASK) Don't know	0%	0%	0%	0%	1%	1%

24. Are you up to date on your vaccinations and immunizations?

Response Category	N=757	Bend	Prineville	Madras	Redmond	<\$45K
Yes	88%	88%	87%	88%	88%	86%
No	8%	7%	7%	11%	8%	9%
(DON'T ASK) Don't know	4%	5%	6%	1%	4%	5%

25. Is your family up to date on vaccinations and immunizations?

Response Category	N=757	Bend	Prineville	Madras	Redmond	<\$45K
Yes	80%	76%	79%	78%	86%	76%
No	8%	9%	11%	9%	4%	10%
No family	5%	5%	5%	5%	4%	6%
(DON'T ASK) Don't know	7%	10%	5%	8%	6%	8%

26. Do you have health insurance?

Response Category	N=757	Bend	Prineville	Madras	Redmond	<\$45K
Yes	81%	85%	79%	84%	77%	74%
No	18%	15%	21%	16%	22%	25%
(DON'T ASK) Don't know	0%	0%	0%	1%	1%	0%

27. Do you have dental insurance?

Response Category	N=757	Bend	Prineville	Madras	Redmond	<\$45K
Yes	51%	56%	45%	55%	49%	42%
No	48%	43%	55%	44%	51%	57%
(DON'T ASK) Don't know	1%	1%	0%	1%	0%	1%

These final questions are very important to make sure we have a good cross-section of the community. Please remember that your answers are confidential and won't be shared.

28. In what year were you born?

Response Category	N=757	Bend	Prineville	Madras	Redmond
18-24	12%	8%	8%	24%	13%
25-34	18%	23%	19%	9%	19%

35-54	35%	37%	33%	36%	34%
55-64	9%	12%	8%	9%	9%
65+	22%	18%	29%	20%	22%
(Don't Ask) Refused	3%	3%	4%	2%	4%

29. How many people are in your household? (Record number)

Response Category	N=757	Bend	Prineville	Madras	Redmond
1	18%	15%	21%	18%	19%
2	32%	36%	35%	23%	35%
3	17%	20%	19%	16%	14%
4	16%	17%	8%	20%	19%
5 or more	16%	12%	17%	23%	14%
(DON'T READ) Refused	0%	0%	0%	0%	0%

30. Is your total household income (read list)

Response Category	N=757	Bend	Prineville	Madras	Redmond
Below \$25,000	25%	18%	28%	30%	25%
Between \$25,000 and \$35,000	17%	11%	22%	16%	20%
\$35,000 to \$45,000	15%	12%	17%	18%	12%
\$45,000 to \$55,000	9%	8%	6%	11%	11%
\$55,000 to \$65,000	8%	7%	12%	5%	6%
\$65,000 to \$75,000	3%	5%	0%	2%	5%
\$75,000 to \$85,000	5%	7%	3%	5%	4%
\$85,000 to \$100,000	4%	9%	0%	2%	5%
\$100,000 to \$125,000	2%	5%	1%	1%	3%
Greater than \$125,000	3%	7%	4%	0%	1%
(DON'T READ) Refused	10%	11%	7%	10%	10%

31. What is your highest level of education?

Response Category	N=757	Bend	Prineville	Madras	Redmond
Some high school or less	5%	2%	8%	5%	5%
High school graduate	27%	17%	40%	28%	22%
Some college or technical school	34%	31%	30%	44%	34%
College graduate	22%	33%	11%	13%	30%
Post college	10%	16%	9%	7%	6%
(DON'T READ) Refused	2%	1%	1%	2%	3%

32. Is your racial identity or ethnicity: (Read list)

Response Category	N=757	Bend	Prineville	Madras	Redmond
White / Caucasian	81%	89%	80%	66%	84%
Black / African American	1%	0%	3%	0%	0%
Native American	2%	0%	1%	8%	2%
Asian	1%	1%	0%	1%	0%

Hispanic	7%	2%	8%	18%	2%
Multi-racial	5%	4%	6%	5%	5%
(DON'T READ) Refused	4%	3%	2%	3%	7%

33. **(DO NOT ASK)** Gender

Response Category	N=757	Bend	Prineville	Madras	Redmond
Male	48%	48%	47%	47%	49%
Female	52%	52%	53%	53%	51%

34. (FROM SAMPLE) City

Bend	Prineville	Madras	Redmond
26%	26%	21%	26%

Appendix IV: Community benefit defined

Community benefit is something that has been around as long as not-for-profit hospitals. The intention was that not-for-profit hospitals were granted tax exemption in exchange for the benefit they provided to the vulnerable and underserved populations in their surrounding communities—i.e. *community benefit*. In 2008, after feeling that not-for-profit hospitals were losing sight of their charitable missions, law makers began watching hospital community benefit levels more closely. After review, it became very apparent that many hospitals and health systems were not meeting their population's needs and many were instead using funds for marketing purposes. It also became clear that inequitable billing and other aggressive business practices were taking place in some organizations.

From that point on, the Federal government mandated that each year not-for-profit hospitals had to report their community benefit totals on their Schedule H, Form 990; the state of Oregon requires that each facility report its community benefit totals on a form, the CBR-1, created by the Office of Health Policy and Research (OHPR) 240 days after the end of its fiscal year. For all St. Charles facilities, the Oregon deadline is Aug. 28 each year.

Community benefit includes the following components:

- Charity care
- Unreimbursed cost of government programs (Medicare and Medicaid)
- Community benefit activities

The community benefit activity categories include:

- Community health improvement
- Health professions education
- Subsidized health services
- Research
- Cash and in-kind donations
- Community benefit operations
- Community building

Appendix V: The Accountable Care Act and community benefit

The Accountable Care Act (ACA), signed into law on March 23, 2010, included numerous coverage, subsidy and penalty provisions that will effectively extend insurance coverage to almost all Americans when fully implemented in 2014. These included the expansion of Medicaid to cover all individuals with incomes at a certain percentage of the federal poverty level; an individual mandate for health insurance; the creation of the state American Health Benefit Exchanges; new private insurance regulations; and penalties to certain employers that do not offer insurance. As these provisions are implemented and additional insurance payments become available, hospitals will have fewer patients relying on traditional charity care. To ensure that not-for-profit hospitals continue to provide “community benefit,” Section 9007 of the ACA sets forth a new set of requirements for hospitals seeking to maintain tax-exempt status. Overall, the new provisions are set forth in order to:

- Give increased attention to working with others to determine community health needs and take action to meet those needs.
- Implement financial assistance and billing and collection policies that protect consumers.

These new requirements will strengthen hospitals’ obligations to collaborate with public health agencies, align patient payment requirements with patient financial capacity, advance community participation and promote public knowledge about hospital practices.

Community health needs assessment (CHNA)

As part of the new ACA requirements for tax exemption, **each not-for-profit hospital** must:

- Conduct a *community health needs assessment (CHNA)* at a minimum of once every three years, and must:
 - Include input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health
 - Be made widely available to the public
 - Adopt an *implementation strategy [regional health improvement plan (RHIP)]* to meet the needs identified through the CHNA
 - Report how the RHIP is addressing the needs identified in the CHNA and a description of needs that are not being addressed, including the reasons why these needs are not being addressed

Each not-for-profit hospital’s CHNA must include descriptions of the following:

- Community served and explanation of how facility determined this definition
- May not exclude certain populations
- Process/methods used to conduct CHNA
- Must include any collaborations/contracts with third parties
- Input from persons who represent broad interests of the community the facility serves
- Include description of prioritization process and criteria used
- Potential measures and resources identified to address the significant health needs

The ACA does not define *community health needs assessment* or specify the contents of or process for conducting one. Further, the ACA offers no guidance on how to prioritize the needs identified by the assessment, other than requiring the consideration of input from the community that the hospital serves.

When making the CHNA *widely available to the public*, the following requirements must be followed:

- Final reports must be conspicuously posted on the hospital facility's website and remain posted until two subsequent assessment are made available
- Website must clearly inform how to download the CHNA and the report must be reproduced exactly as shown on the website; special equipment or fees cannot be required to download
- Access to this document must not require account creation and/or personally identifiable information
- Paper copies of the reports must be made available for public inspection, at no charge, at each hospital facility and remain available until two subsequent reports are made available for public inspection
- Written comments received from the public on most recent CHNA and RHIP must be considered when writing subsequent reports

Financial assistance and emergency care policies

According to Section 9007 of the ACA, not-for-profit hospitals must establish a written financial assistance policy that includes:

- Financial assistance eligibility criteria, and whether free or discounted care is available
- Basis for calculating patient charges
- An explanation of how an individual may apply for financial assistance
- Unless specified in a separate billing and collection policy, the hospital's potential nonpayment actions, including credit reporting and collection actions
- Measures to widely publicize the hospital's financial assistance policies in the community

Not-for-profit hospitals must also have a written emergency medical care policy that doesn't discriminate against patients who may need financial assistance and prohibits debt collection activities in the emergency department or other areas where this could interfere with the patient's treatment.

Also included in the legislation is verbiage related to limitation on collections actions, including: Hospitals may not engage in certain collection methods, (i.e. reporting debt to credit agencies or garnishing wages) until making reasonable efforts to determine the individual's eligibility for financial assistance

Hospitals must:

- Provide patients with plain language summary of financial assistance policy *before discharge and with the first three bills*

- Give patients at least 120 days following their first bill to submit their financial aid application prior to commencing collection actions and an additional 120 days (240 total) to submit a complete application

Not-for-profit hospitals must also limit the amount charged for those eligible for financial assistance to amounts generally billed to their insured populations. In the event that an individual hasn't applied for financial assistance, the hospital may bill at the usual charged rate, provided that the hospital is reaching out to determine whether that individual is eligible for aid. If it is discovered that the person is eligible for aid, the hospital must refund any excess payments that have already been made.