Letter from leadership

Creating America’s healthiest community, together, is St. Charles Health System’s vision—our end goal. While it may seem far-fetched to some, we know that together with the people in our communities, it is achievable.

In order to accomplish this goal, we first conducted a Community Health Needs Assessment (CHNA) in order to generate a list of specific health needs that our community is concerned about and that are negatively impacting the health and well-being of the population. Those health needs were selected and prioritized based on:

- Severity of issue
- Ability to impact
- Community resources
- St. Charles Prineville available resources and expertise
- St. Charles Health System strategic plan

The CHNA contained information that showed us that while many in our communities are thriving, we have populations that are struggling with the management of diseases which is only compounded by many barriers to receiving care. From this information, we have determined that our area of focus over the next three-year period will be on alcohol misuse prevention. We hope that together with our community we can develop innovative ways to improve access to care where needed, increase educational and awareness offerings and reduce the negative impacts associated with alcohol misuse to the health of our communities.

The St. Charles Health System Board of Directors reviewed, approved and adopted this implementation strategy on April 6, 2020 and with that, has set in motion our plan to improve the communities in which we all live, work and play. Please take the time to review this important document. We know that it will take all of us, working together, to build the healthiest community in the nation.

Sincerely,

Joseph Sluka
President and CEO

Jennifer Welander
Chief Financial Officer

Lisa Dobey
ED, Community Engagement

Overview

Headquartered in Bend, Oregon, St. Charles Health System Inc. is an integrated delivery system that provides a full range of quality, evidence-based health care services within a 32,000-square-mile area in Central and Eastern Oregon. The health system owns and operates hospitals in Bend, Redmond, Prineville and Madras, family care clinics in Bend, Madras, Prineville, Redmond, Sisters and La Pine, The Center for Women’s Health in Redmond, Immediate Care clinics in Bend, Prineville and La Pine and Behavioral Health clinics in Bend and Redmond.
St. Charles Prineville is a not-for-profit, 16-bed critical access hospital located in Prineville, Oregon. St. Charles Prineville is the only hospital located in Crook County and delivers a wide range of quality medical services to the residents throughout the region.

This plan will be made widely available to the public via the St. Charles Health System web-site, and in hard copy upon request.

Summary of the St. Charles Prineville Community Health Needs Assessment (CHNA)
In order to prioritize the varied health needs of Crook County, the defined community served by St. Charles Prineville, an extensive review of existing data, community partner information and a professionally facilitated phone survey were conducted and completed as part of the CHNA research. Once the initial analysis of available secondary data was done, the phone survey complete and input collected from key stakeholders, the Community Benefit department selected and prioritized St. Charles Prineville’s significant health needs as follows:

1. Stable Housing and Supports
   a. Housing
   b. Housing Supports for High Utilizers
   c. Homelessness

2. Address Poverty and Enhance Self Sufficiency
   a. Living Wage Jobs
   b. Homelessness
   c. Poverty
   d. Cost of healthy foods/food insecurity
   e. High school graduation

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

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

5. Substance and Alcohol Misuse Prevention and Treatment
   a. Alcohol
   b. Tobacco
   c. Other Drugs
   d. Marijuana

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

To review the 2020-2022 St. Charles Prineville Community Health Needs Assessment in its entirety, please visit http://www.stcharleshealthcare.org/Healthy-Communities/CommunityHealth-Department/Community-Health-Needs-Assessment. For any questions, comments or concerns, please contact the Community Benefit department at communitybenefit@stcharleshealthcare.org.

Criteria determining needs to be addressed
When determining which of the above significant health needs would be selected as the health priorities to be addressed, St. Charles took into account the following criteria:

- Severity of issue
- Ability to impact
- Community resources
- St. Charles Prineville available resources and expertise
- St. Charles Health System strategic plan

St. Charles Prineville Prioritized Need(s)
After careful consideration, St. Charles Prineville selected alcohol misuse prevention as its priority for the 2020-2022 regional health implementation strategy.

The American Academy of Family Physicians defines alcohol misuse as a spectrum of behavior, including risky (excessive) alcohol use, alcohol abuse or alcohol dependence. Risky and excessive alcohol use means drinking more that the amount that results in an increased risk of poor health outcomes. They also mention that in the United States, 58% of men and 46% of women are estimated to have consumed alcohol in the past 30 days. According to the 2018 Oregon Health Authority (OHA) State of Health Assessment there has been a 38% increase in the overall rate of alcohol-related deaths in Oregon since 2001. In the 2017 “Pain in the Nation: The Drug, Alcohol, and Suicide Crises and the Need for a National Resiliency Strategy” report it shows that 23% of suicides and 40% of suicide attempts involved alcohol. Oregon also ranks third highest in the country for deaths related to alcohol. Alcohol is a risk factor for injuries, violence, unintended pregnancy and motor vehicle crashes. In Oregon 33% of driving-related deaths involved alcohol, this was according to the OHA report. In Crook County 58% of motor vehicle crash deaths involved alcohol and 17% of adults reported drinking excessively in the past 30 days. In the 2013 Prevention Status report from the Center of Disease Control and Prevention (CDC) the cost of excessive alcohol use is $2.8 billion, or $1.75 per drink in Oregon. Also in Oregon, in the same report, excessive drinking resulted in 1,302 deaths and 33,933 years of potential life lost each year. In Central Oregon, 37% of people ages 18-34 reported

3 Visit https://www.oregon.gov/oha/PH/ABOUT/Pages/HealthStatusIndicators.aspx for more information.
binge drinking at least once in the last 30 days. In the OHA report the word alcohol appears 25 times and in nine of those times it is in relation to the negative impacts it has on the other issues facing our communities.

St. Charles Prineville representatives feel that alcohol misuse prevention is a health need that is severe in Oregon and Crook County and that together with our partners, we will make positive changes. Many local organizations are working to address this need and we believe St. Charles can capitalize on the energy that surrounds the subject.

St. Charles Health System is using the Robert Wood Johnson Foundation County Health Rankings to measure the success of its 10-year goal of becoming the first, second and third ranked healthiest counties in the state of Oregon. Alcohol misuse impacts a lot of the metrics shown in the rankings but it is specifically called out in the Excessive drinking and Alcohol-impaired driving deaths sections. By increasing our efforts to prevent alcohol misuse, we would not only be improving the health of the communities we serve, educating our populations and enhancing our partnerships, we would also be in alignment with the health system’s strategic plan and its goals.

**Needs not being addressed**
The following are the significant health needs identified in the St. Charles Prineville CHNA that will not be addressed in this implementation strategy:

1. Stable Housing and Supports  
   a. Housing  
   b. Housing Supports for High Utilizers  
   c. Homelessness

2. Address Poverty and Enhance Self Sufficiency  
   a. Living Wage Jobs  
   b. Homelessness  
   c. Poverty  
   d. Cost of healthy foods/food insecurity  
   e. High school graduation

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

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

5. Substance Misuse Prevention and Treatment  
   a. Tobacco  
   b. Other Drugs

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Marijuana

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

In order to achieve real improvement, it was determined that this plan would only focus on severe issues that the organization felt it had the most ability to impact, had community partners available to collaborate with and needs that would further its strategic goal of becoming the top three healthiest counties in Oregon per the Robert Wood Johnson Foundation’s County Health Rankings. By selecting one priority, a more focused effort can be made by the caregivers at St. Charles Prineville, in collaboration with local partners, to improve the health of those the health system serves.

Although the other needs listed above are important, they were not selected for this RHIS. With limited resources available, the St. Charles Prineville team felt it was important not to take on too much in order to tackle the selected issue from all angles and have laser-focused energy around improving alcohol misuse prevention efforts in our region. It is important to note that even though the other needs weren’t selected as priorities, work in these areas will continue. Each of the needs is an area of focus both internally within St. Charles departments and by external partners.

Implementation Strategy
St. Charles Prineville’s implementation strategy will systematically focus efforts across the entire community toward addressing its selected strategic priority—alcohol misuse prevention—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 strategy recognizes both where we are and where we would like to be.

Actions St. Charles Prineville intends to take to address alcohol misuse prevention
- Create and promote an alcohol misuse prevention campaign throughout the tri-county area to increase awareness and knowledge of local resources
- Earmark organizational dollars for partner programs aligning with alcohol misuse prevention and awareness education
- Actively encourage system and facility caregiver in-kind donations/participation to organizations with goal alignment (i.e. Crook County Health Department)
- Partner to offer educational sessions related to alcohol misuse prevention in a number of settings, including but not limited to, St. Charles Health System locations, schools, clinics, resource centers, health departments, etc.
- Explore potential partnerships with local, state and national initiatives to increase alcohol misuse prevention and awareness
- Review, analyze and align, where appropriate, alcohol misuse prevention and awareness work plans with local, state and national efforts
Resources St. Charles Prineville plans to commit to address alcohol misuse prevention

- Community Benefit department grant funds dedicated toward alcohol misuse prevention programs
- Dedicated individuals from St. Charles Prineville and St. Charles Health System volunteering at alcohol misuse prevention-related events, donating time with aligned organizations and representing the hospital and health system as experts in their field at local educational sessions
- Caregiver time for continuing education on alcohol misuse and alcohol misuse prevention
- Dedicated funds, and internal resources, for alcohol misuse awareness campaign
- Public alcohol misuse awareness speaking/training events

Anticipated impact from intended actions

By committing to the actions listed above, and others to be determined, St. Charles Prineville hopes to see and anticipates:

- An increase in the number of St. Charles led and/or partner alcohol misuse prevention activity offerings
- A decrease in reported binge drinking and other relevant metrics
- An improved rating in the “Excessive drinking” and “Alcohol-impaired driving deaths” section of the Robert Wood Johnson County Health Rankings

Potential collaborations

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 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. The following is a list of organizations and/or groups that St. Charles Prineville may collaborate with in order to address alcohol misuse prevention throughout Crook County:

- All St. Charles facilities and clinics
- Medical community
- Crook County Health Department
- Central Oregon Health Council (COHC)
- Schools
- Central Oregon Community College
- Oregon State University (OSU) Cascades Campus
- Best Care Treatment Center
- Better Together
- Kids Club
- Local veterans organizations
- Assisted living facilities
- Homeless organizations
- EMT/Paramedics

6 List is not meant to be all-encompassing, but instead an example of potential collaborations.
- Law enforcement
- Faith-based community

**Next Steps**

Once approved, representatives from St. Charles Prineville will use this outline to create detailed work plans, with specific objectives, strategies and collaborations. These documents will be monitored internally by the Community Benefit department, and each respective work plan owner, i.e. primary care, community engagement, care coordination, etc. Progress reports and updates will be presented on a bi-annual/quarterly basis through December 2022.