

Executive Summary

- The assessment was conducted to understand and respond to community health needs in Jackson and Josephine counties in Oregon.

- It involved analyzing quantitative data, conducting stakeholder interviews and community listening sessions, and a community health survey.

- Top health priorities identified were:

1. Access to care
2. Chronic conditions
3. Mental health

- Other significant needs identified included homelessness/housing instability, affordable childcare, economic insecurity, and substance use.

- The hospital will focus its efforts on the top 3 priorities:

1. Access to care - Improving availability of providers, reducing barriers, improving coordination
2. Chronic conditions - Prevention and treatment of conditions like diabetes, hypertension, asthma, cancer
3. Mental health - Prevention, education, treatment for depression/anxiety/PTSD, improving crisis care and access for youth/elders

- This assessment will guide the development of the hospital's Community Health Improvement Plan to address these priority needs over the next 3 years.

- It builds on previous assessments and evaluates the impact of prior community health improvement efforts.

The executive summary provides an overview of the assessment process, key findings on community health needs, and how the hospital plans to respond to the identified priorities. Let me know if you need any clarification or have additional questions!

Biggest Gaps in Service

1. Specialists: There is a lack of specialists in the area, leading to long wait lists. The report specifically mentions critical shortages in endocrinology, rheumatology, and neurology.

2. Mental health services: There are gaps across the spectrum of mental health care, but particularly in crisis response services and hospital beds for people in mental health crisis.

3. Substance use disorder treatment: There is a need for more detox beds, inpatient substance use disorder programs, and medication-assisted treatment facilities. The report notes there is no inpatient substance use disorder treatment or detox for young people and limited outpatient services.

4. Bilingual and bicultural providers: There is a need for more Spanish-speaking providers and ensuring health education information is translated into Spanish.

5. Care coordination: While some care coordination exists, there is still a need for more support in navigating the complexities of the health care system.

6. Services for specific populations: The report mentions gaps in services for people experiencing homelessness, the LGBTQIA+ community, older adults, and veterans.

7. Recuperative care: There is a lack of recuperative care options for people experiencing homelessness after hospital discharge.

8. Affordable childcare: While not directly a health care service, the lack of affordable childcare was noted as a barrier to accessing health care services, particularly for parents in recovery programs.

These gaps in services were identified through stakeholder interviews, community listening sessions, and survey responses from community members.

Greatest Barriers to Care

1. Transportation: This was identified as the primary barrier, especially challenging for people living in rural areas or those needing to travel to other parts of the state for specialty care.

2. Cost: Even with insurance and charity care, the cost of healthcare can be prohibitive for many. This includes copays, deductibles, and out-of-pocket expenses.

3. Availability of providers: Long wait times for appointments, especially with specialists, were noted as a significant barrier.

4. Insurance coverage: Lack of insurance or inadequate coverage was cited as a barrier, particularly for those just above the income threshold for Medicaid.

5. Language and cultural barriers: Lack of bilingual and culturally competent providers was identified as a barrier, especially for the Latino/a community.

6. Childcare: Lack of affordable childcare was noted as a barrier to accessing healthcare services, particularly for parents needing substance use treatment.

7. Technology barriers: While telehealth has improved access for some, it has created additional barriers for others, particularly older adults and those in rural areas with poor internet access.

8. Mental health stigma: Stigma was identified as a barrier to seeking mental health and substance use disorder treatment.

9. Limited hours of operation: Clinic hours that don't accommodate work schedules were mentioned as a barrier.

10. Lack of care coordination: The complexity of navigating the healthcare system was cited as a barrier, especially for those with multiple health needs.

11. COVID-19 related issues: The pandemic led to delayed care and appointment cancellations.

12. Housing instability: For people experiencing homelessness, lack of stable housing was identified as a barrier to addressing health needs.

These barriers were identified through a combination of stakeholder interviews, community listening sessions, and survey responses from community members.

The Unique Needs of the Community

1. Housing and homelessness support: The area experienced significant housing loss due to the 2020 Alameda and South Obenchain fires, exacerbating an existing housing crisis.
2. Mental health services: There's a high need for mental health services, especially crisis response and inpatient care.
3. Substance use disorder treatment: The community needs more detox beds, inpatient programs, and medication-assisted treatment facilities.
4. Wildfire recovery and preparedness: Given recent experiences with wildfires, there's a unique need for support in recovery and future preparedness.
5. Services for diverse populations: There's a need for culturally competent care, especially for the Latino/a community and LGBTQIA+ individuals.
6. Rural healthcare access: Given the rural nature of parts of the service area, there's a unique need for improved access to healthcare in remote areas.
7. Affordable childcare: The lack of affordable childcare was identified as a significant issue affecting access to healthcare and employment.
8. Economic support: There's a need for living wage jobs to address economic insecurity in the community.
9. Services for older adults: The community has a significant older adult population with unique healthcare and social service needs.
10. Smoke mitigation: Due to wildfires, there's a need for strategies to mitigate the health impacts of smoke during fire seasons.
11. Transportation services: Given the rural nature of some areas, there's a unique need for improved transportation to healthcare services.
12. Bilingual services: There's a specific need for more Spanish-language healthcare services and health education materials.

These unique needs reflect the specific geographic, demographic, and recent historical context of the Jackson and Josephine county areas.

What the Hospital or CCO is Doing Well

1. COVID-19 Response:

- Community education on preventing the spread of COVID-19
- Establishing a monoclonal antibody clinic
- Participating in community vaccine clinics
- Providing isolation care for COVID-19 patients

2. Access to Care:

- Recruiting new primary care and specialty providers
- Funding school nurse programs
- Providing discounted or free prescription drugs
- Offering tele-intensivist services 24/7

3. Mental Health:

- Partnering on suicide prevention campaigns
- Providing bereavement counseling support

4. Substance Use:

- Partnering on drug-surrender programs
- Forming an opioid pain management team

5. Cardiovascular Health:

- Offering health education webinars on heart health

6. Infant Health:

- Providing free classes and support groups for new parents
- Working towards Baby Friendly® designation

The Coordinated Care Organizations (AllCare and Jackson Care Connect) were specifically mentioned as doing well in:

- Offering programs to address social determinants of health
- Providing support for transportation and food security
- Encouraging engagement in primary care
- Strengthening engagement with members
- Engaging with school districts to meet healthcare and dental care needs

Community organizations like La Clinica were also highlighted for providing comprehensive care and addressing social determinants of health.

The report notes that these efforts demonstrate a commitment to community health improvement, though there are still areas for growth and improvement.

Strengths of the Community

1. Strong community partnerships: The primary strength highlighted is robust collaboration between nonprofits, healthcare providers, school districts, faith-based organizations, community groups, and social support organizations. These partnerships have been particularly effective in times of crisis, such as during COVID-19 and wildfire responses.

2. Resilience: The community showed significant resilience, particularly after the wildfires in 2020. People came together to rebuild and collaborate to address resulting needs.

3. Engaged community members: The community is described as energetic and willing to pull together to respond in times of challenge.

4. Robust network of health-related services and resources: The area has a variety of healthcare and social service organizations that support accessing care.

5. Coordinated Care Organizations (CCOs): AllCare and Jackson Care Connect were noted for offering programs and resources to address social determinants of health.

6. Quick emergency response: The strong partnerships allow for innovative processes to be implemented quickly in times of crisis.

7. Willingness to collaborate: Local organizations prioritize partnering and collaborating rather than competing.

8. Adaptability: The community has shown an ability to adapt to challenges, as demonstrated by their response to the COVID-19 pandemic and wildfires.

9. Interest in serving vulnerable populations: There's a noted interest in the community in serving the homeless population and addressing behavioral health challenges.

10. Improved communication: The pandemic has spurred more communication between organizations, facilitated by virtual meetings.

These strengths demonstrate a community that is resilient, collaborative, and committed to addressing the health and social needs of its residents.

Priorities

1. Access to care

Focus areas include:

- Improving availability of primary and specialty care providers through alternative access such as telehealth
- Intentional inclusivity of marginalized populations
- Reducing barriers to care
- Improving care coordination
- Enhancing access for people without the means to pay for care

2. Chronic conditions

Focus areas include:

- Prevention and treatment of conditions such as diabetes, hypertension, high cholesterol, asthma, cancer, and other chronic conditions

3. Mental health

Focus areas include:

- Prevention, education, and treatment for depression, anxiety, and PTSD

- Increasing availability of crisis care
- Improving access for youth and elders
- Enhancing relationships with community partners to improve access to mental health care across community sectors