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 Almeda 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 efforts - The hospital received high ratings for its COVID-19 initiatives like community education, testing, vaccination clinics, etc. 47% rated their efforts as "Excellent" and 42% as "Very Good".

2. Heart disease and stroke care - 79% rated their efforts in this area as "Very Good" or "Excellent".

3. Infant health - Nearly 53% rated their efforts as "Very Good" or "Excellent".

4. Overall awareness of community health initiatives - Many stakeholders were at least somewhat aware of ARRMC's efforts across different priority areas.

5. Community partnerships - The report notes strong community partnerships and collaborations as a key strength.

6. Telehealth expansion - Significant investment in telehealth capabilities, especially during the pandemic.

7. Outreach programs - Initiatives like lab outreach services for vulnerable populations, health career training programs, hospice services, etc. were highlighted.

8. Pediatric and maternal care improvements - Adding pediatric hospitalists, oncologists, and improving obstetric emergency care were noted.

The report also mentions some CCOs like Jackson Care Connect and AllCare as doing good work in areas like transportation support, food security assistance, and care coordination. Overall, the collaborative efforts between healthcare organizations to address community needs was seen as a strength.

Strengths of the Community

1. Strong community partnerships and collaboration between organizations to address needs, especially in times of crisis like COVID-19 and wildfires. The report notes there are "strong partnerships are between nonprofits, health care, school districts, faith-based organizations, community and civic groups, and social support organizations, all working together to address community needs."

2. A robust network of health-related services and resources, including a variety of health care and behavioral health resources to support accessing care. The Coordinated Care Organizations were noted to offer programs to address social determinants of health.

3. Resilient and engaged community members, particularly after the wildfires in 2020. The community is described as coming together to rebuild and collaborate to address resulting needs.

4. Strong social connections and support networks. Community members noted the importance of people being connected and helping one another, especially during challenging times.

5. Outdoor recreation opportunities like parks, trails and public lands that provide places for physical activity.

6. Some specific community resources highlighted as strengths include:
- Rogue Valley YMCA
- La Clinica (federally qualified health center)
- Jackson Care Connect (coordinated care organization)
- Rogue Retreat (homelessness services)
- Food assistance programs like Rogue Valley Farm to School

The report emphasizes that the community has many engaged stakeholders and organizations working collaboratively to address needs, as well as resilient community members who come together in times of crisis. The natural environment and outdoor recreation opportunities are also noted as community assets.

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 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

These three priorities were selected after reviewing the broader set of community needs identified through the Community Health Needs Assessment process. The hospital leadership considered factors such as:
- Strategic fit with Asante's mission and vision
- Operational fit with Asante's service offerings
- Broad and high community demand
- Opportunity to impact through organizational commitment, partnership, and/or scale of need
- Potential to deepen and leverage community partnerships