Executive Summary

- Asante Three Rivers Medical Center conducted this Community Health Needs Assessment (CHNA) to understand and respond to community health needs in Josephine County, Oregon.

- The assessment used quantitative and qualitative data from various sources, including community surveys, interviews, and public health data.

- Top health priorities identified were:

1. Access to care - Focus on availability of primary and specialty care, reducing barriers, improving coordination, and enhancing access for those unable to pay.

2. Chronic conditions - Focus on prevention and treatment of conditions like diabetes, hypertension, high cholesterol, asthma, cancer.

3. Mental health - Focus on prevention, education and treatment for depression, anxiety, PTSD; increase crisis care; improve youth and elder access; enhance community partnerships.

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

- The CHNA will inform Asante Three Rivers Medical Center's Community Health Improvement Plan to address these priority needs over the next 3 years.

- The assessment was approved by the Asante Board of Directors in August 2022 and made publicly available in September 2022.

The executive summary provides an overview of the CHNA process, findings, and next steps for the hospital to address the identified community health needs.

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 very few options for people experiencing a mental health crisis. The report notes a need for more crisis response services and more hospital beds for people in mental health crisis.

3. Substance use disorder (SUD) treatment: The report identifies gaps in detox beds, inpatient SUD programs, and medication-assisted treatment facilities. It specifically mentions no inpatient SUD 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 for people 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. Rural access: People in rural areas often have to travel significant distances to access care, particularly specialty care.

8. Affordable care: Even with insurance and charity care, cost remains a significant barrier for many people accessing needed health services.

These gaps highlight areas where the health care system in Jackson and Josephine counties could be improved to better meet community needs.

Greatest Barriers to Care

1. Transportation: This was identified as the primary barrier, especially challenging for:
   - People living in rural areas
   - Those needing to travel to urban areas or other parts of the state for specialty care
   - Older adults and people with disabilities
   - Veterans needing to access VA services

2. Cost of care: Even with insurance and charity care, many people struggle to afford deductibles or the overall cost of care.

3. Lack of providers: There's a shortage of specialists and primary care providers, leading to long wait times for appointments.

4. Insurance limitations: Some providers don't accept certain types of insurance, particularly Medicare for older adults.

5. Language and cultural barriers: There's a lack of bilingual and bicultural providers, particularly for Spanish-speaking patients.

6. Lack of awareness or difficulty navigating the system: The complexity of the healthcare system can be a barrier, particularly for those who are unhoused or don't speak English as a first language.

7. Childcare: Lack of childcare options can prevent people from attending medical appointments.

8. Mental health and substance use stigma: This can prevent people from seeking needed care.

9. Technology barriers: While telehealth has improved access for some, it has created additional barriers for others, particularly older adults or those without reliable internet access.

10. COVID-19 related issues: The pandemic led to delayed care and highlighted disparities in healthcare access.

11. Homelessness: People experiencing homelessness face additional challenges in accessing and following through with care.

These barriers often intersect and compound each other, making it difficult for many community members to access the care they need.

The Unique Needs of the Community

1. Housing and homelessness: There's a significant need for affordable housing, particularly after the 2020 Almeda and South Obenchain fires, which destroyed many homes and displaced residents.

2. Mental health services: The community needs more mental health resources, especially crisis response services and inpatient beds for mental health crises.

3. Substance use disorder treatment: There's a need for more detox beds, inpatient programs, and medication-assisted treatment facilities.

4. Affordable childcare and preschools: The lack of affordable childcare is described as a foundational issue for family stability and wellbeing.

5. Economic insecurity: There's a lack of living wage jobs in the area, with housing costs disproportionately high compared to income.

6. Culturally responsive care: There's a need for more bilingual and bicultural providers, particularly for the Latino/a community.

7. Services for specific populations:
   - Older adults: More support services and gerontology specialists are needed
   - LGBTQIA+ community: There's a need for more LGBTQIA+ friendly and knowledgeable providers
   - Veterans: Better access to VA services is needed

8. Wildfire preparedness and response: Given recent experiences with wildfires, the community needs better infrastructure to prevent and respond to wildfires.

9. Rural healthcare access: Improved access to healthcare services in rural areas is needed.

10. Community building and anti-racism efforts: There's a need to address racism and discrimination in the community.

11. Chronic disease management: Particularly for conditions like diabetes, heart disease, and chronic obstructive pulmonary disease (COPD).

These unique needs reflect the specific geographic, demographic, and socioeconomic characteristics of Jackson and Josephine counties, as well as recent events like wildfires that have impacted the community.

What the Hospital or CCO is Doing Well

1. COVID-19 Response:
   - Community education and outreach on preventing the spread of COVID-19
   - Education on vaccine availability and safety
   - Drive-thru COVID-19 testing centers

- Creation of new in-patient areas to increase locally available hospital beds
- Participation in community vaccine clinics

2. Strong Community Partnerships:
- The hospital is described as having strong partnerships with nonprofits, healthcare providers, school districts, faith-based organizations, and social support organizations
- These partnerships have been crucial in responding to crises like COVID-19 and wildfires

3. Coordinated Care Organizations (CCOs):
- Jackson CareConnect and AllCare CCOs are praised for offering programs and resources to address social determinants of health
- They provide support for transportation, food security, and accommodations when traveling for medical care
- They encourage engagement in primary care and coordinate care effectively

4. Specific Programs:
- The Eat, Sleep, Console model of care for infants born to opioid-addicted mothers
- Sports medicine outreach/athletic trainer program for school districts
- Hospice transitions program
- Bereavement support services

5. Community Education:
- Heart-healthy webinar series
- Suicide prevention campaigns

6. Telehealth Services:
- Rapid expansion of telehealth capabilities during the COVID-19 pandemic

7. Financial Assistance:
- Programs to help community members access insurance coverage and financial assistance for care

While the report does identify many areas for improvement, it also highlights these areas where the hospital and CCOs are making positive contributions to community health.

Strengths of the Community
1. Strong Community Partnerships:
- There are robust partnerships between nonprofits, healthcare providers, school districts, faith-based organizations, and social support groups.
- These partnerships allow for quick deployment of resources and innovative solutions, especially in times of crisis.

2. Resilience and Engagement:
- The community is described as resilient, particularly in response to challenges like the 2020 wildfires and the COVID-19 pandemic.
- There's an energetic community willing to pull together and collaborate during challenging times.

3. Robust Network of Health-Related Services:

- The area has a variety of healthcare and social service organizations.
- There are numerous resources supporting access to care, including behavioral health services.

4. Coordinated Care Organizations (CCOs):
- CCOs in the area offer many programs and resources to address social determinants of health.

5. Community Response to Crises:
- The community demonstrated strong unity and collaborative efforts in response to the 2020 wildfires and the COVID-19 pandemic.

6. Willingness to Address Homelessness:
- There's significant interest in serving the unhoused population and a desire to work together to meet needs in both counties.

7. Improved Communication:
- The COVID-19 pandemic has spurred more communication between organizations, facilitated by virtual meetings.

8. Focus on Preventive Care:
- There's a growing emphasis on offering preventive care services.

9. Diverse Range of Community Programs:
- The report mentions various successful community initiatives in areas such as food security, education, mental health, and substance use treatment.

These strengths highlight the community's capacity for collaboration, resilience, and innovation in addressing health and social needs, even in the face of significant challenges.

Priorities
1. Access to care:
- Focus on availability of primary and specialty care providers through alternative access such as telehealth
- Intentional inclusivity of marginalized populations
- Reduce barriers to care
- Improve care coordination
- Enhance access for people without the means to pay for care

2. Chronic conditions:
- Focus on prevention and treatment of diabetes, hypertension, high cholesterol, asthma, cancer and other chronic conditions

3. Mental health:
- Focus on prevention, education and treatment for depression, anxiety and PTSD
- Increase availability of crisis care
- Improve access for youth and elders
- Enhance relationships with community partners to improve access to mental health care across community sectors