**Executive Summary**
- This is a joint Community Health Needs Assessment conducted by Bay Area Hospital in Coos Bay and Coquille Valley Hospital in Coquille, Oregon.

- The assessment covers Coos County and portions of Douglas and Curry Counties.

- Key demographic findings about the community:
  - Population is shrinking and aging
  - Less ethnically diverse than Oregon overall
  - Lower educational attainment and income levels
  - Higher unemployment and poverty rates
  - More rural

- Health rankings show the community has poorer health outcomes and factors compared to most Oregon counties.

- Top health needs identified:
  For Bay Area Hospital (to be determined)
  For Coquille Valley Hospital:
   Primary needs:
   1. Access to healthcare services
   2. Mental health services
   3. Obesity and chronic conditions
   Secondary needs:
   1. Substance abuse
   2. Housing

- The hospitals will use this assessment to develop implementation strategies to address the identified health needs.

- The report provides an overview of existing community health resources available to address the identified needs.

**Biggest Gaps in Service**
1. Access to healthcare services within the community, specifically:
  - Local availability of primary care providers
  - Local availability of specialty services, especially related to mental health, substance abuse, adolescent services, and geriatric services
  - Access to emergency services
  - Locations of hospitals and clinics for more rural communities
  - Affordability of health care services, prescriptions, and medical supplies
  - Availability of transportation to/from clinics and hospitals
  - Availability, cost, and effectiveness of telemedical services

2. Mental health services, particularly:
  - Services for anxiety, depression, and suicide prevention
  - Services for acute conditions like PTSD, bipolar disorder, and schizophrenia
  - Preventative care services

- Services for adolescent and geriatric populations, which are significantly underserved
 - Services to address multi-generational trauma and high ACE scores

3. Substance abuse treatment, including services for alcohol, methamphetamines, fentanyl, marijuana, opiates, cigarettes, and vaping

4. Specialty services, especially those requiring travel outside the local area

5. Services addressing obesity and chronic conditions like heart disease, diabetes, cancer, and lung diseases

6. Affordable housing, which impacts overall health and the ability to recruit medical providers to the area

The report emphasizes that these gaps are particularly pronounced in rural areas of the community and for low-income, minority, and other medically underserved populations.

**Greatest Barriers to Care**
1. Limited availability of healthcare providers: There's a shortage of both primary care and specialty care providers, especially in mental health and substance abuse treatment.

2. Geographic isolation: The rural nature of the community makes it difficult for some residents to access healthcare facilities, particularly specialty services.

3. Transportation: Lack of reliable transportation to and from healthcare facilities is a significant barrier, especially for rural residents and the elderly.

4. Cost of care: The high cost of healthcare services, prescriptions, and medical supplies is a barrier, particularly given the community's lower income levels and higher poverty rates compared to the state average.

5. Lack of insurance or underinsurance: The report mentions a higher rate of uninsured adults compared to the state average.

6. Housing shortage: The significant lack of available housing makes it difficult to recruit medical providers to the area, exacerbating the shortage of healthcare services.

7. Economic factors: The community's ongoing economic depression, lower median household income, and higher unemployment rate contribute to difficulties in accessing and affording healthcare.

8. Limited mental health and substance abuse services: There's a particular shortage of these services, especially for acute conditions and for adolescent and geriatric populations.

9. Cultural and linguistic barriers: The report implies that there may be challenges in providing culturally appropriate care, particularly for the Native American population and other minority groups.

10. Technological barriers: While telehealth is mentioned as a potential solution, the report suggests there may be challenges in its availability, cost, and effectiveness in the community.

These barriers often intersect and compound each other, making it particularly challenging for certain populations to access necessary healthcare services.

**The Unique Needs of the Community**
1. Economic revitalization: The community has been struggling with an economic depression since the decline of the timber industry in the 1970s and 1980s. This has led to ongoing challenges with unemployment and poverty.

2. Housing: There is a significant shortage of available housing, affecting both low-income and wealthy individuals. This shortage contributes to homelessness and makes it difficult to recruit medical providers.

3. Mental health services: There's a high need for services addressing anxiety, depression, suicide prevention, and acute conditions like PTSD, bipolar disorder, and schizophrenia. The community also needs more preventative care services and support for multi-generational trauma.

4. Substance abuse treatment: Services are needed for various substances including alcohol, methamphetamines, fentanyl, marijuana, opiates, cigarettes, and vaping.

5. Care for specific populations:
   - Adolescent health services
   - Geriatric health services
   - Services for the Native American population (Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians)

6. Chronic condition management: Particularly for obesity, heart disease, diabetes, cancer, and lung diseases.

7. Access to healthcare services: Especially in rural areas, including primary care, specialty services, and emergency services.

8. Affordable healthcare: Given the lower median household income and higher poverty rates in the community.

9. Transportation services: To help residents access healthcare facilities, particularly in rural areas.

10. Education and workforce development: To address the lower rates of post-secondary education and provide more opportunities for well-paying jobs.

11. Support for healthy lifestyles: Including access to affordable healthy food options and opportunities for physical activity.

12. Addressing the impacts of the area's rural nature: Including the challenges of land use restrictions and the effects of tourism on housing availability.

These needs reflect the unique geographic, economic, and demographic characteristics of the North Coast Oregon service area, particularly its rural nature, aging population, and ongoing economic challenges.

**What the Hospital or CCO is Doing Well**

Bay Area Hospital:

1. Hosted and participated in a Behavioral Health Summit meeting with local providers and community partners.
2. Held monthly behavioral health meetings with service partners.
3. Hired locum providers to support mental health services.
4. Partnered with Signet Health to provide management services for inpatient behavioral health.
5. Conducted monthly "Darkness to Light" training classes for the community on child sexual abuse prevention.
6. Contracted for a second cardiac catheterization lab.
7. Targeted recruiting efforts to hire ICU intensivists.
8. Completed a pharmacy rebuild to optimize space and increase capacity.
9. Negotiated a new contract for virtual ICU services.

Coquille Valley Hospital:

1. Transitioned the Senior Life Solutions program back to in-person sessions and increased the number of people served.
2. Expanded primary care services, including developing a new clinic in Myrtle Point.
3. Brought a Community Health Worker program online at their clinics.
4. Developed plans for a $24 million replacement clinic on the hospital's campus.
5. Held a community health fair with over 400 attendees.
6. Increased access to healthcare services by recruiting several new physicians and nurse practitioners.
7. Developed a women's health service line.
8. Worked to obtain a Health Professions Shortage Area designation to improve provider recruitment and retention.
9. Implemented new technologies to assist providers and reduce burnout.
10. Developed programs for Medicare Annual Wellness Exams and Chronic Care Management.

These actions demonstrate efforts by both hospitals to address identified community health needs, particularly in areas of mental health, access to care, and chronic disease management.

**Strengths of the Community**

1. Community engagement: The report mentions conducting community forums and interviews, suggesting there are engaged community members willing to participate in improving community health.

2. Native American presence: The community includes the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians, which could contribute to cultural diversity and traditional knowledge.

3. Natural resources: While not directly stated as a strength, the report mentions the area's rural nature and its coastal location, which could be assets for recreation and quality of life.

4. Existing healthcare infrastructure: Despite gaps, the community has two hospitals and various other healthcare facilities and organizations working to meet community needs.

5. Adaptability: The community has persevered through economic challenges since the decline of the timber industry, suggesting some level of resilience.

6. Tourism potential: The report mentions the Oregon coast as a major vacation area, which could be an economic strength if properly managed.