Executive Summary

The Legacy Silverton Medical Center CHNA identifies key health needs and priorities for the communities served in Marion and Polk Counties. This assessment is based on the collaborative 2019 Marion-Polk Community Health Assessment findings and subsequent annual updates.

After analyzing comprehensive health data, community input, and considering the organization's resources, Legacy Silverton Medical Center has identified four priority areas for its 2023-2025 Community Health Improvement Plan (CHIP):

1. Access to Health Care
2. Behavioral Health Support
3. Food Environment/Food Security
4. Substance Use

Key Community Health Findings

- Demographics: The community is younger than Oregon overall, with higher percentages of Hispanic/Latinx residents (27% in Marion County), and residents who speak a language other than English at home (25% in Marion County).
- Social Determinants of Health: Marion County has lower household median incomes, higher poverty rates (especially for children), lower educational achievement, and significant food insecurity issues compared to state averages.
- Housing: Community members face low rental vacancy rates, high housing costs relative to income, increasing homelessness rates, and about 20% of households experience severe housing problems.
- Behavioral Health: Mental health issues, substance use disorders, and access to treatment are significant concerns, with increasing suicide rates and substance abuse impacts.
- Chronic Disease: The most common chronic conditions include depression, disability, arthritis, asthma, and diabetes, with many conditions more prevalent in underserved populations.
- Access to Care: While health insurance coverage has improved, provider shortages persist, especially for primary care, mental health, and in rural areas.

Impact of Previous Initiatives (2019-2022)

Despite challenges from the COVID-19 pandemic, Legacy Health invested in programs addressing:

- Access to Care: Funded community health grants improving access for over 8,500 individuals, increased health coverage enrollment, and enhanced workforce diversity.
- Behavioral Health: Supported mental health professionals serving 418 adults and children, and implemented depression screening for 74-77% of primary care patients.
- Social Determinants of Health: Distributed over 25,000 food boxes, implemented food insecurity screening, connected 526 individuals to housing services, and provided educational programs for 1,418 people.

The CHNA serves as the foundation for Legacy Silverton Medical Center's community health strategy, guiding resource allocation and programming for the next three years to address the identified priority areas.

Biggest Gaps in Service

According to the report, some of the biggest gaps in health care services in Marion and Polk Counties include:

1. Provider shortages: The community, like the state of Oregon overall, is experiencing a shortage of healthcare providers across the entire spectrum. This contributes to health disparities.

2. Mental health services: There is an increased need for mental health and substance abuse treatment and support.

3. Rural access: Those living in rural and frontier regions have greater difficulty seeing a provider. The Detroit Lake area was identified as having one of the greatest unmet health care needs in the state.

4. Primary care: There were fewer primary care providers relative to the population size compared to the state average.

5. Dental care: Polk County had a lower rate of dentists providing services than Marion County and the state average.

6. Mental health providers: The community had a lower rate of mental health care providers than the state average.

7. Culturally responsive care: The report identified a need for more culturally responsive, linguistically appropriate, and trauma-informed care.

8. Specialist care: Dentists and specialists in Polk County have to serve a larger number of people than in Marion County and the state average.

9. Appointment availability: In a 2022 survey, one of the main reasons people went without care was that they couldn't get appointments fast enough.

10. Transportation: Lack of public transportation options was identified as a barrier to accessing health care services.

Greatest Barriers to Care
1. Cost: A significant portion of community members reported being unable to see a provider in the last year due to cost. This was especially true for those living with disabilities.

2. Appointment availability: Many reported they couldn't get appointments fast enough when they needed care.

3. Lack of providers: There is an overall shortage of healthcare providers, including primary care, mental health, and dental providers, especially in rural areas.

4. Transportation: Lack of public transportation options was identified as a significant barrier, particularly in rural areas.

5. Language and cultural barriers: The need for culturally responsive and linguistically appropriate care was highlighted as an issue.

6. Insurance coverage: While most residents have some form of health insurance, those who are uninsured face significant barriers. Younger adults (19-34) and Hispanic/Latino residents were more likely to be uninsured.

7. Time constraints: Some reported they couldn't take time off work to seek medical care.

8. Lack of regular provider: Not having a regular healthcare provider was cited as a reason for going without needed care.

9. Office hours: Some reported that healthcare offices were not open when they were able to go.

10. Rural location: Those living in rural areas face greater difficulties in accessing care due to distance and lack of nearby providers.

11. Mental health stigma: Stigma around mental health was identified as a barrier to seeking mental health services.

12. Lack of awareness: Some community members may not be aware of available services or how to access them.

These barriers highlight the complex interplay of economic, geographic, cultural, and systemic factors that can impede access to healthcare services in the community.

The Unique Needs of the Community
1. Behavioral health support: Mental health problems were identified as one of the most important health issues facing the community. There's an increased need for mental health and substance abuse treatment and support.

2. Affordable housing: Housing needs, including unsafe and unaffordable housing, were highlighted as a major concern. The community has low rental vacancy rates and high costs relative to income.

3. Substance use services: Alcohol and drug abuse were identified as significant health issues, necessitating more prevention and treatment services.

4. Cultural responsiveness: With a growing diverse population, particularly Hispanic/Latino residents, there's a need for more culturally responsive and linguistically appropriate health services.

5. Rural health access: Improving access to healthcare services in rural areas, particularly around Detroit Lake, was identified as a unique need.

6. Chronic disease management: The community has high rates of chronic conditions like obesity, diabetes, and depression, requiring focused management strategies.

7. Food security: A significant portion of the community, especially in Marion County, lives in areas designated as food deserts, indicating a need for improved access to healthy food options.

8. Early childhood education: The community has lower rates of early childhood education enrollment compared to the state average.

9. Tobacco and e-cigarette use prevention: While cigarette smoking has decreased, e-cigarette use has increased, particularly among youth.

10. Prenatal care: While improving, there's still a need to increase early prenatal care access, particularly among certain racial/ethnic groups.

11. Youth mental health support: There's a concerning trend of increasing depression symptoms and suicidal thoughts among adolescents.

12. Homelessness services: Addressing homelessness was identified as a key health issue.

13. Transportation: Improving public transportation options was highlighted as a need to support better access to healthcare and other services.

What the Hospital or CCO is Doing Well
1. Prenatal Care: The percentage of women accessing prenatal care in the first trimester has been increasing, partly due to Community Health Improvement Plan (CHIP) initiatives.

2. Childhood Immunizations: The percentage of children aged 24-35 months who are up-to-date on vaccinations has been increasing.

3. Chronic Disease Management: The CCO has made improvements in controlling hypertension and diabetes among members with these conditions.

4. Cancer Screenings: There have been steady improvements in increasing colon cancer screenings among CCO members.

5. Adolescent Well-Care Visits: The CCO has steadily increased the percentage of adolescents receiving well-care visits.

6. Depression Screening and Follow-up: The CCO made significant improvements in screening for depression and providing follow-up care.

7. Substance Abuse Screening: There's been an increase in the percentage of members being screened for drug and alcohol abuse and provided with initial interventions when needed.

8. Dental Care for Children: The CCO has steadily increased the percentage of child members receiving dental sealants.

9. Foster Children's Health: There's been an increase in the percentage of children in ODHS custody receiving timely mental, oral, and physical health evaluations.

10. Health Insurance Coverage: The community has a high rate of health insurance coverage (about 95%), partly due to CCO efforts.

11. Community Engagement: The hospital and CCO have been actively involved in community health assessment and improvement planning processes.

12. Addressing Social Determinants of Health: There's evidence of efforts to address social determinants of health, which aligns with modern healthcare best practices.

Strengths of the Community
1. Natural resources: The community benefits from green spaces like parks and hiking trails, which support physical activity and health.

2. Local produce: There's good availability of local produce at farmers markets and "You Pick" opportunities, supporting healthy eating.

3. Opportunities for physical activity: The community has gyms and local parks that provide opportunities to be physically active.

4. Community organizations: There are various community organizations that support health and well-being.

5. Good air quality: Particularly noted in the Stayton area.

6. Community events: These were mentioned as contributing to community health and well-being.

7. Faith-based organizations: These were identified as supportive of community health in some areas.

8. Local sports teams: These were mentioned as contributing to community health, particularly in Woodburn.

9. Neighborhood support: This was noted as a community strength, particularly in Salem.

10. Improving economy: The report notes that the population is growing and the economy is improving, providing opportunities for advancement and economic expansion.

11. High health insurance coverage: About 95% of community members had health insurance, which is slightly higher than the state average.

12. Decreasing tobacco use: Cigarette smoking rates have been decreasing in the community in recent years.

13. Improving graduation rates: High school graduation rates have been increasing in recent years.

14. Community engagement: There's evidence of strong community engagement, with over 1,100 people participating in the 2022 community health survey.

15. Willingness to volunteer: A majority of survey respondents indicated they would be willing to volunteer their time to work on improving community health priorities.

Priorities
1. Behavioral Health Support

- This refers to upstream interventions aimed at supporting behavioral health in the community.
- It focuses on improving infrastructure, resilience, and community well-being.

2. Housing
  - This addresses issues related to housing affordability, safety, and homelessness.

3. Substance Use
  - This priority area focuses on addressing alcohol and drug abuse issues in the community.