

Executive Summary

Providence Medford Medical Center collaborated with Asante to conduct a comprehensive community health needs assessment for Jackson and Josephine counties in Southern Oregon.

- The assessment included quantitative data analysis, stakeholder interviews, community listening sessions, and a community health survey.
- Key findings from the assessment included:
 - Strong community partnerships exist to address needs
 - Housing instability and homelessness are major concerns
 - There is a need for more mental health and substance use disorder services
 - Access to healthcare, especially for underserved populations, remains challenging
 - Economic insecurity and lack of affordable childcare are significant issues
- Based on the assessment, Providence Medford Medical Center identified the following priority areas to focus on:
 1. Mental Health and Substance Use Disorders
 2. Health Related Social Needs (housing, food insecurity, etc.)
 3. Economic Security
 4. Access to Care and Services
- The hospital will develop a 3-year Community Health Improvement Plan to address these priority needs, in collaboration with community partners.
- The assessment also evaluated the impact of the hospital's previous Community Health Improvement Plan from 2020-2022, highlighting programs and initiatives implemented to address prior priority needs.

The full assessment provides more detailed data and findings to support these high-level conclusions and priorities. This summary provides an overview of the key outcomes and next steps resulting from the community health needs assessment process.

Biggest Gaps in Service

1. Mental health services:
 - Lack of crisis response services
 - Not enough hospital beds for people in mental health crisis
 - Limited options for people experiencing a mental health emergency
2. Substance use disorder treatment:
 - Limited detox beds and inpatient programs
 - No Medication-Assisted Treatment (MAT) facility in Josephine County
 - No inpatient treatment or detox services for youth
3. Specialty care:
 - Long wait lists to see specialists, especially in endocrinology, rheumatology, and neurology
4. Bilingual and culturally competent care:
 - Need for more Spanish-speaking providers and translated health information

5. Care coordination:

- Need for more support in navigating the complexities of the healthcare system, especially for vulnerable populations

6. Affordable care:

- Even with charity care and insurance, many cannot afford deductibles or costs of care

7. Transportation to medical services:

- Major barrier, especially for rural residents and those needing specialty care in other parts of the state

8. Services for specific populations:

- Limited recuperative care options for people experiencing homelessness after hospital discharge
- Lack of LGBTQIA+ friendly providers knowledgeable about this population's specific health needs
- Few providers accepting Medicare patients, impacting older adults' access to care

9. Behavioral health services for youth:

- Limited outpatient services and no inpatient treatment options for young people with substance use disorders

10. Respite care:

- Lack of options for people recently discharged from the hospital without a safe place to stay

These gaps highlight the need for increased access to mental health and substance use treatment, more specialty and culturally competent care, better care coordination, and improved services for vulnerable populations.

Greatest Barriers to Care

1. Transportation:

- Identified as the primary barrier, especially challenging for rural residents
- Difficult for people to travel to urban areas or other parts of the state for specialty care
- Limited public transit options and hours in some areas
- Cost of transportation, even with subsidized passes

2. Cost of care:

- Even with insurance and charity care, many cannot afford deductibles or out-of-pocket costs
- Some people avoid seeking care due to cost concerns

3. Availability of providers:

- Long wait times for appointments, especially with specialists
- Shortage of mental health and substance use disorder treatment providers

4. Language and cultural barriers:

- Lack of bilingual and bicultural providers, especially for Spanish-speaking patients
- Need for more culturally responsive care

5. Lack of care coordination:

- Difficulty navigating the complex healthcare system, especially for vulnerable populations

6. Limited services for specific populations:

- Lack of services for people experiencing homelessness
- Few LGBTQIA+-friendly providers
- Limited options for older adults on Medicare

7. Mental health and substance use treatment gaps:

- Few crisis response options
- Limited inpatient beds and treatment facilities

8. Childcare:

- Lack of affordable childcare prevents some from accessing needed healthcare services

9. Technology barriers:

- While telehealth has improved access for some, it has created additional barriers for others, especially older adults and those without reliable internet access

10. Stigma:

- Particularly around mental health and substance use disorders, preventing some from seeking care

11. COVID-19 related issues:

- Delayed care due to pandemic concerns or reduced healthcare capacity
- Staffing shortages leading to longer wait times

The Unique Needs of the Community

1. Housing and homelessness:

- Exacerbated by the 2020 Alameda and South Obenchain fires, which destroyed many affordable housing units
- Need for more long-term shelters and supportive housing

2. Mental health services:

- Particularly for older adults and those experiencing social isolation due to the pandemic
- Need for more crisis response services

3. Substance use disorder treatment:

- Lack of detox beds and inpatient programs, especially for youth
- No Medication-Assisted Treatment facility in Josephine County

4. Affordable childcare:

- Described as "almost nonexistent" and hurting workers across all industries

5. Economic security:

- Lack of living wage jobs
- High cost of housing relative to income

6. Culturally responsive care:

- Need for more bilingual and bicultural providers, especially for the Latino/a community

7. Services for specific populations:

- Older adults: More affordable housing and Medicare-accepting providers
- LGBTQIA+ community: Knowledgeable and friendly providers
- People experiencing homelessness: Recuperative care options after hospital discharge

8. Wildfire recovery:

- Ongoing needs related to the 2020 fires, particularly for displaced communities

9. Rural healthcare access:

- Transportation and access challenges for those in more remote areas

10. Food insecurity:

- Particularly for older adults and people with disabilities

11. Coordination of community resources:

- Need for better connection between different services and easier navigation for residents

12. Safe and accessible recreation spaces:

- Particularly for families and children

These unique needs reflect the specific challenges faced by this rural region, including recent natural disasters, an aging population, and gaps in mental health and substance use services. They also highlight the interconnected nature of health, housing, economic stability, and community resources.

What the Hospital or CCO is Doing Well

1. COVID-19 Response:

- Providence Medford Medical Center was rated positively for its COVID-19 response efforts, including:
 - Community education and outreach on preventing virus spread
 - Drive-thru COVID-19 testing center
 - Hosting community vaccine clinics
 - Participating in the community vaccine clinic at the Expo

2. Coordinated Care Organizations (CCOs):

- Jackson CareConnect and AllCare CCOs were noted for:
 - Providing support for transportation, food security, and accommodations for medical care
 - Encouraging engagement in primary care
 - Strengthening engagement with members
 - Engaging with school districts to meet health care and dental care needs

3. Community Partnerships:

- Both Providence and local CCOs were recognized for strong community partnerships and collaboration

4. Addressing Social Determinants of Health:

- CCOs were noted for offering programs and resources to address social determinants of health

5. Care Coordination:

- Providing care coordination and support for navigating the health care system

6. Access to Care:

- Providence Medford Medical Center was rated positively for its efforts to improve access to care

7. Chronic Conditions Management:

- The hospital received good ratings for its work on chronic conditions

8. Community Health Improvement Efforts:

- Providence's efforts in addressing social determinants of health, chronic conditions, and access to care were rated positively by community stakeholders

Strengths of the Community

1. Strong community partnerships:

- Robust collaboration between nonprofits, healthcare organizations, school districts, faith-based organizations, community groups, and social support organizations
- Ability to quickly deploy emergency response activities due to these partnerships

2. Resilient and engaged community members:

- Community came together to rebuild and collaborate after the 2020 wildfires
- Described as an energetic community willing to pull together in times of challenge

3. Robust network of health-related services and resources:

- Variety of healthcare and social service organizations
- Coordinated Care Organizations (CCOs) offering programs to address social determinants of health

4. Social connection and support:

- Community members emphasized the importance of people being connected and helping one another, especially during challenging times

5. Community response to crises:

- Strong response to both COVID-19 pandemic and 2020 wildfires

6. Outdoor recreation opportunities:

- Parks, trails, and public lands providing places for physical activity

7. Specific community resources highlighted as strengths:

- 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

8. Willingness to address community needs:

- Interest in serving the unhoused population and working together to meet needs

9. Increased communication and collaboration:

- COVID-19 pandemic has spurred more communication between public health agencies, healthcare, and community-based organizations

Priorities

1. Mental Health and Substance Use Disorder:

- Focus on prevention and treatment
- Address social isolation
- Promote community building related to safe spaces and recreation
- Address challenges of accessing care due to workforce shortages, lack of culturally responsive care, and affordability

2. Health Related Social Needs:

- Focus on housing stability
- Navigation of supportive services
- Address food insecurity
- Improve transportation
- This priority area refers to unmet social needs that exacerbate poor health and quality-of-life outcomes

3. Economic Security:

- Focus on affordable childcare
- Education and workforce development
- This priority area affects nearly every aspect of a person's life and refers to the challenge of affording basic living expenses and obtaining affordable education

4. Access to Care and Services:

- Focus on chronic disease management and prevention
- Improve oral health
- Expand virtual care options
- This priority area refers to the lack of timely access to care and services due to physical, geographic, and systemic limitations

The report also identified three consistent cross-cutting themes that affect all four priority areas:

- Racism, discrimination, and inclusion
- Culturally responsive care and services
- Trauma-informed care and services