

## Executive Summary

St. Charles Prineville is a not-for-profit, 16-bed Critical Access Hospital in Prineville, Oregon, and the only hospital in Crook County. As required by federal regulations, St. Charles Prineville completed this Community Health Needs Assessment (CHNA) to identify and prioritize the community's health needs.

The assessment methodology included:

- Analysis of secondary data (demographic and health indicators)
- Primary research through phone and text message surveys conducted by DHM Research
- Community input gathered in collaboration with the Central Oregon Health Council

Based on this comprehensive assessment, St. Charles Prineville identified and prioritized six significant health needs for the community:

1. Stable Housing & Supports
2. Address Poverty & Enhance Self Sufficiency
3. Upstream Prevention: Promotion of Individual Well-Being
4. Substance & Alcohol Misuse Prevention & Treatment
5. Behavioral Health: Increase Access and Coordination
6. Promote Enhanced Physical Health Across Communities

The report notes that Crook County is ranked as the 20th healthiest county out of 35 counties in Oregon according to the 2022 County Health Rankings. Key findings from community surveys revealed that residents consider affordable housing, living wage jobs, and affordable healthy foods as the factors that would most improve quality of life.

The CHNA was approved and adopted by the St. Charles Health System Board of Directors on October 27, 2022. This assessment will inform the subsequent Regional Health Implementation Strategy (RHIS), which will outline specific actions to address the identified priority needs from 2023-2025.

## Biggest Gaps in Service

1. **Wait times for appointments:** This was identified as the most significant barrier, with 46% of residents saying wait times prevented them from seeking care "almost always" or "many times." This has increased dramatically by 23 percentage points since 2018. It's especially problematic for people of color (56%), women (53%), and households with children under five (60%).
2. **Cost of care:** 39% of residents cite cost as a major barrier to seeking care, an increase of 12 points since 2018. This disproportionately affects people of color (48%) and lower to middle-income residents (44-45%).
3. **Technology access for virtual appointments:** 22% of Crook County residents specifically cited lack of technology for virtual appointments as a barrier to care, which is higher than in neighboring counties.
4. **Secondary barriers:**
  - Time away from work (23% of residents, especially women at 27% and those with young children at 39%)
  - Lack of insurance (18% overall, but 26% in Jefferson County and 22% in lower-income households)

- Location and transportation issues (especially in Crook and Jefferson Counties, where 24% cited location and 14% cited transportation as barriers)

### **Greatest Barriers to Care**

1. **Wait times for appointments:** 46% of residents reported that wait times prevented them from seeking care "almost always" or "many times" - this has increased dramatically by 23 percentage points since 2018. The report states: "Since 2018, residents have consistently reported wait times for appointments and cost as the two biggest barriers to care, but the proportion of residents who cite these as barriers to care has increased significantly."
2. **Cost of care:** 39% of residents cited cost as preventing them from seeking care "almost always" or "many times" - an increase of 12 points since 2018.
3. **Time away from work:** 23% of residents reported this as a barrier - an increase of 15 points since 2018.
4. **Lack of insurance:** 18% of residents cited this as a barrier - an increase of 6 points since 2018.
5. **Location of services:** 16% of residents cited the location of where they need to go as a barrier.
6. **Technology for virtual appointments:** 14% of residents cited lack of technology for virtual appointments as a barrier, with Crook County residents (22%) being the most likely to cite this issue.
7. **Transportation:** 10% of residents reported lack of transportation as a barrier.

### **The Unique Needs of the Community**

1. **Demographics and Population:**
  - Crook County has a higher proportion of residents aged 65 years and older compared to other Central Oregon counties
  - The county has experienced steady population growth (from 23,867 in 2019 to 25,739 in 2021)
  - It's more sparsely populated than neighboring counties, covering 2,979 square miles
2. **Economic Factors:**
  - The median household income in 2020 was \$59,000, which is lower than Deschutes County (\$68,937) but higher than Jefferson County (\$55,844)
  - Residents identified "living wage jobs" as one of the top three factors that would improve quality of life
3. **Health Indicators:**
  - Life expectancy at birth is 79.3 years (compared to 81.7 in Deschutes and 76 in Jefferson)
  - Crook County is ranked 20th healthiest out of 35 counties in Oregon
  - Specific health factors that need closer examination include adult smoking, adult obesity, excessive drinking, physical inactivity, primary care physician ratio, and severe housing problems
4. **Healthcare Access Barriers:**
  - Higher proportion of residents citing technology for virtual appointments as a barrier (22% compared to 14% regionally)
  - Location and transportation are more significant barriers compared to Deschutes County
  - Lower high school graduation rate (73% in 2021)

5. **Community Priorities:**
  - Affordable housing (15%)
  - Living wage jobs (13%)
  - Affordable healthy food (11%)
6. **Top-rated Health Issues:**
  - Old age – general
  - Affordable access to health insurance
  - Cancer/other

### **Strengths of the Community**

1. **High overall satisfaction:** Despite challenges, 89% of Crook County residents report a positive quality of life, which suggests community resilience and satisfaction.
2. **Strong health insurance coverage:** 92% of Crook County residents have health insurance, which is comparable to Deschutes County and higher than Jefferson County. This has remained stable since 2016.
3. **Community engagement:** The history of Pioneer Memorial Hospital (now St. Charles Prineville) reveals that the original hospital in 1950 was opened through a "fundraising drive by the community," indicating a tradition of community involvement in healthcare.
4. **Adaptability:** The fact that 54% of residents have utilized telemedicine visits in the past two years suggests adaptability to new healthcare delivery methods.
5. **Community resources:** Appendix III provides an extensive list of potential community resources across different need categories, indicating a network of organizations serving various needs within the community.
6. **Population growth:** The steady population growth (from 23,867 in 2019 to 25,739 in 2021) suggests the community is attracting new residents, which can bring economic opportunities.

### **Priorities**

St. Charles Prineville has identified and prioritized six significant health needs that will form the basis for their upcoming Regional Health Implementation Strategy:

1. Stable Housing & Supports
2. Address Poverty & Enhance Self Sufficiency
3. Upstream Prevention: Promotion of Individual Well-Being
4. Substance & Alcohol Misuse Prevention & Treatment
5. Behavioral Health: Increase Access and Coordination
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