

Community Health Improvement Plan | 2019-2022



Executive Summary

This Community Health Improvement Plan exemplifies CHI Mercy Health's (Mercy) ongoing commitment to promote and support the health and wellbeing of our community members. For 110 years, we have provided charitable aid to the poor and medically underserved to build a legacy focused on creating a healthier community.

This report outlines our dedication to - and strategy for - optimizing the health of all of our County residents. We remain steadfast in our commitment to work collaboratively with local community partners to strengthen existing public health programs and advance evidence-based wellness initiatives. Additionally, Mercy will continue working to reinforce and expand health improvement and disease prevention services currently offered by the hospital. Our long-term goal is to promote greater levels of health, health awareness and wellness for everyone within our community.

At Mercy, we are committed to managing our resources and advancing our healing ministry in a manner that benefits the common good now and long into the future. Despite today's many challenges we see this as a time of great hope and opportunity for the future of health care.

We want to use this venue to also extend a special note of appreciation to the women and men who, with a spirit of collaboration, work alongside us to help address the health priorities of our community by offering an array of health and wellness programs and services.

In accordance with market policy and IRS 990 Guidelines, the CHI Mercy Health Board Members graciously reviewed and approved this Community Benefit Report at their March 20th, 2019 meeting.



CHI Mercy Health Community Health Needs Assessment

CHI Mercy Health (Mercy) is a private not-for-profit 174 bed medical center located on a 90-acre campus on the north side of Roseburg, Oregon. Mercy is affiliated with Catholic Health Initiatives, the second largest Catholic health network in the country. Founded in 1909 by the Sisters of Mercy, Mercy Medical Center’s core values are reverence, compassion, integrity and excellence. Our mission is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.

In 2017, Mercy Medical Center was selected as one of the top 20 rural community hospitals nationally and the only one in Oregon. A specialized and comprehensive inpatient and outpatient medical center our services include: a 24-hour emergency center; acute medical and surgical services; critical care (ICU and PCU); diagnostic imaging; Shaw Heart and Vascular Center; outpatient imaging center; Family Birth Place; laboratory services; spiritual care; rehabilitation services; day surgery; hospice; home health and Linus Oakes, an Independent Living community.

Mercy Foundation, a 501(c)3, tax-exempt, non-private charitable foundation, receives and administers gifts and grants to Mercy. Mercy’s inpatient market share is 68

Community Description

Douglas County encompasses 5,036 square milesⁱ, extending west to east from sea levels at the Pacific Ocean to the 9,182 foot Mt. Thielsen in the Cascade Range. Most residents live along a 90-mile strip of land running north to south along Interstate 5. Communities along this stretch are mostly rural. Only three communities have more than 5,000 residents with approximately half of Douglas County’s population residing in thirty-two unincorporated areas.

Population

The County has 110,283 residents.ⁱⁱ Families make up 65.5% of households. This figure includes both married-couple families (49.9%) and other families (15.6%). The median age in Douglas County is 47.2 years compared to Oregon’s 39.2.ⁱⁱⁱ Persons 65 years and older make up 25.1% of the population and 19.4% are under 18 years of age.^{iv}. Table 1 below indicates the demographic make-up of Douglas County based on the latest U.S. Census data.

Table 1. Demographics for Douglas County

	Douglas County	Oregon
White non-Hispanic	92.6%	86.8%
Hispanic/Latino	6%	13.3%
Native American	2.1%	1.8%
Asian	1.1%	4.8%
African American	.5%	2.2%

Economy

Traditionally, the timber and wood product industries have been the major employers in Douglas County. Even with the downturn in the industry, they still remain one of the biggest sources of employment in the area. The largest timber supplier is Roseburg Forest Products. Other major employers include CHI Mercy Health (the largest employer in Roseburg proper), the Cow Creek Band of Umpqua Tribe of Indian, city, county and federal government including the Roseburg VA Health Care System, agriculture including our local Umpqua Valley wine industry, the warehouse industry, building trades and education.

Income Level

A stagnant economic recovery continues to greatly impact the lives of all Douglas County residents. While urban areas of the state have seen gains in employment and incomes, Douglas County continues to lag behind. Its unemployment rate is 5.3% (April 2019) slightly higher than the national rate of 3.8%. What is not reflected in the employment rates is underemployment, defined as “workers who are highly skilled but working in low paying or low skill jobs, and part-time workers who would prefer to be fulltime”. Figures available for Oregon put the underemployment rate at 8.5%,^v but it is likely to be much higher in Douglas County given the lack of family wage jobs.

Because only 16.3% of local adults have a Bachelor’s degree compared to Oregon’s 31.4%, many workers have relied on manual labor jobs. Many of these residents were previously employed in relatively good-paying jobs in natural resources such as timber and mining but automation has had impact on employment in these fields. The median household income in Douglas County is \$40,468 compared the statewide average of \$56,119. The result is we have one of the highest childhood poverty rates in Oregon at 23.2% compared to the state average of 17.2%^{vi} and 60.6% of children qualify for free and reduced lunch. The overall poverty rate for adults is 14.9%.^{vii}

Community Input

Who was involved in the Assessment

To ensure we gained a broad understanding of the community needs and opportunities, Mercy’s leadership sought input from local residents and community partners.

The Community Benefit Team and Community Health Needs Assessment (CHNA) Committee provided overall leadership and guidance.

Members include:

- Trayce Curtis, Sr. Administrative Assistant – CHI Mercy Health
- Nancy Lehrbach, Sr. Administrative Assistant – CHI Mercy Health
- Kathleen Nickel, Marketing and Communications – CHI Mercy Health
- David Price, Director Ministry and Mission Leader – CHI Mercy Health
- Sharon Stanphill, Health Operations Officer – Cow Creek Umpqua Tribe
- Dr. Bob Dannenhoffer, Pediatrician – Douglas Public Health Network
- Dr. Tim Powell, Family Practice Doctor – Evergreen Family Medicine
- Kim Tyree, COO – Evergreen Family Medicine
- Lisa Platt, President – Mercy Foundation
- KC Bolton, CEO – Umpqua Community Health Center
- Jay Richards, DO – Umpqua Community Health Center

Community Stakeholder Organizations included:

- Community Cancer Center
- Compass Behavioral Health
- Cow Creek Umpqua Tribe
- Douglas Education Service District
- Douglas Public Health Network
- Evergreen Family Practice Medicine
- Mercy Foundation
- Roseburg City Manager
- United Community Action Network
- Umpqua Community Health Center
- Umpqua Health

CHI Mercy Health commissioned Conduent Health Communities Institute (HCI) to assist with its Community Health Needs Assessment (CHNA).

Community input was collected via a 22-question online and paper survey. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool.

The community health perception survey was disseminated through social media channels, our internal email directory, through digital correspondence to key selected stakeholders, and in paper copy form via our hospital-based medical eligibility counseling service group.

A total of 408 responses were collected across Douglas County, with a survey completion rate of 94.4%, resulting in 385 complete responses across the entire survey area.

Further input was sought through brief community interviews. Nine participants receiving services at CHI Mercy Health participated, and were asked specific questions about their perspective of top health needs and issues. The interviews took place in late 2018.

Retrospective – Reviewing Progress of the 2016-2019 CHNA

The community health improvement process should be viewed as an iterative cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding community health needs assessment. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

As part of the 2016 Community Health Needs Assessment, healthy weight promotion, violence prevention, parenting education and tobacco reduction were selected as prioritized health needs. The result of community effort and interventions are summarized in Table 2.

Table 2. Accomplishments from the 2016-2019 Community Health Improvement Plan

Community Health Need Identified	Activities and Progress
Health Weight Promotion	<ul style="list-style-type: none"> • Increased public knowledge and awareness of healthy eating and nutrition through HKOP's pilot program, Kids in the Kitchen • Became Blue Zone certified • Kicked-off a Veggie RX program to increase access to produce • Launched a Mobile Food program to bring nutritious food to communities with limited access to food
Violence Prevention	<ul style="list-style-type: none"> • Increased awareness of strategies to prevent and report child abuse/neglect • Continued to participate in the Family Violence Task Force through the UP2US Now Coalition • Developed a Rural Team program to strengthen families/communities in rural areas to increase the health, safety and well-being of children • Actively engage with reducing opioid overdoses by training law enforcement and first responders in the use of Naloxone • Kept unused prescriptions off the streets through multiple drug take back events in conjunction with law enforcement • Received funding to bring awareness to and prevent human trafficking, including support of a victim/survivor advocate. • Provided over 500 students with anti-bullying education
Parenting Education	<ul style="list-style-type: none"> • Increased awareness and visibility of parental and family support services through the Supporting Families project to identify at-risk families and provide appropriate response services • Improved access to parenting education resources through partnerships with Douglas Education Service District; Mercy Foundation's Tree of Hope Committee; UCC's Early Childhood Care program; and Altrusa's SMART Reading program
Tobacco Reduction	<ul style="list-style-type: none"> • HKOP provided on-going, age appropriate oral health education on the effects of tobacco products • Partnered with the Truth Initiative to offer a no-cost digital, web-based tobacco reduction service to hospital employees and residents • Collaborated with the Blue Zones to promote tobacco-free zones
Healthy Lifestyles	<ul style="list-style-type: none"> • Improved support and increased resources for youth with Type 1 diabetes through the formation of a Diabetes Outreach and Education program • Improved healthy lifestyles and services for youth in the community through multiple initiatives including: Backpacks with school and hygiene supplies; provide 400 BEPA (Balanced Energy Physical Activity) books to Douglas County schools to increase physical activity; placed washers/dryers in 36 schools to improve hygiene; assisted programs such as Special Olympics through the Taylor Hatfield Partner Fund; supported Grad Night Alcohol Free parties in all 13 school districts; supported Camp Millennium for youth with cancer

Results of Community Health Needs Assessment

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data the significant health needs were determined for CHI Mercy Health and are displayed in Table 3.

Table 3. Significant Health Needs

Access to Health Services • Children’s Health • Diabetes • Economy Education • Environmental & Occupation Health • Exercise, Nutrition & Weight Heart Disease & Stroke • Mental Health & Mental Disorders • Prevention & Safety Respiratory Diseases • Social Environment • Substance Abuse
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Strategies to Improve Community Health

Even with great challenges, Douglas County residents have a strong history of collaboration on initiatives to improve the health of our community members. In particular, stakeholder effort over the last three years has created new opportunities to form partnerships that have resulted in increasing community engagement. Stakeholders know that a healthier Douglas County is not the responsibility of a single entity, nor a single sector of the community; rather, achieving measurable health improvements requires broad community involvement and collective action across all sectors of our community. Partnerships and collaborations are the key to the success of any initiative undertaken by Mercy. Mercy will continue to support existing programs, and leverage community resources and expertise to build a more accessible and sustainable network of programs and services for the prevention, early detection and management of chronic disease.

In our efforts to improve the health of the community, Mercy will continue to use the model of The Spectrum of Prevention, “a fundamental model in public health acknowledging a broad range of factors play a role in health,” as we develop health improvement implementation plans for 2019-2022.

The Spectrum of Prevention

INFLUENCING POLICY AND LEGISLATION
CHANGING ORGANIZATIONAL PRACTICES
FOSTERING COALITIONS AND NETWORKS
EDUCATING PROVIDERS
PROMOTING COMMUNITY EDUCATION
STRENGTHENING INDIVIDUAL KNOWLEDGE & SKILLS

Mercy recognizes there are many social determinants of health, thus we look for ways to align programs with the Center for Disease Control’s HI-5 Initiative’s Prevention and Intervention goals by focusing on how to reduce barriers to health.

Community Health Improvement Plan

From the list of significant health needs identified in the data analysis process, five focus areas have been prioritized: (1) Mental Health & Mental Disorders (2) Children's Health (3) Access to Health Services (4) Education and (5) Substance Abuse. Within the categories are secondary sub-groups: Violence Prevention, Human Trafficking, Parenting Wisely, Healthy Kids Outreach Program (HKOP), Youth Diabetes, Opioid, Smoking Cessation and Workforce Violence Prevention.

Mental Health

Key Indicators

- The high number of reported poor mental health days in Douglas County (4.5) compared to the U.S. (3.8).
- Age-adjusted death rate due to suicide is higher in Douglas County (24.7) than in Oregon (18.1) and the U.S. (13.2)
- 12.1% of community leaders identified suicide as a top health issue.

Challenges

Mental Health & Mental Disorders was selected as priority because of concerns about depression and suicide rates in the community. Among the factors contributing to increased suicides and poor mental health are gaps in youth mental health services and institutional silos amongst community resources. Further, Douglas County is recognized as a medically underserved area and this is especially true of mental health providers.

Recommendations included focusing on increasing access to treatment, developing prevention services and involving the whole community in improvement efforts.

Strategies

Addressing the needs of patients with mental health and/or behavioral issues is a priority for Mercy. A focus on increasing access to treatment, developing prevention services and broad community engagement are among the strategies we will incorporate. With a shortage of mental health providers, Mercy will explore how to utilize existing resources in order to maximize services for patients experiencing mental health issues.

- Providing an inpatient unit with 12 beds to offer a safe environment for behavioral health psychiatric patients.
- Utilizing a tele-psychiatry program to provide 24/7 access for patients to have a private consultation with a psychiatrist.
- Ongoing partnerships with Compass Behavioral Health.
- Utilizing Rural Teams to share information about available resources to assist residents living in isolated communities gain a greater understanding of services

Children's Health

Key Indicators

- 25.3% of Douglas County children are food insecure compared to 20% statewide and 17.9% nationally. Almost sixty-one percent of children in Douglas County also qualify for free and/or reduced lunch.
- The substantiated child abuse rate is higher in Douglas County (28.1 cases/1,000 children) than in Oregon (12.8 cases/1,000 children).
- While 94.7% of children have health insurance, Douglas County is still below the rates of 97.2% across Oregon and 95.9% in the U.S.
- Three percent of children are in foster care, and another ten percent are aging out – ranking Douglas County 31 out of 36.
- 10.7% of Community Survey respondents selected Children as the group in the community that is most effected by poor health outcomes.

Challenges

Children who live below the poverty level often suffer from food insecurity and malnourishment. They may be vulnerable to untreated health issues such as tooth decay or forgo basic wellness checks from a physician. Community leaders were also concerned about a sub-group at particular risk; children in the foster care system or who live in unstable homes. The lack of an integrated community strategy with many organizations working on the issue often means duplication of services or too few services dilutes impact.

Strategies

Focusing on children's health, especially through prevention, is the best opportunity for the community to address long-term change for health issues such as reducing obesity, improving oral health and fostering healthy life choices.

- Healthy Kids Outreach Program (HKOP) will provide school-based preventative dental clinics to approximately 10,000 youth in grades K-12 in 38 Douglas County schools. Services will include an assessment, fluoride varnish and sealants on untreated, erupted molars.
- Children identified with urgent dental needs will be referred to a dental specialist who will work with the family for treatment.
- Provide oral health education and a take-home oral hygiene kit to students in grades K-12.
- HKOP will provide Resource RNs in twelve schools to teach personal health and hygiene education. Nurses will assist with referrals to other health services and/or community resources as appropriate.
- Through a partnership with OSU Extension Services, youth in twelve schools will have access to nutrition and activity education; Kids in the Kitchen cooking classes, participate in a food waste study and increase physical activity using the BEPA toolkit.
- Utilize the Mobile Food Market to increase access to food, and to promote healthy eating and food preparation.
- Work with Blue Zone Umpqua partners to identify food deserts and the gaps to accessing healthy food.

Access to Health Services

Key Indicators

- Fewer adults have health insurance and a usual source of health care in Douglas County (83.9%) than in Oregon (87.5%) and U.S. (84.3%).
- There is a need for primary care providers in Douglas County. There are 64.1 primary care providers in Douglas County per 100,000 people, far lower than in Oregon (93.5 provider/100,000 population) and in the U.S. (75.5 providers/100,000 population).
- Only 72% of adults in Douglas County have a usual source of health care compared to 75.5% of adults in Oregon.
- Douglas County has both a high turnover rate for primary care providers with many current physicians at or nearing retirement. Both of these factors impact a patients' ability to find and re-establish care with a new provider.

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Education

Key Indicators

- Bachelor's degree attainment is much lower in Douglas County (16.3%) than in Oregon (31.4%) and the U.S. (30.3%)
- Eight percent of Douglas County students drop out of high school – twice the rate of other Oregon students.
- Reading and math proficiency in 3rd and 8th grade are lower in Douglas County than in the state.
- Oregon ranked 12th in the nation of disadvantaged youth and 10th in the percentage of foster care placements, an indicator these are youth who are either not in school or not thriving in school because of the stressors in their life.
- Community leaders perceive improving education as a preventative intervention opportunity to impact health and quality of life.

Strategies

- Work in conjunction with community partners to support and expand the current curriculum of the Parenting Hub to support effective parenting.
- Work with Rural Teams to address why youth are dropping out of school.
- Identify barriers to youth attending school, for example substance abuse, bullying, fear of sexual exploitation, etc.

Substance Abuse

Key Indicators

- 20.5% of women report smoking during pregnancy in Douglas County over twice that of 9.6% in Oregon and 7.2% in the U.S.
- The age-adjusted death rate due to alcohol consumption is higher in Douglas County than in Oregon overall.
- Community members and leaders identified substance use a primary contributor to poor health outcomes in Douglas County
- The death rate due to drug poisoning in Douglas County (13.9 deaths/100,000 population) is higher than in Oregon but lower than in the U.S. overall
- 25.6% of adults report smoking in Douglas County compared to 19% in the overall population of Oregon
- 9% of eighth graders and 12% of eleventh graders reported using e-cigarettes, also known as vaping. Among eleventh graders, this percentage was higher than the rate of traditional tobacco cigarettes.

Strategies

Substance abuse often overlaps with other issues such as mental health, education, homelessness and health overall. One participant identified the opportunity to build partnerships and collaboration with the many community agencies already working on the substance abuse issue.

- Mercy Foundation Healthy Kids Outreach Program will provide age appropriate education on the effects tobacco use has on teeth, mouth, throat and appearance in the county school systems.
- Collaborate with the Blue Zones Tobacco Sector Committee and Roseburg Downtown Association to create a smoke-free, butt-free area.
- Work with Blue Zones and the Douglas County Public Health Network to partner with the Truth Initiative to bring "This is Quitting", a free mobile app aimed at 13 to 19 year olds to help them successfully quit e-cigarettes, or vaping
- Build on the digital platform Becoming an EX
- Promote Nicotine Replacement Therapy (NRT)
- Train first responders in the use of Naloxone and provide them with the kits to reduce the incidents of overdose deaths.
- Provide education about substance abuse and smoking cessation at Rural Team events.
- Train law enforcement and first responders about the connection between human trafficking in the "sex for drugs" trade.

Approval

CHI Mercy Health is governed by a 13 member Board of Directors. The Board has designated the Mission Services to develop implementation plan objectives. The Board and Senior Management staff of CHI Mercy Health will direct, monitor strategies and will review progress on an annual basis.

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- ⁱ Douglas County https://en.wikipedia.org/wiki/Douglas_County,_Oregon
- ⁱⁱ US Census <https://www.census.gov/quickfacts/fact/table/douglascountyoregon,US/PST045218>
- ⁱⁱⁱ www.city-data.com/coulnTy/Douglas_Coutny-OR.html 2016
- ^{iv} US Census Bureau
- ^v America's Health Rankings <https://www.americashealthrankings.org/explore/annual/measure/Underemployed/state/OR>
- ^{vi} Children First for Oregon 2018 <https://www.cffo.org/wp-content/uploads/2018/12/CFFO-County-Data-2018.pdf>
- ^{vii} US Census <https://www.census.gov/quickfacts/fact/table/OR,douglascountyoregon/PST045218>