

Community Health Needs Assessment

2016



Reverence

Integrity

Compassion

Excellence



CHI Mercy
Health

Mercy Medical Center

Serving Our Community Members Health Beyond the Walls of the Hospital

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, integrity, compassion, 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.

Mercy's specialized and comprehensive inpatient and outpatient care includes: A 24-hour emergency center; acute medical and surgical services; critical care (ICU and PCU); diabetes education; diagnostic imaging; Shaw Heart and Vascular Center, including catheterization labs and interventional cardiology and peripheral; Outpatient Imaging Center; Family Birth Place, laboratory services, spiritual care, rehabilitation services, including physical, occupational and speech therapies; day surgery, hospice, home health, and Parkway Mobility and Medical Supply and Linus Oakes as our Independent Living facility. Gifts and grants to Mercy are received and administered by the Mercy Foundation, a 501(c)3, tax-exempt, non-private, charitable foundation. Mercy's inpatient market share is 78%.

Community Description

Douglas County, Oregon extends west to east from sea level at the Pacific Ocean to the 9,182 foot Mt. Thielsen in the Cascade Range. Douglas County covers an expansive 5,071 square miles and is comprised of 12 incorporated cities Roseburg – the county seat, Canyonville, Drain, Elkton, Glendale, Myrtle Creek, Oakland, Reedsport, Riddle, Sutherlin, Winston, and Yoncalla. Douglas County, as with many rural jurisdictions, faces the challenges of an in migration of seniors as well as a baby boomer aging population, high rates of unemployment and poverty, few educational opportunities, high rates of tobacco and other drug use, and fewer local resources dedicated to addressing these and other known health risk factors. Nearly 70% of residents live outside the county seat of Roseburg, where most health services are provided. Douglas County is a federally designated medically underserved area, as well as a primary care shortage area.



Population

According to the 2014 US Census Bureau's American Community Survey, the demographics of Douglas County's 106,972 residents are as followed: 0-19 (21.3%), 20-64 (55.1%), and 65 and over (23.5%). About 89% of the county's population is white non-Hispanic, as compared to 77% statewide, and approximately 5% of the population is Hispanic/Latino, followed by 3% American Indian, 1% Asian/Pacific Islander, and 1% African American. Over the last few years, we have experienced an approximately 25% outmigration rate of 20-45 year olds, with more seniors moving to our county because of the seasonal weather conditions.



Economy

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

Income Level

Stagnant economic recovery continues to greatly impact the lives of all Douglas County residents, as it has one of the highest poverty and unemployment rates in Oregon – 6.1% (March 2016). Family-wage jobs have diminished with the dwindling timber industry over the last two decades. As a large county with many rural communities, our socio-economic profile is like that of Appalachian America. According to the 2014 American Community Survey, 15.5% of Douglas County residents over the age of 25 have a bachelor's degree or higher compared to the Oregon State average of 30.8%. The median household income is \$42,000, compared with the Oregon State average of \$51,075. 20.1% of all residents and 29.4% of children under 18 lived in poverty. 68% of children in schools located outside of Roseburg are on the free-and-reduced lunch program, a widely held poverty indicator.

Health Factors

The Robert Wood Johnson Foundation's 2016 County Health Rankings rank Douglas County 31st out of 36 Oregon Counties for Health Outcomes – which represent how healthy a county is, and 25 out of 36 counties for Health Factors - which are what influences the health of the county. Douglas County rankings are significantly worse than the state's most metropolitan county that includes the City of Portland.

	Douglas County	Multnomah County (Portland)
HEALTH OUTCOMES	31	15
Length of Life	29	11
Quality of Life	27	19
HEALTH FACTORS	25	8
Health Behaviors	30	16
Clinical Care	11	6
Social & Economic Factors	27	11
Physical Environment	9	19



Chronic Disease

Douglas County has higher instances of major chronic diseases as compared to the state averages and poor health behaviors, as shown by the table below.¹

Health Factors		
	Douglas County	Oregon
Fair or Poor Health Days	24%	17%
Tobacco Usage (Cigarette, Smokeless)	30%	21%
Arthritis	30.9%	24.5%
Asthma	15.1%	10.4%
Diabetes	10.5%	8.2%
Obesity	34.4%	25.9%
Risk for Hypertension	34.4%	27.7%
High Blood Cholesterol	41.3%	31.8%

As our community ages, there comes greater need for health services and particularly services related to chronic conditions. Because managing and preventing chronic conditions is a cooperative effort between providers and patients, health communication will need to be tailored to specific resident populations.

¹ 2010-2013 Oregon Behavioral Risk Factor Surveillance Survey.
<http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Pages/index.aspx>

Tobacco

Tobacco usage remains high in Douglas County, as compared to state and national averages. We are seeing a high rise in the usage of non-cigarette tobacco use, due in part to the low cost, ease of accessibility and myths that non-cigarette tobacco does not have the same negative health consequences as traditional tobacco products. According the 2014 Douglas County Tobacco Fact Sheet,² 6,743 county residents had a serious illness caused by tobacco, there were 345 tobacco related deaths and over \$68.8 million was spent on tobacco related medical care throughout the county.

2014 Age-Adjusted Prevalence of Tobacco Use		
	Douglas County	Oregon
Adults (Cigarette tobacco use)	26%*	19%
Adults (Non-Cigarette tobacco use)	10%*	7%
During Pregnancy	25%*	11%
8th Grade (Cigarette tobacco use)	7.1%	4.3%
8th Grade (Non-Cigarette tobacco use)	8.4%	5.7%
11th Grade (Cigarette tobacco use)	13.7%	9.8%
11th Grade (Non-Cigarette tobacco use)	24.7*%	16.%
Source Oregon Health Authority - Tobacco Facts and Laws, 2014		
* indicates significantly higher prevalence than the State		

Incidences of Violence

The impact of domestic violence in Douglas County:³

- In 2014, there were over 2,400 calls to the Oregon Sexual and Domestic Violence Programs hotline with allegations of abuse or neglect towards seniors and people with disabilities.
- In 2014, 3,300 shelter nights at Battered Persons Advocacy (BPA) were reported with 259 families fleeing domestic violence.
- In 2015, there were 647 calls to the Oregon Department of Human Services in Douglas County asserting domestic violence was occurring, with 176 Found Cases.

² <http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/countyfacts/OHA-Douglas-TobaccoFactSheet.pdf>

³ Douglas County Health Services, Know the Facts about domestic and sexual violence. Battered Persons Advocacy, Domestic Violence: Everyone Deserves Peace at Home

Community Input

Who was Involved in the Assessment

Since the implementation of CHI Mercy Health's 2013-2016 Community Health Improvement Plans, assessment of community needs and opportunities has been ongoing with Mercy leadership in partnership with community stakeholders. Over the last year, to ensure broad input from community residents and partners for our new Health Improvement Plan, outreach was conducted via a Community Perception phone survey, Community Perception on-line survey, a Community Engagement Forum; and one-on-one interviews with key community leaders.

Initial stakeholders participating in one-on-one interviews include:

Adapt Substance Abuse Treatment Program (ADAPT) - Marilyn Carter, PhD
Adapt Substance Abuse Treatment Program (ADAPT) – Robin Stalcup, PhD
Oregon Health Sciences University, Office of Rural Health – Meridith Guardino
County Health Rankings and Roadmaps - Raquel Luz Bournhonesque, MPH
CHI Mercy Health Vice President of Strategy - Rahul Agarwal

Community Benefit Perception Survey

The perception survey was conducted in two phases, an on-line survey and a phone survey. A 14 question survey was conducted to assess residents' views on current health needs. Mercy, in partnership with TMS Call Center, reached out to 3,000 residents and received responses from 377 residents via the phone survey, and 157 for the on-line survey, for an average response rate of 17.8%. To understand community needs, we asked "Which of the following do you think Douglas County needs more education about?"

	Phone Results	Online Results
Car Safety - Distracted Driving	70.30%	32.90%
Bike Safety	56.50%	16.13%
Domestic Violence	77.98%	45.81%
Nutrition/Exercise/Obesity Reduction	81.43%	62.58%
Teen/Adolescent Issues	85.94%	45.45%
Suicide Prevention	79.58%	33.50%
Tobacco Use	77.72%	49.68%
Substance Abuse	89.12%	66.45%
Parenting Skills Education	83.02%	54.84%
Other – Not Specified	11.14%	3.23%

Initial Goal Setting Process

In order to determine the top three community needs for Mercy to focus on, four factors were used:

- 1) The size of the problem (number of people affected)
- 2) The seriousness of the problem
- 3) Community support (evidence that the issue is important to diverse community stakeholders)
- 4) Economic feasibility

Through analysis of survey results, an assessment of the work already underway, and a detailed review of the County level data, we have decided to continue focusing on our current three priorities, and expand our reach into one new area of service for the upcoming Community Health Improvement Needs period:

- Reducing Incidence of Domestic Violence
- Reducing Obesity Rates
- Reducing Tobacco Usage
- Parenting Education

Community Benefit Needs Assessment Partner Forum

With the results of the Community Perception Survey analyzed, and the priorities needs narrowed to four, a partner forum was held with representatives from 16 community organizations. This public meeting enabled partners to come together to first brainstorm on identifying existing community resources that we could collaborate with; and, second identify continued needs and gaps in services associated with domestic violence, obesity, tobacco usage, and parenting education.

Health and Human Services Organizations

CHI Mercy Health – David Price, Kathleen Nickel, Joan Sonnenburg, and Nancy Lehrbach

Mercy Foundation – Lisa Platt and Trina Gwaltney

ADAPT - Robin Stalcup

ADAPT/South River Medical Clinic - Marilyn Carter and John Gardin, Ph.D.

Battered Person's Advocacy – Melanie Plummer

Greater Douglas United Way - Annette Rummell and Andrea Zielinski

Cow Creek Health & Wellness - Dennis Eberhardt

Umpqua Community Health Center - Donna Weisenfels and Kristen Sandfort

Umpqua Training & Employment - Susan Buell

UP2US Now Violence Prevention Coalition/Mercy Foundation – Marion Kotowski

Education

Douglas County Educational Services District - Kat Cooper, Pat Sublette, and Gillian Wesenberg

Roseburg School District - Gerry Washburn

Sutherlin School District - Diane Dunas

Yoncalla School District - Jan Zarate

Oregon State University Extension Services, SNAP ED – Amanda Hatfield

Umpqua Community College - April Myler

Government

Department of Health and Human Services - Richela Jenkins, Heather Voss

Roseburg Police Department – Pat Moore

Description of What the Hospital will do to Address the Community Needs

Even with great challenges, Douglas County residents have a strong history of collaboration on initiatives to improve the health of our community members. Stakeholder work effort over the last three years has created new opportunities to form partnerships to increase 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 measureable health improvements requires broad community involvement and collective action across all sectors of our community.⁴ 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, acknowledges that a broad range of factors play a role in health,” as we develop health improvement implementation plans for 2016-2019

THE SPECTRUM OF PREVENTION



⁴ LiveWell Douglas County Pathways to Healthier Communities, www.co.douglas.or.us/health/PH/livewell.asp

Community Health Improvement Action Plans

CHI Mercy Health will work with community partners to develop our 2016-2019 Community Health Improvement Plans by November 2016. Based on current work and ongoing dialogue with stakeholders regarding collaboration opportunities some of the potential strategies include:

Violence Prevention - Goal to Reduce Incidences of Domestic Violence

As domestic violence is the leading indicator of child abuse, Mercy and Mercy Foundation will continue the ongoing work of the UP2US Now Violence Child Abuse Prevention Initiative, and partner with stakeholders to develop programs to reduce incidences of domestic violence.

Work of the Coalition includes:

- Conducting child abuse and domestic violence screening trainings to identified local medical and social service providers of high-risk families.
- Expanding use of Interagency Referral System to identify high-risk families and provide intervention services.
- Implementing Community Awareness campaigns.
- Developing Legislation proposals regarding Oregon State Domestic Violence laws.

Obesity - Goal to Reduce Proportion of Child and Adult Obesity

Youth -

Mercy currently has successfully partnership with local Douglas County Schools and the OSU Extension, SNAP ED programs to deliver the Healthy Kids Outreach Program. The Healthy Kids Outreach Program is the only program providing school based basic health education and healthcare to underserved, rural school age children in Douglas County. Our program provides health education, nutrition education with the Supplemental Nutritional Assistance Program (SNAP), Kids in the Kitchen (a middle school cooking and nutrition classroom series), on-site dental clinics, on-site wellness nurses, health resource referrals and direct medical care to children through our area schools.

Adult -

- Mercy's dietary staff will work with hospital cafeteria staff to expand healthy food choices for employees and staff.
- Mercy will support policy change efforts to increase access to healthy food.
- Mercy will support policy change efforts to increase access to physical activity opportunities.

Tobacco Usage - Goal to Reduce Proportion of Residents Using Tobacco

- Mercy will continue asking about tobacco use during intake history and will provide materials and resources to patients as requested.
- Mercy will work with our Education and Support Groups department to expand smoking cessation support group opportunities.
- Mercy will work with Douglas County Independent Physician Association and the Umpqua Health Alliance to promote ongoing staff education on clinical best practices for tobacco use screenings, referral and treatment options.
- Mercy will partner with ADAPT to promote the Oregon Tobacco Quit Line.
- Mercy will support community-wide efforts to improve policies to reduce tobacco usage.

Parenting Education Efforts

- Mercy will function as a pilot site for parenting workshops to broaden the overall reach of the existing program offered and facilitated by the Douglas County Education Service District SD, and to better extend it to underserved or under-supported parent groups.
- Mercy will provide strategic marketing and communication service to help improve the visibility of critical parenting education opportunities in our community. Market saturation points will be carefully selected to best target the groups that are underserved, and most frequently overlooked.
- Mercy will work to establish or identify an evidence supported digital delivery option for parent education as an adjunct to existing market efforts.

Priority Community Health Needs Not Being Addressed with Health Improvement Plans by the Hospital and Reasons Why

Two of the needs identified in the 2016 Public Perception Survey that are not being isolated as key priorities are substance abuse and teen issues. Through Mercy Foundation's UP2US Now Violence Prevention Initiative, well established partnerships have functioning strategies in place to address teen and pre-teen concerns, and our county already has a strong community task force actively addressing the substance abuse problem. We do not have the expertise or human capital to lead the charge on the substance abuse work in our community, however, we will continue to look for strategic opportunities to collaborate with the existing abuse prevention and recovery network, as well as Law Enforcement to support the programs they offer, and continue to strongly promote the work they do.

While Mercy recognizes the seriousness of issues like bike safety, motor vehicle safety, including speeding, DUI occurrences and motor vehicle crash mortality, we have chosen to more effectively use our resources to impact higher priority community needs. We are committed to supporting local government efforts to improve motor vehicle safety, and will partner in initiatives as needed, Mercy is not in the position to lead this effort at this time.

Approval

CHI Mercy Health is governed by an 11 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.



2013-2016 Health Improvement Plan Implementation Report

Violence Prevention - Goal to Reduce Incidences of Domestic Violence and Child Abuse

2014 Oregon Department of Human Services (DHS) data shows a decrease in the number of founded incidences of 28% from 2010 and a decrease of 40% in the number of child victims from 2010.

As domestic violence is the leading indicator of child abuse, stakeholders in Mercy Foundation's UP2US Now Violence Child Abuse Prevention Initiative, have implemented programs to reduce incidences of domestic violence.

System Change Outcomes:

- Implementation of a county-wide Information Exchange Network of Interagency Referral System to identify high-risk families and provide intervention services. 14% of all families referred have been for domestic violence related concerns
- Implementation of a domestic violence and child abuse screening module for the Electronic Medical Records system. This tool prompts medical providers to screen for domestic violence and each positive answer prompts the provider to a new screen that will guide medical professionals through the screening process that will enable the best possible outcome for the patient with support.

Policy Change Outcomes:

- Over the past year, a Domestic Violence Task Force was formed in partnership with the Battered Person Advocacy (BPA) and the Douglas County Sexual Assault Team. The task force is currently working on the development of the task force, but we will work with the SART team to support their efforts in implementation.
- Improved county wide procedures to streamline wraparound services for victims and enhance multi-agency collaboration and the creation of a Domestic Violence Advocate staff position in law enforcement agencies.
- The District Attorney's Office has adopted NO-PLEA bargain policy for perpetrators of Domestic Violence.

2013-2016 Health Improvement Plan Implementation Report

Education Outcomes:

- Ongoing child abuse and domestic violence screening trainings to identified local medical and social service providers of high-risk families.
- Healthy Relationship classes are taught in local middle and high schools. We are working with Battered Persons Advocacy to design a 'Train the Trainer' program so staff at local agencies such as the Juvenile Department will be able to hold the classes on their own with their clients.
- Dating Violence PSA's have been created through the Youth Media Project and are part of an ongoing awareness campaign. Videos are shared through YouTube, Facebook and the UP2USNow website.

Obesity - Goal to Reduce Proportion of Child and Adult Obesity

Adult Obesity Outcomes:

Over the last three years work has begun to improve the health of our residents. According to the most recent public perception survey the number of residents reporting poor health as decreased from 21% to 16%.

Mercy's efforts to strengthen the individual knowledge and skills of residents included the distribution of American Heart Association Worksite Wellness Kits to all 14 school district offices and 30 local employers. Additionally, Mercy partnered with the cities of Oakland and Reedsport to remodel two community parks to increase access for physical activity opportunities.

Policy Change Outcomes:

- Mercy's dietary staff will work with hospital cafeteria staff to expand healthy food choices for employees and staff.
 - o Outcomes
 - Daily "healthy" treat option
 - Daily "healthy" meal special
 - Reduction in the number of days fried food is served in the cafeteria
 - Reduction in the available number of cup sizes for fountain drinks
- Mercy has recently launched a new community Healthy Eating Initiative called Mercy Well Fed Heart. This initiative creates a community portal for residents to get heart healthy recipes, view on-line cooking demonstrations, and learn healthy eating practices.

Challenges:

When our Health Plan was created our goal was to work with Cow Creek Band of Umpqua Indian Tribe to replicate their Transformation Café Wellness Program in other community employers. Due to staff changes at Cow Creek their program was paused and we were not able to pilot the program in an additional county site.

Childhood Obesity Outcomes:

Over the past three years Mercy Foundation has provided intensive nutrition education in partnership with the Oregon State Extension Services SNAP program in nine local elementary schools. During the 2014-2015 school year, over 2,000 students in 85 classrooms received nutrition education resulting in:

- Classroom SNAP education: 85 classrooms, 905 lessons, 21,061 student contacts
- School Parent Events: 21 events with 5,846 parents

Over 1,200 1st- 5th graders complete pre and post testing. Summary finding include:

- 11% increase in vegetable identification
- 9% increase in grain identification
- 5% increase in frequency of eating fruits per day and a 3% increase in eating vegetables per day
- 12% decrease in the frequency of watching TV and playing video games

67 parent surveys received from kindergarten, 1st and 2nd grade student families showed:

- 82% of students talked about what they learned with their parents
- 30% of the families said they made changes in foods their family eats as a result of the lessons
- 58% said they have made one of the recipes they had received from the program at home



Tobacco Usage - Goal to Reduce Proportion of Residents Using Tobacco

Over the last three years, Mercy has worked with community partners to promote the decrease of tobacco usage through enhanced educational outreach.

Outcomes:

- As part of an inpatient intake history, Mercy staff records information about tobacco usage through our electronic medical records system, and provides materials and resources to patients as requested.
- Mercy has worked to increase marketing efforts to promote the Oregon Tobacco Quit Line and continues work to expand smoking cessation support group opportunities.
- Mercy Foundation's Healthy Kids Outreach Program's dental learning lab provides age appropriate tobacco prevention education
- A Gap Nicotine Replacement Therapy grant through ADAPT provides funding for residents to start replacement products at no cost prior to a clinic evaluation to fill the gap between when an individual decided to quit and when they can get an appointment.

Challenges:

Tobacco use in Douglas County continues to remain stagnant among adults and is still increasing among youth. The low cost of cigarette and non-cigarette tobacco, high visibility of outside tobacco advertisements at retail locations, and increase of flavored tobacco remain significant barriers our community needs to address to reduce usage.



Approval

Mercy Medical Center is governed by an 11 member Board of Directors. The Board has designated the Mission Leader to develop implementation plan objectives. The Board and Senior Management staff of Mercy Medical Center will direct, monitor strategies and will review progress on an annual basis.

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Notes



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2700 Stewart Parkway • Roseburg, OR 97471