



2017 Lower Umpqua Hospital District Community Health Needs Assessment Report



Lower Umpqua Hospital District
We're always here to help you.

Lower Umpqua Hospital District COMMUNITY HEALTH NEEDS ASSESSMENT

TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
ABOUT THE HOSPITAL	4-5
HISTORY OF LOWER UMPQUA HOSPITAL DISTRICT.....	6-7
DISTRICT BOUNDARY.....	8
THE COMMUNITY HEALTH NEEDS ASSESSMENT	9
CHNA STEERING COMMITTEE.....	10
COMMUNITY ENGAGEMENT & TRANSPARENCY.....	11
DATA COLLECTION.....	12
COMMUNITY INPUT/COMMUNITY SURVEY	13-14
ABOUT THE COMMUNITY	
Service Area.....	15-16
Financial Assistance.....	17
Demographics/ Patient Origin.....	18-25
2014 CHNA STRATEGIC ACTION RESPONSES	
Strategic Action Responses.....	26-30
"Partners In Care" newsletter.....	31
"Lunch and Learn".....	31
Community Health Fair.....	31
MOVING FORWARD	
2017 Survey Results By Category.....	32
Health and Wellness Initiatives.....	33
Mission Statement and Strategic Plan.....	34
THANK YOU.....	35

Lower Umpqua Hospital District Community Health Needs Survey Report 2017

EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment (CHNA) report is to provide Lower Umpqua Hospital District with a functioning tool to guide the hospital as it works to improve the health of the community it serves. In addition, the report meets the guidelines of the Internal Revenue Service.

The results of the CHNA will guide the development of Lower Umpqua Hospital District's community health improvement initiatives and implementation strategies. This is a report that may be used by the hospital's collaborative partners in the community.

The assessment was performed and the implementation strategies were created by the Community Health Needs Assessment Steering Committee. The assessment was conducted January through July, 2017.

The main input was provided by previous patients, employees and community representatives. An opportunity to offer input was made available to the entire community through word of mouth, Central Lincoln PUD electric bill inserts, Partners in Care Newsletters inserted in the local newspaper, Facebook posts, on our website, and at the community's National Night Out event. Additional information came from public databases, reports, and publications by state and national agencies.

The implementation strategies describe the programs and activities that will address these health priorities over the next three years. The CHNA report is available on the hospital's website www.lowerumpquahospital.org/ or a printed copy may be obtained from the hospital's administrative office.

We sincerely thank those who provided input for this assessment. We look forward to working closely with our community to help improve the overall health of those we serve.

Ryan Fowler, Chief Administrative Officer
Lower Umpqua Hospital District

ABOUT THE HOSPITAL

Lower Umpqua Hospital District is comprised of a 20-bed hospital, 24/7/365 emergency room, and ambulance service, three clinics, and a community resource center.

Lower Umpqua Hospital is an acute-care hospital located in Reedsport, Oregon that provides a wide range of inpatient, outpatient and emergency services. Patients can be admitted to the hospital if their medical needs make that the best option. A variety of other services are available on an inpatient and outpatient basis through the hospital's imaging, laboratory, and rehabilitative services, which include physical, occupational, and speech therapy.

Lower Umpqua Hospital's surgical department has two fully-equipped surgical suites and a recovery/procedure room to meet most every need for inpatient or outpatient surgery. Lower Umpqua Hospital strives to provide a patient centered approach to all services. Our highly trained surgeons meet with patients prior to surgery to discuss surgery options and follow-up care. A couple days prior to surgery one of our two CRNAs (Certified Registered Nurse Anesthetists) talk with patients to discuss anesthesia care during surgery and pain management options after surgery.

Surgical services include ear, nose, and throat surgery, endoscopy, gynecology, pain management, podiatry, ophthalmology, orthopedics, and general surgical procedures.

The District contracts with EmCare for emergency department staffing with a qualified physician 24 hours a day, 7 days a week. The District also has a hospitalist program with physicians who admit and care for patients in the hospital. The hospitalists work together with the emergency department physicians to provide the best care for each patient.

Skilled nursing and rehabilitative care are available at Lower Umpqua Hospital through the Swing Bed Program. Those recovering from surgery, a stroke, a fracture, or an extended medical illness and hospitalization can choose to rehabilitate at Lower Umpqua Hospital, whether or not they were hospitalized in another location. The hospital is a trusted member of the coastal Douglas County community. The citizens depend on the hospital to

not only provide for their needs when they are ill, but also turn to the hospital as a source of health and wellness information.

Three medical clinics are also part of Lower Umpqua Hospital District. Dunes Family Health Care is a family practice clinic; Reedsport Medical Center provides internal medicine, surgeons, and visiting specialists; and the Walk-In Clinic provides care to those who cannot wait for an appointment or who have no primary care provider.

The District also funds the Family Resource Center (FRC). The FRC provides information and services to community members. The Family Resource Center is a combined effort of Lower Umpqua Hospital and the Reedsport School District.

The District also funds the Family Resource Center (FRC). The FRC provides information and services to community members through a combined effort of Lower Umpqua Hospital and the Reedsport School District.

The FRC strives to connect people in coastal Douglas County to the information, resources, and services that they may need. It also provides agencies and organizations the opportunity to better reach, and more efficiently serve, this community. People may go to the FRC to:

- Find out about applying for food stamps and Oregon Health Plan
- Get information about subsidized housing
- Pick up Department of Motor Vehicle manuals and forms
- Talk to a Senior Health Insurance Benefits Assistance (SHIBA) volunteer about Medicare
- Pick up dental and vision applications for those with limited income
- Sign up on the wait list for furniture and appliances
- Find information about counseling and support groups
- Get answers to most questions about local services and programs

The FRC helps provide needed items to people/families in crisis. Furniture or appliances donations are not accepted at the FRC, however, pick up arrangements are made between the donor and the family that needs the item. Donations of small items like bedding, towels, and basic kitchen items are kept at the FRC to be given to those in need. The FRC also provides donated children's sized clothing to families in need.

HISTORY OF LOWER UMPQUA HOSPITAL DISTRICT

Medical care in coastal Douglas County has seen many changes over the last five decades! In the early 1950's a group of concerned citizens formed a non-profit corporation to deal with the need for local medical care here in coastal Douglas County. They called it the Lower Umpqua Association. In 1954, a Lower Umpqua Area Hospital District (LUHD) was formed which included the Reedsport, Winchester Bay, Gardiner and Scottsburg areas. Donations from the community and three major lumber companies, as well as tax levies, formed the financial base with which to start a new hospital. With the help of a Hill-Burton grant, a federal grant to aid in building rural area hospitals, the hospital was built in the early 1960s.

The hospital opened February 3, 1964. Equipment to furnish the rooms was donated by civic and fraternal groups and individuals in the community. Dr. Rickard W. McLean was the first Chief of Staff, and an elected five-member Board of Directors administered the affairs of the hospital for the Lower Umpqua Hospital District.

The ambulance service was added in 1966. The District is fortunate to have a tax base that supports and allows LUHD to offer ambulance service to coastal Douglas County, one of only three hospital-based ambulance services in the state of Oregon.

The hospital grew during the 1980's to include an intensive care unit, expanded surgical services, and a licensed Home Health Agency to provide skilled nursing and rehabilitation care for patients in their homes. In 1984, skilled nursing home beds were certified in the nursing home. In 1989, the District's 25th year, construction was completed on an expanded emergency room and an outpatient clinic where visiting physician specialists could meet with their patients in Reedsport.

During the 1990's hospice service became certified and an Ambulance Membership Program began, which allowed families to pay an annual fee for ambulance services. During that decade a major expansion and remodel of the entire facility created all new acute care rooms and the Extended Care Unit (Nursing Home) was expanded to 35 beds. Also added during the remodel were a new radiology suite, two operating rooms, a CT scanner and the medical records department was combined with the business office. A mobile MRI service was also added.

The new millennium saw even more changes as a medical office building was constructed nearby to meet the needs of local medical staff providers. This became Reedsport Medical Clinic, providing internal medicine and surgical specialties. The Specialists Clinic, providing office space for visiting specialists, moved into the building next to Reedsport Medical Clinic.

LUH became a Critical Access Hospital on July 24, 2002. This was a major move for the hospital because Critical Access Hospitals are reimbursed at a higher rate in an effort to help keep hospital services available in smaller communities.

During the next ten years the hospital transferred ownership of Home Health/Hospice to Pacific Home Health and Hospice; the extended care unit was transferred to Aidan Senior Living at Reedsport; Reedsport Medical Clinic became part of the District; nuclear medicine was added; the electronic health record (EHR) was implemented; and Dunes Family Health Care, a family medicine primary care clinic, was integrated into the District.

During 2014, the hospital opened the Walk-in Clinic. The hospital has an emergency room that is available 24 hours a day, but there are times when people are ill or slightly injured and do not want to make a trip to an ER – the Walk-in Clinic gives them another option.

In 2015 LUHD hired and trained personnel to open the Central Coast Community Health clinic in the Douglas County Annex Building in Reedsport. This clinic provides services that were lost when the Douglas County Public Health Department was closed in July, 2015.

During January 2017 the community health services moved from the Douglas County Annex Building. Immunizations are available at Dunes Family Health Care. Reproductive health services are available at the Walk-in Clinic.

In order to continue to meet the needs of the community it serves, the District is exploring other services to offer in the future including: specialized wound care, expansion of infusion services, and oncology treatment services.

District Boundary

Lower Umpqua Hospital District has two boundary lines: the legal boundary of the district and the boundary assigned to the District's ambulance service by Douglas County.

Maps of the District are attached as (EXHIBIT A).

THE COMMUNITY HEALTH NEEDS ASSESSMENT

The Community Health Needs Assessment defines opportunities for healthcare improvement, creates a collaborative community environment to engage multiple change agents, and is an open and transparent process to listen and truly understand the health needs of coastal Douglas County. It also provides an opportunity for the hospital to identify valuable collaborative partners as we try to better serve the community and improve the health of our citizens.

The Federal Government requires that non-profit hospitals conduct a community health assessment every three years. These collaborative studies help healthcare providers build stronger relationships with their communities, identify needs, and dedicate funding and other resources toward programs that clearly benefit local residents.

Lower Umpqua Hospital District conducted a Community Health Needs Assessment survey in 2014 and another in 2017.

COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

This committee is responsible for the oversight, design, and implementation of the CHNA. It will continue to collect information, establish community relationships and oversee budget and funding sources. Adhering to an agreed upon timeline, the committee will generate, prioritize, and select approaches to address community health needs.

The appointed members are listed below. Other members may serve on the Steering Committee as the committee's work progresses.

2017 Steering Committee Members:

Ryan Fowler, CAO
Lori Groves, CFO
Tara Blohm, CNO
Megan McCrorey, ND
Jamie Swafford, PR/Marketing

THE COMMUNITY HEALTH NEEDS ASSESSMENT COMMUNITY ENGAGEMENT AND TRANSPARENCY

Lower Umpqua Hospital District is pleased to share with the coastal Douglas County community the results of the 2017 Community Health Needs Assessment. The following pages also offer a review of the strategic activities undertaken by the District over the last three years, as we responded to specific health needs that were identified in the coastal Douglas County community during the 2014 survey. The report also highlights the updated key findings of the assessment. The District hopes you will take time to review the health needs of this community as the findings impact each and every citizen of coastal Douglas County. We hope you will find ways you can personally improve your own health and contribute to creating a healthier community.

DATA COLLECTION

Primary and secondary data was gathered, reviewed, and analyzed so that the most accurate information was available in determining the community's health needs and appropriate implementation process.

Primary data was collected by the assessment team through surveys, meetings, conversations, and telephone interviews. This data was collected directly from the community and is the most current information available.

Secondary data was collected from sources outside the community and from sources other than the assessment team. This information was provided by Oregon Office of Rural Health and its source list is attached as EXHIBIT B. Also included in EXHIBIT B is Statistical Analysis of Deaths by County, also provided by Oregon Office of Rural Health. This information has already been collected, collated, and analyzed. It provides an accurate look at the overall status of the community.

COMMUNITY INPUT/COMMUNITY SURVEY

Community health needs were identified by collecting and analyzing data and information from multiple sources. Considering information from a variety of sources is important when assessing community health needs. This process ensures the assessment captures a wide range of facts and perspectives and to assist in identifying the highest-priority health needs. One of the most important sources is to seek input directly from those we serve.

In order to give citizens of our service area an opportunity to provide their valuable insight to us, a Community Survey was published in the Winter 2016/2017 issue of the Partners in Care Newsletter (attached as EXHIBIT C). The newsletter was inserted into the local newspaper, The Umpqua Post. We provided the publisher with 750 copies of the newsletter. The survey ran in the Umpqua Post issue that was published on Wednesday, January 25, 2017. The Umpqua Post has a readership that covers Reedsport and surrounding areas.

Our local utility company, Central Lincoln PUD, offers non-profits the opportunity to insert a "stuffer" into one electric bill each year. The electric bills are distributed to the utilities distribution system in Douglas County. We provided the utility with 6,050 inserts. (EXHIBIT D)

The survey has also been advertised on the District's Facebook pages and on the District's website, with potential participants offered a pdf version of the survey to download, or the option to complete the survey using Survey Monkey online.

The Reedsport community held a National Night Out event at Lion's Park. District employees attended the event to distribute information about services offered by the District and to offer the community an opportunity to participate in the survey.

In addition, the survey was made available in public areas of the hospital and was distributed at our clinics and the Family Resource Center. Collection boxes were available in the hospital's lobby, the clinics, and the local public library.

The survey results for the 2017 Community Health Needs Assessment Survey are attached as (EXHIBIT E).

The District collected 85 surveys from these sources:

National Night Out - 32

PUD inserts- 30

"Partners in Care" newsletter/Umpqua Post - 10

Website - 5

Survey Monkey – 8

Respondents said they get their information from these sources:

Newspaper - 17	Other:
Direct Mail - 38	personal / general
Internet/email - 31	telephone
Facebook - 28	texting

INPUT FROM THE COMMUNITY

Through internal conversations at the hospital, one-on-one interviews with community leaders, and a hospital focus group, much information was gathered that was influential as the CHNA Steering Committee developed the hospital's implementation plan.

There were health needs identified that can be addressed and met by the hospital and others that must be referred to other local organizations or health agencies. Several health improvement opportunities were identified where the hospital will try to act as a community catalyst for action, but are not part of the hospital's implementation plan.

The community felt that the adult population of the county was the segment that had the greatest health risks in regards to lifestyle impacted diseases such as obesity, heart disease, and diabetes. Poor nutritional habits are prevalent, especially in rural communities. Social services are also in poor supply and greatly needed in the community served by the District

The senior population was also recognized as an "at risk" population due to lack of transportation, few senior health opportunities, poor nutritional habits plus limited access to fresh produce, and minimal physical activities.

SERVICE AREA

Lower Umpqua Hospital District provides health care to coastal Douglas County. This area stretches roughly from the boundary between Lane County and Douglas County to the north and the boundary between Douglas County and Coos County to the south. The District begins at the Pacific Ocean to the west and travels to just east of Elkton on Highway 38. A copy of the Douglas County Assessor's map of the District's boundary is attached to this report. (EXHIBIT A)

In addition, Lower Umpqua Hospital District is one of only three hospitals in Oregon with an in-house 24/7/365 ambulance service. The ambulance service boundary area is defined below:

Area #1 Communities: Ash Valley, Gardiner, Lakeside, Loon Lake, Reedsport, Scottsburg, and Winchester Bay

BOUNDARIES

General: West: Pacific Coast.
North: Lane County Line.
East: Highway 38.Milepost 26
South: Coos County Line.

Legal: Starting at the southeast corner of Section 32, T.23 S and R.8W., then going northerly along Section lines to the northeast corner of Section 7, T.19S., R.8W; then following the Douglas County Boundary in a westerly direction to the coastline, then southerly along the coastline to the most southwest point of Section 35, T. 22S R. 13W; then following the Douglas County boundary to the SW corner of Section 31 T24S, R.9W, then in an easterly direction to the southeast corner of Section 19, T. 24S, R.8W; thence north to Section 32, T23S, R. 8W which is the point of beginning.

LUHD EMERGENCY MEDICAL SERVICE

Lower Umpqua Hospital EMS is a hospital based ambulance service located in Reedsport Oregon in coastal Douglas County. The ambulance district consists of the western part of Douglas county and the northern part of Coos County with over 650 square miles, 24 miles of dunes, approximately 10,000 residents, large influx of tourists, and around 1,300 calls a year.

We staff one Advanced Life Support ambulance 24 hours a day, 365 days a year and staff a second ambulance, daily during peak hours.

Vehicle and equipment costs are expensive. For example, to replace one of our ambulances right now would cost \$208,000. Our cardiac monitors cost \$40,000 each.

We have specialty dunes rescue equipment for sand dunes calls, a custom built sand rail and a 2009 Chevy Tahoe thanks to grants from Oregon State Parks ATV fund.

We have 10 full-time employees, 10 on-call employees and 4 volunteers. Our full-time staff consists of six Paramedics, three EMT Intermediates and one EMT.

EMTs and Paramedics are certified by the State after completing college course work and passing both a written and practical exam. EMT Basic requires two terms to complete, Intermediate requires another two terms and Paramedics require an Associate degree in Paramedicine. All EMTs are required to keep current with ever-changing medicine by completing many hours of continuing education each year.

EMS personnel work 24 hour shifts and are stationed here at the hospital at quarters located in the rear of the hospital covering the first out ambulance.

We work closely with other local public safety organizations including state, county and city law enforcement, fire departments, US Coast Guard, US Forest Service and other organizations.

We assist our local fire department Quick Response Teams with training and supplies.

We provide an ambulance membership service called Paramed that is reciprocal throughout most of Oregon.

We provide CPR classes for community and health care professionals.

We provide medical standby at community and sporting events.

We provide EMT classes here at LUHD through SOCC.

FINANCIAL ASSISTANCE

Lower Umpqua Hospital District financial assistance policies are included with this report as (EXHIBIT F). These policies and the application form are available from the Patient Accounts Manager and on our website: <http://www.lowerumpquahospital.org/business-financial-services/>

LOWER UMPQUA HOSPITAL DISTRICT DEMOGRAPHICS FROM OREGON OFFICE OF RURAL HEALTH

GEOGRAPHY

County: DOUGLAS

Major Town: Reedsport

Service area includes the following ZIP Codes: 97441, 97449, 97467, 97473

Major Geographic Features: Low mountains; Ocean; Bay; Five lakes; Three rivers

Elevation: 9

TRANSPORTATION

		TYPE OF ROAD
Miles from Reedsport	to:	
Nearest Larger Town:	North Bend	27 — Primary
County Seat:	Roseburg	70 — 12 Interstate, 58 Primary
Nearest Hospital:	Reedsport	0 — n/a

Special Transportation Barriers: Low Mountains, Fog

Systems: Porter Stage Lines bus, Reedsport dial-a-ride

WEATHER

Climate Zone: The Coast, Coastal Range

Average Temperature (Winter): 41

Average Temperature (Summer): 68



DEMOGRAPHY (Claritas 2017)

	<u>Population</u>	<u>% Change</u>	<u>% Change</u> <u>RURAL</u>	<u>% Change</u> <u>URBAN</u>	<u>% Change</u> <u>OREGON</u>
2000	7,831	n/a	n/a	n/a	n/a
2010	7,718	-1.4%	8.9%	13.7%	12.0%
2017	7,619	-1.3%	4.1%	8.6%	7.0%
2022	7,705	1.1%	4.0%	6.0%	5.3%

CHANGE FROM 2010 TO 2017

<u>Age</u>	<u>2010 Pop</u>	<u>2017 Pop</u>	<u>% Change</u>	<u>% Change</u> <u>RURAL</u>	<u>% Change</u> <u>URBAN</u>	<u>% Change</u> <u>OREGON</u>
0-14	982	985	0.3%	-2.4%	2.4%	0.7%
15-44	1,960	1,913	-2.4%	3.9%	5.0%	4.7%
45-64	2,510	2,116	-15.7%	-4.4%	6.3%	2.1%
65+	2,266	2,605	15.0%	25.6%	36.4%	31.5%
Total	7,718	7,619	-1.3%	4.1%	8.6%	7.0%

2017 POPULATION BREAKDOWN BY AGE

<u>Age</u>	<u>Service Area</u>				<u>OREGON</u>			
	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Percent</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>	<u>Percent</u>
0-14	522	463	985	12.9%	369,208	353,133	722,341	17.6%
15-20	195	173	368	4.8%	159,007	152,065	311,072	7.6%
21-24	147	114	261	3.4%	109,184	104,084	213,268	5.2%
25-34	347	316	663	8.7%	276,654	271,199	547,853	13.4%
35-44	331	290	621	8.2%	267,675	263,550	531,225	13.0%
45-64	1,020	1,096	2,116	27.8%	525,871	545,182	1,071,053	26.1%
65-74	769	730	1,499	19.7%	203,770	221,861	425,631	10.4%
75-84	430	391	821	10.8%	85,512	105,155	190,667	4.7%
85+	128	157	285	3.7%	30,853	54,360	85,213	2.1%
Total	3,889	3,730	7,619	100.0%	2,027,734	2,070,589	4,098,323	100.0%

OTHER POPULATION CHARACTERISTICS (Claritas 2017)

	<u>Service Area</u>	<u>Oregon</u>
Hispanic (all, including other and 2 or more, races)	4.9%	6.5%
Asian/Pacific Islander only (non-Hispanic)	1.1%	2.4%
African-American only (non-Hispanic)	0.4%	0.9%
Native American only (non-Hispanic)	1.2%	0.6%
Other, including 2 or more races (non-Hispanic)	2.7%	1.7%

SOCIOECONOMICS (2011 - 2015 American Community Survey)

	<u>Service Area</u>	<u>County</u>	<u>Rural</u>	<u>Oregon</u>
Population below Poverty Level (\$19,078 per year for 2 adults/1 child <18 in 2015)	21.9%	19.3%	17.3%	16.5%
Population below 200% of Poverty Level	46.5%	43.3%	39.8%	36.4%
Population <18 below Poverty Level	33.5%	30.0%	25.1%	21.7%
Population 16+ Unemployed	6.4%	6.2%	5.8%	5.8%
Population 18-64 with Disability	21.7%	18.9%	15.4%	12.2%
Population 65+ with Disability	41.0%	42.7%	39.6%	37.6%
Households receiving Cash Public Assistance	4.2%	3.9%	4.2%	4.0%
Population 25+ w/o High School Diploma	13.1%	11.3%	11.8%	10.2%
Population >5 who Speak English Less than "very well"	2.1%	1.2%	3.9%	6.1%
Uninsured Civilian Non-institutionalized Population	12.3%	11.9%	12.9%	12.3%
Total OHP Eligibles (DMAP, April 2017)	37.4%	32.2%	29.6%	25.9%

SOCIOECONOMICS (various)

	<u>County</u>	<u>Oregon</u>
Receiving Temporary Assistance for Needy Families (9/2015)	1.7%	1.3%
Children Eligible for Free/Reduced Lunch (15-16 School Yr)	60.7%	49.7%
Receiving Food Stamps (9/2015)	24.8%	18.9%
Government Employees as % of Total Employment (9/2015)	21.9%	16.3%
Uninsurance (2014 CHSE/OHSU)	3.0%	5.6%
Medicare Eligibles (3/2016--RUPRI)	28.3%	18.9%

UNEMPLOYMENT RATES

	<u>County</u>	<u>Oregon</u>	<u>U.S.</u>
2000	7.3 %	5.1 %	4 %
2010	14 %	10.6 %	9.6 %
2016	6.4 %	4.9 %	4.9 %
Percent in Poverty, 2015	19.5	15.2	14.7
Per Capita Income, 2015	\$35,977	\$43,783	\$48,112
Median Household Income, 2015	\$41,696	\$54,074	\$55,775

VITAL STATISTICS (Oregon Health Authority)

Maternity Characteristics		2011-2015 (Avg per year-rates per 1000 births)						
		TOTAL	Race					Ethnicity
			White	Black	NatAm	Asian	Other	Hispanic
S E R V I C E A R E A	Average Total Births per Year	63	51.6	0.2	1.2	0.6	3.0	5.8
	Low Birth Weight Rate	73.2	77.5	0.0	166.7	0.0	0.0	34.5
	Inadequate Prenatal Care Rate	73.2	69.8	0.0	0.0	333.3	0.0	137.9
	Infant Mortality Rate	3.2						
	Teen (15-19) Birth Rate	82.8	89.1	0.0	166.7	0.0	66.7	0.0
O R E G O N	Average Total Births per Year	45,309	31,025	948	497	2453	1715	8,541
	Low Birth Weight Rate	62.5	59.5	100.0	76.0	76.7	72.4	62.6
	Inadequate Prenatal Care Rate	54.7	47.0	100.2	117.1	71.3	77.0	64.1
	Infant Mortality Rate	5.0						
	Teen (15-19) Birth Rate	58.5	46	82	102	16	84.9	107

*race numbers do not add up to total due to rounding and noninclusion of "unknown" race

VITAL STATISTICS (Oregon Health Authority--continued)

MORTALITY FIGURES (rates are per 100,000 persons [2017 pop])

CAUSE-SPECIFIC CRUDE DEATH RATES per 100,000 (Average per year 2011-2015):

	Service Area	County	Rural	OR	
Total:	1737.8	1285.2	1027.8	824.8	Deaths per Year in Service Area (Average of 2011-15): 132
Cancer:	456.8	314.5	245.2	191.7	
Heart Disease:	349.1	246.3	199.9	157.1	
Chronic Lower Resp Disease	126.0	91.7	68.9	49.0	
Cerebrovascular Disease	84.0	66.4	54.8	44.5	
Unintended Injuries:	60.4	60.7	53.5	43.3	
Alzheimer's:	28.9	50.4	36.6	34.2	
Diabetes:	86.6	48.9	35.0	27.2	
Suicide:	36.8	27.8	21.0	17.5	
Alcohol Induced:	47.3	25.7	22.5	18.0	
Flu and Pneumonia:	18.4	15.6	12.5	10.6	

	Service Area	County	Oregon
Age-adjusted Death Rate, (Avg per year 13-15)	1,065.4	983.1	844.2
Comparative Mortality Figure, (Avg per year 13-15)	2.1	1.6	1.0
Years of Life Lost Index, (Avg per year 13-15)	1.9	1.6	1.0
Preventable Hospitalizations per 1000 Pop: (2014-2016, Apprise)	18.7	14.1	9.1

HEALTH RISK FACTORS (2010-2013 and 2012-2015 BRFSS; age-adjusted)

	County 10-13	County 12-15	Oregon 12-15
% of Adults who have Cardiovascular Disease	9.8%	9.4	7.1
% of Adults who have Depression	26.8%	26.8	25.2
% of Adults who have Diabetes	10.5%	11.8	8.6
% of Adults who are Cigarette Smokers	25.6%	24.2	17.9
% of Adults who are Obese	34.4%	34.4	27.1
% of Adults with High Blood Pressure	34.4%	34.1	27.6
% of Adults with No Physical Activity Outside of Work	20.9%	19.9	16.8
% of Adults with 1 or More Chronic Diseases	59.2%	58	53.2
% of Adults with a Disability		35.7	25.5

ECONOMIC CONTRIBUTION OF HEALTH CARE EMPLOYMENT (2008)

Total Employment Contribution (Jobs in county)	5,932
Total Value-Added Contribution to County GDP (in \$Millions)	\$377.9

6/20/2017

2017 Service Area: Reedsport

HEALTH CARE RESOURCES

PRACTITIONERS IN SERVICE AREA

Primary Care		Licensed
<u>Family Med Physicians (2016 FTE)</u>	7.7	
<u>General Practice Physicians (2016 FTE)</u>	0.0	
<u>Internal Med Physicians (2016 FTE)</u>	1.7	
<u>Obstetricians/Gynecologists (2016 FTE)</u>	0.0	
<u>Pediatricians (2016 FTE)</u>	0.0	
 Nurse Practitioners (2016 FTE)	1.4	
<u>Physician Assistants (2016 FTE)</u>	2.4	
Dental		
Dentists (2016 FTE)	1.7	
<u>Dental Hygienists (2016)</u>	3	
Mental		
<u>Psychiatrists (2016 FTE)</u>	0.0	
<u>Psychologists (2016)</u>	1	
<u>Licensed Prof Counselors & LMFT (2016)</u>	0	
Licensed Social Workers (2016)	0	
<u>Psychiatric Nurse Practitioners (2016 FTE)</u>	0.0	(subset of NP and not added to Total)
Other		
Chiropractors (2017)	0	
<u>Direct Entry Midwives (2017)</u>	0	
General Surgeons (2016 FTE)	2.0	
Naturopaths (2014)	0	
<u>Nurse Anesthetists-CRNA (2016 FTE)</u>	1.4	
Optometrists (2017)	0	
<u>Other Surgeons (2016 FTE)</u>	0.9	
<u>Pharmacists (2017)</u>	3	
<u>Registered Nurses (2016 FTE)</u>	19.5	(non-NPs/CRNAs)
Total	45.7	

SUPPLY AND DEMAND FOR PRIMARY CARE VISITS IN SERVICE AREA

	<u>Service Area</u>	<u>County</u>	<u>State</u>
Number of Persons Per Primary Care Physician:	805	1,329	1,036
Number of Visits Accommodated by:			
Primary Care Physicians (2016):	25,486		
PA and NP (2016):	10,479		
Total:	35,965		
Number of Primary Care Visits Needed by 2017 Service Area Population:	23,279		

OREGON OFFICE OF RURAL HEALTH

6/20/2017

2017 Service Area: Reedsport

HEALTH CARE RESOURCES (continued)

CLINICS IN SERVICE AREA

	<u>Number</u>
Rural Health Clinics (RHC):	1
Federally Qualified Health Clinics (FQHC):	
School-Based Clinics:	

HOSPITALS IN SERVICE AREA (2015 Calendar Year)

Name:	Lower Umpqua Hospital
# of Staffed Beds:	16
Type:	B
CAH:	Yes
# of Inpatient Discharges:	309
# of ER Visits:	3,470
% Occupancy:	17.8%
# of Births:	0
Avg IP Length of Stay:	3.4

DESIGNATIONS OF SHORTAGE BY SERVICE AREA

- | | |
|---------------------------------|----------------|
| 1. Geographic/Population HPSA*: | Low income/MFW |
| 2. MUA/MUP*: | MUP |
| 3. Mental Health HPSA*: | Yes |
| 4. Dental HPSA*: | Low income/MFW |

Office of Rural Health Unmet Need Area? Yes

M(S)FW = Migrant (seasonal) farm worker

COV = Designated at the request of the state governor due to local barriers and/or health conditions

*Service Area geographies do not match exactly with Census Tracts or Sub-County Areas. Please check <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx> for the latest and most accurate data using your specific address.

"Urban" and "Rural" refer to ORH Rural definitions:

www.ohsu.edu/xd/outreach/oregon-rural-health/data/rural-definitions/index.cfm

This report has been prepared by the Oregon Office of Rural Health at Oregon Health and Science University.

Printed on 6/20/2017

Additional information, maps, and lists are available at:

www.ohsu.edu/xd/outreach/oregon-rural-health/data/health-care-shortage.cfm

For questions, comments, or sources, please contact Emerson Ong at: ong@ohsu.edu

2014 LUHD COMMUNITY HEALTH NEEDS SURVEY STRATEGIC ACTION RESPONSES

The following response was published in the summer 2016 issue of the Partners in Care Newsletter (EXHIBIT G)

Community input matters to the Lower Umpqua Hospital District Board and staff. The most recent community survey provided some very valuable insight into what the people, who rely on LUHD, think is going right, what could use improvement, and potential new services.

The survey is a way to gather valuable input from district residents to help fulfill their medical needs and promote optimum health. At Lower Umpqua Hospital District, we are always open to listening to community concerns.

The survey was distributed in 2014, in compliance with Lower Umpqua Hospital's designation as a Critical Access Hospital (CAH). This designation requires community surveys every three years.

Critical Access Hospitals are designed to respond to community needs, and the survey is one way that LUHD staff can hear from community members about the services they would like to have available here. In addition to providing emergency care, CAHs are charged with community outreach, to be leaders in community health and safety issues, which includes promoting the area, providing job opportunities, and continually looking for ways to improve the lives of the residents of the District.

The survey asked five very pointed questions. The answers were evaluated, discussed, and put into action.

1. What services do we provide that are especially important to you?

ER
Walk-In Clinic
Lab
MRI
Radiology
Ambulance services

2. Are there services that you would like improved or expanded?

More appointments available for

- primary care
- Pediatrician/birthing center
- Expanded Walk-In Clinic hours
- Addition of an allergist
- Nutritional classes
- Addition of a second ambulance crew
- Less expensive lab work
- Mental health services
- Cardiac care services

3. What is the biggest need in our community that LUHD can help meet?

- Expanded hours for the Walk-In Clinic
- Drug & alcohol programs
- Caretakers for the elderly
- Wellness programs
- More primary care and specialty doctors
- Mental Health programs/providers
- Nutrition classes
- Dental care
- Diabetes classes
- ER care

4. What is the biggest barrier to good health in our community?

- Lack of:
- Wellness activities
- Specialists
- Pediatricians
- Mental health specialists
- Diabetes care
- Community outreach

5. What health services, programs or specialists would you like to have available in the community?

- Nutritional services
- Pediatrician
- OB services (including midwife)
- Mental health services
- Allergist
- Cardiologist
- Dermatologist
- Walk-In Clinic 7-days a week
- Dialysis
- Community outreach (school, health fair, education)
- Urology
- Geriatric specialist

Follow-up: In the two years since the survey results were tallied, Lower Umpqua Hospital District (LUHD) has researched the community requests and made the changes that were possible. Below we will discuss the

things that have been changed, those that could not be changed, and the reasons why.

1. We have reorganized our primary care clinics to better serve our population: Reedsport Medical Clinic (RMC) and Dunes Family Health Care (DFHC). We added a new medical staff specialty, with Hospitalists caring for patients who are admitted to the hospital.

2. LUHD now offers monthly classes taught by our Registered Dietician, Jackie Brown and other medical and clinical staff. The classes are the last Wednesday of each month at 12:00 Noon in the conference room of the hospital. Send an email to jswafford@luhonline.com to receive email reminders or join our Facebook page: www.facebook.com/lowerumpquahospital/

3. Both RMC and DFHC have a mental health clinical social worker and a psychiatric nurse practitioner seeing patients weekly in their clinics.

4. Elaine Hooper, a certified Nurse Practitioner who sees patients at Reedsport Medical Clinic, provides care for patients needing internal medicine, geriatric care and women's care. Elaine graduated from the University of Arizona with both her BSN and her geriatric Nurse Practitioner Certificate. She earned her Master's in Nursing Management from the University of Phoenix. Recently she was the Director of Sonoita Sage Clinic where she provided preventative medical care and complex chronic care to those living in that rural area.

5. The ambulance services were expanded during the summer of 2015 with an additional EMS Crew added to cover Friday through Monday. There are now two crews available seven days per week.

6. With the rapid increase in patients, an additional physical therapist was added to the rehabilitation department. One occupational therapist recently certified for lymphedema treatments to make that service available in the local area.

7. The subject of a maternity / birthing facility is often mentioned as a community need. The hospital stopped routine delivery of babies for several reasons—the demand for the service decreased to comparatively smaller numbers each year; fewer than 30 the last year the service was

offered. The numbers were not strong enough to support obstetric physicians and specially trained staff on a full-time basis. It is unlikely that a birthing facility will be created at Lower Umpqua Hospital in the near future unless the age demographic of our community changes, with an influx of younger people who are building families.

Over the years, LUHD has worked closely with Peace Harbor Hospital (PHH) to provide services in this area. Local residents can see their obstetrician at Dunes Family Health Care, then deliver babies at PHH in Florence with the same doctor, in its new birthing suite. All of the physicians at DFHC are trained as family doctors including pediatrics and they love to have babies as patients. Once your baby is born, travelling out of the immediate area for care is not necessary.

8. The LUH Walk-In Clinic has been open for two years. We are excited about how popular it is and, due to the increased demand, we have relocated to the lower level of the hospital in order to expand our hours of operation to 9:30 am – 7:30 pm, Monday through Saturday (closed Sunday). The intent of the LUH Walk-In Clinic is to provide a source of care when your primary care physician is unavailable and to provide a less costly alternative to the emergency room. The Walk-In Clinic staff can treat non-emergent illnesses such as coughs, colds, flu, ear and eye infections, headaches, poison oak, rashes, sinus infections, urinary tract infections, bumps and bruises, lacerations, nosebleeds, wounds, strains and sprains, work-related injuries, and other minor injuries and illnesses. The Walk-In Clinic does not provide chronic pain management or medication refills.

9. The 2014 survey also asked the community what kinds of medical services they thought would bring the greatest benefit to the community. One of the requests that came up several times was the need for an allergist to offer his/her specialty to those living here. We began recruiting for this specialty and did so for many months with no success. Those providers who specialize in allergy diagnosis and treatments, tend to want to work in large metropolitan areas. Allergy specialists are also in short supply. We will continue to keep that option open, however, at this time we have been unable to fulfill this need.

10. We have performed price comparisons and found our lab prices to be mid-range of those providing such services, and are as low as it is possible

to make them. Our prices are managed, keeping the cost of service in mind, but still providing the best price we may offer.

11. Cardiac care is a priority with our aging demographic in the Reedsport area. The LUHD emergency team is well qualified to handle cardiac events, and have saved many lives each year. In response to community suggestions, an agreement with PeaceHealth/Oregon Cardiology brings cardiac specialists to the Reedsport area. A cardiologist will see patients at Reedsport Medical Clinic on a monthly basis. These are the same physicians you would see at Oregon Cardiology, in Eugene. As a Critical Access Hospital, LUH is well equipped to rescue and stabilize patients, but if heart surgery or further cardiac procedures are required our trained staff, arranges transport to a larger facility for treatment with a team of cardiac surgeons and specialists.

PARTNERS IN CARE NEWSLETTERS / LUNCH & LEARN

The community requested health-related education and the District responded in several ways. Two major educational offerings were the publication of "Partners in Care" Newsletters and "Care to Talk About" or "Lunch & Learn" presentations.

The newsletters (EXHIBIT H) are published quarterly and provide information about the District and services offered. Each quarter 1,000 to 2,000 issues are published. The local newspaper inserts 750 copies of the newsletters into one issue of the weekly paper. The other issues are distributed throughout the District and at other community locations.

"Care to Talk About" was a monthly teaching experience that took place in the evening. It was moved to noon-time and renamed "Lunch & Learn." Each month a different health-care provider, the District's dietician, Jackie Brown, or other health-related professionals spend an hour or more discussing and answering questions about their chosen topic. (EXHIBIT I)

COMMUNITY HEALTH FAIRS

Beginning in September 2014 and continuing through this year, the District has sponsored a Community Health Fair. Health related providers, vendors, specialists, and District employees provide information and entertainment to the public. This year the fair is moving to an indoor venue, which will allow vendors to provide demonstrations of Tai Chi and other forms of exercise, a writing-for-health class, and self-defense demonstrations. (EXHIBIT J)

MOVING FORWARD

2017 COMMUNITY HEALTH NEEDS SURVEY RESULTS BY CATEGORY

The 2017 survey has been tabulated and broken down into categories by District service areas. These tabulations will help the committee focus on these main areas over the next three years. (EXHIBIT K)

HEALTH & WELLNESS INITIATIVES

Over the next three years, Lower Umpqua Hospital District, in concert with its community partners will focus its energy in these four areas:

Lifestyle Improvements

Address lifestyle related health problems and chronic disease management through education. Focus will be on:

- Diabetes
- Obesity

Community Health Education and Awareness

Create a systematic approach to improving the health of our service area. The approach will include:

- Vaccinations
- Screenings
- Nutrition
- Physical activities
- Health education
- CPR classes

Mental Health Awareness

- Employment of a licensed clinical social worker
- Contractual agreement with an outpatient psychiatric provider (ADAPT)
- Research developing a tele-psych program for the emergency department

Community Collaboration

Enhance the focus and activities of the CHNA Committee. Utilize this group to continue dialogue regarding:

- Mental health needs with emphasis on youth and elderly
- Mental health access and placement
- Health professional educational classes in the local community charter school

Mission Statement

Lower Umpqua Hospital and Health District working together
to provide and promote a healthier community.

LOWER UMPQUA HOSPITAL **Strategic Plan**

STRATEGIC DIRECTION:

1. TO IMPROVE COMMUNITY PERCEPTION OF QUALITY CARE

- A. OBJECTIVE:** To improve actual quality using benchmark data or other measurable objectives.
- B. OBJECTIVE:** To develop a comprehensive public relations and marketing plan.
- C. OBJECTIVE:** To update technology as feasible.

STRATEGIC DIRECTION:

2. TO DEVELOP AND MAINTAIN A COMMUNITY PLAN

- A. OBJECTIVE:** Develop, evaluate, promote and maintain a menu of services that promote community wellness.
- B. OBJECTIVE:** Support community programs that enhance or further the mission of the Lower Umpqua Hospital District.
- C. OBJECTIVE:** Ensure that we can meet the long-term needs of our community.
- D. OBJECTIVE:** Support economic development.

STRATEGIC DIRECTION:

3. TO MAINTAIN THE FINANCIAL VIABILITY OF THE LOWER UMPQUA HOSPITAL DISTRICT

- A. OBJECTIVE:** Recruit and Maintain a Medical Staff appropriate to meet the community needs.
- B. OBJECTIVE:** Evaluate and develop new, profitable services.
- C. OBJECTIVE:** Evaluate current services for efficiency and profitability recognizing that not all vital services will be profitable, but that all services should be run as efficiently as possible.
- D. OBJECTIVE:** To evaluate and develop strategic alliances whenever mutually beneficial.
- E. OBJECTIVE:** Seek out and develop grants and other outside funding sources for major projects.

THANK YOU

This comprehensive assessment will allow us to better understand the needs and concerns of our community. Lower Umpqua Hospital District is proud to be part of the coastal Douglas County community, where we work together to provide and promote a healthier community.

As always, through our commitment to compassionate and mission-focused health care, we are honored to work closely with our collaborative partners in our community to provide outstanding healthcare and create a healthier world for the residents of Douglas County.

Thanks to each of you who provided valuable insight into this report. Your participation in the data gathering, discussions and decision making process helped make this a true community effort which will better serve all segments of our population.