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**LOWER UMPQUA HOSPITAL DISTRICT**

## 2020 Lower Umpqua Hospital District Community Health Needs Assessment Report



# Lower Umpqua Hospital District 2020 COMMUNITY HEALTH NEEDS ASSESSMENT

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# Lower Umpqua Hospital District Community Health Needs Survey Report 2020

## **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 September through October, 2020.

The main input was provided by current patients, employees and community members. An opportunity to offer input was made available to the entire community through City of Reedsport utility bill inserts, Facebook posts, on our website, e-mail invitations, direct mail, by word of mouth and at the entrance to our facility. 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](http://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.

Paul Connolly, Interim 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, level IV trauma 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 Envision Physician Services 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 primary care clinic; Reedsport Medical Clinic provides surgeons, visiting specialists; and the Same Day Clinic (formerly 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 resources, information and services to community members.

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. Now in 2020, due to COVID-19 concerns, the clinic has transitioned to the Same Day Clinic. This new name/process allows us to evaluate the patient's symptoms prior to them presenting at the 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 Same Day 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 provided services that were lost when the Douglas County Public Health Department was closed in July, 2015.

During January 2017, the community health services program moved from the Douglas County Annex Building. Immunizations are available at Dunes Family Health Care. Reproductive health services are available at the Same Day Clinic.

In October 2017, our wound care program started with a projected patient volume of 500. As of May 2019, the program was seeing 1,415 patients.

The Reedsport population of approximately 4,200 residents consists of primarily an older demographic. The need for wound care increases with certain illnesses such as diabetes.

In order to continue to meet the needs of the community it serves, the District is exploring expanding some of the services we provide such as our rehabilitation and respiratory departments.

## **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, 2017 and in 2020.

## **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 2020 appointed members are listed below. Due to a transition in our administrative team, new members will be added on the Steering Committee, as soon as new administrators are in place, to ensure that the committee's work progresses.

## **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 2020 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 2017 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 in which 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. The report includes Lakeside, Oregon - zip code 97449. Lakeside is in our ambulance district but not in our health district. As of 2014 which is the most current update, their population is comprised of 1,959 people.

Also included in EXHIBIT B is Statistical Analysis of Deaths by County, downloaded from Oregon.gov website. 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 insights to us, the Community Survey uploaded on the District's website (EXHIBIT C). It was advertised on the LUH District's Facebook pages which include the hospital page, along with Dunes Family Health Care, Reedsport Medical Clinic and the LUH Walk-In Clinic (now the Same Day Clinic) pages. In addition, a posting was made in the following community Facebook pages: What's Happening Reedsport, Winchester Bay, Oregon, Reedsport Social, Reedsport Locals, and Scottsburg/Wells Creek/Ash Valley Community Action Network. Participants were offered two choices (1) a pdf version of the survey to download or (2) the option to complete the survey using Survey Monkey online.

The City of Reedsport helped us to distribute the survey by allowing us to include an insert in their October utility bill. There were 1,851 inserts distributed through this process. We covered the cost of the outsource company to print, fold and insert the survey. (EXHIBIT D)

In 2020, we have encountered that our traditional methods of distributing the Community Health Assessment Survey was challenging due to COVID-19. We would have normally utilized some of our community events to distribute the survey. However, all community events were cancelled this year. We have traditionally also utilized the local newspaper to distribute our survey as an insert to our community and surrounding areas. Our local newspaper stopped operations in Reedsport due to the pandemic and decrease in readership.

Due to COVID-19, we eliminated handouts in public areas. For the safety of our patients and through mandate through Oregon Health Authority, we implemented a process for patients to be screened at a tent prior to entering the facility. We utilized this staff to help us distribute the survey to patients.

The survey results for the 2020 Community Health Needs Assessment Survey are attached as (EXHIBIT E).

The District collected 168 surveys from these sources:

Invitations by E-mail	13
Pop-up Invitation on Website	33
Invitation through Facebook Post	73
Insert in City of Reedsport's Utility billing	37
Hard copy from Screening Tent	9
Internal printed survey	2

Respondents said they get their information from these sources:

LUHD Facebook	65	Newspaper	19
Local Community Facebook	35	Bulletin Board	4
E-mail	87	Television	10
Website	47	Radio	6
Text	36	TV	5
Mail	54		

The preferred methods of communication for those who responded are:

E-mail	92
Cell Phone	56
Text	56
Home Phone	25

## INPUT FROM THE COMMUNITY

Through internal conversations at the hospital and previous one-on-one interviews with community leaders, 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 short 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 11 full-time employees and 10 on-call. Our full-time staff consists of eight Paramedics, three EMT Intermediates.

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

10/13/2020

2020 Service Area: Reedsport

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## 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 2020)

	<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	7,864	n/a	n/a	n/a	n/a
2010	7,753	-1.4%	8.9%	13.7%	12.0%
2020	7,737	-0.2%	8.1%	13.1%	11.3%
2025	7,879	1.8%	4.7%	6.0%	5.5%

### CHANGE FROM 2010 TO 2020

<u>Age</u>	<u>2010 Pop</u>	<u>2020 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	985	1,014	2.9%	1.1%	3.6%	2.7%
15-44	1,968	1,998	1.5%	8.4%	9.8%	9.4%
45-64	2,522	1,939	-23.1%	-5.8%	7.9%	2.5%
65+	2,278	2,786	22.3%	38.0%	52.2%	45.8%
Total	7,753	7,737	-0.2%	8.1%	13.1%	11.3%

### 2020 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	535	479	1,014	13.1%	377,036	359,638	736,674	17.3%
15-20	203	187	390	5.0%	161,229	153,673	314,902	7.4%
21-24	123	106	229	3.0%	108,756	102,746	211,502	5.0%
25-34	367	328	695	9.0%	296,303	286,976	583,279	13.7%
35-44	357	327	684	8.8%	284,312	280,957	565,269	13.3%
45-64	939	1,000	1,939	25.1%	528,742	546,532	1,075,274	25.2%
65-74	833	812	1,645	21.3%	229,071	251,705	480,776	11.3%
75-84	447	399	846	10.9%	95,861	115,757	211,618	5.0%
85+	137	158	295	3.8%	31,796	53,513	85,309	2.0%
Total	3,941	3,796	7,737	100.0%	2,113,106	2,151,497	4,264,603	100.0%

### OTHER POPULATION CHARACTERISTICS (Claritas 2020)

	<u>Service Area</u>	<u>Oregon</u>
Hispanic (all, including other and 2 or more, races )	5.5%	13.8%
Asian/Pacific Islander only (non-Hispanic)	1.0%	5.1%
African-American only (non-Hispanic)	0.4%	2.0%
Native American only (non-Hispanic)	1.2%	1.1%
Other, including 2 or more races (non-Hispanic)	2.8%	3.6%

## SOCIOECONOMICS (2014 - 2018 American Community Survey)

	<u>Service Area</u>	<u>County</u>	<u>Rural</u>	<u>Oregon</u>
Population below Poverty Level (\$20,578 per year for 2 adults + 1 child < 18 in 2019)	16.1%	16.2%	15.2%	14.1%
Population below 200% of Poverty Level	39.7%	39.9%	36.6%	32.5%
Population <18 below Poverty Level	26.4%	24.2%	21.5%	18.0%
Unemployed Labor Force Population	3.4%	8.1%	6.6%	6.0%
Population 18-64 with Disability	19.2%	18.0%	15.3%	12.0%
Population 65+ with Disability	32.1%	39.7%	38.0%	36.2%
Households receiving Cash Public Assistance	4.0%	3.7%	3.8%	3.7%
Population 25+ w/o High School Diploma	12.4%	10.9%	11.5%	9.6%
Population >5 who Speak English Less than "very well"	1.5%	1.2%	3.9%	5.8%
Uninsured Civilian Non-institutionalized Population	7.4%	6.5%	7.6%	7.3%
Total OHP Eligibles (OHA, July 2020)	38.2%	34.0%	30.7%	26.7%

## SOCIOECONOMICS (various)

	<u>County</u>	<u>Oregon</u>
Receiving Temporary Assistance for Needy Families (4/2019)	1.4%	1.0%
Children Eligible for Free/Reduced Lunch (18-19 School Yr)	55.7%	47.1%
Receiving Food Stamps (4/2019)	21.9%	15.2%
Government Employees as % of Total Employment (2018)	18.9%	14.2%
Uninsurance (2017--OHA OHIS)	5.9%	6.2%
Medicare Enrollees (3/2020--CMS)	30.8%	20.5%

## UNEMPLOYMENT RATES

	<u>County</u>	<u>Oregon</u>	<u>U.S.</u>
2000	7.3 %	5.1 %	4 %
2010	14 %	10.6 %	9.6 %
2018	5.4 %	4.2 %	3.9 %
Percent in Poverty, 2018	15	12.5	13.1
Per Capita Income, 2018	\$40,408	\$50,843	\$54,446
Median Household Income, 2018	\$47,020	\$63,168	\$61,937

## VITAL STATISTICS (Oregon Health Authority)

Maternity Characteristics		2014-2018 (Avg per year--rates per 1000 births)						
		TOTAL	Race					Ethnicity
S E R V I C E  A R E A	Average Total Births per Year	66	White	Black	NatAm	Asian	Other	Hispanic
	Low Birth Weight Rate	69.7	52.4	0.4	1.4	1.4	3.8	6.0
	Inadequate Prenatal Care Rate	121.2	76.3	0.0	0.0	0.0	0.0	66.7
	Infant Mortality Rate	9.1	114.5	500.0	0.0	142.9	157.9	166.7
	Teen (15-19) Birth Rate	54.5	53.4	0.0	0.0	0.0	52.6	66.7
O R E G O N	Average Total Births per Year	44,512	30,108	972	425	2585	1905	8,344
	Low Birth Weight Rate	65.5	61.9	100.6	70.2	79.7	74.7	67.3
	Inadequate Prenatal Care Rate	59.6	50.1	116.2	134.7	76.5	82.3	70.9
	Infant Mortality Rate	4.9						
	Teen (15-19) Birth Rate	45.4	35	59	78	13	66.8	86

\*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 [2020 pop])

CAUSE-SPECIFIC CRUDE DEATH RATES per 100,000 (Average per year 2014-2018):

	Service Area	County	Rural	OR	
Total:	1755.2	1324.0	1046.4	837.1	Deaths per Year in Service Area (Average of 2014-18):
Cancer:	465.3	307.4	242.6	188.9	136
Heart Disease:	320.5	241.6	206.2	160.0	
Chronic Lower Resp Disease	142.2	96.9	68.2	47.7	
Cerebrovascular Disease	59.5	69.1	55.7	45.6	
Unintended Injuries:	75.0	69.8	58.5	47.0	
Alzheimer's:	23.3	54.6	42.2	40.2	
Diabetes:	85.3	54.2	36.1	27.9	
Suicide:	33.6	26.0	22.8	18.7	
Alcohol Induced:	72.4	33.6	26.1	20.1	
Flu and Pneumonia:	15.5	18.0	13.4	11.5	

	Service Area	County	Oregon
Age-adjusted Death Rate, (Avg per year 16-18)	1,113.4	993.2	849.1
Comparative Mortality Figure, (Avg per year 16-18)	2.1	1.6	1.0
Years of Life Lost Index, (Avg per year 16-18)	1.6	1.4	1.0
Preventable Hospitalizations per 1000 Pop: (2017-2019, Apprise)	21.3	9.3	7.3

### HEALTH RISK FACTORS (2012-2015, 2014-2017 BRFSS; age-adjusted)

	County 2012-15	County 2014-17	Oregon 2014-17
% of Adults who have Cardiovascular Disease	9.4	9.1	7.1
% of Adults who have Depression	26.8	27.8	25.6
% of Adults who have Diabetes	11.8	11.4	8.6
% of Adults who are Tobacco Users (includes smoking)	28.3	31.5	25.5
% of Adults who are Obese	34.4	32.7	28.6
% of Adults with High Blood Pressure	34.1	31.2	26.7
% of Adults with No Physical Activity Outside of Work	19.9	20	17.9
% of Adults with 1 or More Chronic Diseases	81.6	61.2	53.5
% of Adults who are Cancer Survivor	9.5	8.2	7.2

### AREAS OF UNMET HEALTH CARE NEED VARIABLES

	Travel Time to Nearest PCPCH	Primary Care Capacity Ratio	Dentists Per 1000	Mental Health Providers per 1000	138-200% of Federal Poverty	ED Dental Visits per 1000	ED Mental Health Visits per 1000
Service Area	10	1.1	0.17	0.11	16.2%	7.3	25.7
Oregon	12.6	1.2	0.49	1.19	11.4%	4.0	17.8

## HEALTH CARE RESOURCES

### PRACTITIONERS IN SERVICE AREA

Primary Care	Licensed
Family Med Physicians (2019-20 FTE)	4.3
General Practice Physicians (2019-20 FTE)	1.0
Internal Med Physicians (2019-20 FTE)	2.0
Obstetricians/Gynecologists (2019-20 FTE)	0.1
Pediatricians (2019-20 FTE)	0.0
Nurse Practitioners (2017-20 FTE)	2.8
Physician Assistants (2019-20 FTE)	0.3
Dental	
Dentists (2018-20 FTE)	1.3
Dental Hygienists (2019)	3
Mental	
Psychiatrists (2019-20 FTE)	0.0
Psychologists (2018-20 FTE)	0.0
Licensed Counselors & LMFT (2018-20 FTE)	0.0
Licensed Social Workers (2017-20 FTE)	0.9
Psychiatric Nurse Practitioners (2017-20 FTE)	0.0 (subset of NP and not added to Total)
Other	
Chiropractors (2020)	0
Direct Entry Midwives (2020)	0
General Surgeons (2019-20 FTE)	1.0
Naturopaths (2020)	0
Nurse Anesthetists-CRNA (2017-20 FTE)	1.8
Optometrists (2020)	0
Other Surgeons (2019-20 FTE)	1.5
Pharmacists (2020)	4
Registered Nurses (2017-20 FTE)	21.0 (non-NPs/CRNAs)
Total	44.8

### SUPPLY AND DEMAND FOR PRIMARY CARE VISITS IN SERVICE AREA

	Service Area	County	State
Number of Persons Per Primary Care Physician:	1,053	1,686	1,166
Number of Visits Accommodated by:			
Primary Care Physicians (2019-2020)	17,299		
Primary Care PAs and NPs (2017-2020)	5,049		
Total	22,348		
Number of Primary Care Visits Needed by 2020 Service Area Population:	20,831		

## HEALTH CARE RESOURCES (continued)

### CLINICS IN SERVICE AREA

#### Number

Rural Health Clinics (RHC):	1
Federally Qualified Health Clinics (FQHC):	
School-Based Clinics:	

### HOSPITALS IN SERVICE AREA (2019 Calendar Year)

Name:	Lower Umpqua Hospital
# of Staffed Beds:	16
Type:	B
CAH:	Yes
# of Inpatient Discharges:	340
# of ER Visits:	4,194
% Occupancy:	18.2%
# of Births:	0
Avg IP Length of Stay:	3.7

## DESIGNATIONS OF SHORTAGE BY SERVICE AREA

1. Geographic/Population HPSA\*:
2. MUA/MUP\*:
3. Mental Health HPSA\*:
4. Dental HPSA\*:

Office of Rural Health Unmet Need Area?

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

GOV = 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 <https://www.ruralhealthinfo.org/am-i-rural> for the latest and most accurate data using your specific address.

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

<https://www.ohsu.edu/xd/outreach/oregon-rural-health/about-rural-frontier/index.cfm>

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

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Additional information, maps, and lists are available at:

<https://www.ohsu.edu/xd/outreach/oregon-rural-health/about-rural-frontier/data-publications.cfm>

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## 2017 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 2017, 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 six 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

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

Low cost  
Sliding scale fees posted  
Specialized maternity care  
Alternate medications  
Customer relations

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

Mental health care  
More affordable healthcare  
Emergency Care  
Family practitioners  
Satellite facility for part-time specialists

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

Money  
Education  
Not enough advertising about good health and practical examples of healthy choices  
Information on where to receive food for low income  
Diet  
Community education on nutrition and exercise with day care provided

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

Mental Health  
Healthy eating and exercise programs  
Colon flushing  
Nutrition  
Organized exercise programs  
Orthopedics  
Vascular

**6. What is the best form of communication for you?**

Internet  
Direct mail  
Newspaper

Follow-up: In the three 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. Over the past three years, Lower Umpqua Hospital District addressed lifestyle related health problems and chronic disease management through education. With the assistance from two of our rotating medical students, one of our providers coordinated a walking club in 2019 which included an opportunity for questions and answers during the stretching session, along as during the walk. Attendance was sporadic depending on the week. Once the rain arrived with the fall season there was no participation. Therefore, we decided to stop the program.

2. Created a systematic approach to improving the health of our service area. The approach included monthly Lunch and Learns, with a significant emphasis on diet and obesity, from January through October. Our contracted dietician provided three educational sessions per year focusing on nutrition, also rotated months with talks from our specialists and other hospital programs. In addition, we partnered with our local senior center and library to add additional opportunities for community education with our physicians and nurse practitioners. Due to the pandemic all in person education had to be cancelled.

3. Dunes Family Health Care employed a licensed clinical social worker who counsels patients Mondays through Fridays during scheduled appointments, in addition to dedicating several hours to the school district. The District contracts with an outpatient psychiatric provider (ADAPT) to provide services at one of the offices at the Family Resource Center. Compass Behavioral (ADAPT) also partnered with us, through their Older Adult Behavioral Specialist, to offer educational sessions to staff and the community in topics such as: Healthy Aging, Opioid Task Force Training and Suicide Prevention. We also partner with South Coast Hospital to offer a grief support group and education for caregivers at no cost. However, due to COVID-19, all in person group sessions had to be cancelled.

4. In 2018, both our internal medicine physician and nurse practitioner at Reedsport Medical Clinic retired. We were successful in recruiting a full-time nurse practitioner who specialized in internal medicine and had vast experience working with chronic disease. In addition, we successfully recruited a part-time internal medicine physician. In 2020, due to the pandemic the nurse practitioner relocated to Dunes Family Health Care and the physician retired.

5. The ambulance services has been operating a 24/7 crew and a second crew from 12 noon to 10 pm which run seven days per week. In addition, they attend high school games and events to be available in case of injuries. Lower Umpqua Hospital provides this service at no charge to the organizers.

6. The LUH Rehabilitation Department hired a full-time speech therapist in 2018. Due to personal reasons, the speech therapist left in 2020 but we

continue to provide the service with a contracted therapist. We are currently recruiting for another speech therapist.

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 quite popular. However, there is often requests for the clinic to be open on the weekends. Up until 2017, the clinic was open Monday through Saturday. Due to little usage on Saturdays, the clinic now operates Monday through Friday. 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.

Due to COVID-19, the Walk-In Clinic temporarily closed in June 2020. It reopened in November 2020 as the Same Day Clinic. We are not able to see walk-ins due to the pandemic. Patients are asked to call to schedule an appointment at which time their symptoms are screened.

9. Lower Umpqua Hospital has been diligently working at recruiting visiting specialists so that our community does not need to travel outside the area. In 2018, the Reedsport community was fortunate to have an urogynecologist join us. In 2019, a nurse practitioner, who specialized in gynecology, joined the medical staff. Due to personal reasons both decided to retire in 2020.

In 2020, LUH hired Dr. Christopher Amsden who specializes in pain management. He had practiced in the community in prior years and we are excited that he has agreed to return.

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 Peace Health/Oregon Cardiology brings cardiac specialists to the Reedsport area. A cardiologist sees 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**

In previous years, 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 "Lunch & Learn" presentations.

The newsletters (EXHIBIT H) provides information about the District and services offered. As of Spring 2017, we have been printing a provider issue once per year. We had been printing 1,000 issues and were distributing 750 inserts in our local newspaper per issue. Our local newspaper closed operations in June 2020 so this will no longer be an option. The additional issues were distributed throughout the District's clinics, local businesses and at our annual health fair.

Beginning in 2017, we started utilizing the LUH and community Facebook pages to connect with the community. This has allowed us a more robust communication method.

The hospital had been hosting "Lunch & Learn" health education offerings on a monthly basis, until February 2020. Each month, we invited a different health-care provider. The most requested speakers were nutrition and surgical. Sessions were scheduled for an hour or more and allocated time for questions. Due to COVID-19, all in-person education offerings for the time being have been canceled. (EXHIBIT I)

In 2019, we partnered with the Reedsport Senior Center and provided two presentations during their lunch hour for the community seniors (EXHIBIT J). In 2020, we partnered with the Lower Umpqua Library District to provide noon education sessions. We were able to host one session just before we had to stop in person meetings due to COVID-19 (EXHIBIT K).

## **COMMUNITY HEALTH FAIRS**

Beginning September 2014 and continuing through 2019, the District has sponsored an annual Community Health Fair to provide knowledge of available health and safety resources to our community members. In 2019, we applied and received a \$575 grant through the Jordan Cove project to purchase helmets for children and services from Bursting with Joy for balloons. The helmets and balloons were distributed at no cost to children

in our community. The 2020 event was planned for October 30<sup>th</sup> but canceled due to COVID-19. During the years that we had the event, health related providers, vendors, specialists, and District employees provided information and entertainment to the public.

(EXHIBIT L)

## **COMMUNITY EVENTS**

Lower Umpqua Hospital partnered with the Reedsport Winchester Bay Chamber of Commerce to sponsor a booth at the Chainsaw Carving Festival and at DuneFest in 2018 and 2019. Due to COVID-19, the 2020 events were canceled. We distributed health information at the booths. This allowed us to inform the community and visitors regarding the services which are provided at the hospital and clinics.

In addition, the hospital also partnered with the Reedsport Main Street Program, run by the City of Reedsport, to coordinate the annual Christmas Tree Lighting Ceremony in 2017, 2018, and 2019. The hospital also hosted a booth at the event to provide the community with health information and small gifts for adults and children.

In 2019, the hospital provided the services of our public relations director to coordinate the City of Reedsport's Centennial Carnival, along with a sponsorship donation. The carnival included a children's parade, carnival games, bounce houses, a car show and shine event, and much more. The hospital provided volunteers to help with booths and activities. This was a free event to the community thanks to key sponsors such as Lower Umpqua Hospital. The community members who attended found it to be a great outing which provided relaxation, laughter and exercise. (EXHIBIT M)

## **MOVING FORWARD**

### **2020 COMMUNITY HEALTH NEEDS SURVEY RESULTS BY CATEGORY**

The 2020 survey has been tabulated and broken down into categories by topic. These tabulations will help the committee focus on these main areas over the next three years. (EXHIBIT N)

# **COMMUNITY HEALTH IMPROVEMENT PLAN/STRATEGY (CHIP)**

## **Lower Umpqua Hospital District 2020**

### **HEALTH AND WELLNESS INITIATIVES**

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

#### **IMPROVING THE HEALTH OF THE POPULATION**

Lower Umpqua Hospital District will focus on providing care for the community in a manner that promotes health and wellness. Emphasis will include:

- Chronic Care Management
- Transitions of Care
- Early Detection and Treatment

#### **ENHANCING THE EXPERIENCE OF CARE FOR INDIVIDUALS**

Lower Umpqua Hospital District will focus on meeting the mission of the district to provide and promote a healthier community. We will do this by:

- Focusing on Quality and Benchmark Data
- Supporting community programs that enhance or further the mission of Lower Umpqua Hospital District
- A renewed focus on providing an excellent patient experience throughout the continuum of care

#### **INCREASING ACCESS TO PRIMARY CARE SERVICES**

Lower Umpqua Hospital District will seek to increase access to Primary Care Services by:

- Recruiting and Retaining a Medical Staff appropriate to meet the community needs
- Evaluating and assessing the need for new service lines
- Streamlining the process necessary to establish as a patient within the Hospital District

## **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.