



2019–2022 Community Health Needs Assessment

Adopted: June 21, 2019

PeaceHealth Sacred Heart Community Health Board



PeaceHealth
Sacred Heart Medical Center
at RiverBend

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I. Executive Summary and Key Takeaways from 2019 CHNA

Overview

PEACEHEALTH

Caring for those in our communities is not new to PeaceHealth. It has been a constant since the Sisters of St. Joseph of Peace, PeaceHealth’s founders, arrived in Fairhaven, Washington, to serve the needs of the loggers, mill workers, fishermen and their families in 1890. Even then, the Sisters knew that strong, healthy communities benefit individuals and society, and that social and economic factors can make some community members especially vulnerable. The Sisters believed they had a responsibility to care for the vulnerable, and that ultimately, healthier communities enable all of us to rise to a better life. This thinking continues to inspire and guide us toward creating a better future for the communities we serve.

Today, PeaceHealth is a 10-hospital, integrated, not-for-profit system serving communities in Alaska, Washington and Oregon. PeaceHealth is a Catholic healthcare ministry with a Mission to *carry on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each person in a loving and caring way.*


PeaceHealth has embraced the Community Health Needs Assessment (CHNA) process as a means of realizing our Mission and engaging and partnering with the community in identifying disparities and prioritizing health needs. We also align our work to address prioritized CHNA needs.

PEACEHEALTH SACRED HEART MEDICAL CENTER RIVERBEND

Established in 2008, PeaceHealth Sacred Heart Medical Center at RiverBend (PeaceHealth Sacred Heart at Riverbend) is a 388-bed licensed tertiary acute care hospital in Springfield, Oregon. It is one of four hospitals serving Lane County, and one of two PeaceHealth Sacred Heart facilities in the Eugene-Springfield area. PeaceHealth Sacred Heart at RiverBend is a regional resource. Its programs and services offer a comprehensive array of general acute care, surgery, and specialty and tertiary services including orthopedics, a bariatric center, cancer care, childbirth services and a neonatal intensive care unit, pediatric specialty services, a certified primary stroke center, a Level II Emergency Department, a gamma knife center, the Oregon Heart & Vascular Institute, a hyperbaric center, neurosurgery and neuro-endovascular care. Approximately 80% of its patients reside in Lane County, and its secondary service area extends north into bordering counties in the Willamette Valley and south throughout the entirety of Southern Oregon, including the coast.

In FYE 2017, 24,700 individuals received inpatient care at PeaceHealth Sacred Heart at RiverBend. Other key statistics include:

- Outpatient clinic visits: 139,042
- Births: 2,624
- Surgeries: 15,141
- ED visits: 61,057



PeaceHealth Sacred Heart at RiverBend's 3,900 employees and 1,900 active medical staff provided \$7.1 million in charity care, and \$36.05 million in total community benefit in FYE 2018. In the same year, about a quarter of its patient days were to patients with Medicaid or self-pay.

2019 CHNA PROCESS


PeaceHealth Sacred Heart at RiverBend conducted its 2019 Community Health Needs Assessment (CHNA) process in coordination with its community partners, including, among others, Live Healthy Lane, a community-based effort to improve the health and well-being of those who live, learn, work and play in Lane County. Live Healthy Lane is a partnership of the 100% Health Community Coalition administered by United Way of Lane County and funded by Lane County Public Health, PeaceHealth and Trillium Community Health Plan. Numerous community partners interested in improving the health and well-being of those in Lane County are participating organizations in Live Healthy Lane.

In the spring of 2019, PeaceHealth Sacred Heart at RiverBend conducted a number of key informant interviews and organized a public meeting where community members and staff reviewed results of the 2016 CHNA:

- Reviewed current information driving the 2019 CHNA;
- Shared knowledge about the community and its health care needs; and
- Gave feedback that will help drive the CHNA priorities for the next 3 years.

There was widespread agreement that PeaceHealth Sacred Heart at RiverBend should **continue to emphasize its 2016 priorities and build on current work efforts**. Other defined needs included:

1. **Substance abuse/mental health:** More placement options are needed. There appears to be increasingly more violence associated with substance use disorder (SUD). Integrating peer support counselors into primary care and other outpatient departments would benefit patients.
2. **Move beyond the walls of the medical center and clinics and support the physical and behavioral health needs of complex patients, including children/youth:** "Bridging the gap" between outpatient care, social services and inpatient care is needed.
3. **Safe and Affordable Housing/Youth Homelessness:** Homelessness is a problem, and youth homelessness is concerning. The rural areas of the county noted that housing vulnerability and food insecurity for families is a growing concern, and the availability of affordable childcare was also identified as a need.



At various times throughout the nearly eight-month CHNA process, data, findings and input were shared with PeaceHealth Sacred Heart at RiverBend's Community Health Board (CHB). The identified priorities directly align with the PeaceHealth System's identified focus areas of need. These focus areas were identified as common to each of the communities PeaceHealth serves across three states, and include:

- Family and childhood well-being, including nutrition and food insecurity
- Affordable housing including service enriched housing
- Healthcare access and equity; and
- Behavioral health including the opioid epidemic

Based on the totality of the process, the focus areas of the 2019-2022 CHNA will be:

- Access to behavioral health services, inclusive of combating the opioid epidemic and provision of mental health services for youth.
- Family and childhood well-being with a focus on food insecurity, active living, and family support services and education offered through community centers.
- Affordable housing including service enriched and transitional housing.
- Care coordination for complex patients outside of the hospital setting with a focus on access and equity for special populations.

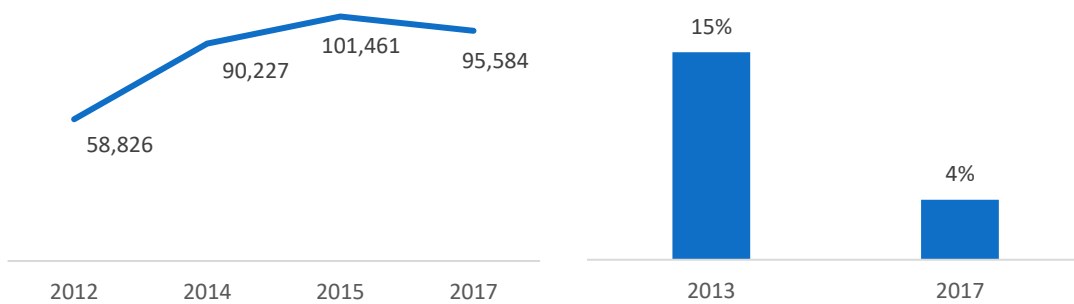
II. Prior CHNAs: Implementation Plan Progress and Accomplishments

This 2019 CHNA is the third CHNA developed by PeaceHealth Sacred Heart RiverBend since the implementation of the Affordable Care Act's CHNA requirement.

PeaceHealth Sacred Heart at RiverBend's 2013 CHNA Accomplishments

The 2013 PeaceHealth Sacred Heart at RiverBend CHNA identified the problem of healthcare access and lack of insurance coverage as a key area of focus. We worked as part of the community coalitions formed across the county for the purpose of helping people sign up for commercial health insurance and Medicaid. By any measure these efforts were successful.

Figure 1. Medicaid Enrollment and Percent Uninsured, Lane County



Source: Oregon Health Authority (Medicaid enrollment) and Oregon Health Insurance Survey, 2017

The 2013 CHNA also identified significant gaps in crucial behavioral health services in Lane County. PeaceHealth Sacred Heart at RiverBend and PeaceHealth Sacred Heart, University District worked together to build a new inpatient behavioral health unit, the largest in Oregon (35 beds). Today it serves as a safety net for Lane County and all communities south of Salem. Services include inpatient hospitalization, intensive outpatient and partial hospitalization programs, a youth hub center, early intervention programs and telemedicine crisis counseling.

Other needs identified in 2013 included:

- Support for community health programs including Volunteers in Medicine Clinic, White Bird Clinic, Willamette Family Treatment Centers, Buckley House, Lane Community College, and behavioral health transition support groups.
- Safe housing for homeless patients following hospital discharge as well as short term and long-term food and shelter.
- Healthy cooking classes for the public.
- Weight loss, smoking cessation and injury prevention programs.
- Health screenings and education for chronic disease management.

PeaceHealth Sacred Heart at RiverBend’s 2016 priorities included bridging the gap between primary care and behavioral health, coordinating care for patients with complex and chronic conditions, increasing the availability of safe housing discharge options for patients, and supporting better health for maternal, children and youth. In adopting its implementation strategies, the PeaceHealth Sacred Heart at RiverBend CHB considered the size of the population impacted, the needs in relation to hospital competencies, and the types of community partnerships that would be required to advance the need and available resources.

The final 2016 implementation plan is restated in Table 1. For each need, a set of initiatives was noted, as was a listing of potential partners, and the expected degree of PeaceHealth engagement was framed in terms of “lead,” “co-lead” or “support.” While the work is ongoing, progress and accomplishments to date are summarized in the table.


Table 1: 2016 PeaceHealth Sacred Heart Medical Center Initiatives

Initiatives		Target Population	Potential Partners and PeaceHealth Role	Accomplishments and Activities
Behavioral Health	Train and employ community health workers in behavioral health.	Patients with chronic physical and behavioral health conditions.	Trillium; Lane Public Health; United Way; Social Service Agencies in Lane County <i>PeaceHealth Sacred Heart Role: Co-lead</i>	Community Health Worker Summit in April 2018, in partnership with Kaiser Permanente and Oregon Community Health Workers Association, assembling social service agencies, payors, employers and THWs/CHWs county-wide for a day of education and dialogue on expansion strategies for CHW roles in Lane County. Grant funding for the establishment and development of the Lane County Community Health Worker Hub, a professional organization for CHWs and organizations employing CHWs.
	Development and funding for a 1.0 FTE care management CHW to coordinate resources and access for patients.	Patients leaving an inpatient hospital stay without a safe place to live or recuperate	Partnership with Laurel Hill Center mental health and substance abuse recovery organization and ShelterCare housing organization	Created safe and supported medical recuperation living space with multiple support services and resource referral and access for complex, at-risk patients leaving the hospital
Care Coordination for Complex Patients				



Initiatives		Target Population	Potential Partners and PeaceHealth Role	Accomplishments and Activities
Housing	Expand Medical Recuperation Program to place discharged patients in safe housing.	Homeless and at-risk post-acute patients with complex illness and co-morbidities.	ShelterCare; Trillium <i>PeaceHealth Sacred Heart Role: Co-lead</i>	In addition to increasing the number of medical recuperations living units available to patients through PeaceHealth-funded rental contracts with housing organizations, The Phoenix Program was developed in partnership with Kaiser Permanente and ShelterCare, a 12-unit transitional housing program to assist discharged patients in progressing to permanent housing.
	Partner in Lane County Supportive Housing Grants and Development.		Kaiser Permanente; ShelterCare; HACSA; Cornerstone; Laurel Hill Center; Willamette Family Services <i>PeaceHealth Sacred Heart Role: Co-lead</i>	With multiple community partners, formation of the Housing is Health leadership group in the development and funding of the MLK Commons, a 51-unit supported housing program for the county’s most vulnerable and longest unhoused community members.
Maternal-Child Health and Childhood Development	Develop and sustain school-based health centers in Lane County schools.	High school-aged teens and their families.	PHMG; 4J and Bethel school districts; Willamette Family Services <i>PeaceHealth Sacred Heart Role: Co-lead.</i>	Assumption of full management and staffing of the 4J School District school-based health center by PeaceHealth Medical Group. Support for and participation in the school-based health center collaborative, a consortium of all Lane County school-based health centers, combining resources for the promotion of services and provider education in SBHCs, in partnership with Kaiser Permanente, Bethel, 4J and Springfield school districts, and the Oregon School-Based Health Alliance.
	Develop car and booster seat safety check program with 1.0 FTE certified car and booster seat technician	Infants and young children, and their parents,	Safe Kids West Oregon; Eugene law enforcement and emergency services; Lane County school districts; <i>PeaceHealth Sacred Heart Role: Co-lead</i>	In partnership with Parenting Now!, a certified child passenger safety technician is employed to conduct regularly scheduled car seat safety clinics and installations, along with provision of car seats for families in need.

In addition to the above, and because the CHNA’s priorities are not static, PeaceHealth Sacred Heart at RiverBend, as part of a partnership with the city of Eugene, University of Oregon and Social Bicycles by JUMP Bikes launched the PeaceHealth Rides program in 2018. The purpose is



threefold: to encourage healthy active living, provide an affordable transportation option for the community to attend medical and other appointments, and increase access healthy food. PeaceHealth Rides provides a network of 300 bikes and 39 stations in Eugene for users to pick up and drop off at public locations for one-way trips across the city, including a PeaceHealth Sacred Heart at RiverBend. It offers a healthy, convenient and fun way to access services in the community.

Thousands of people, from college students to senior citizens, have gotten outside, are hopping on the bright blue bikes and improving their personal health, as well as the health of their community and environment. PeaceHealth Rides members have logged over 190,175 trips and 210,000 miles since the bike share program launched a year ago on April 19, 2018. In the past year, over 13,000 people have become PeaceHealth Rides' members, and they've burned more than 8.2 million calories. By using green transportation, PeaceHealth Rides members prevented more than 181,177 pounds of carbon gases from entering the atmosphere, saving roughly 9,058 gallons of gas.

Additional accomplishments/funding to date have included:

- **Behavioral health:** Support to the Lane County Pain Guidance Committee Opioid Reduction Education Program, providing funding for annual provider education event on opioid reduction strategies.
- **HIV Alliance funding for naloxone and syringe exchange program,** reducing the numbers of death from overdose and new HIV and hepatitis infections from needle re-use.
- **Support for the Egan low barrier warming center for homeless:** This included disaster supplies and an onsite AED for the emergency shelter serving those currently engaged in substance abuse.
- **Food for Lane County Produce Plus food tables in PHMG clinics:** This support provided free fresh produce to patients and their families in rural locations.
- **Double Up Food Bucks:** Funding in partnership with the Willamette Food and Farm Coalition, empowering SNAP eligible Oregon Trail card holders to double their buying power at farmers markets in Lane County.

III. State, Regional and Community CHNA Context

PeaceHealth Sacred Heart at RiverBend’s 2019 CHNA process was undertaken within the context, and with the knowledge of other existing, recent or concurrent community health improvement planning efforts in the state, region and county, including:

The Oregon State Health Improvement Plan provides a statewide framework for health improvement efforts and identified its priorities as: prevent and reduce tobacco use, slow the increase of obesity, improve oral health, reduce harms associated with alcohol and substance use, prevent deaths from suicide, improve immunization rates and protect the population from communicable diseases. As of the writing of this CHNA, a 2020-2024 planning process is commencing.



Live Healthy Lane (LHL) is a community-based effort to improve the health and well-being of those who live, learn, work, and play in the Lane County Region. Together, the 100% Health Community Coalition, United Way of Lane County, Lane County, PeaceHealth, Trillium Community Health Plan, and numerous cross-sector community partners are working together to improve the health of the community. This collaborative effort consists of the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP). Reducing health disparities, promoting health equity and improving overall population health is the central purpose of this work.

Figure 1. Community Health Assessment Process.



Vision Statement:

Live Healthy Lane: Working together to create a caring community where all people can live a healthy life.

Community Values:

- *Compassion*
- *Equity*
- *Inclusion*
- *Collaboration*

The United Way of Lane County partners community-wide to fulfill its vision to create a community where all kids are successful in school and life. It serves as the administrative body of the Lane County Community Health Improvement Plan (CHIP) and supports a number of impact initiatives including Healthy and Stable Families, Kindergarten Readiness, Elementary School Success and Youth Knowledge and Skills.

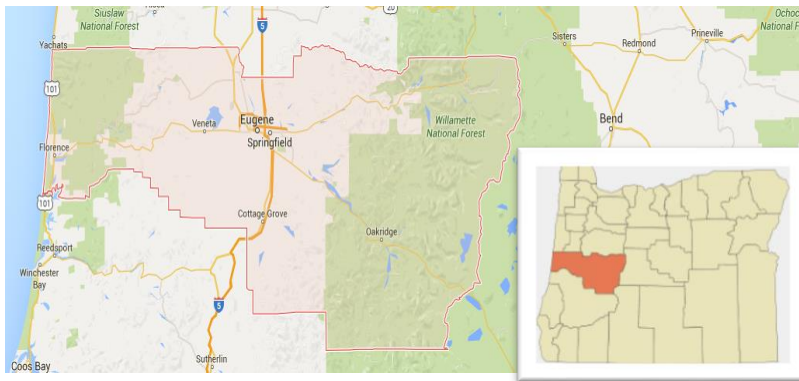


IV. Overview of the PeaceHealth Sacred Heart at RiverBend service area

DEMOGRAPHIC AND SECONDARY DATA¹

About 80% PeaceHealth Sacred Heart Riverbend’s inpatients are residents of Lane County. Relative to other counties in Oregon, at 4,700 square miles, Lane County ranks 5th out of 36th in land area and 4th in population with more than 375,000 residents. Lane County is large and geographically diverse, and is one of only two Oregon counties that extends from the Pacific Ocean to the Cascades. Portions of the Umpqua National Forest are in Lane County, and the Willamette, McKenzie, and Siuslaw rivers run through it. Eugene is the largest city, with more than 61% of the county’s population.

Lane County encompasses a portion of the Siuslaw Tribal Land. In addition, members of the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians reside in Lane County.



While Lane County is trending better on several health outcomes and in adult smoking, challenges remain. Lane County has higher rates of poverty, has seen an increase in the number of children in poverty and the number of homeless. In addition, there is a housing availability crisis, and Lane County also has one of the highest suicide rates in the state.

SOCIOECONOMIC DETERMINANTS

High School Diploma Rate:
Lane County: 91.5%
Oregon: 90.2%

Individuals Living Below the Federal Poverty Line:
Lane County: 18.8%
Oregon: 14.9%

Children in Poverty:
Lane County: 18.0%
Oregon: 17.0%

Unemployment Rate:
Lane County: 4.5%
Oregon: 4.1%

Number of Homeless, Both Sheltered and Unsheltered:
Lane County: 2,165
Oregon: 14,476
*Source: HUD, Lane County PIT
2019 point in time count

Number of Children Grades K-12 Reported Homeless:
Lane County: 2,296
Oregon: 21,756
Sheltered: 1,817
Unsheltered: 2,549
Motel/Hotel: 1,236
Living with Other Families: 16,399

¹ All data in this section is from the American Community Survey (US Census Bureau) unless otherwise noted.

Social determinants of health include access to social and economic opportunities; resources and supports available at home, and in neighborhoods and communities; the quality of schooling; the safety of workplaces; the cleanliness of water, food and air; and the nature of social interactions and relationships.

In Lane County, income disparities lead to unequal housing and health outcomes for those with the fewest resources. People experiencing homelessness, especially children, are more vulnerable to a broad range of acute and chronic illnesses. Additionally, individuals facing homelessness are more likely to have substance use and mental health concerns, which can be difficult to address without the stability of a steady income and secure housing.

Areas of the county also see a high percentage of ALICE households. ALICE is an acronym that stands for Asset Limited, Income Constrained, Employed families. The United Ways of the Pacific Northwest ALICE report summarizes the ALICE families as families that work hard and earn above the Federal Poverty Level (FPL), but do not earn enough to afford a basic household budget of housing, childcare, food, transportation and healthcare. Most do not qualify for Medicaid coverage.

In Lane County, 44% of households are either in poverty or ALICE households. This is higher than the 41% of Oregon state, and there are several areas of the county where the percentage is greater than 50%. Table 2 provides data by each of the cities in the County and shows the disparities between the cities, county, and state on the social determinants of health.

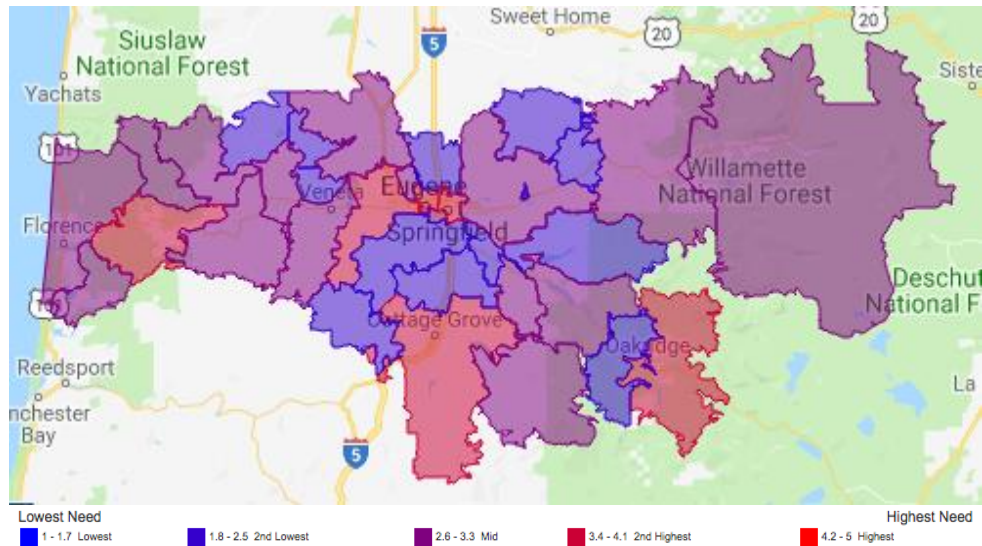
Table 2. Lane County Sociodemographic Profile

City	High school diploma (%)	Individuals living in poverty (%)	Median Household Income	People over age 5 who are linguistically isolated	ALICE (%)
Cottage Grove	85.0%	21.0%	\$40,436	3.5%	53%
Creswell	94.9%	8.5%	\$58,115	0.4%	39%
Eugene	93.4%	21.7%	\$47,489	3.4%	47%
Florence	91.0%	18.6%	\$33,821	0.7%	58%
Junction City	90.3%	17.1%	\$49,293	1.5%	47%
Springfield	88.1%	21.3%	\$41,700	3.9%	55%
Lane County	91.5%	18.8%	\$47,710	2.6%	44%
Oregon State	90.2%	14.9%	\$56,119	5.9%	41%

Sources: United Ways of the Pacific Northwest ALICE Report, 2018 and US Census, 2019

The Community Need Index (CNI), a tool created by Dignity Health, measures a community's social and economic health on five measures: income, cultural diversity, education level, unemployment, health insurance and housing. The CNI demonstrates that within Lane County, there are pockets of higher and lower need:

Map 1. Lane County, OR Community Need Index Map, 2018



Source: Dignity Health

V. Health Status

The Health Status indicators identified in this section are from primary data from Robert Wood Johnson Foundation's (RWJF) *County Health Rankings*. RWJF's county health rankings data compare counties within each state on more than 30 factors. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Counties are ranked relative to the health of other counties in the same state.

This is a nationally recognized data set for measuring key social determinates of health and health status. RWJF measures and reports this data annually. The remaining data in this section is organized into four areas defined as priorities by the PeaceHealth system in 2018.

These include:

- Family and childhood well-being including nutrition and food insecurity
- Affordable housing including service enriched housing
- Healthcare access and equity; and
- Behavioral health including the opioid epidemic

Data in this section is supplemented and expanded with sources from state, regional and local sources, including Behavioral Risk Factor Surveillance System, Oregon Healthy Teens Survey, Oregon Department of Health, Vital Statistics, US Census Bureau, Oregon State WIC, OR Office of the Superintendent for Public Instruction, Feeding America, Enroll America, Centers for Medicare & Medicaid Services, and Community Commons.

LANE COUNTY RWJF RANKING

Lane County has shown improvement in health outcomes, quality of life, clinical care and health behaviors since 2011. However, improvement is still needed in many areas, particularly, in social and economic factors.

Table 3. Lane County Health Rankings 2011-2019
Ranking out of Oregon's 36 Counties

Measure	Name	'11	'12	'13	'14	'15	'16	'17	'18	'19	Ranking Change 11-19
Health Outcomes Mortality and Morbidity	Health Outcomes	18	17	17	18	16	12	13	12	11	+7 ↑
Length of Life Premature death	Length of Life	13	13	13	13	13	16	13	12	13	0
Quality of Life Poor or fair health, Poor physical health days, Poor mental health days, Low birthweight	Quality of Life	25	20	22	28	24	12	20	17	17	+8 ↑
Health Factors	Health Factors	11	15	10	7	9	7	12	12	13	-2 ↓
Clinical Care Uninsured adults, primary care providers rate, preventable hospital stays, diabetic screenings	Clinical Care	14	7	9	7	7	7	7	6	11	+3 ↑
Health Behaviors Adult smoking, adult obesity, binge drinking, motor vehicle crash deaths, Chlamydia, Teen Birth Rate	Health Behaviors	13	13	12	12	13	11	13	10	8	+5 ↑
Social and Economic Factors High school graduation rate, college degrees, children in poverty, income inequality, inadequate social support	Social and Economic Factors	12	15	12	13	14	14	14	18	20	-8 ↓

Family and Childhood Well-being, Nutrition and Food Insecurity

WHAT IS CHILD AND FAMILY WELL-BEING?

Child and family well-being is a key pillar of a healthy community. Circumstances in pregnancy through early childhood are key predictors of health and well-being later in life. Well-being is envisioned as a community where all pregnant women, infants, children, adolescents and families are well-fed, safe, and equipped with resources and knowledge to succeed in school, from kindergarten to high school graduation through the rest of their lives.



WHAT IS FOOD INSECURITY?

The U.S. Department of Agriculture defines food insecurity as a lack of consistent access to enough food for an active, healthy life. Hunger and food insecurity are closely related but distinct concepts. Hunger refers to a **personal, physical sensation** of discomfort, while food insecurity refers to a **lack of available financial resources** for food at the level of the household. Poverty and food insecurity are closely related. In 2017, an estimated 1 in 8 Americans were food insecure, including more than 12 million children.


According to Feeding America, children who do not get enough to eat — especially during their first three years — begin life at a serious disadvantage. When they're hungry, children are more likely to be hospitalized and they face higher risks of health conditions like anemia and asthma. As they grow up, children who are hungry and living in food insecure households likely are more likely to have problems in school and other social situations; they are more likely to repeat a grade in elementary school, experience developmental impairments in areas including language and motor skills, and have more social and behavioral problems.

Even when children are not feeling the sensation of hunger, they are likely experiencing micronutrient deficiencies that can affect their development. Nearly all parents in food insecure households in one national survey report buying the cheapest food — instead of healthy food — in order to provide enough to eat².

HOW DOES LANE COUNTY FARE?

In social and economic factors — including the percentage of adults who have completed high school and have some college education, as well as the percentage of babies born to single mothers, social associations and unemployment — Lane County is ranked 20th out of 36 counties in Oregon. For quality of life, Lane County is ranked 17th, having made improvements since 2011. However, there are disparities within those areas. The median household income among black households is two-thirds of the county median. More than one-third of the children in Lane County live in single-parent households and Hispanic teens have a birth rate

² Source: Feeding America.



more than double that of white teens. About 4% of the population is unemployed, which is comparable to the state.

Other factors are as follows:

- The overall poverty rate in Lane County was 19%; with striking disparities on racial and ethnic lines: Hispanic and black community members had higher rates of poverty at 22% and 29%, respectively. The overall poverty rate for white residents was 17%.
- Lane County children’s assessment scores for kindergarten readiness are comparable to the state.
- 58% of renters spend more than 30% of their income on housing.

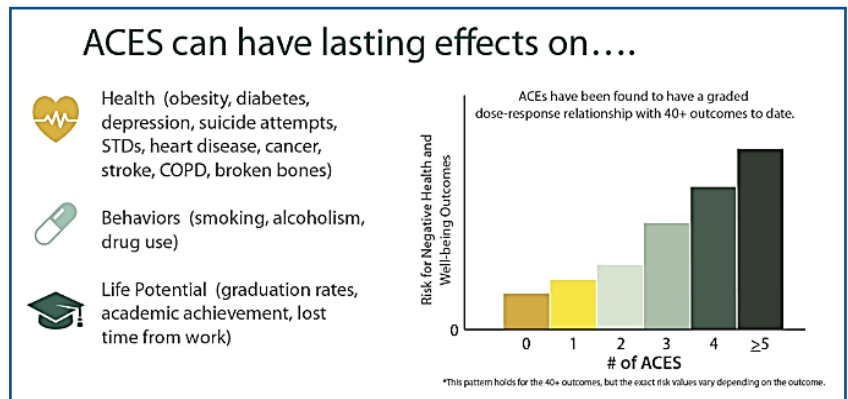
The **food environment index** measures access to healthy foods and incomes. Lane County ranks closely (7.4) to that of Oregon (7.8) with Lane County residents having less access to healthy foods and slightly higher rates of food insecurity. According to Feeding America, 76% of households in Lane County are below the SNAP threshold of 200% of the Federal Poverty Level. 53% of students are eligible for free or reduced-price school lunches compared to 51% of students in Oregon state overall.

Deeper Dive

ADVERSE CHILDHOOD EXPERIENCES

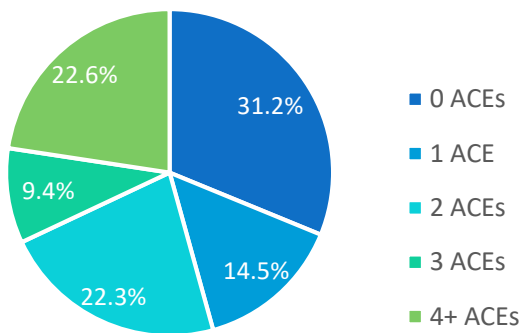
Adverse childhood experiences (ACEs) are traumatic events that occur in childhood and cause stress that changes a child's brain development. Exposure to ACEs has been shown to have a dose-response relationship with adverse health and social outcomes in adulthood, including but not limited to depression, heart disease, COPD, risk for intimate partner violence, and alcohol and drug abuse. ACEs include emotional, physical, or sexual abuse, emotional or physical neglect, seeing intimate partner violence inflicted on one's parent, having mental illness or substance abuse in a household, enduring a parental separation or divorce, or having an incarcerated member of the household.

Figure 2. Association between ACEs and Negative Outcomes



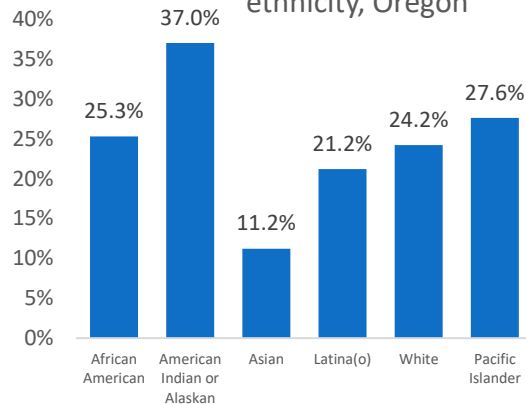
Source: Centers for Disease Control & Prevention, "Association between ACEs and negative outcomes"

Figure 3: Number of ACEs among adults, Oregon



Source: Oregon Behavioral Risk Factor Surveillance System (BRFSS), Preliminary race reporting, 2015-2016

Figure 4: High ACE score (4+) among adults by race and ethnicity, Oregon



The number of ACEs reported among Oregon adults, outpaces the United States overall, with 55% of Oregon adults reporting 1+ ACEs compared to 45% of all US adults.

HIGHER RATES OF MATERNAL SMOKING DURING PREGNANCY

Pregnant women in Lane County are more likely to smoke during pregnancy and slightly less likely to receive prenatal care in the first trimester of pregnancy than women in Oregon overall. Smoking during pregnancy imperils the health of women and babies alike and contributes to the high rate of babies born at low birth weight in Lane County. The percentage of live births with low birth weight (<2,500 grams) is a key determinant of maternal-child health and well-being because it indicates long-term developmental health and well-being. The rate of low birth weight in Lane County is slightly higher than the rate for Oregon State.

NUTRITION, FOOD INSECURITY AND CHRONIC DISEASES

There is a clear connection between food insecurity and high levels of stress, which is associated with chronic diet-related diseases, like obesity and diabetes through elevated levels of stress hormones such as cortisol. Food insecurity can also lead people to select cheaper food with lower nutrient value than more expensive, less processed foods.

More than one quarter of Lane County adults are obese (28%), and 8% of Lane County adults have diabetes. In 2017, 15% of Lane County 11th graders reported that they were obese and 13% reported no physical activity in the past 7 days. In Lane County, 17% of adults reported no physical activity.

Obesity and diabetes are risks to the health of Lane County residents; lowering their life span, and putting pressure on families and the health care system to provide long-term care for aging relatives with chronic disease.

FAMILY HEALTH AND WELL-BEING PROFILE

Educational Attainments

Graduation rate

OR State:
90.2%

Lane County:
91.5%

Maternal and Child Health

Maternal smoking in third trimester	Prenatal care in first trimester	Low birth weight rate (per 1,000)	K-12 Vaccination Rates
OR state: 7.0%	OR State: 81.0%	OR State: 67.1	OR State: 93.5%
Lane County: 12.0%	Lane County: 78.1%	Lane County: 71.66	Lane County: 93.7%

Adult Health

Obesity	% Physical Inactivity	Diabetes	Heart Disease
OR State: 28.0%	OR State: 16.0%	OR State: 8.6%	OR State: 7.1%
Lane County: 28.0%	Lane County: 17.0%	Lane County: 7.6%	Lane County: 6.3%

Youth Health

Obesity	No Physical Activity in Past 7 Days	Poverty
OR state: 13.70%	OR State: 13.4%	OR State: 14.9%
Lane County: 15.20%	Lane County: 12.6%	Lane County: 18.8%

ADDITIONAL INDICATORS WITH TREND DATA

The Behavioral Risk Factor Surveillance System is used to measure chronic diseases and health behaviors among a population of adults in all 50 states at the county level. The Oregon Healthy Teen Survey measures health risk behaviors and outcomes among eighth and 11th graders. The Oregon Health Authority, Center for Health Statistics measures causes of death prenatally and at birth. The Robert Wood Johnson Foundation County Health Rankings aggregates BRFSS, vital statistics, US Census, and business data to provide an overview of measures that matter for health.

FAMILY AND CHILDHOOD WELL-BEING DATA SOURCES

The Oregon Department of Vital Records measures maternal health morbidity and mortality, causes of death prenatally and at birth, and statistics that impact prenatal health as well tracking neonate data immediately following birth. The Oregon Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) that compiles ACEs data on adults. The Robert Wood Johnson Foundation County Health Rankings aggregates BRFSS, vital statistics, US Census, and business data to provide an overview of measures that matter for health. The USDA Women, Infant, and Children nutrition program measures breastfeeding among its program recipients by individual WIC site. Childhood food insecurity is measured by the USDA and Feeding America and is characterized by a lack of consistent and sufficiently varied nutrition. The National Initiative for Children’s Healthcare Quality and Child Research Policy Center combined data from County Health Rankings and Food Environment Atlas to highlight key health indicators.

Affordable Housing, Housing Insecurity, Homelessness and Enriched Services

Safe and stable housing is a key component of financial well-being and helps form the basis of good health. Housing challenges occur alongside poverty and food insecurity, together imperiling the well-being of affected households and the community as a whole. Good health depends on having homes that are safe and free from physical hazards. When adequate housing protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control, it makes vital contributions to health.



WHAT IS HOUSING INSECURITY?

More than 19 million households in America (or about 30 percent of all renters) pay more than half of their monthly income on housing. This is a key factor in what the government now refers to as “housing insecurity” — a condition in which a person or family’s living situation lacks security as the result of high housing costs relative to income, poor or substandard housing quality, unstable neighborhoods, overcrowding (too many people living in the house or apartment for everyone to live safely, and/or homelessness (having no place to live, sleeping on the streets or in shelters)

HOW IS HOMELESSNESS DEFINED?

For this CHNA, the U.S. Department of Health and Human Services (HHS) definition is used: an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facility, abandoned building or vehicle; or in any other unstable or non-permanent situation.

WHAT IS SERVICE-ENRICHED HOUSING?

Service-enriched housing is permanent, basic rental housing in which social services are available onsite or by referral through a supportive services program or service coordinator. Programs often support low-income families, seniors, people with disabilities and veterans.

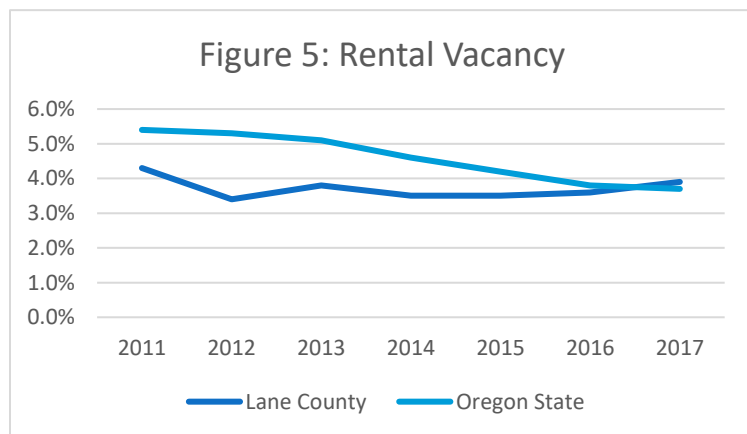
HOW DOES LANE COUNTY FARE?

According to County Health Rankings, Lane County is ranked 35th out of 36 counties for home ownership. Additionally, 20% of its residents experience severe housing cost burdens compared to the state average of 17%. Areas with extreme housing costs do not allow for equitable opportunities to thrive. Often, low-income residents are forced to select substandard living conditions with increased exposure to environmental hazards that impact health, such as lead or mold. Residents who lack complete kitchens are more likely to depend on unhealthy convenience foods, and a lack of plumbing facilities and overcrowding increases the risk of infectious disease.

In the key informant and community convening open house process, housing insecurity, affordable housing and homelessness ranked the highest priority along with increased access to behavioral health services.

HOUSING AVAILABILITY AND AFFORDABILITY PROFILE

In Lane County, rental vacancy in 2017 sits around 3.9%, which is slightly higher than the 3.7% vacancy rate in Oregon state. According to HUD, in the 2nd quarter of 2018, the rental vacancy rate in the Eugene-Springfield area was 2.9%, down from 3.6% from the same period the year before (the area served by SHMC RiverBend).



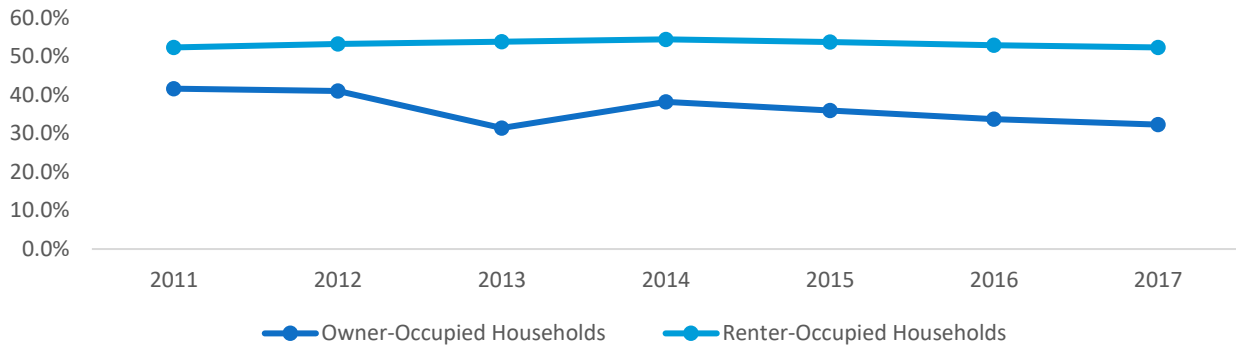
When rental vacancy is low, rates of homelessness trend higher. Households that pay more for housing will spend less on essential items such as food, childcare, transportation and healthcare needs. With rental prices averaging

Source: U.S. Census Bureau. 2017 American Community Survey

\$1,294 a month, those with low incomes and facing severe housing burdens are more likely to experience homelessness.

When looking at cost-burdened households (those that spend more than 30% of income on housing), a disparity is found between those renting and those who own their own homes. Over 50% of households that rent are cost burdened compared to those with mortgages (32%).

Figure 6: Lane County Cost-Burdened Households



Source: RWJ County Health Rankings

According to the 2019 County Health Rankings, the primary problem impacting housing in Lane County is the severe housing cost burden due to income inequality.

SEVERE HOUSING PROBLEMS

In 2019, one in five Lane County residents is impacted by “severe housing problems,” similar to the overall Oregon population. “Severe housing problems” is a composite measurement, that takes into account four different types of housing problems:

- Overcrowding
- High housing costs
- Lack of kitchen facilities
- Lack of plumbing facilities

Deeper Dive

ADULT HOMELESSNESS

Lane County’s annual point in time count reported nearly 2,200 individuals were homeless which was up 32% over the 2018 count. Out of those, 38% are considered “chronically homeless.” To be considered chronically homeless, as defined by the US Department of Housing and Urban Development, a person must be an unaccompanied individual who has been homeless for 12 months or more, or has had four or more episodes of homelessness in the last three years and those episodes must total 12 months, and has been sleeping in a place not meant for human habitation or in emergency shelter, and has one of the following disabling conditions: mental disorder, substance use disorder, permanent physical or developmental

disability. The point-in-time count included nearly 2,000 households, which included 66 children.

Data collected by the state indicates that Lane County has some of the highest rates of homelessness in Oregon.

Among the 2,165 counted individuals with any of the HUD characteristics of chronic homelessness:

- 436 (76%) were unaccompanied, single individuals.
- 87% experiencing homelessness were single adults.
- 841 (39%) had four or more episodes of homelessness in the last three years and those episodes totaled at least 12 months.
- 25% reported substance use.
- One-third reported living with a mental health condition.
- 2,070 stayed at the Eugene Mission in 2018.

AFFORDABLE HOUSING, HOUSING INSECURITY, HOMELESSNESS AND ENRICHED SERVICES

The Oregon Healthy Teens Survey is an anonymous and voluntary survey of eighth- and 11th-grade youth conducted in odd-numbered years. The survey is sponsored by the Oregon Health Authority in collaboration with the Oregon Department of Education. The Robert Wood Johnson County Health Rankings provide estimates of individuals who have ‘severe housing problems,’ meaning individuals who live with at least one of four conditions: overcrowding, high housing costs relative to income, or lack of kitchen or plumbing, as well as a measure of income inequality at the county and state level, which is the ratio of household income at the 80th percentile to income at the 20th percentile. Community Commons provides maps of census-tract level data, including housing cost burden. The United Way Pacific Northwest ALICE report provides county-level estimates of ALICE households and households in poverty. County Health Rankings, US Census, and business data to provide an overview of measures that matter for health.

Healthcare Access and Equity



Access to quality, affordable, comprehensive care throughout the life course is an important facet of community wellness. We envision a community where all people have access to quality, affordable preventive and acute care, including mental health and dentistry, throughout the life course. Many health disparities in health are rooted in social inequities of resources and opportunities including unequal living and working conditions, poor educational opportunities, income disparities, neighborhood characteristic, social inclusion and exclusion, and disparities in medical care. Priority for resources is given to members of social groups that have experienced past and ongoing marginalization.

WHAT IS HEALTH CARE EQUITY?

The RWJF states that health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and healthcare.



Fig 1: Equality and Equity. Credit to: Robert Wood Johnson Foundation

HOW IS HEALTH CARE ACCESS DEFINED?

Access means ensuring that all people have the opportunity to get the medical, public health and social services they need to live healthier lives. Access includes affordability. The ability to access quality healthcare not only affects a person's ability to recover from disease or injury, but it also supports healthy development throughout the life course and prevents disease or injury from occurring in the first place.

HOW DOES LANE COUNTY FARE?

Healthcare delivery factors include the ratio of physicians, dentists and mental health providers to the population, as well as certain measures of access to care (percentage of Medicare recipients receiving mammograms and flu shots), Lane County ranks 13th out of 36 counties in Oregon for health factors and 11th of 36 counties for clinical care. While this puts Lane County in the top 3rd of all Oregon counties for clinical care, it is crucial to understand these factors through the lenses of age and race and ethnic gradients, so that inequities to access are understood and can be ameliorated.

In the key informant and community convening open house process, access and equity ranked as the second highest priority for improvement and intervention.

Table 4: Health Equity System Profile

Topic	Lane County	Oregon State
Primary Care Ratio	(1,192:1)	(1,082:1)
Dentist Ratio	(1,388:1)	(1,260:1)
Mental Health Ratio	(125:1)	(210:1)
Uninsured Rate	8%	7%
Uninsured Adults	9%	9%
Uninsured Children	4%	3%
Children in Poverty	18%	17%
Children Eligible for Free or Reduced-Price Lunch	53%	51%
Unemployment Rate	4.5%	4.1%
Mammography Screening	41%	40%
Flu Vaccination	46%	40%
Violent Crime Rate	330	249
Linguistically Isolated	2.6%	5.9%
Income Inequality Ratio	4.8	4.6

Source: County Health Rankings, American Community Survey

Areas in need of improvement for Lane County are overall uninsured, income inequality and provider-to-patient ratios.

Deeper Dive

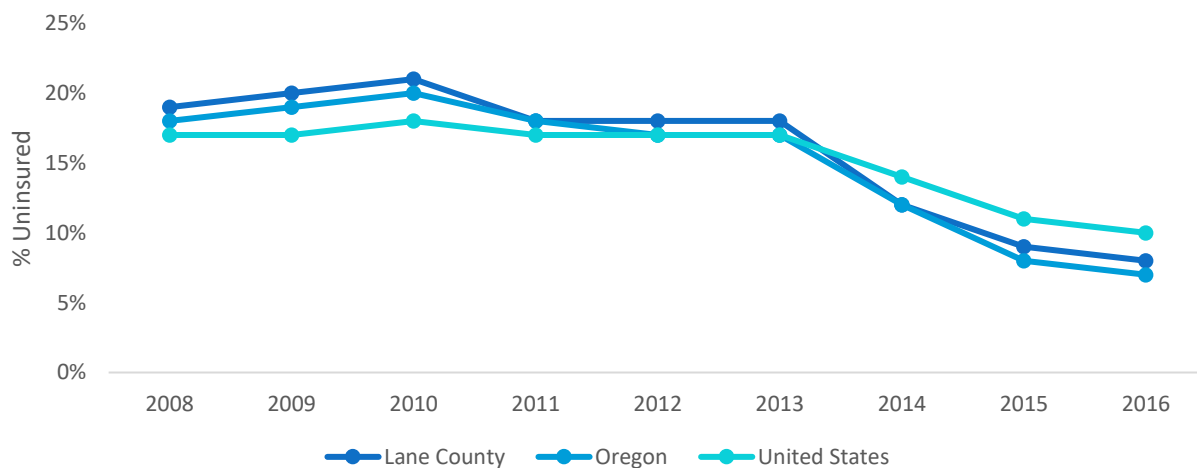
ACCESS TO CARE

When community residents access preventive services, they are less likely to require emergency hospitalizations and are more likely to manage their chronic diseases well.

The total number of uninsured residents of Lane County (8%) remains close to that of Oregon (7%). Looking deeper into the data, the rate of uninsured children in Lane County is 4% (higher than the state average of 3%). The lower rate for children is due to the Children’s Health Insurance Program (CHIP). To assure ongoing access to health insurance for children, the State of Oregon elected to continue CHIP coverage, despite its nonrenewal by Congress in 2017.

People without health insurance are less likely to receive preventive care and services for major health conditions and chronic diseases. The trend of uninsured residents in Lane County can be seen in Figure 7 below.

Figure 7: Uninsured Trend in Lane County, OR
County, State, and National Trends



Source: RWJ County Health Rankings

PREVENTABLE HEALTH MEASURES INEQUALITIES

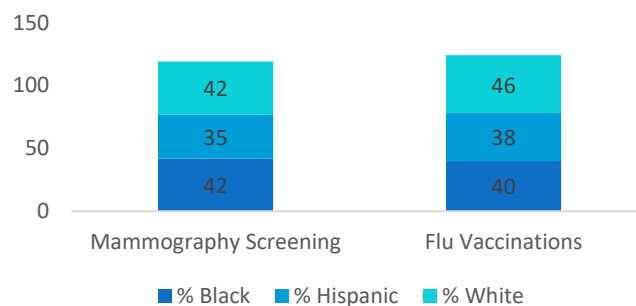
The ability to access preventable screenings and vaccines is key in not only early detection but also allows for overall prevention, earlier treatment, better outcomes, and reduced financial and healthcare burdens. Regular health screenings can identify diseases early on and vaccines can prevent them from occurring. By utilizing these services, severe health complications can be avoided, and preventable hospitalizations can be minimized.

Although Lane County shows positive rates of mammography and flu vaccine screenings above the state average, disparities remain. Hispanic women to have the lowest rate of breast cancer screenings at 35% and Hispanic residents are less likely than white or black residents to get the flu vaccine.

PREVENTABLE HOSPITAL STAYS

Hospitalization for ambulatory-care sensitive conditions, which can be diagnosed and treated in outpatient settings, suggest a lack of access to quality preventive/primary care, and also

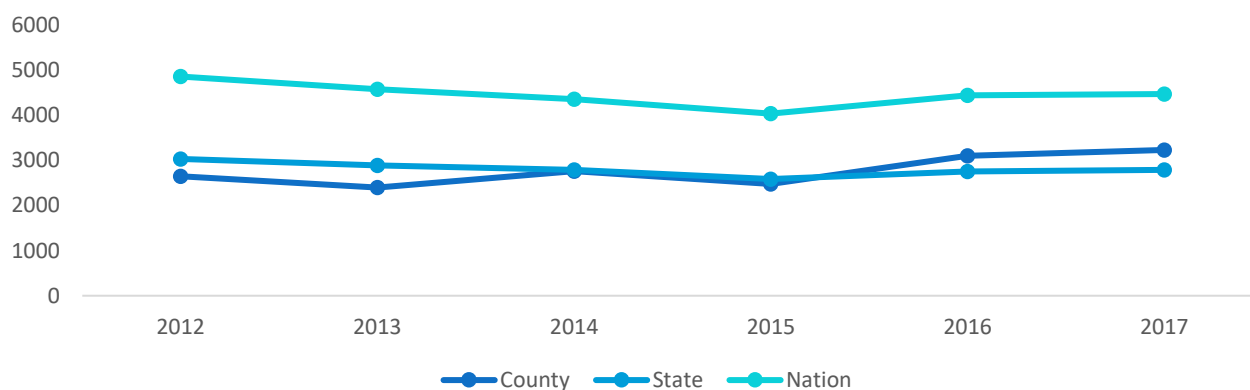
Figure 8: Lane County, Mammography Screenings and Flu Vaccinations by Race, 2019 County Health Rankings



represent overuse of hospitals as a main source of care. Understanding preventable hospitalizations can help us identify gaps in primary care.

According to the U.S. Department of Health & Human Services, the Prevention Quality Indicators (PQIs) are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions" (ACSC). These are conditions for which good outpatient care prevents disease complications and the need for hospitalization. A higher PQI rate indicates a greater rate of hospitalizations for ACSC, and poorer access to quality primary care. Lane County has a rate of preventable hospitalizations similar to Oregon overall, and lower than the national average, suggesting that clinical care is a relative strength of the Lane County community.

Figure 9: Prevention Quality Indicator (PQI)
(per 100,000 beneficiaries, per year)



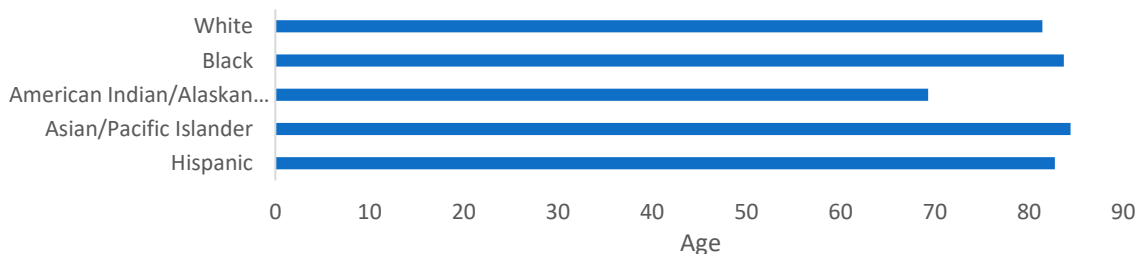
Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities, PQI-90 Composite Score

LIFE EXPECTANCY

A death is considered premature if it occurs prior to the age of 65. For Lane County, the average life expectancy at birth is 79.2 years. While this is fairly similar to the state average of 79.6, disparities can be seen by race.

The American Indian/Alaskan population shows the highest rates of premature deaths and shortest life expectancy. With 3.3% of the Lane County population being American Indian/Native Alaskan, work towards healthcare equity is needed.

Figure 10: Lane County Life Expectancy by Race, 2016



Source: RWJ County Health Rankings

Behavioral Health and the Opioid Epidemic



WHAT IS BEHAVIORAL HEALTH?

Behavioral health is an umbrella term that includes mental health and substance abuse conditions, life stressors and crises, stress-related physical symptoms, and health behaviors. Behavioral health issues can negatively impact physical health, leading to an increased risk of some conditions.

WHAT ARE OPIOIDS?

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine and many others. When used correctly under a healthcare provider's direction, prescription pain medicines are helpful. However, misusing prescription opioids risks dependence and addiction.

BEHAVIORAL HEALTH PROFILE

Topic	Lane County	Oregon State
Mental Health Provider Ratio	(125:1)	(210:1)
Excessive Alcohol Use	19%	19%
Adult Smoking	15%	16%
11th Graders Smoking	7.7%	7.4%
11th Graders Vaping	4.6%	5.7%
Drug Overdose Deaths, per 1,000	19	13
Deaths Due to Any Opiate, per 100,000	9.11	7.15
% of Deaths due to Alcohol and Driving	31%	32%
Frequent Mental Distress	12%	14%
Average Number of Mentally Unhealthy Days (per 30 days)	4.2	4.5
Adult Depression	19.7%	21%
11th Graders Considering Suicide	19.3%	18.2%

Source: County Health Rankings; Chronic Disease Profile, Healthy Teens Survey.

HOW DOES LANE COUNTY FARE?

In health behaviors, which include substance use (drugs/alcohol/smoking) and overdose rates, Lane County ranks within the top 10 counties at 10th out of 36 counties in Oregon. Lane County residents engage in risky behaviors like drinking alcohol and smoking at about the same rate as Oregonians as a whole. However, they are more likely to overdose or die from opiate use than their statewide counterparts. Lane County may benefit from an unusually high ratio of mental health providers to residents (125:1 for Lane County vs. 210:1 for Oregon State). It is difficult to know if Lane County's lower reported rates of frequent mental distress, average number of mentally unhealthy days and adult depression result from a more favorable mental health provider ratio or not. It is important to note that the number of 11th graders considering suicide is nearly 1 in 5, both in Lane County and Oregon.

Deeper Dive

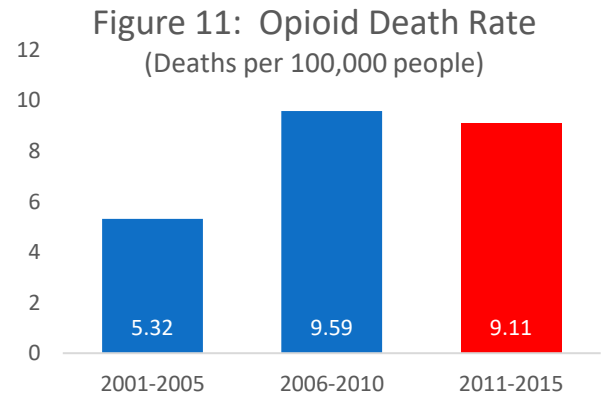
MENTAL HEALTH

Lane County had a significantly higher suicide rate than the state as a whole (20.1 per 100,000 vs. 17.7 for the State). Unintentional injury rates are higher as well (51.9 per 100,000 vs. 42.1 for the State).

GROWTH OF OPIOID ABUSE

Lane County ranks 7th in the state in terms of opioid death rates. As Figure 11 indicates, while the death rate has declined slightly, it is significantly higher than the 2001–2005 death rate.

State policies in Oregon have been developed to mitigate the impact of increased opioid use. These include: the operation of syringe exchange programs, Good Samaritan laws that provide legal protections to bystanders who call for help in the event of an overdose, and state Medicaid coverage of methadone for the treatment of opioid use disorder. In 2019, in Lane County, there are five facilities providing some medication assisted treatment.



Source: Mark Graves, *The Oregonian/OregonLive*.

VI. PeaceHealth Defined System Level Gaps

In 2018, the PeaceHealth system identified four primary pillars of a healthy community, that appear universal in the communities across the three states in which PeaceHealth provides care. These needs were confirmed through key informant interviews which allowed feedback from the individuals “on the ground” in providing community health initiatives. While these do not supplant the local CHNA process, they provide insight into potential focus areas.

The four areas, their impact on community health, and possible action steps for PeaceHealth are summarized below.

Family and childhood well-being, nutrition and food insecurity



More than 215,000 individuals in the PeaceHealth three-state, 10 county service area are food insecure, and 25% of them earn too much to qualify for assistance. Making food insecurity a systemwide community health priority is crucial to ensuring the well-being of the communities served and fulfills PeaceHealth’s Mission and Core Value of Social Justice.

Taking Action:

1. Expanding successful partnerships in the area of food insecurity and nutrition, broadening PeaceHealth’s participation wherever possible.
2. Identifying program gaps to make a meaningful difference.
3. Empowering caregivers to be community-based and trained with skills to identify food- and nutrition-related issues.
4. Partnering with others to improve nutrition and nourish the community.
5. Advocate for programs that provide nutritional assistance and education.
6. Educate and engage through access to emergency assistance to the PeaceHealth family and community.

Impact on Community Health

- There is a clear connection between food insecurity and diet-related disease.
- Children can suffer a lifetime of consequences including a higher risk of chronic diseases, learning difficulties and social and behavioral problems.

The infographic features four icons in a row, each with a label below it: a hand with a glucose meter for DIABETES, a stethoscope for HYPERTENSION, a heart for HEART DISEASE, and a person for OBESITY. Above these icons is a silhouette of a family (two adults and a child).

Affordable housing, housing insecurity, homelessness and enriched services



Overall, individuals that are unable to secure a stable basic household budget due to the lack of affordable housing options. Low-income households that spend more than 50% of their income on housing costs are spending 41% less on food and describe their health as fair or poor. Social determinants, including poverty and housing instability, make up 60% of health outcomes.

Taking Action:

1. Partner with others to provide emergency and transitional housing along with prescriptions, medical equipment and transportation assistance.
2. Collaborate to reduce the housing costs for families and patients seeking treatment.
3. Contribute to supporting the cost of resident services.

Deeper Dive

Unaffordable housing impacts other areas of health, with research showing:

- As a state's average rent increases, the food insecurity rate also increases.
- Low-income households that spend more than 50% of their incomes on housing costs spend 41% less on food each month than similar households.
- Adults living in unaffordable housing are more likely than other adults to describe their health as fair or poor.
- Living in unaffordable housing is associated with higher levels of stress, depression and anxiety.
- Stable housing is a key intervention for people who experience serious mental illness.

What are the different types of housing in play?



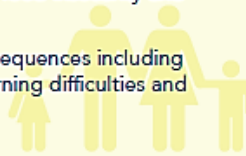
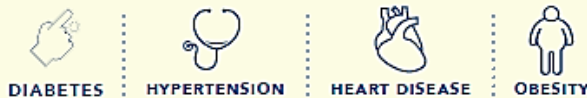
Healthcare access and equity



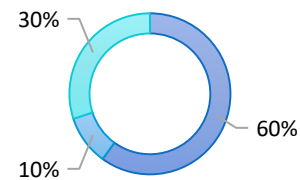
Many of the patients served by PeaceHealth have difficulty managing care at home due to a lack of adequate support. To bridge the gap between providers and patients, community health workers (CHWs) offer support. CHWs assist patients in developing the skills and relationships needed to manage their own health and navigate the healthcare system, leading to more equitable access to care.

Impact on Community Health

- There is a clear connection between food insecurity and diet-related disease.
- Children can suffer a lifetime of consequences including a higher risk of chronic diseases, learning difficulties and social and behavioral problems.



Determinants of Health



■ Social ■ Health Care ■ Genetics

Taking Action:

1. Employing patient health navigators, care management, behavioral health, and caregivers.
2. Contracting with community connector programs and care navigators.
3. Connecting Patients to contacts that will assist in setting appointments and other health needs.
4. Partnering with community services to collaborate on health, dental and social services for children, families, pregnant women.



Behavioral health and the opioid epidemic

PeaceHealth is using a multidisciplinary approach to halt the opioid epidemic and heal patients and families suffering from substance use disorders and chronic pain. Focusing on prevention through “fire proofing,” PeaceHealth is implementing a strategic plan to curtail opioid use and treat behavioral health disorders stemming from substance abuse.



Taking Action:

1. Creating standard guidelines and alternatives to opioids such as acupuncture and yoga for the treatment of chronic pain.
2. Implementing new tools to document and report opioid usage.
3. Holding physicians and prescribers accountable with peer reviews.
4. Preventing and treating by creating Narcan (naloxone) policies and procedures, treatment programs, and prescribing suboxone to treat addiction.
5. Partnering with behavioral health centers for treatment of substance abuse disorders.

The Need

“The current opioid epidemic is the deadliest drug crisis in American history.” — *The New York Times*, 10/26/2017

- Overdoses, fueled by opioids, are the leading cause of death for Americans under 50 years old.
- Declared a public health emergency in October, 2017, this epidemic impacts every segment of our society — young and old, rich and poor, urban and rural.
- It has its roots in the over-prescription and misuse of opioid painkillers, and now the availability of inexpensive, illegal opioids (like heroin and fentanyl), is rapidly adding fuel to this fire.

Facts & Faces of Opioid Addiction

4.3 million

Americans use opioids for non-medical purposes.
— National Survey on Drug Use and Health

78 people

die each day from prescription painkiller overdose.
— Centers for Disease Control

21.2 years

is the average age for first-time use of prescription painkillers in the past year.
— National Survey on Drug Use and Health

77%

21–35 year olds represent the majority of opioid use disorder patients entering treatment.¹

70%

of patients with dependency on opioids, opiates or heroin entering treatment are male.²

1.6x

likelihood that a patient in treatment for opioid use disorder has chronic pain.³

^{1,2,3} MAP Health Management analyzed data for 30 substance abuse treatment facilities nationwide, including 734 individuals entering treatment during 2015–16.

6. Community Convening

Community input was secured in a number of ways. First, PeaceHealth Sacred Heart at RiverBend, as a founding and active member of *LiveHealthy Lane*, supported a care integration Assessment (CIA) convening which was facilitated by Dr. Rick Kincade from Lane County's Health and Human Service's Community Health Centers. The session included 29 leaders from diverse sectors including housing, healthcare, behavioral health, oral health services, public health, education and social services to discuss opportunities, barriers, and needed resources. Secondly, PeaceHealth conducted a survey of key informants and stakeholders, both internal and external. Finally, PeaceHealth Sacred Heart at RiverBend conducted a community open house on April 2, 2019.

CARE INTEGRATION ASSESSMENT

Using the snow card technique (Bryson, 2004), a straightforward and effective approach for generating a list of information from a group of people, participants were asked to consider opportunities in which better integration of services could improve efficiency and quality of care. The domains food, oral health, public health, housing, education, substance use and physical and mental health, among others. Questions that were posed during the assessment included:

- What gaps in services need to be addressed?
- What systems of care would need to interact to improve efficiency in care delivery?
- What are the barriers to more effective integration?
- In what areas of the previous CHNA/CHIP did integration improve outcomes? Could these be leveraged in the next CHIP?
- What opportunities or resources could be available over the next CHIP cycle that could improve the chance of meaningful integration?

KEY INFORMANT SURVEYS

PeaceHealth Sacred Heart at RiverBend surveyed community leaders from organizations throughout the county representing perspectives from medically underserved and vulnerable groups. Respondents represented the following organizations:

- South Lane Mental Health
- Family Relief Nursery
- South Lane School District
- South Lane Children's Dental Clinic
- Siuslaw Vision
- Lane Community College
- Laurel Hill Center

We also surveyed key staff. Within PeaceHealth's Lane County staff, responses were provided by community health workers, providers, behavioral health, nurse managers and the PeaceHealth Sacred Heart RiverBend Foundation.



The key informant surveys were designed to collect input on the following:

- Health needs and gaps of the community,
- Feedback on the 2016 CHNA priorities and accomplishments to date.
- secondary data gathering for 2019 CHNA.

COMMUNITY OPEN HOUSE

In early April, PeaceHealth Sacred Heart at RiverBend held a community open house. Participants were asked to review data on population, socioeconomics, 2016 CHNA priorities and system level priorities around housing, family and child and well-being, food insecurity, equity and behavioral health. They were then asked to provide their input into priorities and, importantly provide input on anything that may have been missing. The input was provided verbally and via written survey. The process was specifically designed to provide flexibility for participants.

The key takeaway from the community convenings is that PeaceHealth Sacred Heart at RiverBend should **continue to emphasize its 2016 priorities and building on current work efforts**. Other defined needs/conclusions included:

- **A strong foundation is in place:** Lane County has the foundation for an efficient, integrated system as evidenced by current collaborative approaches, many of which have resulted in positive outcomes including a move towards an upstream approach to addressing health outcomes. One of the primary barriers to increasing integration is needed funding and in a few instances, and specifically housing, resources are an issue.
- **Substance use/mental health:** There is need is for more placement options; there appears to be increasingly more violence associated with SUD; and integrating peer support counselors into primary care and other outpatient departments would benefit patients.
- **Move beyond the walls of the medical centers and clinics and support the physical and behavioral health needs of complex patients, including children/youth:** “Bridging” between outpatient care, social services and inpatient care is needed.
- **Safe and affordable housing/youth homelessness:** housing as a basic need that informs all other systems and determinants of health. Specifically, housing is a requirement for health and wellness, and it lays the foundation for all other basic needs (CDC, 2009). In sum, funding and housing are interrelated with and inform all other needs for integration. In Lane County, homelessness is a problem, and youth homelessness is concerning. The rural areas of the county noted that housing vulnerability and food insecurity for families is a growing concern and affordable childcare was also identified as a need.



VII. Next Steps:

Consistent with 26 CFR § 1.501(r)-3, PeaceHealth Sacred Heart at RiverBend will adopt an implementation strategy on or before the 15th day of the fifth month after the end the taxable year in which the CHNA is adopted, or by Nov. 15, 2019. Prior to this date, the implementation plan will be presented to the CHB for review and consideration. Once approved, the implementation plan will be appended to this CHNA and widely disseminated. It will serve as PeaceHealth Sacred Heart at RiverBend's guidance for the next three years in prioritizing and decision-making regarding resources and the development of an annual plan that operationalizes each initiative.