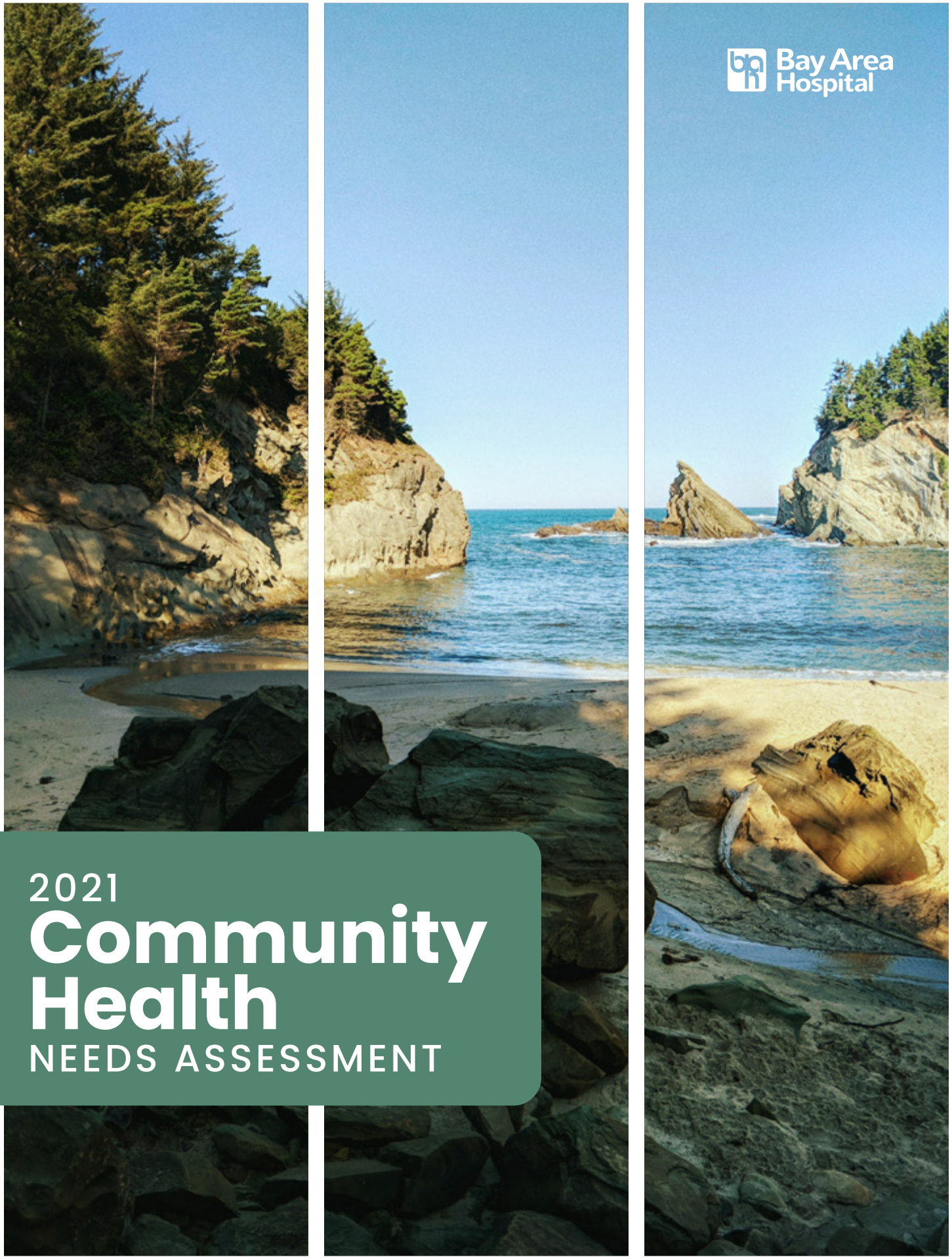

Bay Area Hospital

2021

Community Health

NEEDS ASSESSMENT

INTRODUCTION

Bay Area Hospital is a 134-bed acute care hospital in Coos Bay, Oregon. Created and owned by local citizens, Bay Area Hospital has been the hub of Oregon's South Coast healthcare for more than four decades. Despite hard economic times, it has endured and grown, continually adding new technology and broadening its services.

We are certified as a Level III trauma center by the state. As a Level III trauma center, Bay Area Hospital provides comprehensive inpatient services to those patients who can be maintained in a stable or improving condition without specialized care. An in-house multidisciplinary trauma resuscitation team is immediately available upon the arrival of the patient to the emergency department. A board-certified general surgeon trained in ATLS is on-call and available to the patient.

As the Medical Center for Oregon's South Coast, Bay Area Hospital offers a comprehensive range of diagnostic and therapeutic services. Physicians, nurses, and technologists are on duty 24-hours a day to meet the medical and emergency needs of South Coast residents and visitors. Our highly skilled staff is involved in a constant process of professional educational opportunities to keep abreast of the latest medical innovations.

The hospital remains strong through sound fiscal management, dedicated board members, professional employees, a highly qualified medical staff, caring volunteers, and the community's continuing support. The hospital takes pride that no public taxes or bonds are required to support its annual $225 million operating budget.

Bay Area Hospital is driven by a mission to provide high-quality healthcare that extends beyond the hospital walls. We are dedicated to promoting and improving the health of our local communities and residents by providing a range of vital services to meet the unique needs of the communities we serve. Most of what influences our health happens outside of the doctor's office—in our schools, workplaces, and neighborhoods. Bay Area Hospital shares a common goal of improving the health of our community and lowering the cost of care.

OUR MISSION
We improve the health of our community every day.

OUR VISION
Bay Area Hospital will be the model for regional health care excellence.

OUR VALUES
Kindness. Excellence. Teamwork. Ownership. Innovation.

Bay Area Hospital is deeply connected to the local community. Our doctors and nurses are your neighbors, and our team reaches many families throughout Coos, Curry, and Douglas counties. We believe giving back to the community is the right thing to do—through personalized care, education, and charitable contributions.

Bay Area Hospital provides the following services to our community:

Community
- Health Education
- Kids' HOPE Center
- Support Groups

Acute Services
- Adult Inpatient Psychiatric
- Bariatric Center
- Bay Area Cancer Center
- Emergency
- Family Birth Center
- Heart Catheterization Lab
- Inpatient Dialysis
- Intermediate Care Unit
- Medical Imaging
- Orthopaedic Center
- Palliative Care
- Pediatrics
- Psychiatric Services
- Robotic Surgery
- STEMI Program 24/7
- Trauma

Ambulatory Services
- Dialysis
- Home Health
- Prefontaine Cardiovascular Clinic
- Telemedicine
- Urology

Outpatient Services
- Bay Area Cancer Center

- Interventional Radiology
- Lab & Pathology
- Medical Care Unit
- Medical Imaging
- Sleep Center
- Women's Imaging
- Wound & Hyperbaric Care

Bay Area Hospital also improves the health of our community through classes and other events that teach about coping with health problems, staying well, and improving your health. We provide continuing professional and medical education, such as advanced life support, to our health care providers, and varied in-services and workshops. There are also many support groups in our community that can help the public cope with challenging health issues.

Classes

- Body Awareness – Gentle Exercise
- Diabetes Prevention
- Diabetes Review
- Diabetes Screening
- Diabetes Self-Management
- Diabetes Talk Group
- Heart Failure
- Kidney Care Class
- South Coast Striders
- Stop Tobacco Use Clinic
- Stress Reduction
- Train Your Brain (Cognitive Behavioral Therapy)

Support Groups

- ABC Diabetic Walk & Talk
- Alzheimer's/Dementia Caregiver Support Group
- Bariatric Surgery Support Group
- Breast Cancer Support Group
- Cancer Treatment Support Group
- Community Meal
- Depression and Anxiety Support Group
- Diabetes (Type 2) Talk Group
- Diabetes Type 1
- Multiple Sclerosis Support Group
- NAMI (National Alliance on Mental Illness) Family to Family Support Group
- Parkinson's Support Group
- Stroke Support Group

Recent awards and recognitions received by Bay Area Hospital include:

- Leapfrog Hospital Safety Grade 'A' in 2020
- Joint Commission accreditation since our inception, and achieved the Gold Seal of Approval for quality and patient safety once again in 2018
- Intersocietal Accreditation Commission Cardiovascular Services
- Community Hospital Comprehensive Care Program Accreditation by the American College of Surgeons Commission on Cancer
- Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program
- American Academy of Sleep Medicine Accreditation
- College of American Pathologists Laboratory Accreditation
- American College of Radiology Mammography Imaging Services Accreditation
- Continuing Medical Education Program Accredited with Commendation by OMA
- Chest Pain Center Accreditation

Bay Area Hospital is pleased to submit this Community Health Needs Assessment. We do so both as a matter of compliance with Section 501(r)(3) of the Internal Revenue Code, as mandated in the Patient Protection and Affordable Care Act, and as an obligation to those we serve. As an organization, we have taken this change in the law as an opportunity to improve our community service and continuously focus on meeting the changing health care needs of our community.

Consistent with the requirements of Section 501(r)(3), the Community Health Needs Assessment Report is organized as follows:

- Our Community
- Community Health Needs Assessment Methodology
- Prioritized Community Health Needs
- Conclusion
- Existing Community Health Resources

OUR COMMUNITY

Although Bay Area Hospital is located on the Oregon coast in Coos Bay, the hospital serves individuals throughout Coos County as well as portions of Douglas and Curry counties. The largest cities in our service area are Coos Bay, North Bend, Bandon, Coquille, Myrtle Point, Lakeside, and Reedsport. This geographic area encompasses approximately 91% of our inpatient and outpatient volume. Throughout this document, any reference to "community" is meant to indicate this service area.

In 2020, the U.S. Census Bureau conducted the nation's most recent census and published that data by state, county, and city. Similarly, the Population Health Institute collects and reports health data and demographic data by county on an annual basis. Although Coos County does not exactly align with our community, the data does provide a reasonable approximation of our community. All data is from 2020.

The following demographic table provided are indicators of several essential factors in understanding the nature of our community.

- Our community is a relatively slow-growing area. Between 2010 and 2020, Oregon State experienced a population growth of 10.1%, but our community's population growth was only 2.3%.
- Our community has less ethnic diversity than Oregon as a whole, with the exception of Native Americans, primarily from the Coquille Indian Tribe and Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians. Our community has a higher percentage of Caucasian individuals and lower percentages of Hispanic, Asian, and African American individuals compared to Oregon State.
- Our community has a significant elderly population. While our community has approximately the same percentage of youth – around 20% of the total population, our community has a significantly higher percentage of elderly adults – 26.5% compared to 18.2% throughout the state.
- We have a higher percentage of non-elderly adults living with disabilities and a lower life expectancy than does Oregon State.
- Our community's rural land is more than double the percentage of the state. Although the general perspective of Oregon is that it's an outdoors-oriented area due to the mountains and coast, our community has a larger percentage of rural area (farms and forest) than the state does. Most of the large cities in our community are along the coast, with smaller towns spread throughout the inland area.
- Although our community's high school graduation rate is approximately the same as Oregon's, the percentage of adults in our community who have a bachelor's degree or higher is much lower than throughout Oregon.
- Our community's median household income is 72% of the state's. Similarly, compared to Oregon State, our community has a higher percentage of people living in poverty, a higher unemployment rate, a higher percentage of uninsured adults, and a higher percentage of children eligible for free lunch programs at school.

	Oregon	Coos County
Population (2020)	4,217,737	64,487
Population (2010)	3,831,079	63,055
Caucasian	86.7%	90.4%
Hispanic	13.4%	6.8%
Asian	4.9%	1.3%
African American	2.2%	0.6%
American Indian & Alaska Native	1.8%	3.0%
Age < 18	20.5%	18.3%

Age 65+	18.2%	26.5%
Under 65 w/ Disability	9.9%	16.8%
Life Expectancy	79.9 years	76.8 years
Rural	18.9%	38.4%
High School Graduation	90.7%	88.8%
Bachelor's Degree or Higher	33.7%	17.8%
Median Household Income	$62,818	$45,051
Living in Poverty	11.4%	15.6%
Unemployment Rate	3.7%	4.9%
Uninsured Adults	8.6%	9.5%
Free Lunch-Eligible Children	48.9%	58.4%

Further understanding our community requires knowledge of our area's declining timber industry. The following is taken from *"Economic Outlook: Poor, South Coast's Economic Depression Lingers"*, published on October 19, 2013, by The World.

> *"No one can seem to put their finger on why the South Coast is stuck in an economic rut. The Coos region has been unable to attract new industry and continues to be stuck in an economic depression that has plagued the area since the timber industry plummeted in the 1970s and 1980s.*
>
> *"U.S. Rep. Peter DeFazio, D-Ore., said the South Coast has sustained a number of 'body blows' since the 1970s that devastated its economy — particularly from failing lumber and wood products industries — and left hundreds without jobs. 'Since the mid- to the late 90s, Coos Bay has been trying very hard ... to diversify its economy and attract new business to the area,' DeFazio said. 'But the region has never fully recovered, taking small steps toward economic revival only to fall back when companies leave.'…*
>
> *"So if Coos Bay has all the assets necessary to attract industry, why hasn't it happened? 'One reality is that ... the (South Coast's) challenges are not dissimilar from the challenges faced in much of rural Oregon,' said Alex Campbell, executive director of The Partnership for Economic Development in Douglas County. 'If you look at the nature of manufacturing and how it's changed over the past couple of decades in Oregon, it's more heavily weighted towards the Portland metro area.' High-tech manufacturing also lends itself to an urban setting."*

This economic decline has impacted almost every other facet of life in our community. The relative scarcity of college degrees means that blue-collar jobs that provide steady employment, a livable wage, and appropriate benefits are especially important in our community, and the local timber industry has historically been one of the primary providers of such jobs.

Along with the decline in timber-related jobs, homes have become increasingly difficult to afford and maintain in recent years, although this has several causes. First, as mentioned above, our community has a high percentage of farm and forest land. This is important because Oregon State's land use planning program seeks to limit the conversion of such land away from their farm and forest use. From the Oregon State Department of Land Conservation and Development's website:

> *"The statewide planning goals work to limit conversion of farm and forest land to other uses and to limit conflicts for these resource industries. To limit conversion, the program requires an urban growth boundary (or UGB) around each city in the state and urban uses must to be contained within the boundary. To limit conflicts, counties are required to apply strict zoning to farm, and forest lands that permit only uses that will sustainably coexist with the farming and forestry activities around them."*

The second reason housing is a major concern in our area is that the Oregon coast is a major vacation area, so homes in the area have become popular rental properties for websites like Airbnb and Vrbo. Each home converted to a rental property is another home unavailable to individuals who live in the area. Related to this, the recent popularity of homes as rental prices has resulted in increased "bidding wars" for the purchase of those properties, which drives up prices across our community. As properties close to the coast become more expensive, everybody looks inland in hopes of finding lower-cost homes, but that increased attention from numerous potential buyers also drives up the price of the inland homes. Third, during the COVID-19 pandemic, new home construction costs – especially lumber and labor – have increased dramatically across the nation, with some costs doubling or tripling in less than two years. Our community's housing struggle was confirmed by

a 2018 study led by the United Way of Southwest Oregon, which found that:

- Between 2000 and 2015, median house value rose 79% in Coos County, but median household income rose by only 24%, and inflation-adjusted median household income decreased by 12%.
- In 2015, Coos County had a shortage of more than 2,500 homes for families earning less than $50,000.
- The average number of housing units built per year decreased from 401 per year between 1950 and 2010 to 73 per year since 2010 - a staggering 82% decrease.

It is difficult to overstate the significance of our community's economic struggles and housing shortage. The combined impact of these events is an economic depression that has lasted multiple generations. As adults struggle to provide the basic needs – food, shelter, clothing, etc. to their families, there is a natural increase in anxiety, depression, frustration, and anger. Participants in this community health needs assessment frequently referred to the area's economic struggles and housing shortage as significant root causes of other health concerns.

The Population Health Institute ("PHI") publishes annual health data for every county in the United States. The data is aggregated into health outcomes and health factors. The PHI separates health outcomes into mortality (length of life) and morbidity (quality of life). Health factors are separated into four factors that largely influence the health outcomes: physical environment, society and economics, clinical care, and health behaviors.

Coos County Health Rankings (out of 36 Oregon Counties)	
Mortality (length of life)	25
Morbidity (quality of life)	25
Overall Health Outcomes	**24**
Health Behaviors	31
Clinical Care	29
Social & Economic Factors	26
Physical Environment	20
Overall Health Factors	**29**

In 2020, Coos County's overall health outcomes ranked 24 out of 36 counties and overall health factors ranked 29 out of 36 counties. These rankings indicate relatively poor health in our community. Because health factors lead to health outcomes, Coos County's rankings indicate that its residents are currently struggling from relatively poor health factors in the past and that this trend is likely to continue or worsen in the future.

COMMUNITY HEALTH NEEDS ASSESSMENT METHODOLOGY

Bay Area Hospital's executives led the planning, conduct, and reporting of the community health needs assessment. We contracted with *CliftonLarsonAllen LLP*, a professional services firm, to conduct community interviews and assist in preparing this Community Health Needs Assessment Report and the related Implementation Strategy.

Interviews

We gathered qualitative information and perspectives on community health needs through one-on-one and small group interviews with key community stakeholders. These interviews were conducted in May and October 2021. The primary goal of these interviews was to obtain a range of perspectives on the community's health needs. We gathered information from the following specified groups within our community:

- People with special knowledge or expertise in public health
- Government health departments and other government agencies
- Leaders, representatives, or members of low income populations
- Leaders, representatives, or members of minority populations
- Leaders, representatives, or members of other medically underserved populations, such as young, elderly, and rural individuals

Individuals from the following agencies and organizations participated in the community health needs assessment process by contributing their perspectives, opinions, and observations. We thank them for their past and continued assistance.

- Bay Area Hospital
- Coos Health & Wellness
- Oregon Department of Human Services, District 7 (Coos & Curry Counties)
- Coquille Valley Hospital
- Advanced Health
- Coos County Sheriff's Department
- Coos Bay School District
- Coquille School District
- Myrtle Point School District

We believe the individuals who participated in interviews are qualified representatives of the low-income, minority, and other medically underserved populations within our community because the nature of their work brings them into contact with those groups regularly. For many of the individuals listed, the nature of their occupation requires them to consider the unique needs of the groups identified.

Quantitative Data

The community health needs assessment included consideration and analysis of the following publicly available quantitative data.

2017 National Survey of Drug Use and Health (NSDUH) Releases
- samhsa.gov/data/release/2017-national-survey-drug-use-and-health-nsduh-releases

2019 Oregon Healthy Teens Survey – Coos County Report
- oregon.gov/oha/ph/birthdeathcertificates/surveys/oregonhealthyteens/documents/2019/county/coos%20county%20profile%20report.pdf

"2020 Child Welfare Data Book", Oregon Department of Human Services
- oregon.gov/dhs/children/child-abuse/documents/2020-child-welfare-data-book.pdf

"Addressing the Escalating Psychiatrist Shortage, American Academy of Medical Colleges
- aamc.org/news-insights/addressing-escalating-psychiatrist-shortage

"Addressing the Shortage of Affordable and Workforce Housing in Coos and Curry Counties," United Way of Southwest Oregon
- unitedwayswo.org/housing/

"What are the ASAM Levels of Care?", American Society of Addiction Medicine
- asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/

Bay Area Hospital
- bayareahospital.org

Centers for Disease Control
- cdc.gov/violenceprevention/aces/index.html
- cdc.gov/violenceprevention/aces/riskprotectivefactors.html

Confederated Tribes of Coos, Lower Umpqua, and Siuslaw
- ctclusi.org

Coos Health & Wellness, Community Resources
- cooshealthandwellness.org/community-resources/

Coquille Indian Tribe
- coquilletribe.org/

"Economic Outlook: Poor. South Coast's Economic Depression Lingers", The World
- theworldlink.com/news/local/south-coasts-economic-depression-lingers/article_7170f762-3748-11e3-8d7f-001a4bcf887a.html

"National Projections of Supply and Demand for Behavioral Health Practitioners: 2013-2025", U.S. Health Resource and Services Administration
- bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/behavioral-health-2013-2025.pdfbhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/behavioral-health-2013-2025.pdf

National Institutes of Health
- drugabuse.gov/publications/research-reports/common-comorbidities -substance-use-disorders/

"Oregon behavioral health providers warn of 'collapse' of system to treat children", The Oregonian.
- oregonlive.com/politics/2021/10/oregon-behavioral-health-providers-warn-of-collapse-of-system-to-treat-children.html

Oregon Department of Land Conservation and Development
- oregon.gov/lcd/FF/pages/index.aspx

Oregon Measure 110
- oregonlegislature.gov/lpro/publications/background-brief-measure-110-(2020).pdf

Population Health Institute, County Health Rankins
- countyhealthrankings.org

"The Optimal Mix of Services for Mental Health," World Health Organization
- who.int/mental_health/policy/services/2_optimal%20mix%20of%20services_infosheet.pdf

"Uprooted: Mill Closures Hit Rural Oregon, But Diversified Economies Help Absorb the Loss", USA Today Network

- stories.usatodaynetwork.com/closedmills/home/

U.S. Bureau of Labor Statistics, Occupational Employment, and Wage Statistics

- bls.gov/oes/home.htm

U.S. Census Bureau, Quick Facts

- census.gov/quickfacts/

"*Long-Term Consequences of Child Abuse and Neglect,"2019 Fact Sheet, U.S. Department of Health and Human Services' Children's Bureau*

- childwelfare.gov/pubpdfs/long_term_consequences.pdf

Information Gaps

Our community includes a significant population of Native Americans from the Coquille Indian Tribe and the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians. We invited several health professionals from the Tribes to participate in the community health needs assessment through interviews. However, we were told that individuals with knowledge of health issues would not be available before the deadline by which this Community Health Needs Assessment Report must be completed to meet IRS requirements. As an alternative, we asked other interview participants, many of whom work directly with Native American individuals in our community, to consider special health needs of the Native American members of our community. In general, participants indicated that the Native Americans in our community have similar health concerns as other community members.

Although we are unable to identify any other specific information gaps, we recognize members of the community representing different organizations, groups, etc., have differing opinions concerning community health needs and priorities, and may have provided different input.

Analytical Methods Applied

We applied various analytical methods to the available data. During interviews, we asked participants for their input regarding both health needs and possible solutions to identified health needs. After participants had identified health needs, we asked whether any demographic groups in the community are disproportionately impacted by any of those health needs. Finally, we asked for interview participants' recommendations about how to prioritize those health needs. We analyzed the historic prevalence of various health issues in our community and compared those with county, state, and national averages. Finally, we reviewed previously identified health priorities as identified by national, state and county health organizations.

Request for Feedback

If any reader would like to provide input on this community health needs assessment, they can submit their comment(s), in writing, to the following address:

Bay Area Hospital, Administration
1775 Thompson Road, Coos Bay, OR 97420
or by emailing communication@bayareahospital.org

Determination of Significance

While many needs were identified during the community health needs assessment process, this report focuses on those needs that were deemed significant by Bay Area Hospital. A health needs significance was evaluated based on many factors. The factor given the most weight was the relative importance placed on the health need by the community participants. Other factors included the number of people in our community impacted by the health need, the impact of that health need on quality of life and length of life, and the impact on low-income, minority, and other medically underserved populations. The decision was made by the executive leadership team from Bay Area Hospital, who were involved throughout the community health needs assessment process.

Process and Criteria for Prioritizing Identified Health Needs

The significant health needs were prioritized based on the same factors and by the same group as determined which needs are significant.

PRIORITIZED COMMUNITY HEALTH NEEDS

Based on interviews, as well as reviews of the hospital, county, state, and national health data, we identified the following significant community health needs:

- Mental Health
- Substance Abuse
- Care for and Protection of Youth
- Access to Healthcare Services

Each of these significant health needs is considered a top priority. The order in which they are listed is not indicative of relative importance between these significant health needs.

Mental Health

Community participants consistently expressed great concern for the mental health of our community members, although they feel the problem is most significant for our youth. That belief appears to be supported by the Oregon Healthy Teens Survey. In the 2019 *Oregon Healthy Teens Survey*, 8th and 11th graders were asked six questions about individual health and confidence, adult support at school, and helping others in the community. The percentage of youth in Coos County who answered positively to at least five of the six questions was significantly lower than across Oregon. Additionally, the percentage of youth in Coos County who responded positively to at least five of the six questions decreased substantially from 2015 to 2019.

The poor youth development benchmark appears to correlate strongly with depressive symptoms and suicide among youth in our community. In 2019, Coos County's 8th graders reported depressive symptoms at a higher rate than Oregon's teens; overall while Coos County's 11th graders reported at approximately the same rate. More significantly, Coos County's 8th and 11th graders reported higher rates of considering suicide and attempting suicide than did teenagers across Oregon. Finally, the trends for Coos County's teenagers each worsened between the 2015 and 2019 surveys. The percentage of 11th graders in Coos County who considered suicide doubled between 2015 and 2019 and the percentage of both 8th graders and 11th graders who attempted suicide in Coos County doubled between 2015 and 2019.

Interview participants expressed concern that youth mental health problems in our community arise from a high child abuse rate that has perpetuated over multiple generations. See the "Care for and Protection of Youth" section below for further discussion of this issue. The impact of child abuse on later mental and physical health has been well documented. According to the Centers for Disease Control:

> *"Negative experiences in childhood and the teenage years may put children at risk for chronic health problems, mental illness, and substance abuse. These negative experiences are known as adverse childhood experiences (ACEs). ACEs are potentially traumatic experiences, such as neglect, experiencing or witnessing violence, and having a family member attempt or die by suicide, that occur in childhood (birth to 17) that can affect children for years and impact their life opportunities."*

According to community participants, the multigenerational adverse childhood experiences in our area are the result of (A) significant stress placed on adults in our community because of the suppressed economy, financial struggles, and housing difficulties; (B) substance abuse or mental health problems in their family; and/or (C) violence caused by other community members.

As youth in our area grow into adults, these mental health problems manifest in numerous, diverse ways. Although we could not identify a large-scale measure of adult mental health in Oregon or in our community, the government health officials and medical providers who participated in the community health needs assessment indicated especially high rates of anxiety, stress, and depression among community members. These participants indicated that mental health problems like schizophrenia, bipolar disorder, Alzheimer's disease, and dementia also occur in the community, but they occur with approximately the same frequency as in other geographic areas.

According to the National Institutes of Health, "many individuals who develop substance use disorders (SUD) are also diagnosed with mental disorders, and vice versa. Multiple national population surveys have found that about half of those who experience a mental illness during their lives will also experience a substance use disorder and vice versa." In addition, "People with substance use disorders also often experience comorbid chronic physical health conditions, including chronic pain, cancer, and heart disease." Finally, "Physical illnesses not only affect the body and daily functioning, but they can also increase the risk for mental illnesses such as depression and anxiety."

Substance abuse, mental health problems, and physical health problems frequently occur together, and any of them can lead to the other two. This is important because treatments for any of these problems are more likely to fail if either of the other two are present and left untreated. Therefore, significant improvement in any one of these areas requires effective treatment in all three areas. While community members indicated that physical healthcare in our community is effective, they expressed great concern for our community's lack of mental health treatment and substance abuse treatment. See the *"Access to Health Care Services"* section below for a further discussion of this issue.

Substance Abuse

Along with mental health, substance abuse was frequently identified as one of the most significant concerns in our community by interview participants. However, the specific substance differed between community participants. The substances listed as being of great concern were:

- Opiates (heroin, Oxycodone, Fentanyl, etc.)
- Methamphetamine/meth
- Alcohol
- Marijuana
- Cigarettes and e-cigarettes/vaping

This concern is supported by the quantitative data, which indicates that Oregon State is experiencing significant substance abuse issues compared to the rest of the United States. In 2016-2017, Oregon ranked among the states with the most frequent use of several drugs:

- #1 for marijuana
- #1 for pain reliever abuse
- #2 for methamphetamine
- #4 for cocaine
- #4 for alcohol abuse
- #21 for heroin

Those rates may change, for better or worse, because of a landmark law passed by Oregon voters in November 2020 that reduced the criminal penalties for small quantities of all substances, including heroin, meth, and cocaine. This law, Measure 110, became effective on February 1, 2021. The long-term goal of this law is to encourage addicted individuals to approach others for help by eliminating the illegal nature of their substance abuse, which could result in more individuals seeking treatment and could thereby result in a decrease in overall substance abuse. However, interview participants expressed concern that the short-term impact of this new law is to make everybody feel that abuse of even the most serious substances is state-sanctioned and therefore more acceptable.

Interview participants also expressed concern that our community's substance abuse problem is exacerbated by multigenerational substance abuse, through which younger generations are becoming addicted younger and more frequently through the examples and behaviors of the older generations. This concern is also supported by available quantitative data. According to the Oregon Healthy Teens 2019 Survey, Coos County's youth use alcohol, cigarettes, and marijuana more frequently than youth across Oregon.

Across the United States, there tends to be a progression of substance abuse among youth. Generally, an adolescent begins with a "softer" substance like beer, cigarettes, vaping, or marijuana then progresses towards "harder" substances like liquor and over-the-counter opiates in the early adult years, and finally progresses to the hardest substances like meth, heroin, and cocaine sometime in their later adult years. Medical professionals, government health officials, and law enforcement officials who participated in our interviews indicated that youth in our community deviate from this pattern at a surprising rate, abusing harder substances without starting with softer substances. Participants indicated a belief that this local deviation is also the result of the multigenerational substance abuse discussed above.

Care for and Protection of Youth

When asked to prioritize the health concerns that they had identified, community interview participants most frequently indicated that the treatment or and well-being of youth in our community is their top concern. Similarly, when asked where the greatest effort and resources should be placed, interview participants most commonly expressed a desire to target our community's youth. These concerns appear to be supported by the U.S. Department of Health and Human Services' Children's Bureau, which said in a 2019 report,

> *"Aside from the immediate physical injuries children can experience through maltreatment, a child's reactions to abuse or neglect can have lifelong and even intergenerational impacts. Childhood maltreatment can be linked to later physical, psychological, and behavioral consequences as well as costs to society as a whole. These consequences may be independent of each other, but they also may be interrelated. For example, abuse or neglect may stunt physical development of the child's brain and lead to psychological problems, such as low self-esteem, which could later lead to high-risk behaviors, such as substance use. The outcomes for each child may vary widely and are affected by a combination of factors, including the child's age and developmental status when the maltreatment occurred; the type, frequency, duration, and severity of the maltreatment; and the relationship between the child and the perpetrator. Additionally, children who experience maltreatment often are affected by other adverse experiences (e.g., parental substance use, domestic violence,*

poverty), which can make it difficult to separate the unique effects of maltreatment."

Interview participants indicated particular concerns related to child abuse and neglect in our area. While every situation is different, participants indicated a few related core problems that they believe are significant causes of this abuse and neglect.

Our area's economic struggles have lasted for decades, causing continued child neglect, increased anxiety, depression, frustration, and anger among adults. This impacts how they treat their children and the example they set for their children. Conventional scientific research indicates that children who experience such environments are more likely to create similar environments when they become adults and parents, resulting in a multigenerational cycle of abuse and neglect.

We acknowledge that the majority of adults in our community have been able to cope with our region's economic struggles while maintaining a relatively healthy mental condition and home atmosphere. However, even for those adults, the difficulty of earning sufficient income frequently results in less time spent addressing "lesser" needs for healthy childhood development such as preventative medicine, sports and recreation, teaching life skills, and bonding time. Related to healthcare specifically, participating medical providers expressed concern about the number of children in our area who receive insufficient preventative healthcare services, usually due to a lack of scheduling by parents. The lack of such appointments, especially among low-income and rural individuals, could be explained by the costs of such appointments. In addition to the cost of the actual medical appointment (co-pays, deductibles, etc.), gasoline, and wear and tear on vehicles, families incur the costs of lost productivity due to time taken away from work. Even those costs assume that families have a vehicle to use or can obtain time away from work.

As discussed above in the *"Substance Abuse"* section, our community's substance abuse problems can result in adults abusing children or neglecting their fundamental needs. The frequent exposure to substance abuse also increases the likelihood that the youth will abuse substances as a child and as an adult. Whether caused by mental health disorders, substance abuse, or other variables, child abuse is a concern in our community. According to the 2020 Child Welfare Data Book published by the Oregon Department of Health, Coos County has the fifth-highest incidence rate of child abuse in Oregon, with an average of 29.1 victims per 1,000 children, compared to the state average of 13.3 victims per 1,000 children. Additionally, although the information is not publicly available, interview participants indicated that hundreds of children in Coos County are currently in Child Protective Services ("CPS") custody because of abuse. The number of children in CPS custody is also a concern because there are not enough foster care families to be able to effectively help those children with the healing/recovery process.

The area's economic struggles can also cause depression among youth as they consider their potential future lives as adults. Our area has few post-secondary educational options. Although Oregon and United States have many colleges and universities, the costs – tuition, room, board, travel, books, etc. – can be prohibitive for many in our community who are unable to pay such costs or obtain an academic or athletic scholarship. Combining that negative outlook related to higher education with our area's lack of living wage blue-collar jobs can result in a feeling of hopelessness. A child may see no reasonable path to a financially stable adult life that will allow them to enjoy adult life the way they think they should.

Aside from abuse and neglect, interview participants are concerned with other aspects of adolescent health in our community. First, youth may struggle with physical health because of a long, cold, rainy winter season, during which activities are less possible, and relatively few organized sports and activities. Second, our area has insufficient child daycare services, especially for the low income individuals. The lack of daycare services may result in youth left alone or in other suboptimal situations. Finally, interview participants indicated that our community has insufficient programs for pre-K children with developmental and intellectual disabilities that could start them on a path to successful educational careers and adult lives.

Access to Healthcare

In almost all interviews, access to healthcare was identified as a significant concern in our community. Although there are several issues related to access, the primary concern is access to substance abuse and mental health treatment. Other access-related concerns include transportation difficulties for low-income and rural individuals and access to specialty services.

The American Society of Addiction Medicine has developed a standardized language to describe the various levels

of treatment that may be needed to help a person overcome an addiction:

- Medically managed intensive inpatient services – this level includes 24-hour treatment and high-level medical and clinical monitoring. Among these services are medical detox and medication-assisted treatment.
- Medically monitored intensive inpatient services – this level is for patients in inpatient settings who are at risk of withdrawal or have medical needs that require careful observation, treatment, or follow-up.
- Clinically managed high-intensity residential services – at this level, treatment takes place at a regular pace but is directed toward those who have multiple needs. These needs can include co-occurring disorders, severe functional impairment, or difficulty adjusting to healthy routines.
- Clinically managed population-specific high-intensity residential services – treatment at this level can proceed at a slower pace but with more reinforcement to accommodate those who may be experiencing cognitive or other impairments.
- Clinically managed low-intensity residential services – at this level, at least five hours of clinical services are provided per week. Treatment at this level focuses on teaching recovery skills, such as relapse prevention and emotion management.
- Partial hospitalization services – partial hospitalization is the most rigorous of outpatient programs. Treatment lasts for at least twenty hours per week. Individual, group and family therapy are major components of treatment.
- Intensive outpatient services – at this level, patients receive treatment for nine to twenty hours per week and have frequent contact with physicians, psychiatrists, and therapists. Because these services are offered for short periods during the day, in the evening and on weekends, individuals can continue working, going to school, or carrying out other responsibilities.
- Outpatient services – the individual maintains their daily life, but regularly meets with physicians and treatment professionals for evaluation, treatment, and follow-up, including medications, therapy, and other treatments. This is the lowest level of intensity.

These multiple levels of care serve to emphasize the significant resources – including infrastructure (facilities and systems), personnel, and annual operating costs – required to effectively help an individual recover from a strong addiction. A similar structure with multiple levels of care is also used for mental health care services. That system also requires its own facilities, personnel, and annual operating resources. Finally, because individuals frequently suffer from co-occurring mental illness, substance abuse, and physical ailments, intentional coordination of the substance abuse care continuum, the mental health care continuum, and regular health care services is required. Consideration of both facility costs and personnel requirements is important because it shows that a community that has the luxury of a treatment facility may still struggle to treat its population due to the need for specialists to fully staff that facility.

Focusing on mental health care, the United States is currently experiencing a growing shortage of mental health care workers. According to the Bureau of Labor Statistics, there were 559,600 mental health workers in the United States in 2020. Unfortunately, this number leaves approximately 37% of the United States in a mental health professional shortage area as of March 31, 2021. Additionally, of those 559,600 mental health workers, less than 37,000 were psychiatrists or clinical psychologists.

According to the Health Resources and Services Administration, two thirds of those shortage areas occur in rural or partially rural areas like our community. Even more problematic, a 2017 National Council for Behavioral Health report indicates that by 2025, demand for psychiatrists may outstrip supply by 6,090 to 15,600 professionals. Several factors are fueling this trend, including a greater awareness of mental health problems, a reimbursement system that pays mental health providers less than physical health providers, and a significant retirement drain as more than 60% of practicing psychiatrists are over the age of 55. In a study published in 2016, the U.S. Health Resources and Services Administration projected that similar shortages would exist for clinical psychologists, counseling psychologists, school psychologists, mental health social workers, substance abuse social workers, school counselors, and marriage and family therapists, although the level of projected shortfall varied by specialty.

Community participants almost unanimously expressed concern for the difficulties in fully staffing the various levels of treatment facilities for mental illnesses and substance abuse, especially as they relate to the youth in our community. As discussed above in the "Mental Health" section, the youth in our community need significant care to address their struggles and illnesses. However, amid this crisis, Oregon's youth behavioral health system is struggling to fully serve the state's needs. An October 24, 2021 article from the Oregonian says,

> *"Even before 2020, people familiar with [Oregon's mental health and substance abuse treatment system for children and teens] often described it as inadequate. Subsequent cutbacks in program slots and treatment beds have impacted children and families broadly, but also mean there is less help available for children in the state's foster system or at risk of entering state care…. [The Oregon Council for Behavioral Health and more than a dozen psychiatrists, health care executives and mental health advocates] referenced closures of behavioral health programs including Kairos Northwest's in Grants Pass and YES House in Corvallis. Many programs have also been running at reduced capacity due to COVID-19 protocols and because of a workforce shortage. According to Heather Jefferis, executive director of the Oregon Council for Behavioral Health, factors including difficulty in retaining and attracting workers have forced members of her organization to cut youth residential treatment capacity by more than 68%. Residential treatment spots for parenting adults decreased by 42%.... 'The entire service and support system for children and families has been impacted and is struggling with capacity reductions.' The state administrators acknowledged. 'Some of the most serious impacts have been within Oregon's residential behavioral health programs where Oregon has lost a significant portion of its pre-COVID operational capacity.'"*

In addition to our community's struggles to effectively care for mental illnesses and substance abuse in youth, there are similar concerns for the same issues in the homeless community, low-income individuals (the Medicaid population) and the elderly. Participants consistently expressed pleasure and gratitude for the psychiatric services provided at Bay Area Hospital. However, as indicated by the levels of service above, participants indicated the need for a detox/sobering facility in the community, as well as similar services to effectively treat an individual after they leave the hospital. Similarly, medical professionals and law enforcement indicated the need for a facility to treat individuals who are physically aggressive but not criminal during crisis episodes.

Low income and rural community members have additional struggles in receiving effective and thorough health care. Those who are uninsured or underinsured and low-income may not be able to receive regular preventive care, meaning small health problems may develop into major health problems. Low-income community members face all the same health risks—obesity, substance abuse, heart disease, diabetes, etc.—as other community members, but low-income individuals have fewer alternatives to receive treatment for those needs. Similarly, care for rural individuals may require taking time off from a job, plus the monetary cost from gasoline and wear-and-tear on a vehicle. If a person doesn't have a vehicle or isn't able to drive themselves, other transportation options like taxis, Uber, buses, and trains are severely limited, expensive, or completely unavailable in rural communities. Many specialty services are available in Coos Bay, which is:

- From Coquille – 19 miles/28 minute drive
- From Myrtle Point – 28 miles/38 minute drive
- From Powers – 49 miles/69 minute drive

These distances can be problematic for adults to take time off from their job and afford the attendance transportation costs, especially if the problem requires regular, frequent visits, such as dialysis or cancer treatments.

CONCLUSION

Bay Area Hospital conducted this community health needs assessment to better understand our community and the individuals we serve. The hospital will develop a strategy to respond to the significant community health needs and will create an Implementation Strategy to formalize those responses. That Implementation Strategy will be approved by the board of directors no later than May 15, 2022 and will be used by the organization as a guide for thoughtful, impactful decisions and actions in the coming years.

EXISTING COMMUNITY HEALTH RESOURCES

The following resources are currently available in our community to address the significant community health needs discussed in this report. Despite our efforts, we recognize that this list may not be all-inclusive and welcome any information to add available resources and increase its usefulness. Such information can be sent to the address provided on page 8 of this report.

Coos Health & Wellness provides support to our community members in numerous ways, including substance abuse, counseling, education, employment, food, handicapped and learning disability services, housing, LGBTQ rights, maternal/child/youth care, transportation, veterans, gambling, and senior services. For a complete list of their activities, we recommend visiting their office or website:

281 LaClair Street, Coos Bay
cooshealthandwellness.org
24-Hour Crisis Hotline: (888) 543-5763 or (541) 266-6800

In addition to governmental support, the following health care facilities and related organizations are currently available within our community:

General Health Care

- Advanced Health
  289 LaClair Street, Coos Bay
  (541) 269-7400
- Bay Area Hospital
  1775 Thompson Road,
  Coos Bay
  (541) 269-8111
- Bay Clinic
  1750 Thompson Road,
  Coos Bay
  (541) 269-0333
- Coast Community Health Center
  1010 1st Street SE, Ste 110
  Bandon
  (541) 347-2529
- Coquille Indian Tribe Community Health Center
  600 Miluk Drive, Coos Bay
  (541) 888-9494
- Coquille Valley Hospital
  940 East 5th Street, Coquille
  (541) 396-3101
- Coquille Valley Hospital Clinic
  790 East 5th Street, Coquille
  (541) 396-3111
- Immediate Care Clinic
  1900 Woodland Drive
  Coos Bay
  (541) 266-1789
- North Bend Medical Center
  1900 Woodland Drive,
  North Bend
  (541) 267-5151
- NBMC – Bandon
  110 10th Street SE, Bandon
  (541) 347-5191
- NBMC – Coquille
  790 East 5th Street, Coquille
  (541) 396-7295
- NBMC – Myrtle Point
  324 4th Street, Myrtle Point
  (541) 572-2111
- Nova Health Urgent & Primary Care
  1226 Virgina Avenue
  North Bend
  (541) 305-4224
- Pacific Pregnancy Clinic
  1250 Thompson Road,
  Coos Bay
  (541) 267-5204
- Southern Coos Hospital
  900 11th Street SE, Bandon
  (541) 347-2426
- V.A. Medical Clinic
  2191 Marion Street,
  North Bend
  (541) 756-8002
- Waterfall Clinic – Marshfield
  826 S 11th Street, Coos Bay
  (541) 756-6232
- Waterfall Clinic – North Bend
  1890 Waite Street, Ste 1,
  North Bend
  (541) 756-6232

Substance Abuse and Mental Health

- ADAPT Oregon (Alcohol, Drug Abuse, Prevention and Treatment Services on the Southern Coast)
  400 Virginia Avenue, Ste 201, North Bend
  (541) 751-0357
- Alcoholics Anonymous
  1710 Southwest Boulevard,
  Coos Bay
  (541) 269-3265
- All Tribes Mental Health Services
  320 Central Avenue, Ste 304
  Coos Bay
  (541) 366-7640
- Bay Area First Step
  1942 Sheridan Avenue,
  North Bend
  (541) 756-3111
- Bay Area Hospital
  1775 Thompson Road,
  Coos Bay

(541) 269-8111
- Coos County Correctional Treatment Center
  1975 McPherson, North Bend
  (541) 751-2461
- Coquille Valley Hospital
  940 East 5th Street, Coquille
  (541) 396-3101
- Gentle Breeze Counseling
  222 East 2nd Street, Coquille
  (541) 824-0990
- Mental Health Association of Southwestern Oregon
  377 LaClair Street, Coos Bay
  (541) 756-2057
- Nancy Devereaux Center
  1200 Newmark Avenue, Coos Bay
  (541) 888-3202
- Narcotics Anonymous
  (541) 267-0273
- Pacific Cascade Region of Narcotics Anonymous
  pcrna.org
- Substance Abuse and Mental Health Services Administration
  samhsa.gov
  (541) 396-7575, ext. 7576
- Spirit Star Solutions
  351 Anderson, Coos Bay
  (541) 297-0749 or
  (541) 297-1288
- Women's Safety & Resource Center
  1681 Newmark Avenue, Coos Bay
  (541) 888-1048

Care for and Protection of Youth

- Al-a-teen
  (541) 266-7203
- Alternative Youth Activities
  575 S Main Street, Coos Bay
  (541) 888-2432
- ARK Project
  740 South 2nd Street
  Coos Bay
  (541) 297-4448
- Bandon Community Youth Center
  101 11th Street, Bandon
  (541) 347-8336
- Bob Belloni Ranch
  320 Central Avenue, Ste 406, Coos Bay
  (541) 269-0321
- Boys & Girls Club (SWOYA)
  3333 Walnut Avenue, Coos Bay
  (541) 267-3635
- Child Welfare
  1431 Airport Avenue, North Bend
  (541) 756-5500
- Coos County Child Support
  240 North Collier Street, Coquille
  (541) 396-7570
- Domestic Violence Services
  oregon.gov/DHS/ABUSE/DOMESTIC
- Kairos Coastline Services
  1913 Meade Avenue, North Bend
  (541) 756-4508
- Kids' HOPE Center
  1925 Thompson Road, Coos Bay
  (541) 266-8806
- Newmark Family Center / Care Connections
  1988 Newmark Avenue, Coos Bay
  (541) 888-7957
- Oregon Coast Community Action
  1855 Thomas Avenue, Coos Bay
  (541) 435-7080
- Oregon Youth Authority
  2348 Colorado Avenue, Ste B North Bend
  (541) 756-4290
- Social and Protective Services, Juvenile Department
  250 North Baxter Street, Coquille
  (541) 396-7880

Transportation

- Bay Cities Brokerage
  3505 Ocean Boulevard SE, Coos Bay
  (877) 324-8109
- Coastal Express
  currypublictransit.org
  (541) 412-8806
- DAV Van Service (Transportation for V.A. Medical appointments)
  dav.org
  (541) 440-1293, ext. 44358
- Dial-a-Ride & Coos County Area Transit
  coostransit.org
  (541) 267-7111
- O.C. Cab Co.
  1165 Newmark Avenue, Ste D, Coos Bay
  (541) 808-9269
- Smart-Cats Taxi and Delivery
  (541) 396-3000
- Yellow Cab Taxi
  93779 Troy Lane, Coos Bay
  (541) 267-3111