

Hospital Name: Peace Harbor Medical Center - Florence

Hospital System: PeaceHealth

Reporting Period: FY 2017

Community Benefit Reporting – State of Oregon

Optional Supplemental Information

1. Describe how the organization assesses the health care needs of the communities it serves (Needs Assessment).

To obtain current data or other information relevant to the Health needs of the community Peace Harbor takes into account information from:

- a) Persons with special knowledge of or expertise in public health
 - b) Federal, Tribal, Regional, State and local health departments of agencies
 - c) Leaders, representatives and members of medically underserved, low income and minority populations and populations with chronic disease needs in the community served by the hospital facility
 - d) Review of available published community health data
 - e) Meetings with community groups and public officials; public forums, focus groups and communitywide health asset survey and key informant interviews
2. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy (financial assistance policy).

Signage and brochures informing patients and/or Guarantors of PeaceHealth's Financial Counseling Programs and Financial Assistance are available at appropriate access areas, including registration, and are also available on www.peacehealth.org. In addition, Financial Assistance information is provided at least annually to community agencies such as local health departments, Medicaid offices, social service agencies, and physician practices.

3. Describe the community the organization serves, taking into account the geographic area and the demographic constituents it serves.

Peace Harbor serves the rural communities of: Florence, Mapleton, Swisshome, Westlake, Waldsport, Yachats, Deadwood and Reedsport. The Peace Harbor service area has 27,095 residents: 983 (4%) are preschoolers age 5 or younger, 2,509 (9%) are 5-19 years old, 11,620 (43%) are adults age 20-64 and 7,869 (29%) are seniors age 65+.

4. Describe how the organization's community building activities promote the health of the communities the organization serves.
 - a) The 2013 PeaceHealth CHNA identified the problem of health care access and lack of insurance coverage as the one issue that we wanted to focus on across all of our communities.

- PeaceHealth worked as part of the community coalitions that were formed across the state for the purpose of helping people sign up for commercial health insurance and Medicaid. By any measure these efforts were successful.
 - Between 2012 and 2015 there was nearly an over 90% increase in enrollment. Enrollment continued to increase in 2015. The enrollment gains resulted in the adult uninsured rate decreasing from 20% to 11% between 2013 and 2015.
- b) Additionally, in response to the overwhelming needs for increased access to Behavioral Health services identified in the 2013 CHNA, the Central Oregon Coast Rural Health Network (a collaboration of Peace Harbor, Lower Umpqua Critical Access Hospital, the City of Yachats and the Confederated Tribes of Coos, Lower Umpqua and Siuslaw) came together to address serious healthcare access issues in their combined service area which represents a 1,000 square mile rural and remote area between the Pacific Ocean and the Coastal Mountain Range.
- In 2014, Network members completed a needs assessment and strategic plan that identified access to behavioral health services as a major need with significant complexities that warranted special expertise and fuller development in a separate, focused planning project.
 - In 2015, the Network received a HRSA grant for behavioral health planning and formed an expanded work group. This work group evolved to become the *Central Oregon Coast Network Behavioral Health Network*. The Central Oregon Coast Behavioral Health Network membership includes community-based mental health providers, wrap-around service providers, patient/family representatives, critical access hospitals, public health, social service agencies, community partners and specialty referral providers located outside the coastal community.
 - Key initiatives undertaken by the Network are network sustainability, Childhood Behavioral Health System of Care, Service Coordination, and Aging Well in Place.
 - Key outcome measures for the Network initiatives will include:
 - Number of individuals /families seen
 - Demographics of patients served
 - Number and type of services provided.
 - Decreased Emergency Department use and cost impact
 - School attendance
 - Users report improved access to services and their experience of services provided
 - Consumer self-report, "Quality of Life" scale
 - In response to the overwhelming needs for increased access to Primary Care services identified in the 2013 CHNA, Peace Harbor entered into a series of exploratory dialogues with PeaceHealth Medical Group, the Oregon Office of Rural Health, Western University of Health Sciences, and the Oregon Association of Hospitals & Health Systems to address the challenges of rural primary care recruitment and retention. This group will continue to convene with the objective of establishing a rural primary care recruitment and retention strategies plan and partnership.

5. If the organization is part of an affiliated health system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

PeaceHealth hospitals work in concert to conduct CHNAs if they serve the same community or an overlapping community. PeaceHealth hospitals within a network (geographic region) also will work together even when the communities are no overlapping.