

OREGON HEALTH AUTHORITY
CBR-1 Form, Supplemental Narrative
For: Lower Umpqua Hospital

1. The Lower Umpqua Hospital District's Community Needs Assessment submitted with this CBR is the result of the assessment completed and compiled in year 2020.
2. Mental health care, more affordable health care, emergency care, family practitioners, and satellite facility for part-time specialists were identified as the top health needs in the hospital district's most recent assessment. These needs affect the population of the rural Western Douglas County and North Coos County residents, which include the communities of Reedsport, Gardiner, Winchester Bay, Scottsburg, and Lakeside. More than 60 percent of the population in these communities is over the age of 45, with 36 percent over the age of 65. This is the segment of population considered to have the highest risks in regards to lifestyle impacted diseases such as obesity, heart disease, and diabetes. This rural community is designated as a Health Professional Shortage Area (HPSA) by Health Resources & Services Administration (HRSA). In addition, as noted in the assessment, 39.7 percent of the population is below the 200 percent of poverty level.
3. Significant community benefit activities the hospital district is involved in to address the health needs include:
 - a. Providing financial assistance to patients who have no insurance and/or unable to pay for medical services. Policies and the application form for the financial assistance are available on the hospital district's website (<http://www.lowerumpquahospital.org/business-financial-services>).
 - b. Improving the health of the population in a manner that promotes health and wellness, with emphasis on:
 - i. Chronic Care Management
 - ii. Transitions of Care
 - iii. Early Detection and Treatment
 - c. Enhancing the experience of care for individuals by:
 - i. Focusing on Quality and Benchmark Data
 - ii. Supporting community programs that enhance the mission of the hospital district
 - iii. A renewed focus on providing an excellent patient experience throughout the continuum of care
 - d. Increasing access to primary care services by:
 - i. Recruiting and Retaining a Medical Staff appropriate to meet the community needs
 - ii. Evaluating and assessing the need for new service lines
 - iii. Streamlining the process necessary to establish as a patient within the hospital district
4. The hospital district is addressing the social determinants of health and systemic issues of root causes of health and health equity in the following ways:

A Resource Center is included in the hospital district's budget to provide community outreach and facilitate screening, connecting patients with resources to address their needs.

Resources include, but are not limited to, providing forms for the Oregon Department of Human Services Supplemental Nutrition Assistance Program (SNAP), assisting with application to the Oregon Health Plan, offering information for mental health services available (limited within our area), assistance with housing information, referring to the local food pantry, offering gift cards for clothing, and collaborating with the Lower Umpqua Ministerial Association's critical needs assistance (water, electricity, rent).

The Resource Center was awarded grant funding to provide mobility devices for patients in need by referral from the primary care providers. When a need is found, the fall assessment team works with the patient to determine what Durable Medical Equipment (DME) is needed to keep the patient(s) safe and independent at home.

The hospital district also collaborates with the school district by providing CPR education. The hospital's foundation assists the schools with counseling options, Hope Squad curriculum and tools, Safe Room tools, and stress release journals and tools (assistance from the foundation provided by grant award from The Roots & Wings Foundation).

The hospital district collaborates with the local food pantry, Project Blessing, by participation on the pantry's board and referring through the Resource Center. Prior to COVID, the hospital district offered a 'Lunch and Learn' program whereby community members were hosted with lunch while receiving a variety of educational presentations from the hospital's nutritionist and medical staff.

COVID grant funding has provided the hospital district with vehicles to provide in-home patient care, enhance patient access to care, and COVID testing. The hospital district also has an outpatient pharmacy that participates in the 340B program, providing low-cost medications to patients who qualify. Same-day medical care has been provided by the hospital district for several years, revising the service as needs change throughout the community. Physicians from outside the area have been recruited to extend their practice, seeing patients in the hospital district's visiting physician facility. An experienced physician was recruited to a permanent position to provide woman's care in one of the hospital district's clinics.

The Rural Health Clinic (RHC) provides referrals to specialists unavailable in our area, such as cardiology, neurology, Oregon Health Sciences University hospital and clinics, and more. Care coordinators located in the RHC assist patients with other services, such as Hospice, Senior Services, the Resource Center, and other organizations from across the state that provide care services.

The hospital district was recently awarded a significant amount to expand the telehealth program and offer Remote Patient Monitoring (RPM). The program has not yet been implemented but will be very soon. Another grant award was received to expand Chronic Care Management in the primary care, Rural Health Clinic (RHC). This program will benefit many by providing added nursing care and patient communication.

