

**Asante Three Rivers Medical Center**  
**FY22 Supplemental Community Benefit Narrative**

**ASANTE THREE RIVERS MEDICAL CENTER**

Asante Three Rivers Medical Center is one of three hospitals owned and operated by Asante, a 501(c)3 organization operating in Jackson County, Oregon. Asante exists to provide quality health care services in a compassionate manner valued by the communities we serve. As the only hospital in Josephine County, with specialty services in cancer, orthopedic, surgical, women’s health, family birth and trauma care, Asante Three Rivers Medical Center serves a primary service area of Josephine County, as well as neighboring Jackson County and Asante’s secondary service area of Curry, Douglas, Klamath and Lake counties in Southern Oregon and Del Norte, Siskiyou and Modoc counties in Northern California. ATRMC is licensed for 125 inpatient beds and provides an array of services including primary care, surgical services, obstetrics and gynecology, diagnostic imaging, intensive care, emergency care, trauma, cancer care and more.

**COMMUNITY HEALTH NEEDS**

Asante Three Rivers Medical Center published its most recent Community Health Needs Assessment Sept. 30, 2022. The accompanying Community Health Improvement Plan was put in place in February 2023. The CHNA and CHIP in force for the current CBR-1 reporting year were published in 2019 and created in collaboration with the Jefferson Regional Health Alliance—a collaborative of 13 public health departments, hospitals, coordinated care organizations, Federally Qualified Health Centers and other health care provider organizations in Jackson and Josephine counties, referred to locally as “All in for Health.” ATRMC’s 2022 CHNA was completed with input from members of this collaborative. Despite the publication of its new CHNA in 2022, ATRMC continues to participate in the collective work toward the next regional CHA now in the research and development phase.

Upon completion of the quantitative and qualitative data analysis for the 2022 CHNA, ATRMC leadership evaluated the findings and selected three of the top identified community health needs as areas of focus for the hospital’s CHNA/CHIP cycle initiated with the 2022 ATRMC CHNA:

**Priority 1: Access to care**

Availability of primary and specialty care providers through alternative access such as telehealth; intentional inclusivity of marginalized populations; reduction of barriers to care; improved care coordination; and enhanced access for people without the means to pay for care.

**Priority 2: Chronic conditions**

Prevention and treatment of diabetes, hypertension, high cholesterol, asthma, cancer and other chronic conditions.

**Priority 3: Mental health**

Prevention, education and treatment for depression, anxiety and PTSD; increased availability of crisis care; improved access for youth and elders; and enhanced relationships with community partners to improve access to mental health care across community sectors.

The 2019 CHNA, in force during the reporting period for the 2022 CBR-1, was guided by the following identified needs:

**Access to care**

**Substance use**

**Mental health**

**Cardiovascular disease and stroke**

**Infant health**

## **THE COMMUNITY WE SERVE**

ATRCM's 2022 CHNA evaluated the primary service area of Jackson and Josephine counties in Southern Oregon which includes a population of approximately 308,903 people across both counties, with approximately 89,000 of those residing in Josephine County. At the time of the survey, demographic data indicated Josephine County was comprised of approximately 90% White. In Josephine County, 1.9% were identified demographically as "other," with 6% of the population designated as such in Jackson County. Overall, the two-county region was comprised of approximately 88% White, with roughly 4% identified as bi- or multi-racial, 1.3% Asian, 0.75% Black and .30% Pacific Islander. Between the two counties an average of 11% were identified to have Hispanic ethnicity, with Jackson County having a higher concentration at 14.20% and only 8% of Josephine County residents identified as having Hispanic ethnicity. Both Jackson and Josephine counties had a distribution of 51.1% female, 48.9% male at the time of the survey. The counties share a similar distribution of ages with Jackson County's population skewing slightly younger. The lowest volume group in both counties is the 55-64 age range, 16.1% for Josephine County and 14.5% for Jackson County, respectively. Overall, Josephine County is comprised of a higher percentage of elders with 24.7% of residents aged between 65 and 85 compared with 20.3% in Jackson County.

## **OUR COLLABORATIVE CHNA PROCESS**

The CHNA research, completed collaboratively with Asante Rogue Regional Medical Center, Asante Ashland Community Hospital and Providence Medford Medical Center relied upon input from key informants and community members recruited collaboratively through community partners in the following sectors: social services, education, government and health care. To ensure representation across all sectors of the community, ATRMC worked closely with community-based organizations to ensure people with a variety of identities and experiences were invited to participate in the process. Community organizations in direct service to these marginalized groups were selected for collaboration in listening sessions and community health survey distribution. This collaboration helped to ensure the interests and needs of many diverse groups were represented including older adults, young people, people who identify as LGBTQIA+, Hispanic/Latinx people, people of color, people experiencing

homelessness, people experiencing mental illness and substance use concerns and people impacted by the wildfires of 2020.

ATRCM employed a mixed-method approach using quantitative and qualitative data from a variety of sources to identify community needs for 2022 CHNA. Public health data sources included the American Community Survey, Centers for Disease Control and Prevention, County Health Rankings & Roadmaps, Oregon Health Authority, Student Wellness Survey (2020) and the U.S. Census. Nineteen individuals from multi-sector organizations participated in key informant interviews and approximately 60 more residents and community stakeholders participated in listening sessions to offer feedback on community strengths, challenges and priority health concerns. Both English and Spanish opportunities were offered for listening sessions and community health surveys to ensure inclusion and accessibility. More than 1,200 regional residents participated in the community health survey. The online survey was made available to the community at large and marketed widely using direct email invitation and online and social media marketing. Paper surveys were made available to those without internet access and to those for whom answering an electronic survey would be prohibitive due to vision, dexterity or learning issues. Established community partner relationships were leveraged to maximize the quantity and quality of paper survey responses and provide a supportive environment in which to complete the survey for those that needed it.

Due to differences in the mandated cadence for community health assessments and corresponding improvement plans between hospitals, county health departments, CCOs and FQHCs, combined with staffing and capacity concerns across all public and social service sectors recovering from the COVID-19 pandemic and wildfires, Asante and Providence hospitals led the effort for the 2022 CHNA cycle. Jackson County Health, Josephine County Health, AllCare and La Clinica were approached with opportunities for participation throughout the process. Representatives and designees participated in key informant interviews, listening sessions, community health surveys and key informant surveys. These health organizations, along with many other public and not-for-profit community partner agencies facilitated opportunities for the hospitals to engage with both Key Informants and community members during the CHNA process.

In addition to the work completed for ATRMC's CHNA in 2022, hospital representatives are presently serving alongside Jackson County Health, Josephine County Health and the region's CCOs, FQHCs and other community partners for the regional collaborative community health assessment "All in for Health." This group is now engaged in the research for the next CHA and CHIP required of county health, CCOs and FQHCs.

Josephine County, and neighboring Jackson County, are both located in Health Professional Shortage Areas designated by the Federal Health Resources and Services Administration with Josephine County experiencing both income and geographic designations. Josephine County is also designated as a Medically Underserved Area by the Oregon Office of Rural Health, while Jackson County is identified as a Medically Underserved Population. Accordingly, access to care is the top concern for the community. Wait times, insurance coverage, number of providers and provider availability were all cited as barriers to receiving prompt health care by community members and key informants during ATRMC's CHNA process. These concerns, existent even before the COVID-19 pandemic and noted in previous ATRMC CHNAs, were of greater concern in the pandemic's wake, with constrained provider availability and lengthened wait times as the health system worked to reestablish normalcy amid continuing social

distance and masking guidelines and community members seeking, in volume, to resume care that had been delayed by the pandemic.

### **ADDRESSING ACCESS TO CARE**

ATRCM invested over \$12.2 million dollars toward programs and initiatives addressing access to care in FY22. As we navigated the third year of the COVID-19 pandemic, ATRMC remained focused on the overall health and safety of our community through continued investment in COVID-related care, education and prevention. Other investments around access to care included health care professions education, care navigation for complex illness and addressing barriers to access for vulnerable populations. ATRMC invested over \$200,000 in supervised clinical licensure experiences required of emerging doctors, nurses, technicians, and medical support personnel entering the health care profession. Through the Grants Pass Family House, ATRMC provided 477 people with low to no-cost accommodations while seeking care for themselves or a family member. Asante has continued to make strides toward improving this critical need for our region year over year, more than doubling our investment in this ongoing need from FY21's high of more than \$16 million and FY20's high of just over \$15 million.

### **ADDRESSING CHRONIC CONDITIONS**

In past assessments, ATRMC has identified specific health conditions for enhanced focus through the work of the CHNA and CHIP, including heart disease, stroke, cancer and diabetes. The 2022 CHNA process identified the following chronic conditions as top causes of adult mortality Josephine County: cancer, heart disease, chronic lower respiratory disease and cerebrovascular disease. As such, ATRMC elected to widen the scope defined in previous CHNA processes and address these and other ongoing health concerns through a single aggregated health need: chronic conditions.

It can be difficult to disaggregate initiatives that address access to care from those that address chronic conditions since there is a high degree of intersectionality between the two. For example, Community Health Education often serves individuals who are navigating a newly emerging or diagnosed health condition. During FY22, Asante made advancements to improve community outreach and education through expansion of print media, televised health segments and online offerings such as informational inserts in the Daily Courier, Better Health, Asante Health Blog, webinars, social media channels and panel discussions. Additional examples are nurse navigators and social workers who facilitate access to care, but often for patients navigating chronic conditions. That said, more than \$300,000 of the \$12.2 million noted above were invested in nurse navigation and social work programs across ATRMC, with an additional \$115,000 invested in nurse navigation and social work for patients working with cancer services. Dietitians working with Spears Cancer Center provided nutrition education and support to 707 individuals with special focus on those navigating head, throat and neck cancers.

### **ADDRESSING MENTAL HEALTH ALONGSIDE SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY**

ATRCM recognizes that all three identified health needs—access to care, chronic conditions and mental health—are intricately woven. While activities like community health education, health professions education and the development and expansion of available services have the potential to help lift the whole community, ATRMC recognizes some community members need more support to rise along with their friends and neighbors. For many, the social determinants of health around housing stability,

transportation and food security and the residual effects of the COVID pandemic have created a lasting impact on their mental health. ATRMC employs an array of professionals whose primary focus is to support vulnerable community members. Certified application counselors work with people who are uninsured or underinsured to attain health care coverage, thus increasing their access to ongoing care for chronic conditions as well as preventive and non-emergency care. Community resource coordinators work with patients referred by Asante's clinicians to address social determinants of health and barriers to care. Employees in these roles work to address individual needs around social determinants of health on a case-by-case basis, for our most vulnerable community members. More than \$137,000 of the \$12.2 million previously noted under access to care was directly invested in programs to assess and address individual needs around transportation, shelter, food and medication access and other basic needs and social determinants of health during FY22.

Community resource coordinators serving Grants Pass assisted 852 individuals with community referrals addressing access to housing, food, caregiving support, care navigation, financial insecurities, insurance navigation, missed appointments and access to needed durable medical equipment, with many individuals requiring support for multiple needs. Hospital-employed social workers addressed similar concerns for individuals seeking care at the hospital, absorbing the costs for transportation, temporary or transitional shelter, adult foster care, caregiving, home monitoring, and the purchase of medical equipment to support community members' health care goals upon discharge.

### **INVESTING IN OUR COMMUNITY THROUGH CHARITABLE GIVING**

While ATRMC does not have a formal granting process in place, we do support our community through intentional charitable gifts to community partners directly addressing priority needs in the community. While most of the larger ongoing charitable contributions support identified health needs, others address the social determinants of health, such as food security, that contribute to the overall health and well-being of marginalized community members. ATRMC observes some historical annual giving, with most charitable contributions being reevaluated on a year-to-year basis. An annual contribution to Jackson County Sexual Assault Response Team ensures access to immediate and follow up care for community members impacted by sexual violence; for FY22 that amount was of \$12,150. Each year, ATRMC contributions to Friends of the Josephine County Food Bank facilitate a matching funds drive; in FY22 that \$20,000 was used for the direct support of food security in Josephine County and to garner additional support from others in the community.

Beyond these larger gifts, ATRMC also provided more than \$11,000 in sponsorships and donations to support our community partners in their work around children and youth, mental health, suicide prevention, access to health care, and education access and quality.

### **CONCLUSION**

FY22 was a transitional year for ATRMC. It was the final year of the FY19 CHNA/CHIP cycle; the research and development year for the FY22 CHNA/CHIP cycle; and the third year of co-existing with COVID. Each year, Asante finds opportunities to expand and evolve its community benefits programs to better serve our community members. Each year Asante refines its community benefits offerings to be in better alignment both with federal and state guidelines and community expectations. Asante looks forward to refining and enhancing the programs and initiatives reported for FY22 and having more impact and value to report for FY23.