Providence Medford Medical Center, Fiscal Year Ended 12/31/2022

1. The year of publication for the current community health needs assessment

The year of publication for the most recent community health needs assessment was 2022.

2. State the top health needs identified in the hospital's most recent community health needs assessment. Include information on geographies, populations or demographic groups affected.

In Southern Oregon, Providence Medford Medical Center (PMMC) collaborated with Asante to produce a comprehensive assessment of our communities' most pressing needs, share our findings with the broader public and develop new relationships leading to a healthier community. Before engaging in a collaborative process, both health systems agreed to a set of "principles of collaboration." These included:

- Collaborate to identify key health needs and issues in Jackson and Josephine counties
- Focus on community engagement and collaborative participation
- Avoid community partner burnout with respect to qualitative data collection through a collective approach to listening sessions and key informant interviews
- Commit to cash and/or in-kind resources from both parties, with resources used to develop a CHNA that satisfies regulatory requirements

Based on geographic location relative to other hospitals in the area and patient demographics, Jackson County is PMMC's primary service area with Josephine County considered as a secondary service area. Our 168-bed hospital provides an array of services including primary care, surgical services, obstetrics and gynecology, diagnostic imaging, pediatrics, intensive care, 24/7 emergency care and one of the most comprehensive rehabilitation programs in the region.

Through a mixed-methods approach and using quantitative and qualitative data, the CHNA team collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC), County Health Rankings & Roadmaps, ESRi Updated Demographics, Oregon Health Authority, Oregon Student Wellness Survey, and the U.S. Census (such as public health data regarding health behaviors, morbidity and mortality, and hospital-level data).

We conducted five listening sessions with 68 individuals from diverse communities, including those with lower incomes -and/or medically underserved. Stakeholder interviews were held with 12 representatives from 10 organizations that serve these populations, specifically seeking to gain a deeper understanding of community strengths and opportunities. In addition, we conducted a community health survey in English and Spanish that engaged 1,237 residents. Below are highlights from our quantitative and qualitative data collection:

- Strong community partnerships are present between nonprofits, health care organizations, school districts, faith-based organizations, community and civic groups, and social support organizations, all working together to address community needs.
- Stakeholders identified housing as a foundational need and discussed the importance of Housing First, meaning people first need to be safely and stably housed before they can address their physical and behavioral health needs.

- Nearly 34% of community health survey respondents reported needing counseling or mental health services within the last year.
- 44-48% of 11th grade students in Jackson and Josephine counties reported signs of depression in 2020.

While care was taken to select and gather data that would tell the story of both health systems' service areas, it is important to recognize the limitations and gaps in information that naturally occur.

Asante and PMMC identified a wide spectrum of significant health needs, some of which are most appropriately addressed by other community organizations. Considering PMMC's unique capabilities, community partnerships and potential areas of community impact, we are committed to addressing the following priorities as aligned with the collaborative priority areas:

Mental Health and Substance Use Disorder: Focus on prevention and treatment, social isolation, and community building related to safe spaces and recreation. This priority area refers to the growing challenges of accessing care due to workforce shortages, a lack of culturally responsive care and affordability.

Health Related Social Needs: Focus on housing stability, navigation of supportive services, food insecurity and transportation. This priority area refers to the unmet social needs that exacerbate poor health and quality-of-life outcomes.

Economic Security: Focus on affordable childcare, education, and workforce development. This priority area affects nearly every aspect of a person's life and refers to the challenge of affording basic living expenses and obtaining affordable education.

Access to Care and Services: Focus on chronic disease management and prevention, oral health, and virtual care. This priority area refers to the lack of timely access to care and services due to physical, geographic, and systemic limitations, among others.

Three consistent cross-cutting themes surfaced during the assessment process and analysis, affecting all four priority areas:

- Racism, discrimination, and inclusion
- Culturally responsive care and services
- Trauma-informed care and services

3. Identify the significant community benefit activities the hospital engaged in that addressed the health needs identified above.

In 2022, PMMC contributed $33.5 million in community benefit across all categories including financial assistance. Outside of charity care and unreimbursed Medicaid costs, our proactive community benefit, such as community health improvement services, subsidized health services, health professions education, and research totaled $3.1 million. Community Health Investment (CHI) allocated $581K to community health programs, grants, and sponsorships/donations across the Medford service area.

The following 2-3 activities under each health need represent a snapshot of PMMC's community benefit. Due to several programs being offered regionally, the title indicates whether the program is hospital specific or Oregon region.

Mental Health and Substance Use Disorder

Select examples of community benefit activities

Community Health Improvement Services (CHIS): Providence Assessment, Intake & Referral (Prov AIR) - $1.6 million (Oregon Regional Services)

Every year over 30,000 Oregonians enter an emergency department in behavioral health crisis. Prov AIR was implemented in 2017 to make acute inpatient psychiatric care more accessible and equitable for patients throughout Oregon. Prov AIR collaborates via a daily huddle call with other community partners like Unity, Albertina Kerr, Trillium, Lines for Life, and Cedar Hills Hospital to keep the referral process organized across other agencies in the state, regardless of where the patient ultimately needs care. Since the program's advent, this 24-hour team of master's level clinicians have worked around the clock to process an average of 600+ referrals a month for patients in need of acute, subacute, and residential levels of care. Through these efforts, the team coordinated 300+ admissions a month for high-risk Oregonians in need of acute psychiatric care at one of Providences four inpatient units.

CHIS: Better Outcomes through Bridges (BOB) Program - $1.4 million (Oregon Regional Services excluding Providence Hood River Memorial Hospital)

The BOB program focuses on serving some of the community's most vulnerable and underserved people with the goal to empower individuals on their journey toward better well-being by engaging with compassion, dignity, and integrity. Peer support specialists work with patients discharged from the emergency department in behavioral health crisis and facilitate connection to community resources and behavioral health programs. Furthermore, emergency department staff and peer support specialists work collaboratively to identify behavioral health patients with frequent ED visits that may need additional support and services. Much of a peer's time is spent in the community alongside clients.

The program includes several components at PMMC including peer support outreach through Caring Contacts & Behavioral Health Follow-up serving 179 people in 2022 and Emergency Department Outreach serving 51 individuals.

Cash and In-Kind Contributions: Community Health Grants - $360k (Providence Medford Medical Center)

In the Medford service area, grants were given to four community partners to address the area of mental health and substance use disorder.

- Jackson County Mental Health (JCMH)
    - In 2020, conversations with community partners led to the formation of the Crisis Response Network (CRN), a redesigned crisis system. Providence funding went towards a phased pilot of a joint emergency medical/mental health mobile crisis response to individuals requiring immediate face to face intervention by Mercy Flights and Jackson County Mental Health.
- Oasis Center of the Rogue Valley
    - Providence funding supported a program of therapeutic childcare paired with child and adult mental health care delivered within a low-barrier primary care medical clinic. The Oasis care model integrates social and medical services to support the complex needs of children and pregnant women and adults with substance use disorders. These families face significant challenges including housing instability, poverty, food insecurity, transportation barriers, inter-generational trauma, and mental health issues. This program is provided at no cost to families.
- Maslow Project

    - Providence funding supported therapy that consists of milieu, crisis intervention, and traditional therapy for Maslow Project adolescent clients. This is a treatment strategy of meeting youth where they are and providing brief "in the moment" interventions. These interventions may include modeling behaviors, motivational interviewing, emergency Plan B conversations, skills training, and much more.
- United Way of Jackson County
    - The United Way employs a three-pronged mental wellness effort – 1) In This Together (public service suicide prevention and mental wellness programming) 2) Mental Health First Aid (partnership with Jackson County Mental Health and the Medford/Jackson County Chamber of Commerce) to train community members on how to de-escalate difficult situations and interact safely with people with mental health issues, and 3) Community-wide ASIST training (suicide prevention). These efforts all focus on mental wellness, reducing stigma, and offering tips on staying mentally healthier.

Health Related Social Needs

This section also addresses question 4a.

Cash and In-Kind Contributions: Patient Support Program - $996,361 (Oregon Regional Services)

Serving low-income patients in all eight Providence Oregon hospitals, the Patient Support Program (PSP) is another example of leveraging a community partnership to address barriers to care and help patients safely transition home or participate in treatment without worrying about basic needs. This program has expanded to include pregnant moms, heart patients, and vulnerable seniors. In 2022, the top need was transportation followed by food costs and medication. PSP is solely operated by Project Access NOW.

Cash and In-Kind Contributions: Community Resource Desk - $78,000 (Providence Medford Medical Center)

In an active partnership with ACCESS, Providence continues to co-locate staff through the Community Resource Desk (CRD) program. The CRD helps individuals and families who need support connect with community resources. It is free, confidential, and open to anyone who approaches the desk (staffed by bilingual Spanish/English speakers). In 2022, 965 individuals were served across Jackson County. For the entire CRD program, 70% of clients had Medicaid or Medicare, 22% had an income less than 50% the federal poverty limit, and 34% identified as a person of color.

Cash and In-Kind Contributions: Community Health Grants - $174k (Providence Medford Medical Center)

In the Medford service area, grants were given to four community partners to address the area of housing instability and homelessness.

- Rogue Retreat
    - Rogue Retreat serves homeless and unsheltered people in Southern Oregon by offering emergency, temporary and transitional housing. This funding round supported Rogue in a growth phase of reorganizing financial systems, conducting strategic planning, and auditing programs and operations.
- ACCESS
    - The goal of ACCESS' Emergency Transitional Housing program is to assist vulnerable unsheltered people with a short-term hotel stay. In addition to a hotel stay, individuals are connected with community partners to access other sheltering options and

resources. The result of this program is that individuals and families experiencing acute hardship and crisis have a safe place thereby avoiding homelessness without shelter.

- Compass House
    - Compass House (CH) is the only non-clinical mental health program in Jackson County and is uniquely positioned to address the needs of adults with mental health issues. CH is committed to improving the physical and mental health of its members through a holistic approach to wellness. They meet members where they are by recognizing strengths and readiness for wellness initiatives and provide support at levels appropriate to their needs.
- St. Vincent de Paul
    - Providence funding went directly to providing security deposits, one month's rent and other necessary financial assistance (sometimes the payment of a power bill) to help people move into homes. The population served by this grant are those with low incomes who are homeless or in jeopardy of homelessness. Clients must have an income which will enable them to continue to pay rent once they have moved in and a lease agreement or intent to rent from the landlord.

Access to Care and Services

Select examples of community benefit activities

Subsidized Health Services (SHS): Palliative Care - $2.2 million (Oregon Regional Services)

Providence Outpatient Palliative Care Program is a specialty consultation service that supports seriously ill patients with virtual and in-home consultations and care. There are four outpatient teams offering an interdisciplinary approach to patients who present with limited mobility, limited ability to get to appointments, who often have multiple co-morbidities and are therefore high utilizers of health care systems. This program coordinates care and fills gaps in care by communicating with involved providers and family members. Treatments include medical interventions, psycho-social support, communication with the patient about how/what they want, family support with a focus on developing a care team that includes the family to build effective communication, to close gaps and to optimize care. 25-30% of patients are referred to hospice, resulting in continuity of care.

CHIS: Supplies for Inpatient Patient Discharge - $66K (Providence Medford Medical Center)

This program was developed in response to disadvantaged and vulnerable PMMC patients who lack the necessary clothing, non-covered or unaffordable prescriptions, or medical supplies to discharge from the hospital after an inpatient stay. The supplies provided ensure patients have basic necessities to help them safely transition from the hospital setting. This service is provided by the hospital to enhance access to and quality of health care services. This program supports underinsured and uninsured persons and goes beyond basic discharge planning.

In addition to the programs listed above, the following community benefit activities were also reported: Regional Medication Assistance, Telestroke, Diabetes Health Education, Athletic Trainer Program, the Medical Forensic Program, and Wound Care Clinic.

4. ***Identify any community benefit activity that addresses the social determinants of health. Separate activities into those that:***
    a. ***Address individual health-related social needs***
    b. ***Address systemic issues or root causes of health and health equity***

At Providence, we recognized that long-standing inequities and systemic injustices exist in the world. This has led to health disparities among communities that have been marginalized because of their race, ethnicity, gender, sexual orientation, age, ability, religion, or socioeconomic status. Our vision, Health for a Better World, is driven by a belief that health is a human right.

In 2022, Providence Community Health Investment issued 66 grants to community organizations across all five of our Oregon service areas, many of which address health-related social needs and systemic issues of health and health equity. Twelve grants were awarded in the Medford service area, eight of which are detailed in question 3. This funding directly supports underserved and marginalized populations including immigrants and refugees, communities of color, and youth. These grants are classified under the appropriate funding priorities by year, and in 2022, our largest funding priorities were access to care and services and mental health and substance use disorder services.

Select examples of health equity work

Supporting Federally Qualified health Center to Improve Type 2 Diabetes Management

Providence funded La Clinica for a pilot program to improve type 2 diabetes outcomes through integrated diabetes management. The pilot's approach uses a composite diabetes measurement system, which provides a more helpful performance metric for diabetes management. The Robert Wood Johnson Foundation and the National Committee for Quality Assurance recommend using composite measures, rather than solely relying on Hemoglobin A1c measure, as the new gold standard for quality measurement in managing diabetes.