

Asante Rogue Regional Medical Center
FY22 Supplemental Community Benefit Narrative

ASANTE ROGUE REGIONAL MEDICAL CENTER

Asante Rogue Regional 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 a regional medical center, with specialty services in cancer, cardiovascular, neonatal and trauma care, ARRCM serves the primary service area of Jackson and Josephine counties, as well as a secondary service area of Curry, Douglas, Klamath and Lake counties in Southern Oregon and Del Norte, Siskiyou and Modoc counties in Northern California. ARRCM is licensed for 378 inpatient beds and provides an array of services including primary care, surgical services, obstetrics and gynecology, diagnostic imaging, pediatrics, intensive care, emergency care, cardiac, trauma, stroke, behavioral health, cancer care and more.

COMMUNITY HEALTH NEEDS

Asante Rogue Regional 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.” ARRCM’s 2022 CHNA was completed with input from members of this collaborative. Despite the publication of its new CHNA in 2022, ARRCM 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, ARRCM 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 ARRCM 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

ARRMC'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. At the time of the survey, demographic data indicated 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. In Jackson County, 6% were identified demographically as "other," with 1.9% of that designation in Josephine County. Between the two counties approximately 11% were identified to have Hispanic ethnicity, with Jackson County having a higher concentration. 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 skewing slightly younger and Josephine County showing more concentration of elders. The lowest volume group in both counties is the 55-64 age range, with 14.5% for Jackson County and 16.1% for Josephine County, respectively. 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 Three Rivers 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, ARMMC 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 Almeda and Obenchain fires of 2020.

ARRMC 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, CCO's and FQHC's, 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 ARMMC'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.

Jackson and Josephine counties are both located in Health Professional Shortage Areas designated by the Federal Health Resources and Services Administration. Jackson County is also identified as a Medically Underserved Population, while Josephine County is designated as a Medically Underserved Area by the Oregon Office of Rural Health. As such, 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 ARMMC's CHNA process. These concerns, existent even before the COVID-19 pandemic and noted in previous ARMMC 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

ARRMC invested nearly \$34 million dollars toward programs and initiatives addressing access to care in FY22. From continuing to support the community as we collectively navigated the third year of the COVID-19 pandemic to providing opportunities for supervised clinical licensure experiences required of

doctors, nurses, technicians, and medical support personnel entering the health care profession; to providing continuing education to enhance the skills of health care providers, nurses and technicians already in service to our community; to supporting community members through care navigation for complex illness and aiding in addressing personal barriers to accessing health care around social determinants of health for our most vulnerable community members; to providing no-cost lab outreach services for home-bound community members, elders in nursing facilities and those seeking residential treatment for substance use disorder; to the provision of care for children and youth through direct funding to community partners, 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, ARRCM 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 in Jackson and Josephine counties: cancer, heart disease, chronic lower respiratory disease, Alzheimer's and cerebrovascular disease. As such, ARRCM 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. Community Health Education often serves individuals who are navigating a newly emerging or diagnosed health condition. The Lab Outreach program, reported above under access to care, facilitates lab work necessary to manage the chronic health conditions of home-bound community members, skilled nursing facility and recovery center inpatients. Nurse navigators and social workers facilitate access to care, but often for patients who are navigating chronic conditions. That said, ARRCM invested more than \$400,000 in programs specifically designated as addressing chronic conditions during FY22, predominantly for patients working with Cancer Services. Dietitians working with Heimann Cancer Center provided nutrition education and support to 798 individuals with special focus on those navigating head, throat and neck cancers.

A new program that touches upon all prioritized areas of need is the new Opioid Use Disorder Initiative at ARRCM. Part of a Hospital Based Opioid Treatment study being conducted in collaboration with OHSU and other community partners, this program seeks to address the root causes of substance use disorder, reduce recidivism and ensure continuity of care after hospital discharge for acute illness for patients experiencing opioid use disorder. Since the inception of the program in April 2022, ARRCM has invested over \$30,000 in the study and 127 patients have benefited from the new order sets and workflows that have been put in place.

ADDRESSING MENTAL HEALTH

ARRCM's predominant investments in mental health are carried out through the programs and services of the Behavioral Health Unit, with more than \$1 million benefitting community members in need of behavioral support services during FY22. Other investments include the bereavement program operated through Asante Hospice. Here, community members who've lost a loved one receive grief and

bereavement support, regardless of their affiliation to Asante and at no charge. During FY22, Asante Hospice bereavement coordinators supported 735 community members through grieving process.

ADDRESSING SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY

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, many of ARRC's investments of time and resources are focused on the direct support of our most vulnerable community members. More than \$1.5 million of the \$34 million invested in 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.

ARRMC employs an array of professional whose primary focus is the support of 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. Community resources coordinators serving Medford and the surrounding area assisted 1,488 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. Hospital-employed social workers addressed similar concerns with more than 1,000 individuals, 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. Social workers employed with Asante Hospice assisted 243 community members coping with life-limited illness with access to Meals on Wheels, VA benefits and care-giving agencies. ARRC facilitated smoother end-of-life transitions for individuals without means or support to pass comfortably at home, paying for 427 days of residential hospice care through Celia's House. Across the system, Asante Foundation has made compassion funds available to support patients navigating health difficulty with critical needs around housing, utilities, transportation, food and medication. ARRC social workers facilitated the payment of over \$27,000 in compassion funds to the direct support of vulnerable patients' transportation, housing, utility and other social determinants of health needs during FY22.

INVESTING IN OUR COMMUNITY THROUGH CHARITABLE GIVING

While ARRC 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. ARRC has both annual, on-going commitments and those that are considered on a year-to-year basis. Annually, ARRC supports school-based access to health care through an ongoing \$50,000 commitment to La Clinica in Medford. 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 \$30,150. Each year, ARRC contributions to ACCESS Food Bank facilitate a matching funds drive; in FY22 that \$18,400 was used for the direct support of food security in Jackson County and to garner additional support from

others in the community. For many years, Asante has supported the Rogue Valley YMCA annual Pear Blossom Run, with \$10,000 restricted to support the mental health of children and youth engaged in YMCA programs.

During FY22, ARRCMC also supported the American Heart Association's educational 'Go Red for Women' campaign with a \$6,700 donation; contributed \$10,050 in community matching funds for the purchase of an American Red Cross transit van to ensure safe, timely transport of blood supply. Beyond these larger gifts, ARRCMC also provided more than \$17,000 in sponsorships and donations to support our community partners in their work around children and youth, mental health, suicide prevention, domestic violence and education access and quality.

CONCLUSION

FY22 was a transitional year for ARRCMC. 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.